



Group insurance

Your plan



Policy N° 1TR55

Active Members of

THE TRUSTEES OF THE IBEW LOCAL 353 TRUST FUNDS

May 1st 2024

This booklet contains important information.

Please keep it for future reference.

This booklet is an outline of SSQ, Life Insurance Company Inc.'s Emergency Medical Travel insurance programs offered to Employees of the Policyholder. It is designed to help you learn more about the coverage offered under this insurance program. This booklet should be kept for future reference.

The Emergency Medical #1TR55 group insurance programs' Master Application, endorsements and attached papers, if any, and the entire contract of insurance, all referred to hereafter as the "Policy", set forth the terms and conditions of the insurance program. All rights and obligations are determined in accordance with the Policy, not this booklet. For exact provisions of coverage offered, please contact your Human Resources department.

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SPECIFIC DISPOSITIONS

1. Description of Eligible Persons:

The following classes of persons are eligible:

Class I: All Active Members of the Policyholder, under the age of seventy (70), their eligible Spouses and their eligible Dependent Children.

A Dependent Child can only be included in one Member and Family Plan. In the event that more than one Member is eligible to enrol in the Member and Family Plan with respect to the same Dependent Child, such Members must elect under whose plan such Dependent Child will be included.

Only one Member and Family Plan per family is available. In the event a Member and his/her Spouse are both Members of the Policyholder, those Members must elect to be covered either under one Member and Family Plan or two Member Only Plans if there is no Dependent Child to be covered.

"Member" means an eligible member in good standing of the Policyholder.

"Spouse"

- a) to whom the Member is legally married, or
- b) with whom the Member has continuously cohabited in a conjugal relationship for a minimum of 1 year immediately before a loss is incurred under the policy.

Only one individual will qualify as a spouse.

If the Member is legally married but is also cohabiting with an individual as described under Item b) above, the Member may elect in writing which one of the individuals will qualify as a spouse under the policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the Member is legally married.

"Dependent Child" means a natural child, adopted child, stepchild or a child who is in a parent-child relationship with the Member. The child is unmarried, dependent upon the Member for maintenance and support and:

- a) under 21 years of age, or
- b) under 25 years of age (26 in the province of Quebec) and in attendance at an Institution for Higher Learning on a full-time basis, or
- c) by reason of mental or physical infirmity, is incapable of self- sustaining employment and is totally dependent upon the Member for support within the terms of the Income Tax Act.

"Institution for Higher Learning" is limited to universities, colleges, CEGEPs and trade schools located in Canada.

All Active Members of the Policyholder, Spouses and Dependent Children must be covered under a Canadian federal and/or provincial health and hospitalization insurance plan and are residents of a Province of Canada.

2. Coverage:

Medical Reimbursement Expense Benefit:	\$ 5,000,000
Emergency Dental Treatment Benefit:	Included
Evacuation Benefit:	\$ 50,000
Repatriation Benefit	\$ 15,000
Emergency Air Transportation Benefit	Included
Family Transportation & Accommodation Benefit	\$ 5,000
Return of Vehicle Benefit	\$ 500
Rental Expense Benefit	\$ 200
Hotel Convalescence Benefit	\$ 1,000

Referral Services outside of Canada Benefit	\$ 75,000
Travel Cancellation Benefit	\$5,000
Trip Interruption Benefit	\$5,000
Baggage and Personal Effect Benefit	\$1,000
Pet (s) Return Benefit	\$500
Deductible:	NIL
Coinsurance:	100.0%

3. Effective Date of Individual Insurance:

Insurance as to each eligible person becomes effective:

With respect to Member:

- a) on the Effective Date of the Policy if eligible on or before the Effective Date of the Policy.
- b) on the date a Member becomes eligible if eligible after the Effective Date of the Policy.

With respect to Spouse or Dependent Child:

- a) on the effective date of the Member's insurance.
- b) on the date the Spouse or Dependent Child becomes eligible if eligible after the effective date of the Member's insurance.

4. Effective Date of the Policy:

12:01 a.m., Standard Time, May 1st, 2024 at the address of the Policyholder.

MAIN DEFINITIONS

Definitions

Wherever used in this policy:

"Insured Person" means the Insured Member, the Insured Spouse or the Insured Dependent Child.

"Injury" means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy provided such injury is sustained and for which expenses are incurred during the course of a Trip outside the province of Residence. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal physiological function and includes illness and infections, occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Disease" means any unhealthy condition of the body or any part thereof occurring while this policy is in force as to the Insured Person whose disease is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Trip" means travel, undertaken by the Insured Person, which commences on the date of departure from the Insured Person's province of Residence and continues until the return date to his province of Residence, subject to a maximum duration of sixty (60) consecutive days.

