

# INTERNATIONAL STUDENT HEALTH INSURANCE POLICY

Global Assistance



## ATLANTIC PLUS PLAN

Underwritten By: CUMIS General Insurance Company, a member of The Co-operators group of companies.

Administered By: Allianz Global Assistance. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.

This policy must be accompanied by a Confirmation of Coverage to complete the contract.

### IMPORTANT NOTICE

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

**Please read your policy carefully.**

#### What am I covered for?

Please read the section titled 'Benefits'.

#### What is not covered?

This policy does not cover everything. Your insurance has exclusions, conditions and limitations. You should carefully read and understand your policy when you receive it.

#### What if I have an emergency or claim?

You must notify Allianz Global Assistance Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any *medical consultation* or any surgery being performed, or within 24 hours of admission to a *hospital*. Failure to notify Allianz Global Assistance, without a reasonable cause, prior to surgery or in case of hospitalization will result in the reduction of eligible benefit amounts payable. You do not need to advise Allianz Global Assistance if you are consulting the University Health Service. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay.

#### Assistance

Allianz Global Assistance or the *insurer* will use their best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. They or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received, or for failure to obtain medical service.

**Note:** Words in italics indicate they are defined on pages 4-5.

### SUMMARY OF BENEFITS

Individual benefit maximums apply as specified under Benefits

1. Hospital
2. Medical
  - a) Physicians, Surgical, Anaesthetic and Nursing Services
  - b) Diagnostic, X-Ray and Laboratory Services
  - c) Extended Health Care:
    - i. Ambulance;
    - ii. Private Duty Nursing;
    - iii. Rental of crutches, wheelchair, hospital-type bed, splints, trusses, braces, casts, artificial limbs, eyes or other prosthetic or medical appliances;
    - iv. Oxygen and rental of equipment for its administration
    - v. Blood and blood plasma
  - d) Prescription Drugs
  - e) Specialist Services: Osteopath, Chiropodist, Podiatrist, Physiotherapist, Chiropractor

3. Maternity Benefit
4. Eye Examination
5. Dental
6. Accidental Death, Dismemberment or Permanent Loss of Use
7. Emergency Air Transportation/Return Home
8. Return of Deceased
9. Psychologist and Psychiatric care
10. Physical Examination
11. Family Transportation

### ELIGIBILITY

To be eligible for coverage a person must:

- a) be a student as defined by the participating school; or
- b) be a dependant of such eligible student, all of whom live together in the same residence as the insured student; and
- c) be less than 65 years of age; and
- d) not be insured or eligible for benefits under a Canadian government health insurance plan at the time of application; or
- e) be continuing studies outside of Canada but not in the *country of origin*, paid the required surcharge of \$80 per month while outside of Canada, under age 35 and not be eligible for or covered under a Canadian government health insurance plan.

#### Coverage begins

For students, coverage begins on the latest of the date:

- a) of arrival in Canada, provided such date is no earlier than August 15 for the fall term or December 15 for the winter term; or
- b) of enrollment in a participating school, provided such date is later than the date of arrival in Canada.

For dependants, coverage begins on the latest of the date:

- a) of arrival in Canada, provided they arrive on the same date as the student; or
- b) the signed and dated application form is accepted by Allianz Global Assistance.

#### Coverage Ends

Coverage ends on the earliest of the date:

- a) indicated as the *expiry date* on the confirmation of coverage; or
- b) the *insured person* returns to their *country of origin* without intending to return to Canada.

### DESCRIPTION OF COVERAGE

1. The *insurer* agrees to pay up to an *aggregate limit* of \$1 million for *necessary, reasonable and customary* costs incurred in Canada by an *insured person* as a result of *sickness* or *injury* occurring during the *period of coverage*. Eligible costs will be reimbursed in accordance with the applicable provincial *medical association schedule of fees* or the applicable provincial *dental association schedule of fees*. If an *insured person* becomes eligible for a Canadian government health insurance plan while insured under this policy, the *insurer* will cover only those benefits that are not covered by the Canadian government health insurance plan.

