



# Insurance Certificate

## **IMPORTANT INFORMATION – PLEASE READ CAREFULLY**

This **certificate** covers losses arising from sudden and unforeseeable circumstances only. It is important that **you** read and understand **your** coverage limitations and exclusions outlined in this **certificate**.

**Your certificate** may not provide coverage for **medical conditions** and/or symptoms that existed before **your trip**. Check to see how this applies in the **certificate** and how it relates to **your departure date**, date of purchase or **effective date**.

**You** must notify Allianz Global Assistance through the **Operations Centre** prior to any medical treatment. **Your** benefits may be limited if **you** don't contact the **Operations Centre** at 1-800-661-9060 or collect at 519-741-0782 within the required time period. In the event of an **accident, injury** or **sickness, your** prior medical history may be reviewed when a claim is reported.

### **REFER TO THE HOW TO FILE YOUR CLAIM SECTION FOR FULL DETAILS.**

All **accident** and **sickness** benefits described in this **certificate** are underwritten by Allianz Global Risks US Insurance Company (Canadian Branch) ("Allianz") under Group Policy No. FC310000-B referred to as the "Policy" issued to BMO Bank of Montreal (the "Policyholder").

**This certificate contains a provision removing or restricting the right of an insured person to designate persons to whom or for whose benefit insurance money is to be payable.**

**You** may contact Allianz at the following address:

Allianz Global Risks US Insurance Company  
130 Adelaide Street West, Suite 1600  
Toronto, ON M5H 3P5  
1-866-658-4247

Travel Insurance is provided by Allianz Global Risks US Insurance Company (Canadian Branch) ("Allianz"), and administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc. BMO Bank of Montreal receives compensation from the **insurer** for the distribution of this insurance. The **insured person** and any claimant under this insurance may request a copy of the application and any other written statements (if any) that have been provided to Allianz as evidence of insurability, subject to certain access limitations.

All benefits are subject, in every respect, to the terms of the **certificate**, as described in this **certificate**, which along with **your** application, **your Declaration**

**of Coverage Letter** and any applicable medical questionnaire will form the entire agreement under which benefit payments are made.

Please review this **certificate** before **you** travel to ensure it meets **your** travel insurance needs. If **you** are not completely satisfied, **you** may request a full refund of premium only if **you** call the **Operations Centre** to cancel within 10 days of **your** purchase date and if **you** have not already departed on a **trip** or have incurred a claim.

No person is eligible for coverage under more than one **certificate** providing insurance coverage similar to that provided in this **certificate**. In the event that any person is recorded by the **insurer** as an "insured person" under more than one such **certificate**, that person shall be deemed to be insured only under the **certificate** which provides that person the greatest amount of insurance coverage. Under no circumstance will a corporation, partnership or business entity be eligible for this insurance coverage. This **certificate** supersedes any **certificate** previously issued to **you**.

**For more information contact Allianz  
Global Assistance.**

**From Canada and the U.S. call 1-800-661-9060.**

**From elsewhere call collect 519-741-0782.**

**PLEASE READ THIS CERTIFICATE CAREFULLY BEFORE  
YOU TRAVEL.**

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# 1 Plan overview – summary of benefits

## Benefits

- 4, 10 or 23 day limit per **trip** – unlimited number of **trips** per 12-month **coverage period**
- Out-of-Province/Country Medical – \$5,000,000
- Trip Assistance

**Individual coverage and family coverage are available. Dependent children are automatically covered under the family coverage and is only available to parents who are under the age of 60.**

## Multi-trip Medical Travel Plan

- provides medical coverage for an unlimited number of **trips** per year:
  - a. 4 days coverage per **trip** under the 4 days plan option
  - b. 10 days coverage per **trip** under the 10 days plan option
  - c. 23 days coverage per **trip** under the 23 days plan option
- 1. coverage is for out-of-province/country medical benefits only
- 2. this plan can be renewed annually

**For full coverage details, applicable exclusions (including a pre-existing condition exclusion for emergency medical coverage) and limitations, of the above plans, please refer to Section 9 – YOUR COVERAGE DETAILS.**

**In this *certificate*, certain terms have defined meanings. Defined terms are printed in bold italics throughout this document.**

## 2 Defined terms you need to know

**Accident(al)** means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

**Act of terrorism** means an act, including but not limited to hijacking, the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of

any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

**Act of war** means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

**Certificate** means a summary of the benefits provided under the Group Policy issued to BMO Bank of Montreal covering **accident** and **sickness**.

**Common carrier** means a licensed airline, bus, taxi (excluding rideshare, carshare, and peer-to-peer carshare programs), car service, train, cruise ship or government-operated ferry system offering its transportation services to paying passengers at published rates and scheduled times.

**Coverage period** means the time insurance is in effect, as indicated in the various sections of this **certificate**.

**Covered service** means a service or supply, specified herein, for which the **insurer** provides benefits under this insurance.

**Declaration of Coverage Letter** means the letter setting out the details of **your** coverage under the **certificate**.

**Departure date** means the date and time on which **you** depart from **your** province or territory of residence on **your trip** (using local time at **your** Canadian address).