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

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered Nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, Physicians and Nurses will not exclude an Immediate Family Member.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practise medicine by:

- 1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing body, or
- 2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Nurse" means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor an Immediate Family Member.

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

"Travelling Companion" means a person who is sharing the same booked accommodation with the Insured Person.

"Emergency" means unexpected and not pre-planned.

"Airfare" means the regular fare charged for an economy class seat on a regular flight by a domestic or international scheduled air carrier, which holds an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such air carrier in the country of its certification.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

"Fare" means the regular fare charged for:

1. an economy class seat on a regular flight by a domestic or international scheduled air carrier,
2. a coach seat on a passenger train,
3. a regular seat on a passenger bus or
4. an economy class seat on a boat,

where each of these carriers must hold an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such carrier in the country of its certification.

"Accommodation" means lodging in the vicinity of the Hospital where the Insured Person is confined.

"Motorized Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

The word "province" will be construed as territory when either the Insured Person's Residence is located or the treatment is rendered in a territory in Canada.

The male pronoun will be construed as the feminine when the person is a female.

MAIN PROVISIONS

Medical Reimbursement Expense Benefit

When by reason of Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section, the Insurer will reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

1. Hospital charges including those for room and board, up to and including the semi-private accommodation level, subject to a maximum duration of twelve (12) months;
2. Hospital charges for out-patient services when medically required;
3. expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of ten thousand dollars (\$10,000) per Accident, Sickness or Disease;
4. charges for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a thirty (30) day supply;
5. expenses charged for the services of a duly licensed or duly registered physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of one thousand dollars (\$ 1,000) per Accident, Sickness or Disease;
6. expenses for a licensed ground ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of one thousand dollars (\$ 1,000) per Accident, Sickness or Disease;
7. expenses incurred for the following:
 - a) blood plasma, whole blood or oxygen, including the administration thereof;
 - b) x-rays and laboratory examinations which are required for diagnostic purposes;

- c) artificial limbs, eyes or other prosthetic appliances, subject to a maximum of two thousand dollars (\$ 2,000) per calendar year;
 - d) rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints);
 - e) rental of a wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment, subject to a maximum of five thousand dollars (\$ 5,000) per Accident, Sickness or Disease;
8. expenses for medical care and treatment rendered or surgical procedure performed by a Physician;
9. expenses for the services of a licensed anaesthetist when recommended by a Physician;
10. expenses for the services of any of the following practitioners, provided such practitioner is duly licensed or duly registered where required in the province of practise and does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of three hundred dollars (\$300) per specialty per Accident, Sickness or Disease (such services do not require the recommendation of a Physician except as indicated below):
- a) chiropractor
 - b) osteopath
 - c) chiropodist or podiatrist
 - d) massage therapist, on the recommendation of a Physician
 - e) speech therapist
 - f) psychologist

Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of one (1) x-ray per practitioner for each Insured Person per Accident, Sickness or Disease.

Emergency Dental Treatment Benefit

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person, but not to exceed in the aggregate the amount of two thousand dollars (\$ 2,000) as a result of any one (1) Accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the Insured Person's province of Residence.

Evacuation Benefit

If, as a result of Injury, Sickness or Disease, an Insured Person requires any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by the Insurer.
2. transportation to the Insured Person's province of Residence by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by the Insurer and the attending Physician certifies in writing that the Insured Person's medical condition after receiving treatment (including diagnostic testing) warrants the return to his province of Residence for further treatment or to recover.
3. transportation to the Insured Person's province of Residence in the event he is confined as inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

the Insurer will pay the reasonable and necessary transportation expenses actually incurred by the Insured Person including any related medical services and supplies.

The Insurer will also pay the reasonable and necessary expenses actually incurred by a medical attendant or one (1) Immediate Family Member, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board. All covered expenses incurred by the medical attendant or Immediate Family Member are subject to a maximum amount of two thousand dollars (\$ 2,000).

The total maximum amount payable under this section will not exceed the amount of Evacuation Benefit stated under Item 3 of the Master Application as a result of any one (1) Accident, Sickness or Disease.

The above benefit will be payable under one (1) of the policies issued to the Policyholder by the Insurer.

Repatriation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person more than fifty (50) kilometres from the Insured Person's normal place of Residence, the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to the first (1st) resting place (including but not limited to a funeral home or the place of interment) in the vicinity of the normal place of Residence of the deceased, including charges for the preparation of the body for such transportation, subject to the maximum amount of Repatriation Benefit stated under Item 3 of the Specific Provisions.

The benefit payable under this section will be payable to the person who actually incurred the expenses.

