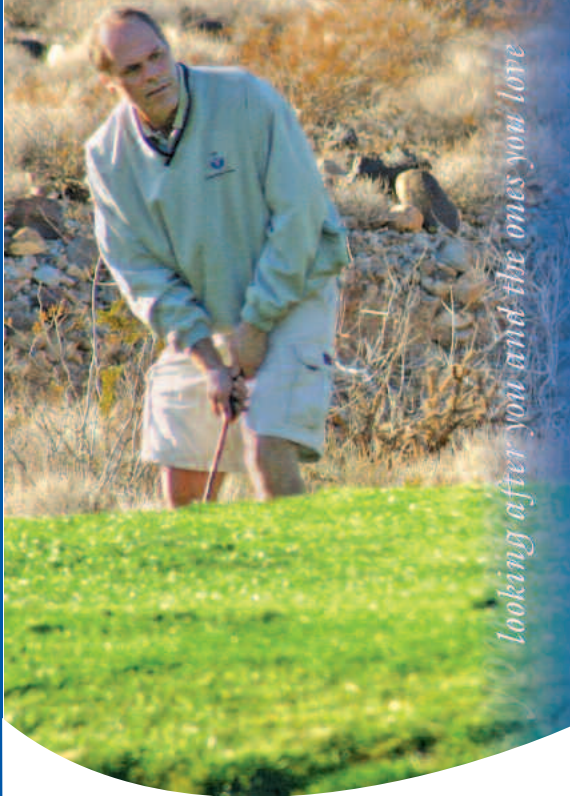


TravelStar®



looking after you and the ones you love



Group Medical Services

Group Medical Services is the operating name for
GMS Insurance Inc. in provinces outside of Saskatchewan.

Products available for purchase in the provinces of British
Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Prince
Edward Island, Nova Scotia and Newfoundland.

Effective September 1, 2007 • 0109.CA.07

Policy Wording

IMPORTANT NOTICE

- Travel insurance is designed to cover losses arising from sudden, unexpected and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain exclusions or limitations.
- A pre-existing medical exclusion may apply to a medical condition and/or symptom that existed prior to your trip. Check to see how this applies to you and how it relates to your departure date, date of purchase, or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- Your policy provides travel assistance for medical emergencies. If you experience a medical emergency, you must notify our assistance centre prior to treatment, where possible, and no later than twenty-four (24) hours after receiving medical treatment or being admitted to hospital. Your policy may limit benefits should you not contact the assistance centre.
- Claims for trip cancellation & interruption and baggage & personal effects and special risk baggage must be reported to the GMS office within seven (7) days of the cause of the claim.

PLEASE READ YOUR POLICY CAREFULLY AT THE TIME OF PURCHASE

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Remember:

Always call GMS travel assistance before you seek medical attention to ensure the best possible medical care and coverage of your expenses.

Our 24 hour travel assistance is available to help you obtain medical treatment, coordinate medical care and transportation, verify coverage and provide support in areas of foreign languages.

**For medical emergencies and assistance,
contact us 24 hours a day, 7 days a week:**

Toll free: 1-800-459-6604 (within Canada & USA)

or

Collect: (416) 260-4970 (from all other locations)

For questions regarding your TravelStar® policy, claims, general information, obtain a claim form or to change or to extend your travel dates, please contact:

Group Medical Services

#200 – 3303 Hillside Street

Regina SK S4S 7J8 CANADA

1-800-667-3699 or (306) 352-7638

Fax: (306) 525-6360 • Email: info@gms.ca

www.gms.ca

Emergency Medical Insurance

This applies to Daily Travel and Multi-Trip Annual Travel

Benefits:

Group Medical Services (GMS) will pay the Reasonable and Customary charges up to a maximum amount payable of \$2,000,000 of eligible expenses in the event that an unexpected medical Emergency occurs outside of Your province of residence or Canada.

Payment will be in excess of any deductibles and any amounts permitted and/or paid by Your provincial Government Plan or other insurance plans.

For expenses to be eligible, the Emergency Treatment for a sudden or unexpected illness or Accidental injury and the necessary diagnosis and Treatment must occur:

- **Daily Travel** – on or after the Effective Date and on or prior to the Termination Date as stated on Your TravelStar® application;
- **Multi-Trip Annual Travel** – within the first thirty (30) days after leaving Your province of residence;

Eligible expenses include:

1. **Hospitalization** – Hospital accommodation up to semi-private rooms and Hospital services and supplies necessary for the Emergency care during hospitalization. One follow-up visit (excluding on-going Treatment) is covered in situations where the medical process in dealing with the Emergency requires such a follow-up visit. The follow-up visit must take place within fourteen (14) days of the initial Emergency.
2. **Medical services** – Treatment by a Physician or Surgeon.
3. **Diagnostic services** – X-rays and other diagnostic tests. Magnetic resonance imaging, computerized axial tomography scans, sonograms, ultrasounds, and biopsies are excluded, unless pre-authorized by GMS.
4. **Out-patient Treatment** – Out-patient Emergency room expenses.
5. **Prescription drugs** – Drugs and medication obtained on the prescription of the attending Physician and supplied by a licensed pharmacist, to a maximum thirty (30) day prescription. Refills of prescriptions, and any associated Physician's expenses, are excluded from coverage.
6. **Private duty nursing** – Expenses to a maximum of \$5,000 per person for the professional services of a registered nurse (non-family member) for private duty nursing while hospitalized during an acute Emergency illness or injury.