**Dependent child** means an unmarried natural, adopted or stepchild of an **insured person** principally dependent on the **insured person** for maintenance and support who is:

- 20 years of age or under; or
- 25 years of age or under and a full-time student attending a recognized college or university; or
- 21 years of age or older and permanently mentally or physically challenged and incapable of self-support and became so while eligible as a dependent child.

**Effective date** means the later of:

- the date indicated on **your Declaration of Coverage Letter**; or
- the date **you** exit **your** province or territory of residence for each **trip**.

**Emergency** means a sudden, unforeseen **sickness** or **injury** occurring during a **trip**, which requires immediate intervention by a **physician** or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that **you** are able to continue **your trip** or return to **your** place of ordinary residence in Canada.

**Expiry date** means the earlier of:

- the date indicated as the expiry date on **your Declaration of Coverage Letter**; or
- the date **you** reach the maximum number of days permitted for each **trip**, as selected and paid for at the time **you** purchased the coverage; or
- the date and time **you** return to **your** province or territory of residence.

**Family coverage** means coverage is provided for the **insured person**, the **insured person's spouse** and **dependent children**.

**GHIP** means the Government Health Insurance Plan of **your** Canadian province or territory of residence.

**Hospital** means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident **inpatients**, a laboratory, a registered graduate nurse and **physician** always on duty and an operating room where surgical operations are performed by a **physician**. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

**Immediate family member** means the **insured person's spouse**, child including adopted children and stepchildren, parent, sibling, legal guardian, parent-in-law, grandparents, grandchildren, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

**Individual coverage** means coverage is provided for the **insured person** named in the **certificate**.

**Injury** means any bodily harm caused by an **accident** which results in a covered loss and which requires the immediate medical care or **treatment** of a **physician**.

**Inpatient** means a person who is treated as a registered bed patient in a **hospital** or other facility and for whom a room and board charge is made.

**Insured person** means the eligible person(s) named on the **Declaration of Coverage Letter** for whom the required insurance premium has been paid.

**Insurer** means Allianz Global Risks US Insurance Company (Canadian Branch).

**Medical condition** means any **sickness, injury** or symptom.

**Medically necessary** or **Medical necessity** means the services or supplies provided by a **hospital, physician, licensed dentist** or other licensed provider that are required to identify or treat **your sickness** or **injury** and that the **Operations Centre** determines are:

- consistent with the symptom or diagnosis and **treatment** of **your** condition, **sickness**, ailment or **injury**;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of **you, a physician** or other licensed provider; and
- the most appropriate supply or level of service that can be safely provided to **you**.

When applied to the care of an **inpatient**, it further means that **your** medical symptoms or condition require that the services cannot be safely provided to **you** as an **outpatient**.

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

**Operations Centre** means the Operations Centre maintained by Allianz Global Assistance. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc.

**Outpatient** means someone who receives a **covered service** while not an **inpatient**.

**Personal effects** means property normally worn or designed to be carried on or by an **insured person** solely for private purposes and not used for business.

**Physician** means a person other than **you**, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to **you** by blood or marriage.



**Professional sport** means participation in, training for or practice in a sporting event for remuneration or financial gain.

**Reasonable and customary charges** means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable **treatment**, services or supplies for a similar **sickness** or **injury**.

**Recurrence** means the appearance of symptoms caused by or related to a **medical condition**, which was previously diagnosed by a **physician** or for which **treatment** was previously received.

**Return date** means the date and time that **you** return to **your** province or territory of residence (using the local time at **your** Canadian address).

**Sanctions** means any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulations.

**Sickness** means any sudden illness or disease.

**Speed contest** means participation in an illegal/legal motorized race contest including training or practice for the same.

**Spouse** means the person who is legally married to **you**; or if there is no such person, the person who has been living with **you** in a conjugal relationship and who resides in the same household as **you** and is publicly represented as **your** spouse. For the purposes of this insurance **you** may have only 1 spouse.

**Stable** means any **medical condition** or related condition (including any heart condition or any lung condition) for which:

- there has been no new **treatment**; and
- there has been no change in **treatment** or change in **treatment** frequency or type; and
- there have been no signs or symptoms or new diagnosis; and
- there have been no test results showing deterioration; and
- there has been no hospitalization; and
- there has been no referral to a specialist (made or recommended) and **you** are not awaiting surgery or the results of investigations performed by any medical professional.

**Top up** means purchasing additional days of medical coverage from the **insurer** to increase the amount of days for which out-of-province/country medical insurance applies.

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **physician** including, but not limited to, prescribed medication, investigative testing or surgery. It does not include checkups or cases where **you** have no specific symptoms.

**Trip** means a period during which the **insured person** is travelling outside of their province or territory of residence and for which coverage is in effect.

**You** or **Your** means the **insured person**.

## 3 When coverage begins

Except as otherwise stated herein, coverage under this **certificate** begins when:

- the **insurer** receives and approves **your** application for insurance;
- full and complete payment is made of the required premium; and
- the **insurer** issues a **certificate** number on a **Declaration of Coverage Letter** where **you** are named as an **insured person**, or **you** are a **spouse** or a **dependent child** of the named **insured person**.