Emergency Air Transportation Benefit

A. If, as the result of Injury, Sickness or Disease:

- 1) the attending Physician certifies in writing that the Insured Person's medical condition warrants immediate return to his province of Residence for treatment, which is not available at the local Hospital in the vicinity where such Injury, Sickness or Disease occurred; or
- 2) an Insured Person is confined as an inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable,

- 3) the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the Insured Person by the most direct route to the air terminal nearest his normal place of Residence, subject to the cost of one (1) way Airfare, to a maximum amount of two thousand five hundred dollars (\$2,500).
- B. If, for medical reasons, the Insured Person requires stretcher accommodation on the return flight stated in paragraph "A" above, regardless if he has missed his original scheduled return flight, and such requirement is on written recommendation of the attending Physician, the Insurer will pay the Airfare expense for one (1) additional seat, subject to a maximum amount of two thousand five hundred dollars (\$2,500).
- C. In the event the attending Physician further recommends in writing or the air carrier's rules and regulations require the presence of a medical attendant during the transportation of the Insured Person, regardless if he has missed his original scheduled return flight, the Insurer will pay the reasonable and necessary expenses actually incurred for the round trip Airfare for such medical attendant. Expenses will also include one (1) day Accommodation and board for that day. The medical attendant must be qualified to work as such in the place where the Insured Person received Emergency medical attention, does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member. All covered expenses incurred by such attendant are subject to a maximum amount of five thousand dollars (\$5,000).

The total maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Emergency Air Transportation Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

Family Transportation and Accommodation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person or if the Insured Person is confined as an inpatient in a Hospital for at least four (4) consecutive days and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by:

1. any other Insured Persons or Travelling Companion who remained with such Insured Person during his hospitalization, thus preventing them from returning to their province of Residence on the original scheduled return date, provided the return Fare is non-changeable and non-refundable, for their board, Accommodation and transportation by the most direct route back to their normal place of Residence, subject to the cost of one (1) way Fare; or

2. an Immediate Family Member or a family representative for board, Accommodation and one (1) return Fare for transportation by the most direct route to and from the normal place of residence of the Immediate Family Member or family representative to the confined Insured Person, if such Insured Person had been travelling unaccompanied by a family member at the time he became hospitalized.

Reimbursement of transportation expenses under this section is limited to seventy-five percent (75%) of the cost of the Fare. If transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of thirty-five cents (\$ 0.35) per kilometre travelled.

The total maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Family Transportation and Accommodation Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

Return of Vehicle Benefit

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

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Return of Vehicle Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

Rental Expense Benefit

If, as the result of Injury, Sickness or Disease, an Insured Person is confined as an inpatient in a Hospital and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable expenses actually incurred by the Insured Person for the rental of a telephone and/or television set.

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Rental Expense Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

Hotel Convalescence Benefit

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person, due to his medical condition, is prohibited from resuming any travel following discharge from the Hospital where the Insured Person was confined for a period of not less than seven (7) days, the Insurer will pay the reasonable and necessary expenses actually incurred for board and Accommodation.

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Hotel Convalescence Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

Referral Services Outside of Canada

When recommended by the attending Physician and approved by an Insured Person's Canadian federal and/or provincial health and hospitalization insurance plan, an Insured Person is referred outside Canada, the Insurer will pay for the following eligible benefits. Payments will be made at the reasonable and customary amount for charges in excess of provincial government health care allowances up to a lifetime maximum of seventy five thousand dollars (\$75,000).

Hospital - All hospital charges for medically necessary services, less the amount allowed under the provincial government health care plan, such as:

- Hospital room accommodation
- Intensive care rooms
- Nursing services
- Operating and recovery rooms
- Diagnostic and laboratory services including X-ray
- Oxygen and blood
- Prescription drugs including intravenous solutions
- Physiotherapy

Physicians and Surgeons - Customary charges of physicians and surgeons for services rendered, less the amount allowed under the provincial government health care plan.

Ambulance - Charges for licensed ambulance services required to transport a stretcher patient to and from the nearest hospital able to provide essential care. Charges for air transport are included to a maximum of up to three (3) economy seats on a regularly scheduled flight.

Ambulance Attendant - Charges for travel expenses of an accompanying Registered Nurse or qualified medical attendant (not a relative) when medically necessary and approved by the Insurer.

Limitations and Exclusions (only applicable to Referral Services Outside of Canada)

1. The referral outside Canada must be medically necessary and must not be for services available in Canada as determined by the Insurer.
2. The claim must have prior approval for payment from the appropriate provincial government health program and from the Insurer.
3. Payment will be made for the reasonable and customary charges of the provider of the services or supplies in the area in which the services are rendered.
4. Payment will only be made for services and supplies rendered while the patient was under the active treatment of a licensed physician.
5. Payment will not be made for treatment of any illness commencing within twelve (12) months after the Insured Person's effective date of group coverage, or for which the Insured Person has received medical treatment or has been prescribed drugs twelve (12) months prior to the effective date of this coverage.
6. The services must not be for experimental medical procedures or treatment methods not approved by the Canadian Medical Association.

