

**IN THE EVENT OF HOSPITALIZATION, YOU MUST CALL GLOBAL EXCEL WITHIN 48 HOURS OF ADMISSION:**

From Canada and U.S., call toll free **1-800-715-8833** / From Mexico, call toll free **001-800-514-7798** / From anywhere, call collect **819-566-8839**

Do not assume that someone will contact *Global Excel* on your behalf. It remains your responsibility to ensure that *Global Excel* has been contacted within 48 hours of admission. Failure to do so limits benefits to 80% of eligible expenses (see Section VI - Limitations and Restrictions).

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SECTION I

IMPORTANT NOTICES

- Throughout this policy, words in italics have a specific meaning and are defined in Section II - Definitions.
- This insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy, as your coverage may be subject to certain limitations and exclusions.
- A pre-existing medical condition exclusion applies to medical conditions and/or symptoms that existed prior to your stay in Canada. Check to see how this applies in this policy and how it relates to your effective date.
- In the event of an *accident, injury or sickness*, your prior medical history will be reviewed after a claim has been reported.
- All amounts are in Canadian currency, unless indicated otherwise.
- This policy contains a provision removing or restricting the right of the *insured* to designate persons to whom or for whose benefit insurance money is to be payable.

Please read this policy carefully.

SECTION II

DEFINITIONS

Throughout this policy, defined words are in italics.

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

“Child(ren)” means an unmarried child of the *principal insured* or his/her *spouse*, who is dependent on the *principal insured* for support, provided that such child is between 15 days and 22 years of age on the date of application, or is 25 years of age or less provided it can be proven that the child is a full-time student, or any age if the child has a permanent physical impairment or a permanent mental deficiency on the date of application and who is dependent on you for support.

“Common Carrier” means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended and used to transport paying passengers.

“Corrective Device” means a device that is required by you on the advice of a *physician* to compensate for a physical impairment and without which it would be a physical impossibility for you to continue your studies at the institution of learning in which you are enrolled. Includes prosthetic limbs, wheelchairs, seeing-eye dogs and hearing aids.

“Country of Origin” means the country for which you hold a passport. Where you hold more than one passport, the country of origin will be taken to mean the country that you have declared on the application form.

“Elective Treatment” means any treatment that is not *medically necessary*.

“Emergency” means that you require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness or injury* occurring in Canada or while on a temporary trip outside Canada and that such *medical treatment* cannot be delayed until your return to your *country of origin*.

“Global Excel” means the company appointed by the Insurer to provide medical assistance and claims services.

“Hospital” means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and/or medical and surgical treatment of *sickness and injury* in the acute phase, or active treatment of chronic sickness; 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, drug or alcohol abusers.

“Immediate Family Member” means your mother, father, sibling, *child, spouse, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law and sister-in-law*.

“Injury” means an unexpected and unforeseen harm to the body caused by an *accident*, that requires immediate *medical treatment* and that occurs while this coverage is in effect.

“Insured”, “Insured Person”, “You”, “Your”, “Yourself” mean the *principal insured* and all family members named on the application and for whom the appropriate premium has been paid.

“Medical Treatment” means any reasonable procedure, which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness, injury or symptom*.

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

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or investigative in nature;
- cannot be omitted without adversely affecting your condition or quality of medical care; and
- cannot be delayed until your return to your *country of origin*.

“Physician” means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he/she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than yourself or an *immediate family member*.

“Principal Insured” means the following person who is not eligible for coverage under a provincial or territorial government health insurance plan in Canada:

- an eligible student who has arrived in Canada, who is admitted to, enrolled in and attending a recognized Canadian institution of learning; or
- a student completing post-doctorate research in a recognized Canadian institution of learning.

“Province or Territory of Residence” means the Canadian province or territory where you reside while studying in Canada.

“Reasonable and Customary Costs” means costs that are incurred for eligible 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 or injury*.

“Sickness” means a disease or disorder of the body which 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, aged 65 or less, to whom the *principal insured* is legally married or with whom the *principal insured* has been residing for at least the last 12 months.

SECTION III

ELIGIBILITY

To be eligible for coverage under this plan:

- The applicant must:
 - be 65 years old or less;
 - not be eligible for a provincial or territorial government health insurance plan in Canada;
 - know of no reason to seek medical attention; and
- The applicant must:
 - be a student and provide proof of admission in a recognized Canadian institution of learning; or
 - be a student completing post-doctorate research in a recognized Canadian institution of learning.
- The applicant's *spouse* and *child(ren)* may be covered if the appropriate premium is paid.

