

Underwritten by Belair Insurance Company Inc. (The Insurer)
 1 833 964.2757
 belairdirect.com

AMEX® TRAVEL INSURANCE

SUMMARY OF BENEFITS Travel medical insurance

The information below summarizes the insurance coverage under your Amex® Travel Insurance Certificate of Insurance (hereinafter described as "this certificate" or "your certificate"). Such coverage is subject to the terms, conditions, limitations and exclusions of this certificate. Refer to this entire certificate for complete benefit details. All amounts indicated below are expressed and payable in Canadian currency unless indicated otherwise.

EMERGENCY MEDICAL TRAVEL INSURANCE

Overall Maximum	Up to \$5,000,000, per insured person , per trip	
Hospital Accommodation	Room and board costs up to the semi-private room rate	
Incidental Expenses	Up to \$50 per day, to a maximum of \$500	
Physician Charges	Reasonable and customary charges	
Private Duty Nurse	Reasonable and customary charges	
Diagnostic Services	Reasonable and customary charges	
Medical Appliances	Reasonable and customary charges	
Paramedical Services	Up to \$250 per profession	
Prescriptions	30-day supply per prescription	
Ground Ambulance Services	Reasonable and customary charges	
Emergency Air Transportation	Reasonable and customary charges	
Transportation to Bedside	Round-trip economy transportation & up to \$250 per day, to a maximum of \$2,500 for meals and accommodations	
Childcare	Return of Child	One-way economy transportation & up to \$5,000 for the cost of an escort, or
	Transportation of Family or Friend to be with child	Round-trip economy transportation & up to \$250 per day, to a maximum of \$2,500 for meals and accommodations , or
	Childcare at Destination	Up to \$5,000, or
	Childcare at Home	Up to \$5,000
Return of Spouse or Travelling Companion	One-way economy transportation	
Return of Deceased	Up to \$10,000 for the cost of preparation and transportation of the deceased, or up to \$5,000 for the cost of cremation and/or burial	
Meals and Accommodation	Up to \$250 per day, to a maximum of \$2,500	
Treatment of Dental Accidents	Reasonable and customary charges & up to \$1,000 for continued treatment at home	
Treatment of Dental Pain	Up to \$500	
Pet Return	Up to \$500	
Vehicle Return	Reasonable and customary charges	
Return of Excess Baggage	Up to \$500	
Return to Trip Destination	One-way economy transportation	

CERTIFICATE OF INSURANCE

Travel medical insurance

SECTION 1—INTRODUCTION

The following coverage is available under your certificate:

- **Emergency Medical Travel Insurance**

This certificate is a valuable source of information and contains provisions that may limit or exclude coverage. Please read this certificate, keep it in a safe place and carry it with you when you travel. Belair Insurance Company Inc. (the **Insurer**) provides the insurance for this certificate. Global Excel Management Inc. (**Global Excel**) has been appointed by the **Insurer** as the assistance and claims service provider under this certificate. This insurance is administered by belairdirect Agency Inc. (the **Enrollment Centre**). Amex Bank of Canada has been issued a group insurance policy **PSI047402221** by the **Insurer** to cover **emergency** medical and other expenses incurred by you while outside your **province**. This certificate summarizes the provisions of the group insurance policy applicable to your Amex® Travel Insurance—Travel medical insurance coverage.

IMPORTANT NOTICE—PLEASE READ CAREFULLY

You have purchased this travel insurance coverage—what's next? We want you to understand what your certificate includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your certificate before you travel.

- Bolded terms are defined in your certificate and can be found in SECTION 3—DEFINITIONS. Throughout this certificate, any references to "you" or "your" means any eligible **insured person** covered under this insurance and for whom the required premium has been paid. The words "we", "our" and "us" mean the **Insurer**.
- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: **accidents** and **emergencies**) and typically does not cover follow-up or recurrent care.
- To qualify for the insurance coverage provided under your certificate, you must meet all of the eligibility requirements found in SECTION 4—WHO IS ELIGIBLE FOR THIS INSURANCE?.
- This certificate may not cover claims related to pre-existing **medical conditions** that are not **stable**, whether disclosed or not at the time of purchasing this coverage. Check to see how this applies in your certificate and how it relates to your **departure date** or **effective date**.
- In the event of a claim, your prior medical history may be reviewed.
- If you have been asked to complete a Medical Questionnaire and any of your answers are not accurate or complete, your insurance coverage will be voidable.
- Your certificate provides travel assistance. You are required to notify **Global Excel** prior to seeking **emergency services**, if you fail to do so, your benefits may be limited.
- **This certificate contains clauses which may limit the amounts payable.**
- **This certificate contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**

PLEASE READ YOUR CERTIFICATE CAREFULLY BEFORE YOU TRAVEL.

IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS,

CALL THE ENROLLMENT CENTRE AT 1 866 587.1029 (+819 780.4794) OR BY EMAIL TO AmexTravelInsurance@belairdirect.com.

Right to Examine Insurance

You have the right to cancel this certificate within 10 days of receipt and receive a full refund. In the event of such cancellation, this certificate will be considered to never have been in effect and the **Insurer** will have no liability under this insurance. You must notify us immediately if you wish to cancel your coverage and written confirmation must be received within 10 days of receipt of the certificate. If your certificate was mailed to you, you have a maximum period of 15 days from the date the certificate was posted.

SECTION 2—WHAT TO DO IN A MEDICAL EMERGENCY OR HOW TO FILE A CLAIM?

IF YOU HAVE A MEDICAL EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY BEFORE SEEKING TREATMENT. Of course, if your **medical condition** prevents you from calling, we understand—you must call as soon as medically possible or, as an alternative, someone else may call on your behalf (relative, friend, **nurse practitioner** or **physician**).

- If you do not call **Global Excel** before you seek **emergency services**, or if you choose to seek care from a non-approved medical service provider, you will be responsible for 20% of your medical expenses covered under this insurance and not recovered from your **government health insurance plan**, to a maximum of \$25,000. If, after reimbursement by your **government health insurance plan**, your claim exceeds \$25,000, this insurance will pay 100% of any eligible expenses over and above \$25,000. This does not apply if your **medical condition** prevents you from calling prior to seeking **emergency services**.
- Some **treatments** require pre-approval in order to be covered (see SECTION 7—EMERGENCY MEDICAL TRAVEL INSURANCE for more details). If you do not contact **Global Excel** prior to seeking **emergency services**, the medical **treatment** you receive may not be covered by this insurance, unless your **medical condition** prevents you from calling prior to seeking **emergency services**.
- **Global Excel** may direct you to a **hospital** or **physician** in your area of travel. If you contact **Global Excel** at the time of your **emergency**, the **Insurer** will ensure that your covered expenses are paid directly to the **hospital**, where possible.

GLOBAL EXCEL IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED AS FOLLOWS:

From Canada and the United States, call TOLL FREE **1 844 780.0501**

From anywhere else in the world, call COLLECT **+819 780.0501**

NOTE: The assistance telephone numbers are also listed on the back of the travel assistance card provided to you.

SECTION 3—DEFINITIONS

Throughout this certificate, all bolded terms have the specific meaning explained below.

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

Accommodation means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

Client means a natural person who is a customer of Amex Bank of Canada or Amex Canada Inc., which includes, where permitted, natural persons who may wish to purchase coverage under this certificate and who, in every case, meet the eligibility requirements outlined in SECTION 4—WHO IS ELIGIBLE FOR THIS INSURANCE?.

Common Carrier means any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. Rental vehicles, however, are not considered **common carriers**.

Confirmation of Insurance means any letter or document(s) sent to you by the **Insurer** describing or confirming the insurance coverage, plan selection and/or **trip** dates that you have purchased.

Departure Date means the date on which you leave from your **province**.

Departure Point means the place from which you depart on the first day of your **trip**, as shown on the confirmation of your **prepaid travel arrangements**.

Dependent Child(ren) means an unmarried natural, adopted (or living with the adopting parent(s) during a period of probation), step or foster child of the **insured person** or their **spouse**, or a child for whom the person named on the **Confirmation of Insurance** or the **spouse** of such person is the legal guardian, and who is, at the date of purchase of this insurance, dependent on the **insured person** or the **spouse** for support, at least 15 days old, and

- under 21 years of age;
- under 26 years of age if a full-time student; or
- mentally or physically disabled, incapable of self-sustaining employment and reliant on the person named on the **Confirmation of Insurance** or the **spouse** of such person for support and maintenance.