Travel Cancellation Insurance

In the event of trip cancellation prior to departure due to a travel advisory issued by the Government of Canada, you must contact AXA Assistance Canada Inc. for the procedure to follow either 72 hours before a deposit becomes due or 72 hours before the scheduled date of departure, whichever comes first.

In the event of trip cancellation prior to departure for any reason other than a travel advisory, you must contact AXA Assistance Canada Inc. for the procedure to follow at the latest 48 hours following the event causing cancellation.

The telephone numbers to contact AXA Assistance are indicated on the Membership Card. You must provide the contract number specified on your SSQ card when calling.

1. Reasons for cancellation

For cancellation expenses to be considered eligible, the trip must be cancelled, extended or interrupted due to one of the following causes:

- a) An illness or accident suffered by the insured, a travel companion or a business partner of the insured, or suffered by a member of the insured's family or travel companion's family. The illness or accident must prevent the individual from performing his or her usual activities and must be sufficiently serious to justify or force the cancellation or interruption of the insured's trip.
- b) Death of: the insured; the insured's spouse; the insured's or spouse's child; the insured's travel companion; or the insured's business partner.
- c) Death of a family member of any of the following individuals: the insured; the insured's spouse; the insured's child; the insured's travel companion. The funeral must be scheduled to take place during the period extending from 31 days before and 31 days after the planned trip.
- d) Death, illness or accident suffered by a person for whom the insured is the legal guardian.
- e) Notwithstanding any other provision of the contract, suicide or attempted suicide of the insured's travel companion or a member of the insured's family.
- f) Death of a person for whom the insured is the testamentary executor.
- g) Death or emergency hospitalization of the host at destination.
- h) The insured's or travel companion's summons for jury duty or subpoena to act as a witness in a case scheduled to be heard during the trip, provided the person involved has taken all necessary measures to have the hearing postponed. A summons or subpoena is not considered cause for cancellation or interruption of a trip when the person involved institutes legal proceedings or is a defendant in the case or is a police officer and has been subpoenaed as part of his or her regular duties.
- i) Quarantine of the insured, provided that quarantine ends 7 days or fewer before the scheduled date of departure, or occurs during the time of the trip.
- j) Hijacking of the airplane on which the insured is travelling.

- k) Damage rendering the principal residence of the insured or of the host at destination uninhabitable. The residence must remain uninhabitable 7 days or fewer before the scheduled date of departure, or the damage must occur during the time of the trip.
- l) Transfer of the insured, for the same employer, to a location more than 100 kilometres from the current place of residence, provided the transfer is required by the employer within the 30 days preceding the scheduled date of departure.

m) For trip cancellation:

The issuance by the Government of Canada of an advisory:

- a) to avoid all travel, or to avoid non-essential travel, to a location where the insured plans to travel; or
- b) to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship.

The advisory must be issued after the insured has made the travel arrangements. The advisory must be in force on the scheduled date of departure.

n) For trip interruption:

The issuance by the Government of Canada of an advisory:

- a) to avoid all travel, or to avoid non-essential travel, to a location where the insured is on a trip; or
- b) to avoid all cruise ship travel when the insured is already on a cruise ship.

The advisory must be in force during the trip. The insured must comply with the advisory within 14 days following its issuance.

- o) Delay of the transportation used by the insured to reach the point of departure of the planned trip or to the point of departure of a scheduled connection after departure of the planned trip, provided that the means of transport used provides for scheduled arrival at the point of departure at least 3 hours prior to the time of departure or at least 2 hours prior to departure if the distance to be covered is less than 100 kilometres. The delay must be caused by mechanical problems (except for a private automobile), a traffic accident, or an emergency road closure, each of the latter two causes requiring confirmation by a police report.

- p) Weather conditions such that:
- a) the departure of the public carrier used by the insured, at the point of departure of the planned trip, is cancelled or delayed by at least 30% (minimum 48 hours) of the planned duration of the trip, or
 - b) the insured is unable to make a scheduled connection after departure with another public carrier, provided the scheduled connection after departure is cancelled or delayed by at least 30% (minimum 48 hours) of the planned duration of the trip
- q) Damage occurring to a commercial establishment or to the location where a commercial activity is to be held. The damage must prevent the activity in question from taking place. A written cancellation notice must be issued by the organization officially responsible for the activity
- r) Death or hospitalization of the person with whom the insured had arranged a business meeting or commercial activity. In such case, reimbursement is limited to transportation expenses and a maximum of 3 days' accommodation

2. Expenses covered

To be eligible, expenses must be incurred by the insured following the cancellation, extension or interruption of a trip, provided such expenses are related to amounts paid in advance by the insured and that, at the time travel arrangements were made, the insured was not aware of any event that could reasonably lead to the cancellation, extension or interruption of the planned trip. Expenses must also be incurred for one of the specified eligible reasons for cancellation.