SECTION IV

INSURANCE AGREEMENT

- The Contract** — This contract offers coverage to a maximum of \$2 million. This policy, the application and the confirmation of insurance constitute your contract of insurance. The Insurer reserves the right to decline an application or any request for an extension of coverage. When more than one policy of this form is issued by the Insurer and is in force with respect to you at the time of claim, only one such policy, the earliest by effective date, will apply.
- Payment of Premium**
 - The required premium is due and payable at the time of application and will be determined according to the schedule of premium rates then in effect. Premium rates, policy terms and conditions are subject to change without prior notice. A minimum premium of \$20 applies. If the premium is insufficient for the period of coverage selected, we will:
 - charge and collect any underpayment; or
 - alter the policy period to coincide with the premium paid.
 - Coverage will be null and void if the premium is not received, if a cheque is not honored for any reason, if credit card charges are invalid or if no proof of your payment exists.
- Effective Date** — Your insurance policy commences:
 - on the date shown on the application provided the premium has been paid; and
 - for the Air Flight/Common Carrier Accident Benefit only (benefit # 20): the date and time you board the airplane in your *country of origin* to fly to Canada, provided this policy has been purchased before your departure from your *country of origin*.
- Termination of Insurance** — Your insurance policy terminates on the earliest of the following dates:
 - the date the *principal insured* permanently leaves the recognized Canadian institution of learning;
 - the date that you become eligible for a provincial or territorial government health insurance plan in Canada;
 - the termination date indicated on the application;
 - the date that you reach age 66; or
 - the date that you cease to be a *spouse* or a *child* of the *principal insured* as defined in this policy;
 - the date that coincide with the 31st day of a stay in the United States. (Insurance may be reinstated on the date of your return to Canada); and
 - for the Air Flight/Common Carrier Accident Benefit only (benefit # 20): the date and time you disembark from the airplane after your flight to your *country of origin* from Canada.
- Automatic Extension of Coverage** — Coverage will be extended automatically without additional premium for up to 72 hours if your stay is prolonged beyond the period for which insurance has been purchased due to the following reasons:

- a) you are hospitalized due to an *emergency* on the expiry date indicated on your confirmation of insurance. Your coverage will remain in force as long as you are hospitalized to a maximum of one year, and the 72-hour extension will commence 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 country of origin, including by reason of inclement weather;
- c) the vehicle in which you are travelling is involved in a traffic accident or mechanical breakdown that prevents you from returning to your country of origin;
- d) you must delay your scheduled return to your country of origin because you are not deemed medically stable to travel by the Insurer.

Note: All claims incurred after the expiry date of your insurance policy must be supported by documented proof of the event resulting in your delayed return. This policy does not cover costs associated with flight changes.

6. **Optional Extension of Coverage** — Coverage may be extended up to a maximum of 365 days, provided that:
 - a) a claim has not been made under this insurance;
 - b) you have not experienced any changes in your health since your effective date;
 - c) you remain eligible for insurance;
 - d) the Insurer has received the extension request and appropriate premium not more than 10 days prior to the expiry date of your coverage; and
 - e) the required premium is charged to your credit card.

Note: Coverage will be extended at the discretion of the Insurer. The minimum premium is \$20.

7. **Premium Refunds**

- a) If cancellation of your policy is requested prior to the effective date of your policy, the full amount of premium paid may be refunded.
- b) A pro rata refund for the unused portion of the premium may be granted if:
 - i) the required visa necessary for admission to a recognized Canadian institution of learning has been refused;
 - ii) the *principal insured* permanently leaves the recognized Canadian institution of learning;

- iii) you permanently return to your country of origin; or
- iv) you become eligible for a provincial or territorial government health insurance plan in your province or territory of residence.
- c) A request for a premium refund will be considered only if no claim has been paid or is pending, subject to a \$25 administrative fee.
- d) Requests for refunds must be made in writing to your broker or sales agent. If your broker or sales agent receives satisfactory proof (ex. airline ticket or customs/immigration stamp) of your actual return date to your country of origin, your refund will be calculated from that date, and otherwise calculation of such refunds will be based on the postmarked date of your written request. No refund will be issued if the amount of premium to be reimbursed is less than \$10 per policy.