2. The insurer will pay for eligible costs incurred, up to the aggregate limit for emergency sickness or injury incurred during the period of coverage while the insured is travelling outside of Canada for no more than 30 days.
3. Dependants are covered only when family coverage is selected and paid for at the time of application.

## BENEFITS

Benefits are payable for the following costs:

### 1. Hospital

The insurer agrees to pay for semi-private hospital accommodation and for reasonable and customary services and supplies necessary for the care of the insured person. Private room charges are covered when deemed medically necessary by the attending physician and prior approval is obtained from Allianz Global Assistance.

### 2. Medical

The insurer agrees to pay for:

- a) The reasonable and customary services of a legally licensed physician, surgeon, anaesthetist, nurse practitioner or registered graduate nurse (all of whom are not related by blood or marriage to the insured person).
- b) Diagnostics, lab tests and/or x-ray examinations as ordered by the attending physician for the purpose of diagnosis.
- c) Up to an aggregate limit of \$10,000, for Extended Health Care Services:
  - i. The use of a licensed local land ambulance to the nearest hospital;
  - ii. Private duty services of a nurse practitioner or registered graduate nurse (who is not related by blood or marriage to the insured person);\*
  - iii. Rental of crutches, wheelchair or hospital-type bed (standard non-electric model only), not exceeding the purchase price; the cost of splints, trusses or braces; initial purchase of casts; artificial limbs, eyes or other approved prosthetic or medical appliances;\*
  - iv. Oxygen and rental of equipment for its administration;\*
  - v. Blood and blood plasma, except when donated;

\*Must be pre-approved by Allianz Global Assistance or supported by a written order from the attending physician.
- d) Prescription drugs or medications for outpatient use. Prescription drugs and medications are covered at 100% when the insured person is hospitalized.
- e) Specialist Services: Expenses for the following services will be reimbursed in accordance with the applicable provincial medical association schedule of fees up to a maximum of \$1,000 per practitioner: Osteopath, Chiropractor, Podiatrist, Physiotherapist, Chiropractor.

### 3. Maternity Benefit

When pregnancy commences during the period of coverage or within 30 days prior to the effective date the insurer agrees to pay for reasonable and customary expenses incurred by the insured person, for the following, as the result of her pregnancy, childbirth, miscarriage or complications related thereto:

- a) hospital accommodation at the daily public or standard ward rate;
- b) services or treatment by a physician;
- c) pre-natal and post natal care including routine new-born nursing care.

For dependants (spouses) of insured students: To be eligible for this benefit, the appropriate family premium must have been paid at the time of application.

New-borns: No coverage is provided for children under 15 days of age, except as specifically provided under 3) above.

### 4. Eye Examination

When a minimum of 12 months consecutive coverage has been purchased the insurer agrees to pay for the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system. Limited to one visit in any consecutive 12-month period of coverage.

### 5. Dental

Up to an overall maximum of \$750 per policy year will be reimbursed for the following dental expenses:

- a) 80% of eligible basic expenses, including examinations, X-rays, and preventative care. Limited to once per benefit year. Scaling up to 2 units and 1 unit of polishing.
- b) 70% of eligible minor expenses, including fillings, caries/trauma control, retentive pins, child space maintainers, denture repair, relining and rebasing.
- c) 20% of eligible endodontic (root canals).
- d) 20% of eligible oral surgery (excluding additional scaling).
- e) 50% of eligible extractions – limited to 2 wisdom teeth.

Reimbursement will be based on the current dental fee guide for the province of Nova Scotia.

### 6. Accidental Death, Dismemberment or Permanent Loss of Use

In the event of death of the insured person as the result of an accidental injury sustained during the period of coverage, \$15,000 will be paid to the insured person's estate or designated beneficiary. Loss of life must occur during the period of coverage or within 100 days of the injury.