Eligible expenses are described hereafter and are reimbursed according to the indications in the "Schedule of Insurance":

In the event of cancellation prior to departure:

- a) The non-refundable, unusable, non-transferrable and irrecoverable portion of prepaid travel expenses. Any form of credit, compensation or indemnification (with or without restriction on use) offered by a travel provider, a travel agency, a public carrier, an accommodation facility or an agency is considered as a reimbursement of prepaid travel expenses.

- b) Additional expenses incurred by the insured if the travel companion who was to share accommodation at destination must cancel due to one of the eligible reasons for cancellation and the insured decides to proceed with the trip as initially planned. Expenses are eligible up to the amount of the cancellation penalty applicable at the time the travel companion had to cancel.
- c) The non-refundable portion of prepaid travel expenses, up to 70% of such expenses, if departure is delayed due to weather conditions and the insured decides not to proceed with the trip

In the event of missed departure, flight cancellation or if the trip must be interrupted temporarily:

The additional cost of a one-way economy class ticket on a scheduled flight of a public carrier, by the most direct route to the initially-planned trip destination. Departure must be missed due to a cancelled flight or a delay in the means of transportation used by the insured, subject to the conditions specified in the eligible reasons for cancellation. In the event of interruption of a trip, the interruption must be due to an illness or accident suffered by the insured or travel companion, subject to the conditions specified under the eligible reasons for cancellation.

If the return is earlier or later than planned:

- a) The additional cost of a one-way economy class ticket, by the most direct route, for a return trip to the point of departure, by the means of transportation initially planned. If the initially-planned means of transportation cannot be used, whether or not travel expenses have been prepaid, the expenses eligible will be equal to the fees charged by a scheduled public carrier for economy class travel, by the most economical means of transportation, via the most direct route, for the insured to return to the initial point of departure. These expenses must be pre-approved by SSQ's travel assistance service.
- b) The unused and non-refundable portion of the ground portion of prepaid travel expenses

Restriction:

If the insured's return is delayed by more than 7 days, the expenses incurred are eligible, provided the insured or the insured's travel companion was admitted to hospital as an in-patient for more than 48 hours within the seven-day period.

If travel expenses were not paid in advance, the expenses incurred by the insured are covered provided that before the scheduled date of departure, the insured was not aware of any event that could reasonably lead to the interruption of the planned trip.

Round-trip transportation:

The cost of transportation by the most economical means, following approval by SSQ's travel assistance service, for the insured to return to the province of residence and then back to the trip destination, provided the return to the province of residence is due to one of the following reasons:

- a) Death or hospitalization of a member of the insured's family, a person for whom the insured is the legal guardian or a person for whom the insured is the testamentary executor.
- b) A disaster that has made the principal residence of the insured uninhabitable or has caused significant damage to the insured's business establishment

3. Exclusions, limitations and restrictions

In addition to the exclusions, restrictions and limitations applicable to all benefits of the Health Insurance plan, the following exclusions apply to Travel Cancellation Insurance:

1. Travel Cancellation Insurance does not cover losses due to the following causes or to which such causes have contributed:
 - a) Active participation of the insured in a riot or insurrection, perpetration or attempted perpetration of a criminal act by the insured or the insured's travel companion or participation of the insured or the insured's travel companion in a criminal act.
 - b) Abusive or excessive consumption of medication, drugs or alcohol and the ensuing consequences.
 - c) Intentional self-inflicted injury by the insured or travel companion, or suicide or attempted suicide by the insured, regardless of the state of mind of the person.
 - d) Participation in any of the following activities or sports: gliding, hang-gliding, paragliding, mountaineering, bungee jumping, parachuting, skydiving or any other similar activity, all extreme or combat sports, any motorized vehicle competition, as well as any sporting or underwater activity for which a remuneration is paid to the individual this insurance plan applies to.