8. **Coverage Offered within Canada** — This insurance provides coverage for the *reasonable and customary costs* incurred by you in case of an *emergency* occurring while in Canada for the benefits set out in SECTION V, until the initial *emergency* is resolved, and the condition is stabilized. **Exception:** Benefits # 21, 22, 23, 24, 25 are payable insofar as they are medically necessary, rather than as the result of an *emergency*.

Coverage Offered outside Canada — This insurance provides payment for the *reasonable and customary costs* incurred by you in case of an *emergency* occurring while on a temporary visit outside of Canada for the benefits set out in SECTION V, until the initial *emergency* is resolved, and the condition is stabilized, provided at least 51% of the period of coverage is spent in Canada. Temporary visits to the United States are limited to 30 days per trip. Stays in your country of origin are covered only if you are participating in a sporting event or an extra-curricular event organized by the school.

The Insurer will pay such eligible expenses up to the amount shown in the schedule of fees for non-Canadian residents set by the government health insurance plan in the province or territory where you receive *medical treatment* and only in excess of those reimbursable by any other insurance contract or health plan (group, individual or government) under which you are entitled to benefit.

Subject to all terms and conditions of the policy, the following benefits are payable to a maximum of the sum insured insofar as such services are *medically necessary*. Benefit limits are per *insured person*, per period of 365 consecutive days.

In order to be covered, many benefits listed
in this section require the prior approval of *Global Excel*.

Lifetime maximum: \$2,000,000

Reimbursement: 100%

1. **Hospital Accommodation:**

- a) Charges up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*), up to 60 days per *sickness* or *injury*.

Note: Where the *emergency* hospitalization is required primarily for psychiatric treatment, benefits are payable up to a maximum of \$10,000;

- b) *Reasonable and customary costs* for treatment on an outpatient basis.

2. **Physician Charges:** *Medical treatment* by a *physician*.

3. **Psychiatrist:** Up to \$1,000 for outpatient consultations.

4. **Diagnostic Services:** Laboratory tests and X-rays prescribed by the attending *physician* due to an *emergency*. **Note:** This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.

5. **Trauma Counselling:** If you require trauma counselling within 90 days from the date of an *emergency* which occurred during the coverage period, *reasonable and customary costs* will be covered up to a maximum of six counselling sessions.

6. **Paramedical Services:** Speech therapist, physiotherapist, osteopath, naturopath, acupuncturist, chiropractor, chiropodist or podiatrist, including X-rays, to a maximum of \$500 per profession listed.

7. **Prescription Drugs:** Drugs, serums and injectibles that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when required as a result of an *emergency*. This benefit does not cover drugs, serums and injectibles 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.

Note: To file a claim, you must supply original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.

8. **Private Duty Nursing:** The services of a licensed graduate nurse who does not reside with you and is not an *immediate family member*, provided such services are recommended by a *physician*, up to a maximum of \$10,000. This benefit is available only as an alternative to hospitalization. The costs must not exceed the daily rate for a public ward stay and the services must be provided in your home.

9. **Medical Appliances:** When prescribed by the attending *physician* and approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers, and/or the temporary rental of a wheelchair, due to a covered *emergency*, not to exceed the purchase price.

When required as the result of a covered *sickness* or *injury* for which you have been hospitalized, up to \$200 for prescription glasses or contact lenses or up to \$300 for hearing aids.

10. **Treatment of Dental Accident:** Dental treatment to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face (excluding root canal treatment, crowns and dental conditions for which you previously received treatment or advice), to a maximum of \$4,000, provided you consult a *physician* or dentist within 48 hours of the *injury*. Treatment must take place within 90 days of the *accident* and before returning to your country of origin. *Accident* or *injury* due to placing an object to or in the mouth are not payable.

Note: To file a claim you must provide an *accident* report from the *physician* or dentist.

Note: Benefits payable under either 11. or 12. may not be combined for any one claim.

11. **Emergency Relief of Dental Pain:** When a minimum of 180-day policy has been purchased, up to \$600 for *emergency* relief of dental pain. This benefit excludes crowns and root canal.

12. **Impacted Wisdom Tooth:** Up to \$100 per tooth to extract impacted wisdom teeth.

Treatment relating to any dental claim must begin while coverage is in effect and must be completed prior to your return to your country of origin.

13. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service to the nearest *hospital*.

14. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel* (see SECTION VI - Limitations and Restrictions, #7):

- a) air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for *medical treatment*,
- b) transport on a licensed airline with an attendant (where required) for *emergency* return to your province or territory of residence for immediate medical attention;
- c) the fare for additional airline seats to accommodate a stretcher to return you to your province or territory of residence; or
- d) up to the cost of a one-way economy airfare to your province or territory of residence.

15. **Family Transportation and Subsistence Allowance:** When approved in advance by *Global Excel*, if you sustain loss of life or are hospitalized for at least seven consecutive days, coverage will be provided for one *immediate family member* to be with you while you are hospitalized or to identify your body in the event of your death, up to \$5,000 for the cost of a single round-trip economy airfare and for the cost of meals and commercial accommodation (original receipts are required). A limit of \$150 per day up to a maximum of \$1,500 applies on the cost of meals and commercial accommodation. You will be required to provide certification from the attending *physician* that the situation was serious enough to warrant the visit. This benefit is not covered for an *immediate family member* who is within 500 kilometers of your *hospital* location while outside your country of origin. This benefit is not available while travelling in your country of origin.

16. **Return to your Country of Origin:** In the event of an *emergency* which necessitates your return to your country of origin for *medical treatment*, the Insurer will reimburse the actual extra cost of a one-way economy airfare by the most direct route, to return you to your country of origin, to a maximum of \$5,000. Prior approval from *Global Excel* is required (see SECTION VI - Limitations and Restrictions, #8).

17. **Preparation and Return of Remains:** In the event of death, up to a maximum of \$10,000 towards the actual cost incurred for preparation of remains and homeward transportation of the deceased *insured person* to the country of origin; or up to a maximum of \$5,000 for cremation and/or burial at the place of death of the *insured person*. The cost of casket or urn is not covered under this benefit.

18. **Accidental Death:** Maximum benefit \$15,000. The benefit for loss of life is payable to your estate unless a beneficiary is designated in writing to *Global Excel* or the Insurer. This benefit is payable only in the case of death of the *insured* as the result of an *accident* occurring during the coverage period.

19. **Accidental Dismemberment or Total Permanent Loss of Use:**

Maximum benefit \$15,000. If an *injury* causes loss of limb or sight within 100 days following the date of the *accident*, benefits will be paid to you as follows:

- Loss of both hands or both feet \$15,000
- Loss of sight in both eyes (complete loss) \$15,000
- Loss of one hand or one foot and sight in one eye (complete loss) \$15,000
- Loss of one arm or one leg \$10,000
- Loss of one hand or one foot \$7,500
- Loss of sight in one eye (complete loss) \$2,500
- Loss of thumb or index finger \$2,000

Loss in reference to dismemberment means the actual, complete severance at or above the wrist or ankle joint. Loss of sight means the complete and irrecoverable loss of eyesight, which loss cannot be substantially corrected or remedied through simple *medical treatment* or corrective lenses.

20. **Air Flight/Common Carrier Accident:** Maximum of \$100,000 in case of death as a result of an *accident* sustained during the period of coverage while riding as a fare-paying passenger on a commercial airline, or while boarding or disembarking from a *common carrier*. This benefit cannot be combined with the "Accidental Death" benefit.

If the total claims for the same *accident* exceed \$600,000, the Insurer's liability for that *accident* is limited to \$600,000 which will be shared proportionately among all claimants involved in the same *accident* and who are covered under an *Emergency Medical Insurance* for International Student policy underwritten by the Insurer.

The following benefits are payable when they are *medically necessary*, no *emergency* is required.

21. **Annual Medical Examination:** When a minimum of a 180-day policy has been purchased, up to \$100 for one annual examination and associated laboratory tests by a *physician*, in Canada, and up to \$100 for one consultation for the prescription of the 'morning after pill' are payable.
22. **Maternity:** Up to \$1,000 for pregnancy or complications thereof (excluding childbirth and voluntary termination of pregnancy) provided that the pregnancy commenced after the effective date. No benefits are payable if expenses occur in the nine weeks before or after the expected delivery date or outside Canada.
23. **Eye Examination:** When a minimum of a 180-day policy has been purchased, up to \$100 for one examination by a licensed optometrist or ophthalmologist, in Canada, to determine whether purchase or replacement of eyeglasses or contact lenses is required.
24. **Psychologist:** Up to \$500 for outpatient consultations.
25. **Accessibility Corrective Device Defect, Malfunction and Theft Protection:** If, while this policy is in effect, a *corrective device* required by *you* is stolen and not recovered, or suffers a malfunction or defect which renders *your* required *corrective device* unusable, up to \$1,000 to replace or repair *your corrective device*. This benefit does not cover defects or malfunctions which are covered by the manufacturer's warranty.