When accidental injury results in any one of the following losses within 100 days of the injury, payment will be made as follows:

Loss of both hands or both feet – \$15,000

Loss of Sight of both eyes – \$15,000

Loss of hand or foot and sight of one eye – \$15,000

Loss of arm or leg – \$7,500

Loss of hand or foot – \$5,000

Loss of Thumb and Index Finger (same hand) – \$1,000

“Loss” as used above means severance or complete

irreversible paralysis.

“Loss of Sight” must be complete and irrecoverable.

“Thumb and Index Finger” means the Thumb and Index finger of the same hand at or above the metacarpal phalangeal joint.

The total amount payable under this benefit for dismemberment or permanent loss of use as a result of any one accident shall not exceed \$15,000 in the aggregate.

### Exposure and Disappearance

If the insured person is exposed to the elements or disappears as a result of an accident, the loss will be covered if:

- a) as a result of such exposure, the insured person suffers one of the losses specified in the schedule of losses above; or
- b) the body of the insured person has not been found within 52 weeks from the date of the accident it will be presumed, subject to evidence to the contrary, that the insured person suffered loss of life.

### 7. Emergency Air Transportation / Return Home

When approved and arranged by Allianz Global Assistance the cost one-way transportation by the most appropriate means will be paid, including the use of an air ambulance or stretcher accommodation and medical escort if deemed medically necessary by Allianz Global Assistance, to the nearest appropriate medical facility or to the insured person's country of origin if a covered sickness or injury necessitates the immediate transportation or return of the insured person, or if necessary continuing care is required and is not covered under this policy according to exclusion ATL5 or ATL6.

### 8. Return of Deceased

In the event of death due to a covered sickness or injury, up to \$20,000 will be reimbursed for costs incurred to return the insured person in a standard transportation container, to their country of origin, or up to \$4,000 for cremation or burial at the place of death.

### 9. Mental Health Care

The insurer agrees to reimburse the expenses incurred for treatment of mental, nervous or emotional disorders, including trauma counselling, as follows:

- a) inpatient hospitalization, up to a lifetime maximum of \$25,000; and

- b) outpatient treatment following suicide, attempted suicide or intentional self-inflicted injury, up to a lifetime maximum of \$25,000; and
- c) outpatient consultation, up to a maximum of \$1,000 in any 12 consecutive month period.

#### 10. Physical Examination

When a minimum of 8 months consecutive coverage has been purchased the *insurer* agrees to pay for the cost of one routine physical examination per *insured person* in any 12 consecutive month period is payable in accordance with the applicable provincial *medical association schedule of fees*.

#### 11. Family Transportation

The *insurer* agrees to reimburse the *insured person* up to a maximum of \$5,000 for the cost to transport up to two bedside companions (a *family member* or close friend) by round-trip economy class (using the most direct route), and up to a maximum of \$1,500 for the reasonable costs the *insured person's family member* or close friend incurs after arrival if:

- a) the *insured person* is hospitalized for a minimum of 7 days due to a covered *sickness or injury*, and the attending *physician* advises that a *family member* or close friend's attendance is necessary; or
- b) the local authorities legally require the attendance of a *family member* or close friend to identify the *insured person's* remains in the event of death due to a covered *sickness or injury*.

### SPECIFIC CONDITIONS

1. Allianz Global Assistance must be notified prior to any *medical consultation* or any surgery being performed, or within 24 hours of admission to a *hospital*. Failure to notify Allianz Global Assistance, without a reasonable cause, prior to surgery or in case of hospitalization will result in the reduction of eligible benefit amounts payable. You do not need to advise Allianz Global Assistance if you are consulting the University Health Service.
2. Allianz Global Assistance, on behalf of the *insurer*, reserves the right as reasonably required, to transfer an *insured person* to any *hospital* or to transport an *insured person* to his/her *country of origin* if a covered *sickness or injury* requires complex, continuous and prolonged care during the *period of coverage*. If the *insured person* refuses to be transferred or transported when declared medically fit to travel, any continuing costs incurred after the *insured person's* refusal will not be covered and the payment of such costs becomes the sole responsibility of the *insured person*. Coverage ceases upon the *insured person's* refusal and no coverage will be provided to the *insured person* for the remainder of the *period of coverage*.
3. General Provisions apply. Refer to page 5.