- e) The reason for which the trip is purchased, in the event that it is purchased for the purposes of obtaining or with the intention of receiving medical treatment, a medical consultation or hospital services, whether or not the trip is taken upon the recommendation of a physician.
 - f) In the event that the trip is purchased to visit or be at the bedside of a person who is ill or has suffered an accident, change in medical condition or death of such person.
 - g) A cause which, beyond any possible doubt, does not prevent the insured from proceeding with the trip.
2. No expenses are payable if the insured made travel arrangements while a Government of Canada advisory was in effect recommending:
- a) to avoid all travel to a location where the insured plans to travel; or
 - b) to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship;

However, this exclusion does not apply:

- a) to any trip cancellation for an eligible reason for cancellation other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level before the scheduled date of departure; and
 - b) to any trip interruption for an eligible reason for interruption other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level before the scheduled date of departure or during the insured's trip.
3. No trip interruption expenses are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending:
- a) to avoid all travel to a location where the insured plans to travel; or
 - b) to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship;

However, this exclusion does not apply to any trip interruption for an eligible reason for interruption other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level during the insured's trip.

4. **No trip interruption expenses caused by the following advisory are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending to avoid non-essential travel to a location where the insured plans to travel.**

However, this exclusion does not apply to any trip interruption caused by the advisory, if there is a change to the risk level of the advisory to a higher risk level during the insured's trip.

5. **No trip interruption expenses caused by one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory:**
- a) to avoid all travel or to avoid non-essential travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or
 - b) to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

6. **No trip interruption expenses for an eligible reason for interruption other than one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory:**
- a) to avoid all travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or
 - b) to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

If notice of cancellation of a trip prior to departure is not provided within the time specified herein, SSQ's liability is limited to the cancellation expenses stipulated in the travel contract that are applicable at the time such notice should have been given. However, this limitation will not apply if the insured and any adult accompanying the insured on the planned trip provide proof deemed satisfactory by SSQ that they were totally incapable of doing so. In such case, the trip must be cancelled as soon as one of these persons is able to do so, and SSQ's liability is limited to the applicable cancellation fees stipulated in the travel contract at the time of cancellation.

Baggage and Personal Effects Benefits

If, while on your trip, your baggage is lost, stolen or damaged, you will be reimbursed up to \$500 per insured person to a maximum of \$1,000 per insured family. The loss must be supported in writing by the appropriate local authorities at the place of loss and/or police report. Coverage is limited to \$200 per item or set of items.

You will be reimbursed up to \$500 per *insured person* up to a maximum of \$1,000 per family for the purchase of necessary toiletries and personal clothing as a result of *your* checked baggage being delayed by the carrier for more than 12 hours after *your* arrival. Purchases must be made within 36 hours of *your* arrival at *your* destination, and prior to receipt of *your* baggage.

You will be reimbursed up to \$200 per *insured person* per *trip* for the replacement cost of the following documents belonging to *you* should they be lost or stolen during the insured period: passport, driver's licence, birth certificate and/or travel visa. The loss or theft must be supported in writing by the appropriate local authorities at the place of loss and/or police report.

Baggage and Personal Effects Benefits Exclusions

No benefits are payable due to:

- a) breakage of, or damage to fragile or brittle articles unless caused by fire or accident to the means of conveyance;
- b) loss or damage not reported to the police and/or the appropriate local authorities within 24 hours of discovery;
- c) loss due to normal depreciation of the value of your articles;
- d) loss of, or damage to money, eyeglasses, sunglasses, contact lenses, medication, hearing aids, artificial teeth, tickets, documents, jewellery, cell phones, cameras or computer equipment;
- e) loss or damage by theft from an unattended vehicle unless it was completely locked and there was visible evidence of forced entry;
- f) loss or damage due to negligence on your part;
- g) loss of, or damage to fragile or perishable articles in checked baggage; and
- h) any loss or damage directly or indirectly resulting from or arising out of, or in connection with any screening or security process, any act of war or terrorism or nuclear incident.

Pet(s) Return Benefit

This benefit covers up to a maximum of \$500 for the actual cost of a one-way transportation you incur for the return of your pet(s) to your province or territory of residence if you. The Pet(s) Return Benefit is also available if you are returned to Canada as described under Evacuation Benefit.

Any other charges related to the return of the pet(s) are your responsibility.

Return of Excess Baggage**Maximum Limit of Indemnity**

With the exception of those benefits listed below, the total amount payable under this policy for reimbursement of all expenses, which an Insured Person has incurred as the result of all Injuries caused by any one (1) Accident or as the result of any one (1) Sickness or Disease, will not exceed the Maximum Limit of Indemnity stated under Item 4 of the Specific Provisions.

The following benefits are excluded from the Maximum Limit of Indemnity:

Evacuation Benefit
Repatriation Benefit
Emergency Air Transportation Benefit
Family Transportation
and Accommodation Benefit
Return of Vehicle Benefit
Rental Expense Benefit
Hotel Convalescence Benefit

Deductible

The deductible amount indicated under Item 3 of the Specific Provisions applies to all benefits payable under the section entitled "Medical Reimbursement Expense Benefit" as a result of any one (1) Accident, Sickness or Disease.

Reimbursement of insured expenses commences following accumulation of the deductible amount.