7. **Road ambulance** – Expenses for the use of a licensed road ambulance in an Emergency situation that requires immediate transportation to the nearest Hospital where adequate facilities are available.
8. **Air ambulance** – Expenses for the use of an air ambulance or regularly scheduled airline to transport You back to Your province of residence for further in-Hospital Treatment, upon the written recommendation of the attending Physician and with prior GMS approval. This benefit excludes helicopter transports.
9. **Special attendant** – One return trip economy airfare for a medical attendant, if medically necessary and pre-approved by GMS, to accompany You back to Your province of residence. The attendant must not be a friend, relative, associate or other person who was travelling with You when the Emergency occurred.
10. **Return of family member** – A one-way, economy class airfare by the most direct route to the Departure Point, to a maximum of \$1,000, for the return of one (1) covered, accompanying family member if GMS requires that You return to Canada or Your province of residence for immediate medical Treatment or in the event of Your death. This benefit must be pre-approved by GMS.
11. **Paramedical services** – Expenses, up to an aggregate maximum of \$300 per person, for the Emergency services of an osteopath, physiotherapist, chiropractor, chiropodist and/or podiatrist.
12. **Accidental dental** – Expenses for the repair or replacement of natural teeth or permanently attached artificial teeth necessitated by an Accidental blow to the mouth, to a maximum of \$2,000 per person. Expenses for Treatment of the relief of dental pain, to a maximum of \$250 for such Treatment. This benefit excludes dental implants.
13. **Return of remains** – When death results from a covered Emergency, the expenses for either the preparation and transportation of the deceased to his/her province of residence, to a maximum of \$3,000 per person, or the expense of cremation or burial at the place of death, to a maximum of \$2,000 per person.
14. **Family to bedside** – A round-Trip, economy class airfare by the most direct route, up to a maximum of \$3,000, in the event You become hospitalized for at least three (3) consecutive nights as a result of a covered Emergency, and the attending Physician advises the necessary attendance of one (1) of Your family members or close friends. In addition, reimbursement of up to \$150 per day to a maximum of \$750 for reasonable expenses incurred by the transported person, once they arrive. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.
15. **Family transportation** – A single round Trip, economy class

airfare for an Immediate Family Member plus up to \$300 for meals and accommodation, to an aggregate maximum of \$2,000 to identify the deceased.

16. **Return of vehicle** – Expenses up to \$2,000, with prior GMS approval, for returning Your vehicle, to Your residence or nearest appropriate vehicle rental agency, when You and any travel companions are unable to do so due to unexpected illness or Accidental injury. This benefit is only available when GMS returns You to Your province of residence for further in-Hospital medical Treatment. Eligible expenses include the return of a vehicle performed by a professional agency or the following necessary and reasonable expenses incurred by an individual returning the vehicle on Your behalf: fuel, meals, overnight accommodation, one-way economy airfare. Expenses incurred by anyone travelling with the person returning the vehicle are not covered. Written medical certification and original paid receipts for the expenses incurred are required.
17. **Return of cat or dog** – Reimbursement up to \$300 to return Your cat or dog to Your province of residence, when GMS returns You to Your province of residence for further in-Hospital medical Treatment.
18. **Child care** – Reimbursement up to \$500, with prior GMS approval, for licensed care of Dependant children if they are travelling with You, should You be hospitalized for forty-eight (48) hours or more due to a medical Emergency.
19. **Escort of insured Dependant** – Reimbursement of one-way, economy class airfare by the most direct route to return an accompanying child/children (up to the age of eighteen (18) years), and an escort when necessary, to the original point of departure. This benefit must be pre-approved by GMS.
20. **Coverage continuation** – If coverage expires while hospitalized due to an Emergency, coverage will continue for You, Your Spouse and any Dependents travelling with You, up until seventy-two (72) hours after discharge from Hospital.
21. **Out of pocket expenses** – Reimbursement of Reasonable and Customary expenses, up to \$150 per day to a maximum of \$1,000, for accommodations, meals, necessary telephone calls and taxi or bus fares incurred by an accompanying family member in the event that You are hospitalized on the scheduled Return Date. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.
22. **24-hour travel assistance services:**
 - a) Coordination of all medical care, transportation, and repatriation.
 - b) Telephone interpretation services in most languages.
 - c) Monitor progress during Treatment and recovery by managed care.

Eligibility:

The following eligibility criteria apply to this coverage.

1. There is no age limit for persons purchasing the **Daily Travel** plan. However, to purchase or renew the **Multi-Trip Annual Travel plan**, You must be age 79 or less at the Effective Date or Renewal Date, respectively.
2. You must have valid provincial health coverage for this insurance to be valid.
3. You are not eligible for coverage if, for the Daily Travel plan, at Your Effective Date; or if, for the Multi-Trip Annual Travel plan, on the purchase or Renewal Date:
 - a) In the Twelve (12) months immediately prior, You have suffered from, been diagnosed with, received new Treatment for, or had a recurrence of, or complications relating to, any of the following; stroke/TIA/blood clots congestive heart failure, atrial/ventricular fibrillation, AIDS, any terminal illness, renal failure, gastrointestinal bleeding or in the twelve (12) months immediately prior, You have undergone the following procedures: renal dialysis, valve replacement, carotid endarterectomy (surgery to open the carotid artery), any organ transplant (e.g. ,heart, lung, kidney and/or liver, etc.).
 - b) Any of the following apply to You: You are booked or awaiting further Treatment, tests and/or investigation related to Heart Disease; You are under active Treatment for cancer; You presently have an aortic aneurysm, 4.0 cm or greater, which remains surgically untreated (must be measured within 180 days prior to departure); You presently have both Heart Disease and insulin dependent diabetes and are taking prescription drugs for both; You presently have a chronic lung and/or Heart Disease for which You use home oxygen; You presently have COPD (chronic obstructive pulmonary disease) and are taking oral steroids; You are a hemophiliac; You are suffering from complications resulting from congenital heart surgery; You have an ICD (Implantable Cardioverter Defibrillator); or You have experienced undiagnosed episodes of syncope/fainting or falling.