### EXCLUSIONS

Benefits are not payable for costs incurred due to:

**ALT1** Losses while sane or insane due to emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression, except as specifically provided under the Mental Health Care (Benefit 9);

**ATL2** *Act of war, act of terrorism*, including those caused directly or indirectly by *nuclear, chemical or biological* means, civil commotion, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured person* or a *family member*.

**ATL3** Any *sickness, injury* or medical condition, for which a diagnosis need not have been made, where the policy is purchased or the trip is undertaken for the purpose of securing medical treatment or advice.

**ATL4** Loss, death or *injury*, if at the time of the loss, death or *injury*,

evidence supports the *insured person* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

**ATL5** Any treatment, investigation or hospitalization which is a continuation of, or subsequent to, an inpatient hospitalization, unless approved in advance by Allianz Global Assistance.

**ATL6** Any treatment, investigation or hospitalization which exceeds 30 days following the initial day that *necessary* outpatient treatment began, unless approved in advance by Allianz Global Assistance.

**ATL7** Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

**ATL8** Any rehabilitation or convalescent care.

**ATL9** *Injury* resulting from training for or participating in speed contests usually and customarily in excess of 60 km per hour, *professional* sport activities, or organized motor sport contests.

**ATL10** Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth, or complications thereof, except as specifically provided under the 'Maternity Benefit' (Benefit 3).

**ATL11** *Sickness* or *injury* resulting from a motor vehicle *accident* where the *insured person* is entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance, except when such benefits are exhausted.

**ATL12** Cosmetic surgery unless such surgery is a result of a covered *sickness or injury*.

**ATL13** Dental care, services or supplies, except as specifically provided under Dental (Benefit 5).

**ATL14** Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

**ATL15** Naturopathic, holistic or acupuncture treatment.

**ATL16** Costs that exceed the *reasonable and customary* rate for the area where the treatment or services are being performed.

**ATL17** Eye glasses, contact lenses, hearing aids and/or prescriptions for any of these items, unless required as the result, and within a year, of an *accidental injury* occurring during the *period of coverage*.

**ATL18** Any *nuclear* occurrence, however caused.

**ATL19** Any *medical consultation* that is elective or related to a prior elective procedure and general assessments or check-ups except as specifically provided under the Physical Examination Benefit (Benefit 10), or any services requested by a third party.

**ATL20** The purchase of:

- a) medications or drugs not approved for use by the appropriate government authority;
- b) vitamins or vitamin preparations;
- c) drugs or medications which can be purchased without a prescription;
- d) acne medications;
- e) nicotine resin products;
- f) dietary supplements or weight loss products;
- g) quantities of any drug or medication which exceed a 30-day supply within one month prior to the *policy expiry date*;
- h) contraceptives prescribed for any purpose;
- i) contraceptive consultation or testing;
- j) fertility drugs or testing;
- k) drugs, medications, or other costs paid for by any other agency; or
- l) experimental drugs, preventative medications or vaccines.

**ATL21** Any loss incurred outside of Canada, except for loss due to *emergency hospital* and other covered *emergency* costs due to *sickness or injury* occurring during the *period of coverage* while the *insured person* is travelling outside of Canada for no more than 30 days.

**ATL22** Expenses in excess of \$2 million if the total claims against the insurer for the same accident under Benefit 6 exceed \$2 million; in which case the insurer's liability for such accident will be limited to \$2 million which will be shared proportionately among all insured persons and/or beneficiaries entitled to claim. If an insured person is covered under more than one policy issued by the insurer, where Accidental Death and/or Dismemberment or Permanent Loss of Use is a benefit, and the insured person has paid the appropriate premium, the maximum amount the insured person is entitled to receive in the event of a claim, is the lesser of; the largest amount specified for that benefit in any one policy, or the insured person's proportion of a claim as described in the above paragraph.