Coinsurance

The coinsurance percentage indicated under Item 3 of the Specific Provisions Specific Provisions applies to all benefits payable under the section entitled "Medical Reimbursement Expense Benefit" as a result of any one (1) Accident, Sickness or Disease.

Reimbursement of insured expenses will be made at the percentage indicated, following satisfaction of the deductible, if any.

Indemnity Payments

Unless otherwise indicated, all benefits, including those payable for Insured Spouse and/or Insured Dependent Children, will be paid to or at the direction of the Insured Member. Accrued benefits, if any, unpaid at the time of the Insured Member's death will be paid to his estate.

Individual Terminations

Insurance provided under this policy will immediately terminate on the earliest of the following dates:

1. With respect to an Insured Member
 - a) on the date this policy is terminated;
 - b) on the premium due date if the Policyholder fails to pay the required premium for the Insured Member;
 - c) on the date the Insured Member reaches seventy (70) years of age;
 - d) on the date the Insured Member ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.
2. With respect to the Insured Spouse or Insured Dependent Child
 - a) on the date such person ceases to be eligible;
 - b) on the date the Insured Member's insurance is terminated.

In the event an Insured Person becomes ineligible during a Trip, insurance will terminate on the earliest of the date he returns to his province of Residence or the maximum duration as stated in the definition of "Trip" following the date of departure from such province.

Termination of the insurance of any Insured Person will not prejudice consideration of any claim as a result of Injury, Sickness or Disease which occurred prior to such termination. In the event the Insured Person is hospitalized as a result of Injury, Sickness or Disease prior to the termination of insurance, benefits will be paid provided treatment is continuous for such Injury, Sickness, or Disease subject to the terms and provisions of this policy in effect as of the date of the termination of insurance. However, no benefits will be payable under the sections entitled "Medical Reimbursement Expense Benefit" and "Emergency Dental Treatment Benefit" for expenses incurred after the Insured Person is no longer confined as an inpatient in a Hospital or twelve (12) months from the first day of hospitalization, whichever occurs first.

Continuation of Coverage

Coverage under this policy may be continued for an Insured Person without payment of premium in the event the Insured Person is delayed beyond his termination date of insurance as follows:

1. If the Insured Person is returning to his province of Residence and the delay is caused by a mechanical breakdown of the conveyance in which he is travelling or scheduled to travel, a traffic accident or inclement weather, coverage will continue up to seventy-two (72) hours from the date his insurance would have terminated.
2. If, as a result of Injury, Sickness or Disease, the Insured Person is confined as an inpatient in a Hospital, coverage will continue up to seventy-two (72) hours from the date of discharge from such Hospital.
3. If, as a result of Injury, Sickness or Disease, the Insured Person is not confined in a hospital but the attending Physician certifies that his medical condition prevents him from returning to his province of Residence, coverage will continue up to a maximum of ten (10) days from the date his insurance would have terminated.

The coverage which is continued under this section will be subject to the terms and provisions of this policy in effect as of the date the Insured Person's insurance would have terminated including any provisions providing for reductions in amounts of insurance.

Survivor Benefit

In the event of the Insured Member's death, benefits for the surviving Insured Spouse and eligible Insured Dependent children may be continued if the survivor makes arrangements to pay the full cost of this coverage, but not beyond:

- a. the date that the surviving Dependent ceases to qualify as a dependent under this contract, or
- b. the date that the surviving Insured Spouse remarries, or
- c. the date any similar coverage is obtained with respect to an Insured Dependent, or

Exclusions and Limitations

- A. This policy does not cover loss (fatal or non-fatal) or expenses caused by or resulting from:
 1. suicide or intentionally self-inflicted Injury;
 2. war, whether declared or not;
 3. perpetration of acts of terrorism or participation in a riot, insurrection or civil commotion;
 4. active full-time, part-time or temporary service in the armed forces of any country;
 5. pregnancy, childbirth, except complications thereof which will be treated as any other Sickness;
 6. a Trip undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation;
 7. participation in any professional athletics;
 8. participation in acrobatic or stunt flying, mountaineering, hang gliding, scuba diving, any racing or speed contests; or