1. **Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment —** *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to *you* undergoing such surgery, procedure, testing or treatment. It remains *your* responsibility to inform *your* attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
2. **Failure to Notify *Global Excel* —** Failure to notify *Global Excel* within 48 hours of *your* admission to *hospital* limits benefits to 80% of all eligible expenses incurred. Do not assume that someone will contact *Global Excel* on *your* behalf. It remains *your* responsibility to ensure that *Global Excel* has been contacted within 48 hours of admission. If it is not reasonably possible for *you* to contact *Global Excel* due to the nature of *your* medical *emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible.
You will be responsible for payment of any remaining charges.
3. **Limitation of Benefits —** Once *you* are deemed medically stable either in the opinion of the Insurer or by virtue of discharge from *hospital*, *your emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the *emergency* will no longer be eligible for coverage under this policy.
4. **Benefits Limited to Reasonable and Customary Costs —** If *you* pay *eligible expenses* directly to a health service provider, these services will be reimbursed to *you* on the basis of the *reasonable and customary costs* that would have been paid directly to the provider by the Insurer. Medical charges *you* pay may be higher than this amount, therefore *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary costs* reimbursed by the Insurer.
5. **Benefits Limited to Incurred Expenses —** If any of the benefits are duplicated under a similar benefit or under another insurance coverage in this policy or another policy issued by the Insurer, the maximum *you* are entitled to is the largest amount specified under any one benefit or insurance coverage. The total amount paid to *you* from all sources cannot exceed the actual expense *you* incur.
6. **Availability and Quality of Care —** The Insurer, RSA or *Global Excel* shall not be held responsible for the availability or quality of any *medical treatment* (including the results thereof) or transportation, or *your* failure to obtain *medical treatment* while this coverage is in effect.
7. **Transfer or Medical Repatriation (while on a temporary trip outside of Canada) —** During an *emergency* (whether prior to admission, during a covered hospitalization or after *your* release from the *hospital*), the Insurer reserves the right to:
 - a) transfer *you* to one of our preferred health care providers, and/or
 - b) return *you* to *your province or territory of residence* for the *medical treatment* of *your* *sickness* or *injury* without danger to *your* life or health.
 If *you* choose to decline the transfer or return when declared medically stable by the Insurer, the Insurer will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return. *Global Excel* 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*.
8. **Repatriation to *your Country of Origin* —** The Insurer reserves the right to arrange transportation to return *you* to *your country of origin* during an *emergency* (whether prior to admission, during a covered hospitalization or after *your* release from the *hospital*). If *you* decline to return when declared medically fit to travel by the Insurer, the Insurer will not pay for any continuing expenses, recurrence or complications arising from or directly or indirectly related thereto.