Coverage Begins and Ends:

1. Coverage for the Daily Travel plan begins on the Effective Date and ends on the Termination Date as shown on Your TravelStar® application.
2. Coverage for the Multi-Trip Annual Travel plan begins on the Effective Date and ends on the last day of the Policy Year.

Exclusions:

The following expenses are not covered by the policy and no payment for these claims will be made:

1. Expenses incurred where You act against medical advice or the advice of GMS.

2. Coverage for medical conditions that existed prior to Your Departure Date or prior to Your Effective Date, if used as a top-up, is subject to the following:
 - a) This policy will not provide coverage for the Treatment, recurrence or complications relating directly or indirectly to: a medical condition or symptom(s) which was consulted for, treated or investigated during the one hundred and eighty (180) day period immediately before the Departure Date or, if used as a top up, on the Effective Date of coverage whether or not Your diagnosis has been determined; or for which You are awaiting further Treatment or investigation; or a medical condition or symptom(s) for which medical attention after departure would be reasonably anticipated. This does include initial follow-up visits, tests and investigations booked in conjunction with a medical symptom, condition or surgery. Annual check-up visits and/or investigations booked for preventative reasons or scheduled after the initial medical symptom or condition has been resolved does not affect the pre-existing timeframe.
 - b) However, a medical condition is covered if it is controlled by the consistent use of medications prescribed by a Physician, provided that, during the entire one hundred and eighty (180) day period prior to the Departure Date or, if used as a top up, the Effective Date : there has been no change in medication (a new medication or increase/decrease in dosage constitutes a change); there has been no other Treatment; there has been no deterioration of that medical condition; and there has been no new, more frequent or more severe symptoms for that condition.

A change in medication does not include a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If You are taking Coumadin/Warfarin for anticoagulation therapy or are insulin dependent or take oral medication for diabetes and are required to have Your blood levels tested on a regular basis and Your medical condition remains unchanged, yet You are required to adjust the dosage of Your medication only to ensure correct blood levels are maintained, this is not considered a change in medication, except for an adjustment (stop & start) in an anticoagulation medication dosage due to surgery within 10 days prior to Your Departure Date or, if used as a top-up, on the Effective Date, constitutes a change.

A dosage adjustment of an anti-hypertensive medication done in the pre-existing timeframe does not constitute a change.

3. When You travel to a country after such time that a travel advisory has been issued by the Canadian government recommending that Canadians do not travel to such country, or to specific regions within such country.
4. Expenses that are a duplication of any service, allowance, or

reimbursement supplied by an existing Government Plan or private plan.

5. Any Treatment, hospitalization, or surgery (including elective, non-elective, personal comfort, dental or cosmetic), which is not considered to be an Emergency, even if it is recommended by a Physician.
6. Treatment at a diagnostic facility unless pre-approved by GMS.
7. Emergency air transportation or return to province of residence, which is not arranged and pre-approved by GMS.
8. Any advice, investigation, Treatment, hospitalization, or surgery, which is a continuation of, subsequent to, or a recurrence of an Emergency medical Treatment of a sickness or injury.
9. Drugs and medication which are commonly available without a prescription, not legally registered or approved in Canada, experimental drugs, or preventative medicines or vaccines.
10. Any services or expenses incurred when a journey is undertaken for the purpose of obtaining medical or surgical diagnosis or Treatment, or when any medical Treatment is pre-scheduled prior to departure from Your province of residence.
11. Expenses resulting when travel is booked or commenced contrary to medical advice.
12. Pregnancy, miscarriage, childbirth or complications of any of these conditions occurring after the first eighteen (18) weeks of pregnancy.
13. Routine or general physical examinations, check-ups or services of a continued nature following Emergency Treatment of a sickness or injury.
14. Coronary artery angioplasty, cardiac surgery or implantable cardioverter defibrillator (ICD) (including any associated diagnostic tests or charges), unless necessary in a medical Emergency and approved by GMS prior to any actions.
15. Any endovascular surgical procedures, either done individually or in combination with conventional surgical procedures.
16. Any Treatment or surgery, which is considered, by GMS, to be experimental. GMS's opinion on the issue is final and binding.
17. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, criminal-like or illegal activity; intentional self-injury, suicide or attempted suicide; the abuse of medication, drugs or alcohol; any participation in the armed forces; or any willful exposure to peril.
18. Expenses incurred as a result of a motor vehicle accident,

unless such services are not covered by any other private or public vehicle insurance.

19. Expenses resulting from participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not restricted to parachuting, mountaineering, skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying, or a flight accident unless riding as a passenger on a commercially licensed airline.
20. Treatment or services that contravene or are prohibited by the provincial laws of Your province of residence and the federal laws of Canada that apply in Your province of residence.
21. Any persons holding a work visa from the country to which they are travelling; or for persons working in hazardous occupations.

Specific Conditions:

1. Daily Travel
 - a) You must purchase the plan prior to Your Departure Date from Your province of residence, unless it is purchased to be a top-up to existing GMS annual travel coverage, in which case it may also be purchased either before or after the Departure Date from Your province of residence.
 - b) The plan may be used as a top-up to GMS' Multi-Trip Annual Travel plan, other GMS travel plans or another insurer's travel plan.
 - c) Should any changes in Your health occur after the Application Date and prior to the Effective Date, GMS must be contacted and the application updated.
2. Multi-Trip Annual Travel
 - a) You must purchase this plan prior to the Departure Date from Your province of residence.
 - b) Coverage is provided from the Departure Date of the Trip and may not be used as a top-up to any other travel plan.
 - c) If You are travelling outside of Your province of residence, You must return to Your province of residence for a minimum of seventy-two (72) hours prior to making a subsequent Trip. This condition does not apply in cases where Trip duration is less than fourteen (14) days. However, all conditions and exclusions are applicable to each subsequent Trip.
3. GMS, in consultation with the attending Physician, reserves the right to transfer You to another Hospital or medical facility capable of providing the necessary medical services or to return You to Your province of residence. Refusal to do so will absolve GMS of further liability.
4. GMS is not responsible for the availability, quality, results of any medical Treatment or transportation or Your failure to obtain medical Treatment.