- B. This policy does not cover any of the following supplies or services or costs thereof:
1. expenses covered under any government hospital, medical, dental or health care insurance plan, whether payable or not, or expenses for which insurance is prohibited by law;
 2. medical examinations for the use of a third (3rd) party, cosmetic surgery and dental services other than those required as a result of an Accident;
 3. charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, contraceptives of any type or form and patent medicines;
 4. charges for any experimental medical treatments;
 5. services for which no charge would ordinarily be made if there was no insurance coverage;
 6. expenses incurred for necessary treatment or surgery which medically could be delayed until the Insured Person has returned to his province of Residence; or
 7. medical expenses for treatment or surgery which the Insured Person elects to have rendered or performed outside his province of Residence, following an Emergency treatment or diagnosis of a medical condition which (on medical evidence) would not prevent the Insured Person from returning to his province of Residence prior to such treatment or surgery.
 8. expenses incurred in a location for which the Government of Canada issued an advisory to avoid all travel as well as expenses incurred during cruise ship travel while the Government of Canada issued an advisory to avoid all cruise ship travel. If the Insured Person is already present at the location in question or on a cruise ship at the time the advisory is issued, they must comply with the advisory within 14 days following its issuance. If the Insured Person does not comply with the advisory within 14 days following its issuance, no expenses incurred by the Insured Person will be eligible after this deadline.
- C. The following limitations to the coverage provided under this policy will apply:
1. Coverage for each Trip begins when an Insured Person leaves the border of his province of Residence or if travelling by aircraft, when such aircraft takes off in his province of Residence, provided insurance is in force as to such Insured Person in accordance with Item 3 of the Specific Provisions.

Coverage for each Trip terminates when an Insured Person crosses the border of his province of Residence when returning from a Trip or if travelling by aircraft, when such aircraft lands in his province of Residence or forty-five (45) days following the date of departure from his province of Residence, whichever is earlier.

2. All expenses must be incurred on a non-elective Emergency basis outside the Insured Person's province of Residence and are in excess of expenses payable under any individual, group or government sponsored hospital or medical insurance plan.
3. In consultation with the attending Physician, the Insurer reserves the right to transfer an Insured Person to another Hospital or to return an Insured Person to his province of Residence for necessary treatment. In the event the Insured Person refuses to comply, the Insurer will no longer be liable for further expenses incurred, which are relating to the condition causing the treatment, after the proposed transfer date.

Non Duplication

Any benefits normally payable under any other insurance policy or plan that duplicate benefits payable under this policy will be co-ordinated with this policy to the extent that the aggregate reimbursement does not exceed the total expenses incurred.

The Insurer may, at its discretion, require from the Insured Person an assignment of all right of recovery against any other party for loss to the extent that payment is made hereunder.

AXA Assistance Canada Inc.
AXA Assistance Program

SSQ, Life Insurance Company inc., in cooperation with AXA Assistance Canada Inc. agrees to provide the Medical Assistance Program to persons insured (hereinafter referred to as Member)

The following Emergency services will be provided while the Member is travelling or stationed away from his normal place of Residence:

1. Referrals to physicians and health facilities.
2. Dispatch, if permissible by local laws, of replacement medication if lost, stolen or depleted
3. Medical monitoring and evaluation during treatment and ongoing updates to family and/or employer.
4. Arrangements for medical evacuation to the nearest facility capable of providing the required care.
5. Special assistance on medically supervised emergency transportation.
6. Handling arrangements in the event of the Member's death.
7. Emergency message transmission between the Member and his family and/or employer.
8. Assistance in replacing travel documents while travelling, i.e., passports, credit cards.
9. Contact information for embassies and consulates worldwide.
10. Arrangements for an initial legal consultation if the Member experiences a civil or criminal problem in a foreign country.
11. Emergency telephone translation services or referrals to interpreter services.
12. Assistance in making travel arrangements for a family member chosen by the Member to join the Member at the place where the Member is hospitalized.
13. Return to home travel arrangements for dependent children who are left unattended.
14. Assistance in replacing tickets, identification papers or other official documents in the event of loss, theft or early return.
15. Pre-trip information such as information on passports, visas, required vaccinations and any restrictions that apply to each country the Member is visiting.
16. Assistance in finding lost or stolen luggage.

If a Member becomes ill or injured, call AXA Assistance at one of the numbers shown on the Membership Card and be prepared to give the following information:

- the name of the person calling, telephone # and relationship to the Member.
- the Member's name, location, ID # and Policy # as shown on the Membership Card.
- the condition of the Member and nature of the Emergency.
- name, location and telephone # of hospital.
- name, location and telephone # of treating physician.

AXA Assistance will help the ill or injured Member to get the care needed. However, neither SSQ, Life Insurance Company inc. nor AXA Assistance will be responsible in any way for the availability, unavailability, quantity, quality or results of any medical services or treatment received or for the failure to obtain such services or treatment.

AXA Assistance must be notified within 48 hours of an Emergency, or when reasonably possible, following an Emergency. Claims may be reduced if contact is not made with AXA Assistance within 48 hours of admission to Hospital.

SSQ, Life Insurance Company inc. will provide each Insured Member with the Membership Card which shows the telephone #s to call. The service is available 24 hours a day, 365 days a year for any medical, travel or personal Emergency.