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. *Sickness* or *injury* that is confining *you* to *hospital* or that is under active treatment on the *effective date* of the policy.
2. *Sickness* or *injury* for which in the 90 days prior to the *effective date*:
 - a) symptoms appeared;
 - b) *you* sought the attention of a *physician* or a paramedical practitioner;
 - c) *you* were diagnosed or treated; or
 - d) medication was prescribed or there has been a change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.
 However, this exclusion does not apply to losses or expenses caused by *sickness* or *injury* for which, during the 90 days prior to the *effective date* a *physician* or paramedical practitioner, following a check-up, observed no adverse change in a previously noted condition, symptom or problem.
3. Chemotherapy treatment unless approved in advance by *Global Excel*.
4. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescription resulting therefrom except as otherwise specified under the "Medical Appliances" benefit and the "Accessibility Corrective Device Defect, Malfunction and Theft Protection" benefit (see SECTION V, benefits # 9 and # 25).
5. Flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).
6. Medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a *physician* by telephone or email.
7. Massage therapy, *elective treatment* or surgery, cosmetic or plastic surgery, whether or not for psychological reasons unless required as the result of *injury* incurred while this policy is in force.
8. Pregnancy, childbirth, voluntary termination of pregnancy and any complications thereof except as otherwise specified under the "Maternity" benefit (see SECTION V benefit # 22).
9. *Your* active participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of a foreign enemy; declared or undeclared hostilities; civil war; riot; rebellion; revolution or insurrection; military power or any service in the armed forces.
10. Committing or attempting to commit an illegal act or a criminal act.
11. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
12.
 - a) Any eating disorder or weight problem;
 - b) a disorder, disease, condition or symptom that is emotional, psychological, or mental in nature unless *you* are hospitalized and except as specified under the Psychiatrist and the Psychologist benefits (see SECTION V benefits # 1, # 3, # 5 and # 24).
13. Treatment or appliances that are not required for the immediate relief of acute pain or suffering; treatment of an ongoing condition, regular care of a chronic condition, home health care and investigative testing.
14. Medication, drug 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 in 100 millilitres of blood.
15. Drugs:
 - a) the replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medication (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 a medical *emergency*;
 - b) preventive medicines or vaccines;
 - c) acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products;
 - d) all types of contraceptives, pregnancy tests, fertility drugs or testing or drugs for the treatment of erectile dysfunction;
 - e) quantities exceeding a 30-day supply for one prescription; or
 - f) pharmaceutical products and drugs covered by another organization.
16. Participation in:
 - a) any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
 - b) any competitive motorized sporting events, racing or speed contests;
 - c) scuba diving (unless *you* hold a basic SCUBA designation from a Canadian certified school), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping or mountaineering.
17. Renal dialysis or organ transplants.
18. Rehabilitation and convalescent homes or holidays for recuperative purposes.
19. Noncompliance with any prescribed *medical treatment* (as determined by *Global Excel*) or failure to carry out a *physician's* instructions.
20. Medical services for any *injury* that occurred, or *sickness* that started in *your country of origin* during the coverage period (except as otherwise specified; see SECTION IV – Insurance Agreement # 8 – Coverage Offered); or any expenses incurred outside of Canada where less than 51% of the period of coverage was spent in Canada.
21. Treatment or surgery during *your* stay when *your* visit is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such visit is done on the advice of a *physician* or surgeon; or a *sickness*, *injury* or related condition for which it was reasonable to expect treatment or hospitalization during *your* stay.
22. Treatment of an acute *sickness* or *injury* after the initial medical *emergency* has ended (as determined by the Insurer); or after the Insurer has requested that *you* return to *your country of origin*.
23. *Emergency* air transportation unless approved and arranged in advance by *Global Excel*.
24. Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charges.
25. *Sickness*, *injury* or medical condition *you* suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory or formal notice, before *your* departure date, advising travellers not to travel to that specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after *your* departure date, *your* coverage for *sickness*, *injury* or medical condition is limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical condition" means any *sickness*, *injury* or medical condition that is attributable to the reason for which the travel advisory or formal notice was issued or complications arising from such "sickness, injury or medical condition."
26. **For policy extensions only:** *Sickness* or *injury* which first appeared, was diagnosed or received treatment prior to the *effective date* of the insurance extension.
27. Any administrative fees or charges above those specified in this policy.

SECTION VIII

INTERNATIONAL ASSISTANCE SERVICE

Global Excel answers your questions 24 hours a day, 7 days a week.

- Emergency Call Center** — No matter where you are, professional assistance personnel are ready to take your call. From Canada and the U.S., call toll free 1-800-715-8833; from Mexico, call toll free 001-800-514-7798; from anywhere, call collect 819-566-8839.
- Benefit Information** — Explanation of your policy is available to you and to the medical providers who are treating you.
- Case Management** — Our experienced and professional team, available 24 hours a day, will monitor the services given in the event of an emergency.

- Interpretation Service** — We can connect you to a foreign language interpreter when required for emergency services.
- Direct Billing** — Whenever possible, we will instruct the hospital or clinic to bill us directly.
- Claims Information** — We will answer any questions you have about the eligibility of your claim, our standard verification procedure and the way that your policy benefits are administered.

SECTION IX

CLAIMS PROCEDURES

- You are responsible for providing all the documents outlined below and for any charges levied for these documents.
 - Any notice of claim or correspondence concerning a claim must include your policy number, the patient's name and date of birth.
 - Submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, the date(s) and type of treatment, and the name of the medical facility and/or physician. Only original bills will be considered for payment. Photocopies, facsimile transmissions or carbon copies are not acceptable.
 - Receipts for prescription drugs must indicate the name of the prescribing physician, prescription number, name of preparation, date, quantity and the total cost.
 - If you refuse or fail to sign the medical authorization form or refuse to provide any information pertinent to your claim, it may result in a delay in processing your claim. Please refer to Notice and Proof of Claim of SECTION XI - Statutory Conditions.