## 4 When coverage ends

Coverage under this **certificate** ends on the earliest of:

- the date the **insured person** is no longer eligible for insurance provided under the Group Master Policy and this **certificate** of insurance;
- the date the Group Master Policy is terminated; or
- at 11:59 p.m. of **your expiry date**.

## 5 Renewal of your annual coverage

If **you** have chosen the automatic renewal option, **your** coverage will automatically be renewed on the **expiry date** for an additional 12-month period if, on the **expiry date**:

- **you** are a resident of Canada;
- **you** are a BMO Financial Group customer;
- **you** are under age 60;
- **you** have selected the automatic renewal option on **your** original application;
- the **insurer** has a valid credit card on file for **you**; and
- this plan continues to be available for purchase.

If **you** are over the age of 60, **you** must complete a medical questionnaire and if **you** qualify a new **certificate** will be issued to **you** for another 12 month period. Please contact the **Operations Centre** at 1-800-661-9060.

If **you** have chosen the automatic renewal option and **you** do not want **your** coverage to automatically renew, **you** must contact the **Operations Centre** prior to **your expiry date**.

**NOTE:** If the credit card information the **insurer** has on file for **you** is not valid, **your** coverage will not be automatically renewed.

## 6 How your premium is calculated

Premiums are calculated based on the type of coverage selected. Criteria that may be used in the calculation include age, health, **trip** duration, number of **insured persons**, and taxes in the province or territory of residence (if applicable). The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect, which is subject to change from time to time in accordance with the terms of this **certificate**.

## 7 Your right to obtain a refund

### Your right to examine

Please review this **certificate** before **you** travel to ensure it meets **your** travel insurance needs. If **you** are not completely satisfied, **you** may request a full refund of premium only if **you** call the **Operations Centre** to cancel within 10 days of **your** purchase date and if **you** have not already departed on a **trip** or have incurred a claim.

### Your right to obtain a refund

**You** may request a full refund of premium only if **you** call the **Operations Centre** to cancel within 10 days of **your** purchase date and if **you** have not already departed on a **trip** or have incurred a claim.

## 8 Are you eligible for this coverage?

**You** are eligible for coverage if **you** meet all of the following conditions:

- **you** are a resident of Canada;
- **you** are a BMO Financial Group customer;
- **you** are age 74 or younger;
- **you** have completed the medical questionnaire and have qualified for coverage if **you** are 60 years of age or older;
- **you** are covered by a Canadian Government Health Insurance Plan; and
- **you** have paid the applicable premium.

**Your** plan provides coverage for the first 4, 10 or 23 days of **your trip** only. Additional Travel Medical coverage may be purchased to **top up your** coverage for the entire duration of **your trip**, up to the maximum of 183 days (or 212 days if **you** reside in British Columbia, Manitoba, Newfoundland, Nova Scotia or Ontario). Additional Travel Medical coverage must be purchased prior to 11:59 p.m. on the 4th, 10th or 23rd day of **your trip**, depending on the existing number of days covered under **your** selected plan.

**IMPORTANT:** Failure to meet any of the above eligibility requirements applicable to the insurance **you** have purchased will void **your** coverage under this **certificate**.

# 9 Your coverage details

## 9.1 Trip assistance

### 9.1.1 Travel assistance services

#### Coverage benefits

1. **Emergency Cash Transfer** – When **you** are travelling away from home, the **Operations Centre** will help **you** to obtain an emergency cash transfer. Funds for such transfer will be **your** responsibility.
2. **Lost Document and Ticket Replacement** – The **Operations Centre** will help **you** replace lost or stolen travel documents. The cost of obtaining replacement documents will be **your** responsibility.
3. **Lost Luggage Assistance** – The **Operations Centre** will help **you** locate or replace lost or stolen luggage and personal effects. The cost of obtaining replacement luggage and personal effects will be **your** responsibility.
4. **Pre-trip Information** – **You** can call the **Operations Centre** to obtain information regarding passport and visa regulations and vaccination and inoculation requirements for the country to which **you** are travelling.

### 9.1.2 Legal assistance services

#### Coverage benefits

If while travelling **you** require legal assistance, **you** can call the **Operations Centre** for referral to a local legal advisor and/or for assistance in making the arrangements for the posting of bail and the payment of legal fees, to a maximum of \$5,000. Payment of the legal fees incurred and the posting of bail will be **your** responsibility.

## 9.2 Travel medical benefits

### 9.2.1 Out-of-province/country emergency medical benefits

#### Coverage period

**Your coverage period** under this benefit begins on **your effective date** and will end on the earliest of:

- at 11:59 p.m. on the 4th, 10th or 23rd day after **your departure date** (refer to **your Declaration of Coverage Letter** for **trip** duration purchased) except

in the circumstances outlined under the Automatic Extension of Coverage heading; or

- if **you** have purchased additional days of coverage as a **top up**, **your** coverage will end at 11:59 p.m. on the last date of coverage as indicated on **your top up Declaration of Coverage Letter**; or
- **your return date**.