**ATL23** Any loss incurred when, prior to the effective date, Global Affairs Canada issued a written warning to avoid all travel, or to avoid non-essential travel, to that city, region, or country.

**ATL24** In addition to the preceding, the following apply to the Dental benefit:

- a) dental services not shown on the list of eligible expenses;
- b) expenses incurred for procedures or supplies used in Temporomandibular Joint Dysfunction (TMJ) and treatment rendered for full mouth reconstruction for vertical dimension correction including attrition, or for prosthetic splinting;
- c) dental services covered by any government agency;
- d) dental treatment for cosmetic purposes;
- e) charges for missed appointments, completion of claim forms, and advice by telephone;
- f) any dental treatment which is not yet approved by the Canadian Dental Association, or which is experimental in nature;
- g) expenses incurred for the replacement of appliances that are lost, mislaid, or stolen;
- h) dental supplies intended for sport use, such as mouth guards.

## DEFINITIONS

**Accident(al)** means a sudden, unexpected, unforeseeable, unavoidable external event.

**Act of terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether defacto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

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

**Aggregate limit** means the maximum value of insured losses resulting from any one accident or event causing loss.

**Country of origin** means the country in which the insured person maintained a permanent residence prior to entry into Canada.

**Dental association schedule of fees** means the official schedule of fees published by the dental association, society or college of the province or territory in which the treatment or service occurred. If the province or territory does not publish an official schedule of fees, benefits payable under this policy will be in accordance with the provincial dental association schedule of fees in Canada closest to where the treatment or service occurred.

**Dependant(s)** means:

- a) the student's legally married spouse or a person with whom the student has been cohabitating in a common-law relationship for at least 12 consecutive months prior to the date of application; and/or
- b) any unmarried children residing with the student, who are 15 days of age to under age 25 and dependent upon the student for their sole means of support.

Only one spouse may be covered under a family plan.

A student may purchase coverage for more than one spouse by purchasing a separate family plan for each spouse. The student will only be covered under one policy.

**Dependants** are covered only when family coverage is selected and paid for at the time of application.

**Effective date** means the date coverage begins as provided for in the section titled 'Coverage Begins'.

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

**Expiry date** means the date coverage ends as indicated in the section titled 'Coverage Ends'.

**Family member** means the insured person's legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

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

**Injury** means bodily harm which is directly caused by or resulting from an accident, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action and independent of sickness and all other causes.

**Insured person** means a person named on the application/enrollment listing, who meets the eligibility requirements under this policy and who has been accepted for coverage under this policy by Allianz Global Assistance or its authorized representative, and has paid the required premium.

**Insurer** means CUMIS General Insurance Company, a member of The Co-operators group of companies.

**Medical consultation** means any medical services obtained from a licensed medical practitioner for an ailment, sickness or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or treatment, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical checkups where no medical signs or symptoms existed or were found during the check-up.

**Medical association schedule of fees** means the official schedule of fees published by the medical association, society or college of the province or territory in which the treatment or service occurred. If the province or territory does not publish an official schedule of fees, benefits payable under this policy will be in accordance with the provincial medical association schedule of fees in Canada closest to where the treatment or service occurred.

**Necessary** means medically required treatment for a sickness or injury.

**Nuclear, chemical or biological** means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily injury, sickness, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

- **Biological agent** shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**Period of coverage** means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

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

**Professional** means an activity engaged in by the *insured person*, who earns the majority of their income from such activity.

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

**Sickness** means illness or disease.

**Terminal** means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

## GENERAL PROVISIONS

### Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by the *insured person* and the *insurer* is not responsible for and will not be bound by any assignment entered into by the *insured person*.