5. GMS is authorized to receive reports indicating diagnosis and services rendered to You from any Physician, health care provider, other person, Hospital or institution.
6. Any material misrepresentation, provision of incorrect information or non-disclosure of information, related to medical conditions, will result in non-payment of any related claims.
7. Benefits are payable only for amounts in excess of what would normally be payable under Government Plans as they exist as of the Effective Date of this policy. There is no coverage for any benefits of any nature, which were provided by a Government Plan on the Effective Date of this policy regardless of whether such benefits continue to be provided by a Government Plan at the time a claim is made.

Changes to Coverage:

1. Daily Travel:
 - a) Changes to travel dates for the Daily Travel plan may be made anytime prior to departure, by contacting GMS.
 - b) The addition or deletion of an applicant must be made prior to departure, by contacting GMS.
 - c) Coverage is limited to the maximum number of days noted by Your provincial health plan, unless otherwise authorized in writing by GMS.
 - d) Extensions may be approved while You are outside Your province of residence provided that GMS is notified two working days prior to the expiration date of the existing coverage and You have not required medical services in excess of \$500 during Your entire Trip. Payment must be made using a Visa or MasterCard credit card.
 - e) There is a minimum premium extension of \$20 per policy.
2. This policy may be terminated at any time, by giving written notice to GMS. Termination shall take effect on the later of the date of termination stated in the notice or the date the notice is received by GMS at its head office.
3. GMS may terminate this policy at any time by giving written notice of termination to the Policy Holder and by refunding concurrently with the giving of notice the amount of premium paid in excess of the pro rata premium for the expired time. The Effective Date of termination will be the date specified in the notice.

Requesting a Refund:

1. No refunds are available on the Multi-Trip Annual Travel plan.
2. For the Daily Travel plan, refunds will be made as follows;
 - a) Refunds will be provided when the policy is terminated prior to the Departure Date.
 - b) Early return refunds are available for the unused portion of

the premium provided that You are returning to Your province of residence and no claims have been incurred under this policy. GMS must be contacted in person or by phone regarding the early return with subsequent written confirmation and proof of early return.

- c) Request for an early return refund must be received by GMS no later than thirty (30) days from the date You return to Your province of residence.
- d) Refunds are subject to a \$20 administration fee and no refund will be issued for any amounts under \$5.
- e) Those entitled to receive a refund will not be eligible for any claims reimbursement following refund payment.

Making a Claim:

1. You or someone on Your behalf must contact GMS prior to Treatment whenever possible. Failure to contact GMS within twenty-four (24) hours of receiving medical Treatment or of admission to Hospital will limit benefits, otherwise payable, to 70% of eligible charges to a maximum of \$50,000.
2. A completed claim form must be submitted within ninety (90) days of the illness or injury.
3. In order to pay a claim, GMS will require the following documentation;
 - a) Original itemized receipts for all bills and invoices.
 - b) Proof of payment by Your or any other benefit plan.
 - c) Medical records including completed diagnosis by the attending Physician.
 - d) For dental claims, proof of the accident.
 - e) Proof of the travel dates, including Your Departure Date and Return Date.
 - f) Your historical records, if requested by GMS.
4. All documents for payment of eligible expenses must be received by GMS within thirty (30) days of Your return home and no less than twelve (12) months of the date the last eligible expense was incurred.
5. Any action brought against GMS to recover on this policy must be brought within twelve (12) months from the date the claim form was first submitted.
6. You shall afford to GMS the opportunity to examine You when and as often as it reasonably requires while the claim hereunder is pending.
7. In the case of death, GMS may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

Trip Cancellation & Interruption Insurance

Benefits:

Trip Cancellation (prior to departure):

In the event Your Trip is cancelled due to the occurrence of an Insured Risk, the following benefits are payable up to the Sum Insured;

1. Reimbursement of the non-refundable portion of pre-paid airfare and/or other pre-paid travel arrangements and any cancellation penalties.
2. Reimbursement for the single supplement or extra expense of the next occupancy charge when an Insured Risk prevents Your Travelling Companion from departing, but You choose to travel as originally planned.
3. Reimbursement of the extra expense of one-way economy transportation to the ticketed destination in the event a delay of the Common Carrier at Departure Point causes a missed connection, due to weather conditions or mechanical failure of the Common Carrier, provided the Common Carrier was scheduled to arrive not less than two (2) hours prior to the scheduled connection time.

Trip Interruption (after departure):

In the event Your Trip is interrupted due to the occurrence of an Insured Risk, the following benefits are payable to a maximum of \$10,000;

4. Reimbursement of up to the expense of a one-way economy air fare to the Contracted Departure Point or the fee charged by the airline to change Your Contracted date of return, whichever is less; and the non-refundable portion of unused land arrangements (if any) paid in advance when You must return earlier or later than the Contracted date of return.
5. Reimbursement of the additional transportation expense of economy class for You to rejoin the tour or group by the most direct route; and the non-refundable portion of other unused land arrangements (if any) paid in advance when You miss part of the covered Trip.
6. Reimbursement of the extra expense of one-way economy transportation to the ticketed destination in the event a delay of the Common Carrier at Departure Point causes a missed connection, due to weather conditions or mechanical failure of the Common Carrier, provided the Common Carrier was scheduled to arrive not less than two (2) hours prior to the scheduled connection time.
7. Reimbursement of the extra expense of one-way economy transportation to the ticketed destination in the event of a missed connection at Departure Point or resulting in the interruption of Your travel arrangements, due to a traffic

accident, an Emergency police-directed road closure or weather conditions.