### How to extend coverage

**Your coverage period** can be extended prior to or after departure, provided no event has occurred that would give rise to a claim under this insurance and **your** request for an extension is received prior to **your** scheduled **return date**. **Your** total **trip** length including extensions cannot exceed the maximum of 183 days (212 days if **you** reside in British Columbia, Manitoba, Newfoundland, Nova Scotia or Ontario). To arrange for a **top up** call Allianz Global Assistance at 1-800-661-9060 while in North America, or if elsewhere, call collect 519-741-0782. Premium payment must be charged to a valid credit card issued by a financial institution.

When making a claim, proof of **your departure date** from, and **your** scheduled and actual **return dates to your** province or territory of residence will be required.

### Automatic extension of coverage

When **you** are in **hospital** due to an **emergency** on **your** scheduled **return date**, **your** coverage will remain in force for as long as **you** are in **hospital** plus a further period of 3 days following **your** discharge from **hospital**.

The **coverage period** is also automatically extended for 3 days when:

- the delay of a **common carrier** in which **you** are a passenger causes **you** to miss **your** scheduled **return date**;
- the personal means of transportation in which **you** are travelling is involved in an **accident** or mechanical breakdown that prevents **you** from returning on or before **your** scheduled **return date**; or
- **you** must delay **your** scheduled **return date** due to the **emergency** of another **insured person**.

This insurance covers the **reasonable and customary charges** up to a maximum of \$5,000,000 (**unless specified otherwise below for a specific benefit**) incurred by an **insured person** for the medical **treatment** and **covered services** listed below arising from an **emergency** which occurs during the **coverage period**.

The following are eligible expenses covered by this insurance, subject to all exclusions, limitations and conditions described in this **certificate**. **Any treatment or service not listed below is not covered**. Neither the **insurer**, nor the **Operations Centre**, nor the Policyholder, are responsible for the availability, quality or results of any medical **treatment** or transportation, or the failure of an **insured person** to obtain medical **treatment**.

## Coverage benefits

This Out-of-Province/Country Emergency Medical insurance covers **reasonable and customary charges** for the following **covered services** arising from an **emergency** to an **insured person** occurring during the **coverage period**.

### Emergency hospital, ambulance & medical expenses

1. Hospital room and board charges, up to semi-private or the equivalent. If **medically necessary**, expenses for **treatment** in an intensive or coronary care unit are covered;
2. **Treatment** by a **physician**;
3. X-rays and other diagnostic tests;
4. Use of an operating room, anesthesia and surgical dressings;
5. The cost of licensed ambulance service;
6. Emergency room charges;
7. Prescription drugs and medication, limited to a 30 day supply;
8. The cost for rental (not exceeding the purchase price) or purchase of minor medical appliances such as wheelchairs and crutches.

### Private duty nursing expenses

Benefits are payable to a maximum of \$5,000 per **insured person** for the professional services of a registered nurse (not related to **you** by blood or marriage) while hospitalized, provided it is **medically necessary** and prescribed by the attending **physician**.

### Emergency air transportation or evacuation

The following are covered expenses provided they are approved and arranged in advance by the **Operations Centre**:

1. The use of a licenced local air, land or sea ambulance (including mountain or sea evacuation) to the nearest appropriate medical facility or to a Canadian **hospital** when reasonable and necessary;
2. Transport on a licensed airline for emergency return to

the **insured person's** province or territory of residence for immediate medical attention; and

3. A medical attendant to accompany **you** on the flight back to Canada.

**All air transportation expenses must be approved and arranged in advance by the Operations Centre.**

### **Other Professional Services**

Where the professional services of a physiotherapist, chiropractor, osteopath, chiropractist or podiatrist are **medically necessary**, coverage will be provided to a maximum of \$150 per **insured person** per discipline.

### **Emergency dental expenses**

Covers the cost of repair or replacement of natural teeth or permanently attached artificial teeth required as the result of an **injury** to the mouth, to a maximum of \$2,000 per **insured person**. Chewing accidents are not covered. To be eligible for coverage, dental **treatment** must take place during **your trip**. **Treatment** for the **emergency** relief of dental pain is covered to a maximum of \$150 per **insured person**.

### **Transportation to the Bedside**

Covers one round-trip economy airfare by the most direct and cost-effective route from Canada, plus lodging and meals up to a maximum of \$250, for any 1 **immediate family member** to:

1. Be with an **insured person** who is travelling alone and has been confined to a **hospital**. The **insured person** must be expected to be an inpatient for at least 7 days outside their province or territory of residence and have verification from the attending **physician** that the situation is serious enough to require the visit; or
2. Identify a deceased **insured person** prior to release of the body, where necessary.

### **Return of Deceased**

In the event of the death of an **insured person** while on a **trip**, this insurance covers up to \$5,000 for the preparation (including cremation) and transportation of the deceased's remains to his/her province or territory of residence. The cost of a burial coffin or urn is not covered.