Effective Date means the date indicated on your **Confirmation of Insurance** as the start date of your Per Trip Plan or Multi-Trip Annual Plan, or the date on which Emergency Medical Travel coverage begins under this certificate as listed below, provided the required premium has been paid:

- a) Under the Per Trip Plan:
 - when issued as a **Top Up** or an **Extension** of coverage: 12:00 a.m. on the day following the date of expiry of your prior coverage (or on a later date if approved by the **Insurer**). This date is shown on your **Confirmation of Insurance** as the **effective date**.
 - your **departure date**.
- b) Under the Multi-Trip Annual Plan:
 - your **departure date**.

Emergency means an event related to any sudden and unforeseen **sickness** and/or **injury** that results in a covered loss and is sufficiently serious to prompt a reasonably prudent person to consult a **physician** or be hospitalized for the purpose of medical **treatment**. An **emergency** ends when the medical advisors of **Global Excel** or the **Insurer** determine that you are medically able to travel to your **return point**.

Emergency Services mean any **treatment** that:

- is required for the immediate relief of an acute symptom; or
- upon the advice of a **physician**, cannot be delayed until you return to your **return point**, and must be received during your **trip** because your **medical condition** prevents you from travel to your **return point**.

The **emergency services** must be ordered by or received from a **physician** or received in a **hospital** during your **trip**, or received from a licensed **nurse practitioner**, physiotherapist, chiropractor, chiropractor, podiatrist or osteopath, as a result of an **emergency** that occurs during your **trip**.

Enrollment Centre means belairdirect Agency Inc.

Expiry Date means the date on which Emergency Medical Travel coverage ends under this certificate as follows:

- a) Under the Per Trip Plan:
 - the date on which you are scheduled to return to your **return point**. This date is shown on your **Confirmation of Insurance** as the **expiry date**.
 - when issued as a **Top Up** or an **Extension** of coverage:
 - 11:59 p.m. on the last day of your extended coverage. This date is shown on your **Confirmation of Insurance** as the **expiry date**.
- b) Under the Multi-Trip Annual Plan:
 - the earlier of:
 - the date you return to your **return point**;
 - 11:59 p.m. on the last day of the 10-Day, 16-Day, or 31-Day option you selected, as shown on your **Confirmation of Insurance**; or
 - the date your Multi-Trip Annual Plan ends, shown as the **expiry date** on your **Confirmation of Insurance**.

Global Excel means Global Excel Management Inc., which is the company appointed by the **Insurer** to provide claims and assistance services.

Government Health Insurance Plan means the health insurance coverage that Canadian provincial and territorial governments provide to their residents.

Hospital means an establishment that is licensed as an accredited **hospital** or medical facility, is operated for the care and **treatment** of **inpatients**, has a **physician** and a registered **nurse practitioner** always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. **Hospital** does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction **treatment** centre, convalescent, rest or nursing home, home for the aged or health spa.

Injury means an unexpected and unforeseen harm to the body caused by an **accident**.

Inpatient means a patient who occupies a **hospital** bed for more than 24 hours for medical **treatment** and for which admission was recommended by a **physician** when **medically necessary**.

Insured Person means the person identified as the Named Insured on the **Confirmation of Insurance** provided the required premium has been paid. If family coverage has been selected, **insured person** also includes the **spouse** and **dependent child(ren)** of such person.

Insurer means Belair Insurance Company Inc.

Immediate Family Member means **spouse**, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece or nephew.

Medical Condition means an **injury** or **sickness** (or a condition related to that **injury** or **sickness**).

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

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b) is not experimental or investigative in nature;
- c) cannot be omitted without adversely affecting your condition or quality of medical care;
- d) is needed to prevent or alleviate existing danger to life or health; and
- e) cannot be delayed until your **return date**.

Minor Ailment means any **sickness** or **injury** which does not require:

- a) the use of medication for a period of greater than 15 days;
- b) more than one follow-up visit to a **physician**; or
- c) hospitalization, surgical intervention, or referral to a specialist;

and which ends at least 30 consecutive days prior to the **departure date**. However, a chronic condition or any complication of a chronic condition is not considered a **minor ailment**.