8. Reimbursement of the expenses for either the preparation and transportation of the deceased to his/her province of residence, to a maximum of \$3,000 per person, or the expense of cremation or burial at the place of death, to a maximum of \$1,500 per person when Your death results from an Insured Risk.
9. Out of pocket allowance of up to \$150 per day to a maximum of \$500 for accommodation and meals, essential telephone calls and taxi fares in the event You are delayed beyond the Return Date shown on the application.

Insured Risks

Subject to the Exclusions of Coverage, any of the following occurrences that prevent You from departing or returning on a Contracted date:

Emergency Medical Conditions

1. You or Your Travelling Companion's Emergency medical condition.
2. The admission to the Hospital following an Emergency for You or Your Travelling Companion's Immediate Family Member, business partner, Key Employee or Caregiver.
3. The admission to a Hospital of Your host at Your destination, following an Emergency medical condition.

Pregnancy

4. Complications of a pregnancy arising in the first thirty-one (31) weeks of pregnancy involving You, Your Spouse or Your Immediate Family Member.

Death

5. The death of Your Travelling Companion.
6. The death of You or Your Travelling Companion's Immediate Family Member, Your business partner, Key Employee or Caregiver.
7. The death of Your host at Your destination following an Emergency medical condition.

Government Advisories & Visas

8. The non-issuance of Your or Your Travelling Companion's travel visas (other than an immigration or employment visa) for reasons beyond Your control.
9. A travel advisory issued by the Canadian government, after the purchase of Your insurance, recommending that Canadians do not travel to the country for which You purchased a ticket for a period that includes Your travel period.

Employment & Occupation

10. A transfer by the employer with whom You or Your Travelling Companion are employed on the purchase date of this policy, which requires the relocation of principal residence.
11. The involuntary loss of Your permanent employment.
12. Cancellation of a Business Meeting (subject to Travelling Companion definition) beyond Your or Your employer's control.
13. You or Your Travelling Companion being summoned to service in the case of reservists, active military, police and fire personnel.

Delays & Schedule Change

14. Delay of Your or Your Travelling Companion's scheduled Common Carrier, due to weather conditions, for a period of at least 30% of the travel period, when You choose not to continue with Your travel arrangements.
15. Delay of Your Travelling Companion's scheduled carrier, due to weather conditions, for a period of at least 30% of the travel period, when You choose to continue with Your travel arrangements.
16. Delay of Your scheduled carrier, due to weather conditions, mechanical failure, a traffic accident, or an Emergency police-directed road closure, in which You miss a portion of Your non-refundable prepaid travel arrangements and You choose to continue with Your travel arrangements as planned.

Other Risks

17. A natural disaster that renders Your or Your Travelling Companion's principal residence uninhabitable or place of business inoperative.
18. You or Your Travelling Companion being quarantined or hijacked.
19. You or Your Travelling Companion being called for jury duty, subpoenaed as a witness, or required to appear as a defendant in a civil suit, during Your travel period.
20. An Act of Terrorism that directly or indirectly causes a loss that would otherwise be payable under one of the covered risks.
21. The default of a Travel Supplier.

Coverage Begins and Ends:

1. You must purchase this insurance prior to Your Departure Date and before any cancellation penalties or non-refundable deposits are applicable.
2. For Trip Cancellation and Interruption insurance, coverage begins on the Application Date and terminates at the earliest of:

- a) The date of the Cause of Cancellation if the Trip is cancelled prior to the scheduled Departure Date; or
- b) The date You return to Your permanent residence, or;
- c) The Expiry Date as shown on Your TravelStar® application.

Exclusions:

The following expenses are not covered by this policy and no payment for these claims will be made:

1. This policy will not provide coverage for the Treatment, recurrence or complications relating directly or indirectly to: a medical condition or symptom(s) which was consulted for, treated or investigated during the one hundred and eighty (180) day period immediately before the Application Date of coverage whether or not Your diagnosis has been determined; or for which You are awaiting further Treatment or investigation; or a medical condition or symptom(s) for which medical attention after departure would be reasonably anticipated. This does include initial follow-up visits, tests and investigations booked in conjunction with a medical symptom, condition or surgery. Annual check-up, visits and/or investigations booked for preventative reasons or scheduled after the initial medical symptom or condition has been resolved does not affect the pre-existing timeframe.
2. However, a medical condition is covered if it is controlled by the consistent use of medications prescribed by a Physician, provided that, during the entire one hundred and eighty (180) day period prior to the Application Date: there has been no change in medication (a new medication or increase/decrease in dosage constitutes a change); there has been no other Treatment; there has been no deterioration of that medical condition; and there has been no new, more frequent or more severe symptoms for that medical condition.

A change in medication does not include a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If You are taking Coumadin/Warfarin for anticoagulation therapy or are insulin dependent or take oral medication for diabetes and are required to have Your blood levels tested on a regular basis and Your medical condition remains unchanged, yet You are required to adjust the dosage of Your medication only to ensure correct blood levels are maintained, this is not considered a change in medication, except for an adjustment (stop & start) in an anticoagulation medication dosage due to surgery within 10 days prior to Your departure. A dosage adjustment of an anti-hypertensive medication done in the pre-existing timeframe does not constitute a change.
3. When a Trip was undertaken to visit or attend an ailing person, when the medical condition or ensuing death of that person is the cause of the claim.
4. Expenses related to any event, which at Your date of purchase, You knew may eventually prevent You from completing Your Trip as booked.

5. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, criminal-like or illegal activity; intentional self-injury, suicide or attempted suicide; the abuse of medication, drugs or alcohol; any participation in the armed forces; or any willful exposure to peril.
6. Complications of pregnancy or childbirth, occurring in the nine (9) weeks before or after the expected date of delivery.
7. Your participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not restricted to parachuting, mountaineering, skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying, or a flight accident unless riding as a passenger on a commercially licensed airline.
8. War (declared or not), or Act of Foreign Rebellion.
9. Default by a Travel Supplier when at the time of booking the Travel Supplier was in receivership, insolvent or bankrupt.