### **Additional Hotel and Meal Expenses**

If **your return date** is delayed due to an **emergency**, this insurance covers the cost for hotel and meal expenses incurred after **your** scheduled **return date** up to a maximum amount of \$200 per day to a maximum of 10



days. **To receive reimbursement, original itemized receipts must be submitted.**

### **Return of Vehicle**

If **you** or anyone travelling with **you** is not able to operate **your** owned or rented vehicle due to **sickness, injury** or death while travelling outside **your** province or territory of residence, **you** will be reimbursed up to a maximum of \$1,000 for the costs associated with the return of the vehicle. Eligible for reimbursement is the cost of the return performed by a professional agency; or the following necessary and reasonable expenses incurred by an individual returning the vehicle by a direct route and in a reasonable time frame on behalf of the **insured person**: fuel, meals, overnight accommodation, and one-way economy airfare. Benefits will only be payable when the return of the vehicle is pre-approved and/or arranged by the **Operations Centre** and the vehicle is returned to **your** normal place of residence or the nearest appropriate rental agency within 30 days of **your** return to Canada. **To receive reimbursement, original itemized receipts must be submitted.** Any other expenses are not covered. Expenses incurred by anyone travelling with the person returning the vehicle are not covered.

**Call the Operations Centre at 1-800-661-9060 or collect at 519-741-0782 if you have any questions regarding what is, or is not, covered.**

## **9.2.2 Out-of-province/country emergency medical assistance services**

In addition to the emergency medical insurance benefits, the following Assistance Services are provided:

### **Medical assistance and consultation**

**You** will be directed to the nearest appropriate medical facility wherever possible.

### **Payment Assistance**

Subject to the terms and conditions of this **certificate**, the **Operations Centre** will offer to all **hospitals**, which provide an **insured person** with **medically necessary treatment**, a guarantee of coverage for **covered services**. If the guarantee is not accepted, the **Operations Centre** will assist in arranging and coordinating payment wherever possible.

**NOTE:** If **you** do not contact the **Operations Centre** as soon as possible, and **you** receive medical attention, **you** may be responsible for paying the bills and submitting a claim after **you** return to **your** province or territory of residence.

Emergency Message Centre In case of an **emergency**, the **Operations Centre** can help to relay important messages to or from **your** family, business or **physician**.

### 9.2.3 Exclusions and limitations for out-of-province/country emergency medical benefits

In addition to all applicable exclusions or limitations in Section 9.3, this insurance does not cover, provide services or pay claims resulting from:

1. **Treatment, recurrence** or complications following **emergency treatment** during **your trip**, if the medical advisors of the **Operations Centre** determine that the **insured person** is medically fit to travel to return to Canada and the **insured person** chooses not to return.
2. A **medical condition** for which **you** delayed or refused further **treatment** or investigation, which was recommended by **your physician** before **your departure date**.
3. Surgery, including but not limited to angioplasty and/or cardiac surgery, and any associated diagnostic charges, which are not approved by the **Operations Centre** prior to being performed except in extreme circumstances where surgery is performed on an **emergency** basis immediately following admission to a **hospital**.
4. The following procedures, including any associated charges, which are not authorized in advance by the **Operations Centre**: MRI (Magnetic Resonance Imaging); CAT (Computer Axial Tomography) scans; sonograms; ultrasounds; and biopsies.
5. Emergency air transportation, which is not approved in advance by the **Operations Centre**.
6. **Treatment** not performed by or under the supervision of a **physician** or dentist.
7. Organ harvesting surgery.
8. Drugs and medication, which are commonly available without a prescription or which are not legally registered and approved in Canada.
9. Prescription refills.
10. Replacement of lost or damaged eyeglasses, contact lenses or hearing aids.
11. Any **treatment** or surgery, where the **insured person** can return to his/her province or territory of residence for such **treatment** without adversely affecting his/her **medical condition**.

12. Any **treatment** or surgery during the **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 on the advice of a **physician**.

Please see 9.3 for additional applicable exclusions and limitations.

## 9.3 General exclusions and limitations

The insurance does not cover, provide services for or pay claims resulting from:

1. Pre-Existing Conditions as described in **your** Declaration of Coverage Letter and will be one or more of the following:

### PRE-EXISTING CONDITION EXCLUSION #1

Where the **medical condition** was **stable** for at least 90 days before **your coverage period** began.

This insurance will not pay for expenses incurred during the **coverage period** related to:

- **treatment, recurrence**, or medically recognized complication relating directly or indirectly to a **medical condition** for which **you** consulted, investigated, were diagnosed or for which **treatment** was taken by **you** during the 90 day period immediately before **your coverage period** began; and
- the **treatment** of, or relating to, a **medical condition** which exhibited any symptom during the 90 day period immediately before **your coverage period** began for which a reasonable person would have made enquiries regarding their **medical condition**, regardless of whether or not such enquiries were made.

**NOTE:** This exclusion does not apply to a **medical condition** controlled by the consistent use of medication(s) taken as prescribed by a **physician** provided that during the 90 day period before **your coverage period** began there has been no change in any medication(s) and no other **treatment** has been taken or recommended. A new medication or an alteration in usage or dosage of a medication constitutes a change in medication.

PRE-EXISTING  
CONDITION  
EXCLUSION #2

Where the **medical condition** was **stable** for at least 180 days before **your coverage period** began.