### Automatic Extension of Coverage

1. This coverage shall be automatically extended for up to 72 hours if, during the *period of coverage*, the conveyance in which the *insured person* is riding or is scheduled to ride as a passenger, scheduled to arrive at destination during the *period of coverage*, is delayed due to circumstances beyond their control.
2. If the *insured person* is hospitalized due to a covered *sickness* or *injury* on the policy *expiry date* the coverage will be automatically extended for up to 30 days for expenses relating to the same *sickness* or *injury* for which the *insured person* was initially hospitalized.

### Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured person* during one *period of coverage*.

Benefits are only payable under one policy, for each *insured person* during the *period of coverage*. If more than one Allianz Global Assistance administered policy underwritten by the *insurer* is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by Allianz Global Assistance at the time of application. Any benefits payable do not include interest charges. Benefit payments will be made to the provider of service if authorized by the *insured person*.

### Claim Submission

The *insured person* or the claimant, if other than the *insured person*, shall be responsible for the verification of:

1. Any medical costs incurred and shall obtain itemized accounts of all medical services which have been provided;
2. Any payment made by any other insurance plan or contract;
3. And providing substantiating medical documentation from their *country of origin* at the request of Allianz Global Assistance.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

## Contract

Any application, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract. Allianz Global Assistance reserves the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by the *insurer*.

## Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by the *insured person*, including but not limited to homeowners, tenants, multi-risk, any credit card, third party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing *hospital*, medical or therapeutic coverage. Allianz Global Assistance, on behalf of the *insurer*, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines. Reimbursement will not be made for any costs, services or supplies that are payable to the *insured person* under a motor vehicle insurance policy or legislative plan pursuant to the 'no-fault' benefits schedule under any Insurance Act, or for which the *insured person* receives benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance.

The *insured person* may not claim or receive in total, more than 100% of the loss caused by the insured event.

## Currency

All amounts stated in the policy, including premium, are in Canadian currency. At the option of the *insurer*, benefits may be paid in the currency of the country where the loss occurred.

## Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued. At no time will this policy be governed by the laws and regulations of any other country.

## Limitation of Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Quebec Civil Code*.

## Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by the *insured person*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable.

## Premium

The required premium is due and payable at the time of application and prior to the *effective date* and/or in accordance with the educational institution's premium payment schedule which has been approved by the *insurer*.

## Rights of Examination

The claimant shall provide the *insurer* with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death the *insurer* may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

## Right to be Reimbursed

As a condition to receiving benefits under the policy, the *insured person* agrees to:

- a) reimburse the *insurer* for all *emergency* medical and *hospital* costs paid under the policy from any amounts the *insured person* receives from a third party responsible (in whole or in part) for the *insured person's* *injury* or *sickness*, whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover the *insured person's* damages, which include the *emergency* medical and *hospital* costs paid under the policy;

- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement the *insured person* reaches with the third party;
- d) act reasonably to preserve the *insurer's* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- e) keep the *insurer* or Allianz Global Assistance informed of the status of any legal action against the third party.
- f) advise his or her counsel of the *insurer's* right to be reimbursed under the policy.

The *insured person's* obligations under this section of the policy in no way restrict the *insurer's* right to bring a subrogated claim in the *insured person's* name against the third party. Should the *insurer* choose to exercise its right of subrogation, the *insured person* agrees to fully cooperate with the *insurer*.

## REFUNDS

Subject to the rules of the educational institution, refunds are payable when:

1. The student fails to meet visa entry eligibility requirements.
2. The *insured person* permanently leaves Nova Scotia six (6) or more months prior to the expiry date of coverage if departing the participating school due to graduation or upon conclusion of a registered course.
3. The *insured person* becomes covered under a provincial or territorial health/medical plan.

A request for premium refund must be submitted in writing to the agent/ school where coverage was originally purchased, together with documentation for the reason for cancellation of the policy. Premium refunds must be obtained from the agent/ school where coverage was originally purchased, unless purchased directly from Allianz Global Assistance.