Specific Conditions and Limitations:

1. You must purchase this insurance policy prior to the Departure Date from Your province of residence.
2. Cancellation due to injury or sickness must be on the written advice of the attending Physician at the location where sickness or injury leading to cancellation occurred.
3. When Cause of Cancellation occurs prior to the Departure Date, You must cancel Your Trip with the Travel Supplier on the day the Cause of Cancellation occurs or on the next business day and notify GMS at the same time. Claims settlements shall be limited to the amounts that are non-refundable at the time of the Cause of Cancellation up to the Sum Insured.
4. In the event of the default of a Travel Supplier, reimbursement will be on an "excess only" basis to all other insurance plans or reimbursement from any source. Reimbursement must be sought from other insurance, travel agency, tour company or travel provider, provincial compensation plan, or credit card.
5. When Cause of Cancellation or interruption is due to an Act of Terrorism or default of a Travel Supplier, claims will be paid to an aggregate limit of \$200,000 per calendar year. If it is estimated that claims will exceed the annual limit, claims will be paid on a prorated basis after the end of the calendar year.
6. In cases of interruption, travel must be taken on the earliest of:
 - a) The date when Your travel is medically possible.
 - b) Within ten (10) days following Your originally scheduled Return Date if Your delay is not the result of hospitalization.
 - c) Within thirty (30) days following Your originally scheduled Return Date if Your delay is the result of hospitalization.
7. If You are deemed medically unfit to travel as a result of an Insured Risk and if this advice is provided prior to the Return Date of this policy as indicated on the application page and if this advice is provided, in writing, by the attending Physician,

this insurance will automatically be extended for five (5) days. If additional days are required, please apply to GMS, and extensions may be granted for an extra premium.

Requesting a Refund:

1. A refund of the premium will only be issued under the following circumstances on the condition that no claims are paid or payable in these instances:
 - a) The Travel Supplier cancels the Trip and all penalties are waived.
 - b) The Travel Supplier changes the travel dates and You are unable to travel on those dates and all penalties are waived.
 - c) You cancel the Trip before any cancellation penalties are in effect.

Making a Claim:

1. Claims must be reported to the GMS office within seven (7) days of the cause of claim.
2. Claim forms must be submitted within ninety (90) days of the cause of claim.
3. The following documents must be submitted;
 - a) For Trip cancellation claims You must provide itemized invoices, original unused tickets and statements from Your travel agent where applicable.
 - b) For cancellation due to natural disaster, accident on the way to departure, jury duty, subpoena, transfer or involuntary loss of employment: a legal certificate (police report, subpoena, record of employment) confirming the circumstances of the cancellation.
 - c) For cancellation and interruption claims, original passenger coupon of new ticket purchase and receipt showing amount paid for ticket, and any credit or refunds received from the agents and/or carriers.
 - d) For any out of pocket claims due to Trip Interruption, we require an explanation of expenses in the event of a late return, along with original receipts.
 - e) If cancellation or interruption is due to a death or repatriation, we require a death certificate accompanied by receipts from the funeral home, airline, etc.
 - f) When cancellation is due to an injury or sickness, You must provide a certificate from the Physician at the location where the Treatment was given stating:
 - i) full diagnosis;
 - ii) date Insured Risk occurred;
 - iii) date of first consultation; and
 - iv) date advised to discontinue travel and/or return home.
4. All supporting documents for payment of eligible expenses must be received by GMS within thirty (30) days of Your return home and no more than twelve (12) months of the cause of claim.
5. Failure to provide applicable substantiation for a claim shall invalidate any claim under this insurance.

Baggage & Personal Effects, Special Risk Baggage Insurance

Benefits:

Benefits are payable to the maximum of the Sum Insured.

1. Reimbursement of Your losses, subject to a maximum of \$500 for any one (1) item or set of items.
2. Reimbursement for the expense of replacing one (1) or more of the following documents, to a maximum of \$100, in the event of loss or theft: passport, driver's license, birth certificate or travel visa.
3. Reimbursement of personal currency when caused directly by theft or robbery up to a maximum amount of \$100.

Special Risk Baggage:

Benefits are payable to a maximum of \$2,000 per item or set of items and are subject to the terms and conditions of this policy.

1. Reimbursement of Your loss of specifically identified item(s) for which coverage has been purchased and premium(s) paid, up to a maximum of \$2,000 per item or set of items.
2. Specifically identified item(s) for which coverage may be purchased include sports equipment and laptop computers, such item or set of items to be disclosed at the time of purchase of coverage.
3. Each item or set of items must be individually insured.
4. The maximum amount payable is in addition to other baggage coverage purchased from GMS.

Insured Risks

Loss of or damage to specifically identified item(s) that You own and use during Your Trip, by reason of theft, burglary, fire or transportation hazards during Your Trip. Coverage does not include the mysterious disappearance of such items.

Special Risk Baggage Eligibility:

1. To purchase Special Risk Baggage, You must also/first purchase a Trip Cancellation & Interruption and/or a Baggage & Personal Effects plan from GMS for this Trip.

Coverage Begins and Ends:

1. This insurance must be purchased prior to Your Departure Date.
2. Coverage begins on the Effective Date as shown on Your TravelStar® application and terminates at the earliest of:
 - a) The date You return to Your permanent residence or;

- b) The Expiry Date as shown on Your TravelStar® application.

Exclusions:

The following expenses are not covered:

1. Animals, perishables, bicycles except while checked as baggage with a Common Carrier, household effects and furnishings, artificial teeth and limbs, hearing aids, eyeglasses, sunglasses, contact lenses, tickets, securities and documents, professional or occupational items, antiques and collector items, breakage of brittle or fragile articles, property illegally acquired, kept, stored or transported.
2. Any expenses arising from loss caused by wear and tear, deterioration, defect or mechanical breakdown.
3. Any expense arising from loss caused by Your imprudent act or omission.
4. Any expense arising from loss of articles specifically insured on a valued basis by another insurer while this insurance is in effect.
5. We are not liable beyond the actual cash value of the property at the time of loss.