This insurance will not pay for expenses incurred during the **coverage period** related to:

- **treatment, recurrence**, or medically recognized complication related directly or indirectly to a **medical condition** for which **you** consulted, investigated, were diagnosed or for which **treatment** was taken by **you** during the 180 day period immediately before **your coverage period** began; and
- the **treatment** of, or relating to, a **medical condition**, for which a person exhibited any symptom during the 180 day period immediately before **your coverage period** began for which a reasonable person would have made enquiries regarding their **medical condition**, regardless of whether or not such enquiries were made.

**NOTE:** This exclusion does not apply to a **medical condition** controlled by the consistent use of medication(s) taken as prescribed by a **physician** provided that during the 180 day period before **your coverage period** began there has been no change in any medication(s) and no other **treatment** has been taken or recommended. A new medication or an alteration in usage or dosage of a medication constitutes a change in medication.

PRE-EXISTING  
CONDITION  
EXCLUSION #3

Where the **medical condition** was present 180 days before **your coverage period** began.

Regardless of whether the **medical condition** has been **stable** or has not been stable, this insurance will not pay for expenses incurred during the **coverage period** related to:

- **treatment, recurrence**, or medically recognized complication relating directly or indirectly to a **medical condition** for which **you** consulted, investigated, were diagnosed or for which **treatment** was sought, taken by **you** during the 180 day period immediately before **your coverage period** began.

2. Pregnancy, miscarriage, childbirth or complications of any of these conditions occurring within 9 weeks of the expected date of birth.
3. Riot or civil disorder; committing or attempting to

- commit a criminal offence.
4. Intentional self-injury, suicide or attempted suicide.
  5. Abuse of any medication or non-compliance with prescribed medical **treatment** or therapy.
  6. Mental, nervous or emotional disorders.
  7. Any **injury** or **accident** occurring while the **insured person** is under the influence of illicit drugs or alcohol (where the concentration of alcohol in the **insured person's** blood exceeds 80 milligrams of alcohol in 100 millilitres of blood or when the **insured person** illustrates a visible impairment due to alcohol or illicit drugs) and any chronic illness or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs.
  8. The **insured person** voluntarily and knowingly exposing himself/herself to risk from: an **act of war** whether declared or undeclared; rebellion; revolution; hijacking or **act of terrorism**; and any service in the armed forces.
  9. Participation in **professional sports**; any **speed contest**; SCUBA diving, unless the **insured person** holds a basic SCUBA designation from a certified school or other licensing body; hang-gliding; sky diving; parachuting; bungee jumping; parasailing; spelunking; **mountain climbing**; rock climbing; or a flight **accident**, except as a passenger in a commercially licensed airline.
  10. Nuclear reaction or radiation.
  11. Radioactive, biological or chemical contamination.
  12. Seepage, pollution or contamination.
  13. Any **trip** commenced or continued against the advice of the **insured person's physician**.
  14. Failure of any travel supplier from whom **you** contract for services if this supplier is, at the time of booking, in bankruptcy, insolvency or receivership; or in the case of U.S. Air Carriers, under Chapter 11 in the U.S. Bankruptcy Code. No protection is provided for failure of travel agent, agency or broker.
  15. Non-presentation of required travel documents, i.e., visa, passport, inoculation/vaccination reports.
  16. The death or serious and/or terminal illness of a person when the purpose of the **trip** is to provide support and physical care for that person.
  17. **Your** travel to a country, region or city with a published formal travel advisory issued by the

Canadian government, before **your effective date**, advising travellers to avoid all travel, or to avoid non-essential travel, and **you** have an **emergency** or **medical condition** related to the travel warning, **your** claim will not be paid. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a **common carrier**. To view the advisories, visit the Government of Canada Travel site. Please be advised that events in such locations could restrict our ability to assist **you**.

18. **Your** travel to a **sanctioned** country for any business or activity to the extent that such cover would violate any applicable national economic or trade **sanction** law or regulations.

19. Cyber risk.

Cyber Risk means any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following:

- \* Any unauthorized, malicious, or illegal act, or the threat of such act(s), involving access to, or the processing, use, or operation of, any computer system;
- \* Any error or omission involving access to, or the processing, use, or operation of any computer system;
- \* Any partial or total unavailability or failure to access, process, use, or operate any computer system; or
- \* Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.

Computer System means any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.

# 10 What you should do in a medical emergency

Contact the **Operations Centre** directly when an **emergency** arises.

From Canada and the United States call: 1-800-661-9060

From elsewhere call collect: 519-741-0782

Fax: 1-519-742-8553

Assistance coordinators are available 24 hours a day, every day of the year. The **Operations Centre** will assist in finding and arranging medical care; provide claims management and payment assistance under this insurance; pay **hospitals** and other medical providers directly whenever possible; and coordinate claims with **your GHIP** whenever possible.

If the expense related to a **covered service** is relatively small, the **hospital** or **physician** may ask **you** to pay. **You** will be reimbursed for these expenses upon submission of a claim. In order to benefit from payment assistance and other assistance services, **you** or someone acting on **your** behalf must notify the **Operations Centre** before seeking medical **treatment** or as soon as medically possible after being admitted to a **hospital**. If **you** do not notify the **Operations Centre** at an early stage in **your** claim, **you** may receive inappropriate or unnecessary medical **treatment**, which may not be covered by this insurance.