There will be no refund of premium for remaining policy periods of less than 31 days or if any claim has been paid or is pending.

## CLAIMS PROCEDURES

### Important Notes:

1. In the event of a *sickness* or *injury*, Allianz Global Assistance must be notified prior to any *medical consultation* or any surgery being performed or within 24 hours of admission to a *hospital*. Failure to notify Allianz Global Assistance, without a reasonable cause, prior to surgery or in case of hospitalization will result in the reduction of eligible benefit amounts payable. You do not need to advise Allianz Global Assistance if you are consulting the University Health Service. To make your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
2. Claims must be reported within 30 days of occurrence.
3. Written proof of claim must be submitted within 90 days of occurrence.
4. Any costs incurred for documentation or required reports are the *insured person's* or claimant's responsibility.

### When submitting your claim please include:

1. A completed and signed claim form with all original bills and receipts. Incomplete forms will delay your claim.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completion of the certificate is not a benefit under this insurance.

Further documentation may be required upon review of your claim.

### For Accidental Death, Dismemberment or Permanent Loss of Use Benefits—in addition to the above please include:

1. Police report including any witness' statements, if applicable
2. Coroner's report
3. Death certificate

All claims forms are available by calling *our* Claims Department.

## SUBMIT CLAIMS TO:

### Allianz Global Assistance Claims Department

250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Canada

Collect worldwide: 416-340-8809  
Toll free Canada/U.S.A.: 1-800-869-6747

## PRIVACY INFORMATION NOTICE

CUMIS General Insurance Company (the "insurer") and the insurer's insurance administrator, Allianz Global Assistance, and the insurer's agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively "we" "us" and "our") require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification;
- medical records and information about you;
- records that reflect your business dealings with and through us.

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

- to identify and communicate with you;
- to consider any application for insurance;
- if approved, to issue a Policy or Certificate of insurance;
- to administer insurance and related benefits;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to investigate claims and to determine eligibility for insurance benefits;
- to provide assistance services;
- for fraud prevention and debt collection purposes;
- as required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder's, insured's or claimant's family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the "optional purposes").

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Policy or Policy holder's, insured's or claimant's file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance

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

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

**Privacy Officer**

Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Fax: (416) 340-2707

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

**QUESTIONS?**

If *you* have any questions or concerns about *our* products, services, *your* policy, or claim please feel free to contact Allianz Global Assistance anytime:

Toll Free: 1-800-670-4426

Collect: (416) 340-1980

**STATUTORY CONDITIONS**

Despite any other provision contained in the contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

**Administered by:**

AZGA Service Canada Inc.  
o/a Allianz Global Assistance  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Canada

**Underwritten by:**

CUMIS General Insurance Company  
P.O. Box 5065, 151 North Service Road  
Burlington, Ontario L7R 4C2  
Canada

**EMERGENCY PROCEDURES**

In the event of a *sickness* or *injury*, Allianz Global Assistance Emergency Assistance must be notified prior to any *medical consultation* or any surgery being performed or within 24 hours of admission to a *hospital*. Failure to notify Allianz Global Assistance, without a reasonable cause, prior to surgery or in case of *hospitalization* will result in the reduction of eligible benefit amounts payable. You do not need to advise Allianz Global Assistance if you are consulting the University Health Service. Allianz Global Assistance is here to help with service available 24 hours a day, 7 days a week. Allianz Global Assistance Emergency Assistance also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your *period of coverage*.

**For 24/7 emergency assistance call  
Allianz Global Assistance**

**Toll-free Canada/USA: 1-800-995-1662**

**Toll-free worldwide: 800-842-08420 or  
Country code + 00-800-842-08420**

If unable to contact us through the toll-free numbers call collect: 416-340-0049. International operator assistance is required. Please confirm how to call collect to Canada from your destination prior to departure.

Global Assistance

**Allianz** 