Specific Conditions and Limitations:

1. You must purchase this insurance policy prior to the Departure Date from Your province of residence.
2. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance You must:
 - a) Immediately notify and obtain corroborating documentary evidence from the police, or if the police are not available, the hotel manager, tour guide or transportation authorities.
 - b) Promptly take all reasonable precautions to protect, save and/or recover the property; and
 - c) Notify us within five (7) days upon Your return to Your Departure Point.
Failure to comply with this condition will invalidate any claim under this insurance.
3. If the insured property is under check of a Common Carrier and delivery is delayed, this insurance will continue until such property is delivered by the Common Carrier.
4. GMS's reimbursement is limited to the actual cash value of the property at the time of loss.
5. If an article, which is part of a set, is lost or damaged, the measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.
6. This policy is in excess only of all other refunds or credits

received from all Travel Suppliers, or any other insurance plan.

7. We reserve the option to repair or replace Your property with another of a similar kind, quality, and value and to ask You to submit damaged items for appraisal.

Requesting a Refund:

1. A refund of the premium will only be issued under the following circumstances on the condition that no claims are paid or payable in these instances:
 - a) The Travel Supplier cancels the Trip and all penalties are waived.
 - b) The Travel Supplier changes the travel dates and You are unable to travel on those dates and all penalties are waived.
 - c) You cancel the Trip before any cancellation penalties are in effect.

Making a Claim:

1. Claims must be reported to the GMS office within seven (7) days of the cause of claim.
2. Claim forms must be submitted within ninety (90) days of the cause of claim.
3. The following documents must be submitted:
 - a) a report by the police and either the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss.
 - b) a list of items lost or damaged; state when purchased and price paid together with expense of replacement or repair at time of loss or damage.
 - c) details of amounts claimed from and paid by any other source.
4. All supporting documents for payment of eligible expenses must be received by GMS within thirty (30) days of Your return to Your home and no more than twelve (12) months after the cause of claim.
5. Failure to provide applicable substantiation for a claim shall invalidate any claim under this insurance.

General Conditions (applies to all insurance plans)

1. Coverage is not effective until GMS approves the application, and the appropriate premium has been paid.
2. All amounts stated in this policy are in Canadian funds.
3. Benefits payable do not include interest charges.
4. This policy shall be interpreted and construed in accordance with the law of the Province of Saskatchewan (Canada) and the federal laws of Canada applicable therein, and the parties hereby attorn to the non-exclusive jurisdiction of the Courts of the Province of Saskatchewan.
5. If eligible expenses are paid due to the fault of a third party, GMS may take legal action against the person(s) at fault, in Your name, to recover these expenses. You agree to fully cooperate with GMS in any action that might be taken.
6. This policy is in excess only of all other insurance plans or amounts recoverable by any other party. If GMS pays eligible expenses to You and a third party makes payment for those same benefits, You are responsible for reimbursing GMS the amount previously paid by GMS.
7. In the event that You have concurrent insurance from another source(s) for benefits provided under this policy, benefits shall be coordinated as follows:
 - a) All benefits from any Government Plan shall be determined and recovered first;
 - b) GMS will pay eligible expenses only in excess of amounts covered by that of the other insurer(s), including but not limited to any employment related plan, extended health care plan, private or provincial vehicle insurance, credit card policy or any other insurance, whether collectible or not;
 - c) However, if the other source(s) of coverage is also "excess only", all benefits shall be determined and recovered from benefit plans based on the following priority:
 - i) Any plan not containing a coordination of benefits statement;
 - ii) Any employment/retirement related plan; then
 - iii) Any other plan, including GMS. In this case, the benefits shall be prorated according to the maximum amounts that would have been payable as the result of the benefit contained under the respective plans. You agree that prorated sharing is what was intended when this policy was entered into and that sharing on any other basis including on the basis of independent liability and/or equal sharing is not what was intended or agreed to.
8. If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this policy shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.
9. Insurance is in effect only for those coverages and for the Sum Insured indicated on Your TravelStar[®] application for which the premium has been paid. Benefits are payable in accordance with the classification of coverages and are limited to the Sum Insured.
10. If GMS determines that there is no coverage for a claim(s) under this policy all amounts advanced to You or on Your behalf must be repaid by You to GMS on demand. In such circumstances any payment(s) made by GMS will not constitute an acceptance of coverage.
11. It is Your responsibility to provide proof that the dates of travel are consistent with the terms of this policy.
12. GMS reserves the right to investigate or obtain a private opinion on any claim and to obtain any and all information relating to a claim.
13. This contract is void in the case of fraud or attempted fraud by You, or if You conceal or misrepresent any material fact or circumstance concerning this insurance.
14. By purchasing this policy You are authorizing:
 - a) any physician, health care provider, other person, Hospital or institution to release to Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers (collectively "GMS") any information covering Your medical history, symptoms, Treatment, examination, diagnosis and/or services rendered to You;
 - b) GMS to collect, store and use any information which is provided or information obtained pursuant to clause (c);
 - c) GMS to obtain information from, or disclose information to: any Government Plan; the operator of any Hospital, clinic, or other health facility; a Physician or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required. This information is intended for the purposes of administering the plan and communicating with You.
15. You agree to fully cooperate with GMS to provide the documentation and authorization required by GMS to administer Your plan, including the assessment of Your claim(s). Failure to provide the documentation and authorization, within the time periods specified in this policy will result in the non-payment of the claim(s).
16. Despite any other provision of this contract, the contract is subject to the statutory conditions in the insurance act respecting contracts of accident and sickness insurance of the Canadian province or territory where the policy was issued.
17. The application, this policy, any document attached to this policy when issued, and any amendments to the policy agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.
18. GMS shall be deemed not to have waived any condition of this policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by GMS.
19. No statement made by GMS or the Policy Holder at the time of application for this policy shall be used in defense of a claim under or to avoid this policy unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Definitions (applies to all insurance plans)

Accidental: A happening due to external, sudden, fortuitous causes beyond Your control.