**NOTE:** Failure to contact the **Operations Centre** could result in **your** expenses not being covered, denial or a delay in the settlement of **your** claim.

**How do I claim if the Operations Centre was not contacted?** **You** must first submit the original receipts to **your GHIP** and any other applicable insurance plan. If any expenses remain unpaid, submit copies of all receipts with **your** claim form to:

**BMO Insurance Travel Coverage**  
**c/o Allianz Global Assistance**  
**P O Box 277**  
**Waterloo, ON N2J 4A4**

# 11 Conditions

1. In consultation with the **insured person's** attending physician, the **insurer** reserves the right to transfer the **insured person** to another **hospital** or to return the **insured person** to his/her province or territory of residence. Refusal to comply by the **insured person** will release the **insurer** of any liability for expenses incurred after the proposed transfer date.
2. Due Diligence: The **insured person** shall use diligence and do all things reasonable to avoid or diminish any loss of or damage to property protected by this insurance.
3. **You** must repay to the **insurer** amounts paid or authorized for payment on **your** behalf if the **insurer** later determines the amount is not payable under this insurance.
4. **You**, or someone acting on **your** behalf, must give written notice of a claim to the **Operations Centre** not later than 30 days from the date the claim arises. The **Operations Centre** must be provided by **you** or someone acting on **your** behalf with satisfactory proof of loss no later than 90 days from the date the claim arises.
5. Failure to give notice of claim or furnish proof of loss within the time prescribed does not invalidate the claim if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed and if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year from the date of the event for which benefits are being claimed. Failure to provide the requested documentation to substantiate **your** claim under this **certificate** will invalidate **your** claim.
6. **You** agree to cooperate fully with the **insurer**, and as a condition precedent to the payment of benefits, the **Operations Centre** reserves the right to obtain all pertinent records or information from any **physician**, dentist, practitioner, **hospital**, clinic, insurer, individual or institution to assess the validity of a claim submitted by or on behalf of any



**insured person.** Failure to provide the requested documentation to substantiate **your** claim under this **certificate** will invalidate **your** claim.

7. Physical Examination: The **Operations Centre** has the right to investigate the circumstances of loss and to require a medical examination; and in the event of death to require an autopsy if not prohibited by law.

## 12 General provisions

1. The Out-of-Province/Country Emergency Medical Insurance provided in this **certificate** is supplemental in that it pays for covered expenses in excess of **your GHIP** and any other insurance plan. Benefits payable under any other insurance plan under which **you** may have coverage will be coordinated in accordance with the current guidelines issued by the Canadian Life & Health Insurance Association. Payment under the insurance and any other plan shall not exceed 100% of the eligible charges incurred. This insurance also allows the **insurer**/the **Operations Centre** to receive in **your** name, and endorse and negotiate on **your** behalf, these eligible payments. When **GHIP** and other insurance payments have been made, this releases **GHIP** and the other insurers from any further liability in respect of that eligible claim.
2. All amounts stated in the **certificate** are in Canadian currency unless otherwise indicated. This insurance does not reimburse interest charges. If **you** have paid a covered expense, **you** will be reimbursed in Canadian currency at the prevailing rate of exchange on the date the service was provided.
3. Payment of Benefits: Benefits payable under this **certificate** will be paid within 60 days of receipt of satisfactory proof of loss. Payment made in good faith will discharge the **insurer** to the extent of this claim.
4. False Claim: If an **insured person** makes any claim knowing it to be false or fraudulent in any respect, coverage under this **certificate** shall cease and there shall be no payment of any claim made under this certificate.
5. In the event of a payment under this **certificate**, the **insurer** has the right to proceed in the name of any **insured person** against third parties who may be responsible for giving rise to a claim under this insurance. The **insurer** has full rights of subrogation. The **insured person** will execute and deliver such documents, and fully cooperate with the insurer, so

as to allow the **insurer** to fully assert the right to subrogation. The **insured person** will not do anything after the loss to prejudice such rights.

6. Legal Action: Every action or proceeding against an **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* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), *The Limitations Act* (for actions or proceedings governed by the laws of Saskatchewan) or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Quebec Civil Code*. In addition **you, your** heirs and assigns consent to the venue of any action or arbitration being only in the province or territory where the Certificate of Insurance was issued and at a venue the **insurer** and/or Allianz Global Assistance choose.
7. Notwithstanding anything to the contrary, no provision of this **certificate** shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly stated in writing and signed by the **insurer**.
8. The benefits, terms and conditions of this **certificate** shall be governed by the insurance laws of the province or territory in Canada where the **insured person** normally resides.
9. Any provision of this **certificate**, which is in conflict with any federal, provincial or territorial law of the **insured person's** place of residence, is hereby amended to conform to the minimum requirements of that law.
10. The **certificate** does not provide any cover for any business or activity to the extent that such cover would violate any applicable national economic or trade **sanction** law or regulations.
11. From time to time the **insurer** and the **policyholder** may agree to make changes to the benefits or premiums through an amendment to the **certificate**. The amendment is not valid unless both the **insurer** and the **policyholder** approve it. **You** will be given prior written notice of any changes in the **certificate**. The **insurer** will send this notification to **you** at **your** address as it appears on the **insurer** records.