- Payment of Benefits**
All payments under this policy are payable to you or on your behalf. Benefits for loss of life are paid to your estate unless a beneficiary is designated in writing to *Global Excel* or the Insurer. Any claims paid to you will be payable in Canadian funds. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. No sum payable shall bear interest.

- Send all pertinent documents to:**

Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec
J1M 0C9



Phone numbers: 1-800-336-9224 (toll free) or collect 819-566-8698.

Our website: www.globalexcel.com

SECTION X

GENERAL PROVISIONS

- Subrogation** — If you suffer a loss covered under this policy, the Insurer is granted the right from you to take action to enforce all your rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to you, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action. 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 such things as are necessary to secure the Insurer's rights.
- Other Insurance** — This insurance is a second payor 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 your country of origin that are in excess of the amounts for which you are 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 your lifetime maximum is greater than \$50,000, the Insurer will coordinate benefits only above this amount.
- Misrepresentation and Non-disclosure** — The entire coverage under this policy shall be void if the Insurer determines whether before or after loss, you have concealed, misrepresented or failed to disclose any material fact or circumstance concerning your policy or your interest therein, or if you refuse to disclose information or permit the use of such information, pertaining to any of the insured persons under this contract of insurance.
- Arbitration** — Notwithstanding any clause in the present 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 arbitration laws in force in the province or territory where this policy was issued. The parties agree that any action will be referred to arbitration.

- Applicable Law** — This contract of insurance is governed by the laws of the province or territory where this policy was issued. Any legal proceeding by you, your heirs or assigns shall be brought in the courts of the province or territory where this policy was issued.
- Limitation periods** — 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 (British Columbia, Alberta and Manitoba). 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 Limitations Act (Ontario), otherwise within 2 years from the date of loss or such longer period that may be required under the law applicable in your province.
- Waiver** — The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.
- Copy of Application** — The insurer shall, upon request, furnish to the insured or to a claimant under the contract a copy of the application.
- Important Notice About Your Personal Information** — Royal & Sun Alliance Insurance Company of Canada ("we" "us") and its agents and representatives involved in the sale and administration of travel insurance collect, use and in some instances when appropriate, disclose, personal information for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from policyholders, insureds and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or travelling companions when a policyholder, insured or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, 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 of policyholders, insureds or claimant. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an insured may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsagroup.ca.

SECTION XI

STATUTORY CONDITIONS

- The Contract** — The application, this policy, 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.
- Material Facts** — No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.
- Notice and Proof of Claim**
 - The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must:
 - give written notice of claim to the insurer:
 - by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the insurer in the province, or
 - by delivery of the notice to an authorized agent of the insurer in the province, not later than 30 days after the date a claim arises under the contract on account of an accident or sickness;
 - within 90 days after the date a claim arises under the contract on account of an accident or sickness, furnish to the insurer such proof as is reasonably possible in the circumstances of:
 - the happening of the accident or the start of the sickness,
 - the loss caused by the accident or sickness,
 - the right of the claimant to receive payment,
 - the claimant's age, and
 - if relevant, the beneficiary's age; and

- if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident or sickness for which claim is made under the contract and, in the case of sickness, its duration.
- Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
 - the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition; or
 - in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.
- Insurer to Furnish Forms for Proof of Claim** — The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident or sickness giving rise to the claim and of the extent of the loss.
- Rights of Examination** — As a condition precedent to recovery of insurance money under the contract,
 - the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and
 - in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
- When Money Payable** — All money payable under the contract must be paid by the insurer within 60 days after it has received proof of claim.

SECTION XII

IDENTIFICATION OF INSURER

Study Safe International Student Emergency Medical Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by RSA Travel Insurance Inc., operating as RSA Travel Insurance Agency in British Columbia.™ "RSA" and the RSA logo are trademarks owned by RSA Insurance Group plc, licensed for use by Royal & Sun Alliance Insurance Company of Canada.

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The insured is requested to read this policy and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to *Global Excel*.

THIS POLICY CONTAINS CLAUSES WHICH MAY LIMIT THE AMOUNT PAYABLE.