Act of Foreign Rebellion: Hostile actions against the government or authorities of a nation in resistance to the laws and processes lawfully issued in such nation.

Act of Terrorism: An act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of War (whether declared or not), act of foreign enemies or rebellion.

Application Date: The date that the application is received at GMS' head office or the office of an authorized agent. Coverage will not be effective until GMS has approved the application and received the appropriate premium.

Business Meeting: A meeting scheduled before the Application Date of this Insurance between companies with unrelated ownership, pertaining directly to Your full-time employment.

Cause of Cancellation: The date of the ultimate diagnosis or occurrence, which results in the cancellation of the Trip.

Caregiver: A person You have entrusted with the care of Your Dependant on a permanent, full-time basis and whose services cannot reasonably be replaced.

Common Carrier: A conveyance (bus, taxi, train, boat, airplane, or other vehicle), that is licensed, intended and used to transport paying passengers.

Contracted: In reference to a destination, a date or the time and place of arrival or departure, means that indicated in the travel documents for the covered Trip.

Departure Date: the day You leave Your province of residence.

Departure Point: The province, territory or country You depart from on the first day of Your travel.

Dependant: Any unmarried child of You or Your Spouse (including step-child, adopted child, or a child for whom You have been granted custody pursuant to an Order of the Court) who is chiefly dependent upon You or Your Spouse for support and maintenance, and is:

- a) Eighteen (18) years of age and under; or
- b) Twenty-four (24) years of age and under if the child is undergoing full-time student educational training in the same province as the Policy Holder; or
- c) A developmentally or physically disabled child, regardless of age, if satisfactory proof of disability is received.

Effective Date: The day on which Your coverage with GMS begins.

Emergency: A sudden and urgent happening requiring immediate action.

Expiry Date: The date on which Your coverage ends under our insurance.

GMS: Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers.

Government Plan: Any plan of insurance provided by or under the administrative control of any government or agency in accordance with any law (other than the Unemployment Insurance Act of Canada) or any plan providing insurance coverage regulated by any government.

Heart Disease: Any disease of the heart including, but not limited to; angina, irregular heartbeat, heart attack, congestive heart failure, ischemic Heart Disease, valvular Heart Disease, and myocardialopathy.

Hospital: An institution licensed as a Hospital which is primarily engaged in providing medical, diagnostic and surgical services for the care and Treatment of sick or injured persons on an in-patient basis, and, which has a laboratory, a registered graduate nurse and Physician always on duty and an operating room where surgical operations are performed by a legally licensed medical Physician(s). In no event shall the term "Hospital" or "general active Treatment Hospital" mean any Hospital or institution or part of such Hospital or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home for the aged, health spa or Treatment centre for drug addiction or alcoholism.

Immediate Family Member: Your legal or common-law Spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, grandparent, grandchild, in-law, or natural or adopted child.

Key Employee: An employee whose continued presence is critical to the ongoing affairs of the business during the Your absence.

Physician: A duly qualified doctor of medicine, who is not a member of Your family, and is entitled under the laws of the Province, State or Country where the services are rendered to prescribe drugs and administer medical Treatment. A Physician does not include a naturopath, herbalist, or homeopath.

Policy Holder: The person who has applied and paid the premiums to GMS for a plan and whose application has been approved by GMS.

Policy Year: The twelve (12) months following the Effective Date of the policy.

Reasonable and Customary: Charges that are reasonably comparable to those normally charged for that service in the particular area where the service is received.

Renewal Date: Commencement date for the new Policy Year.

Return Date: The date on which You are scheduled to return to Your Departure Point, as shown on Your application.

Spouse: The person to whom You are legally married or with whom You have resided for at least twelve (12) months and whom You present publicly as Your Spouse.

Sum Insured: The maximum sum payable, which You selected at the time of purchase and premium payment for, or which applies automatically to, a given insurance coverage.

Surgeon: A Physician who practices surgery.

Termination Date: the earlier of the date which You return from Your Trip, the date which GMS returns You to Your province of residence, or the date Your policy expires.

Travelling Companion: Is a person who has pre-paid shared accommodation or transportation with You. (Maximum of four (4) persons including Yourself.)

Travel Supplier: A tour operator, travel wholesaler, ground transporter, airline or accommodation facility that has Contracted to supply services to You and whose services were arranged by a Canadian travel agent. Excludes travel agency, agent or broker.

Treatment: Any medical, therapeutic or diagnostic measure prescribed or recommended by a Physician in any form including prescription medication, investigative testing, hospitalization, surgery or other prescribed or recommended Treatment directly referable to the condition, symptom or problem.

Trip: The entire Trip Contracted by You, and for which the premium was paid.

You or Your: The eligible person(s) named on the application and who have paid the appropriate premium.

War: The armed conflict, whether or not War has been declared, between nations or factions within a nation.

How to Contact GMS

**For medical emergencies and assistance,
contact us 24-hours a day, 7 days a week:**

Toll free

1-800-459-6604

(within Canada & USA)

or

Collect

(416) 260-4970

(from all other locations)

For questions regarding your TravelStar® policy, general information, claims or to obtain a claim form, contact:

Group Medical Services

#200 – 3303 Hillside Street

Regina SK S4S 7J8 CANADA

1-800-667-3699 or (306) 352-7638

Fax: (306) 525-6360 • Email: info@gms.ca

www.gms.ca