12. **Statutory Conditions:** Despite any other provision contained in the contract, this contract is subject to the statutory conditions in *The Insurance Act* respecting contracts of accident insurance. For Québec residents, notwithstanding any other provision, this contract is subject to the mandatory provisions of the *Civil Code of Québec* respecting contracts of accident insurance.

## 13 How to file your claim

Please contact the **Operations Centre** at 1-800-661-9060 or 519-741-0782 or visit [www.allianzassistanceclaims.ca](http://www.allianzassistanceclaims.ca) to obtain a claim form. This insurance will not pay for any interest.

As a condition to the payment of benefits under this insurance, the **Operations Centre** will need certain information from **you** if **you** need to file a claim. This documentation will include, at a minimum and is not limited to, the following:

1. **General documentation**
  - a. Receipts and itemized bills for all expenses.
  - b. Original of all refunds or expense allowances received from **your** tour operator, travel agency, **common carrier** or other entity.
2. **Out-of-province/country emergency medical benefits**
  - a. Any explanation of diagnosis(es) along with **your** original itemized bills and receipts.
  - b. The claimant's enrollment in his/her provincial or territorial **GHIP**, and valid health card number.
  - c. The provision of an authorization to secure medical records.
  - d. The provision of any forms or authorizations required to pursue reimbursement from **your GHIP**, any other insurance and/or any third parties.
  - e. Proof of **your departure date** and **your** scheduled and actual **return dates**.

# 14 Protecting your personal information

Protecting **your** personal information is a top priority. This Privacy Notice explains how and what types of personal data will be collected, why it is collected and to whom it is shared or disclosed. **PLEASE READ THIS NOTICE CAREFULLY.**

Allianz Global Risks US Insurance Company (Canadian Branch) (the “insurer”) and the insurer’s insurance administrator, Allianz Global Assistance, and the group policyholder, and the insurer’s agents, representatives and reinsurers (for the purpose of this Privacy Notice collectively “we” “us” and “our”) require **your** personal information.

## **Personal Information we collect**

We will collect **your** personal information including but not limited to:

- Surname, First name
- Address
- Date of Birth
- Telephone numbers
- Email addresses
- Credit/debit card and bank account information
- Sensitive personal information such as: Medical information relating to **your** health status, excluding genetic test results.

## **How will we obtain and use your personal information?**

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- To identify and communicate with **you**
- To consider any application for insurance
- If approved, to issue a Policy or Certificate of Insurance
- To administer insurance and related benefits
- To evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses
- To adjudicate claims and to determine eligibility for insurance benefits
- To provide assistance services

- For fraud prevention and debt collection purposes
- As required or permitted by law

We reserve our right to collect personal information, necessary for insurance purposes, from the following individuals:

- Individuals who apply for insurance products
- Certificate holder and/or Policyholders
- Insureds and/or Claimants
- Family Members, spouses, or as a last resort friends or travelling companions of a Certificate or Policyholder, Insured or Claimant, in cases where the proper individual is unable, for medical or other reasons, to communicate directly with us.

### **Who will have access to your personal information?**

We disclose information for insurance purposes, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends/travelling companions of the Certificate holder or Policyholder, Insured or Claimant and agencies. We may also use and disclose information from our existing files for insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file. Upon **your** request and authorization, we may also disclose this information to other persons. From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”). In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions.

### **What are your rights in respect of your personal data?**

When permitted by applicable law and regulations **you** have the right to:

- Access **your** personal data held about **you**
- Withdraw consent at any time where **your** personal data is processed
- Update or correct **your** personal information so that it is always accurate

- Delete **your** personal information from our records, if it is no longer needed for the purposes indicated above
- File a complaint with us and/or relevant data protection authority

**You** may exercise these rights by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca)

### **How long do we keep your personal data?**

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period. Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca) or by writing to:

Privacy Officer  
Allianz Global Assistance  
700 Jamieson Parkway  
Cambridge, ON  
N3C 4N6

### **How can you contact us?**

For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca).

For a complete copy of our Privacy Policy [www.allianz-assistance.ca](http://www.allianz-assistance.ca).

### **Contact information**

ALLIANZ GLOBAL ASSISTANCE

Please contact Allianz Global Assistance with any questions or claims.

Toll-free: 1-877-704-0341 (In Canada & U.S.)

### **How often do we update this privacy notice?**

We regularly review this Privacy Notice. We will ensure the most recent version is available on our website, [www.allianz-assistance.ca](http://www.allianz-assistance.ca).





BMO Travel Insurance Coverage  
(Allianz Global Assistance Operations Centre)  
**1 800 661-9060**



Learn more  
[bmo.com/travelcoverage](https://www.bmo.com/travelcoverage)

**BMO**  **Bank of Montreal**

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