Nurse Practitioner means a person, other than you or your **immediate family member**, who is a registered nurse (RN) certified (NP) with additional education in health assessment, diagnosis and management of illnesses and injuries, including prescribing drugs. This **nurse practitioner** must be permitted by law to provide those services in the jurisdiction where the **emergency** occurs.

Ongoing Condition means an acute **sickness** and/or **injury** that requires continuing care and/or **treatment** after the initial **emergency** has ended as determined by **Global Excel**.

Physician means a medical practitioner whose legal and professional standing within their jurisdiction is equivalent to that of a Doctor of Medicine (M.D.) or Doctor of Dentistry (D.O.D) licensed in Canada, who is duly licensed in the jurisdiction in which the physician practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of their licensed authority. A **physician** must be a person other than you or your **immediate family member**.

Prepaid Travel Arrangements means transportation, **accommodation** and other prepaid travel expenses booked with a **travel supplier** or by a **travel supplier** on your behalf, prior to the **departure date** of your **trip**.

Province means your Canadian **province** or territory of permanent residence.

Reasonable and Customary Charges mean charges that are, as determined by the **Insurer**, comparable to other charges for the same service and level of expertise in the place where the **emergency** took place.

Ridesharing Services mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

Return Date means the date on which you return to your **province**.

Return Point means the place you return to on the last day of your **trip**, as shown on the confirmation of your **prepaid travel arrangements** or your **province**.

Sickness means an unexpected and unforeseen disease or disorder of the body.

Spouse means:

- a) a person who is married to or who has entered into a civil union with another person and is living with that person; or
- b) a person who is not married but has lived in a marital relationship in the same household for at least one year with another person who is publicly presented as that person's **spouse**.

Stable means any **medical condition** (other than a **minor ailment**) for which all the following statements are true:

- a) there has been no new diagnosis, **treatment**, or prescribed medication;
- b) there has been no change in **treatment** or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in **treatment** frequency or type. "Change in medication" does not include: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes, or a change from a brand medication to a generic brand medication (where there is no modification to the dosage);
- c) there have been no new symptoms, more frequent symptoms, or more severe symptoms;
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization or referral to a specialist (made or recommended) and no waiting of results of further investigations for that **medical condition**.

Top Up means the coverage you purchase through the **Enrollment Centre** to extend travel insurance coverage that is in effect for a portion of your **trip** duration. The same terms, conditions, limitations and exclusions of this certificate apply to you during the **Top Up** period.

Travelling Companion means a person, other than an **insured person** covered under this certificate, who is sharing travel arrangements with you from the **departure point** on a covered **trip**, including **accommodation** and transportation, and who has paid for such **accommodation** or transportation prior to the **departure date**. A maximum of three persons will be considered **travelling companions**. Unless indicated otherwise, a **travelling companion** is not covered under this insurance and may wish to consider purchasing their own insurance.

Travel Supplier means a travel agent, a tour operator, a travel wholesaler, an airline, a cruise line, a provider of ground transportation, and/or a provider of travel **accommodations**, who sells travel services to the general public.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **physician**, including but not limited to, consultation, prescribed medication, investigative testing, hospitalization or surgery.

Trip means a journey which commences on the **departure date** and ends on the **return date**.

Vehicle means a private passenger automobile, mini-van, mobile home, camper truck or trailer home, which you use during your **trip** exclusively for the transportation of passengers other than for hire, whether owned by you or leased by you from a commercial rental agency. This **vehicle** must not have been used for commercial purposes.

SECTION 4—WHO IS ELIGIBLE FOR THIS INSURANCE?

A. ELIGIBILITY

You must meet the following conditions to be eligible for this insurance:

- a) You must be a **client** of Amex Bank of Canada or Amex Canada Inc. or the **spouse** or **dependent child** of a **client**;
- b) You must have your permanent residence in Canada and be covered by the **government health insurance plan** of your **province** for the entire duration of your **trip**;
- c) You must be at least 15 days old; and
- d) The required premium payments for your coverage under the certificate must have been paid.

B. MEDICAL QUESTIONNAIRE

When you apply for coverage under this insurance, and you are aged 60 or over on the **departure date** of your Multi-Trip Annual Plan or your Per Trip Plan, you may complete a Medical Questionnaire to determine the coverage category for which you are eligible (Category A, B or C). If you choose not to complete a Medical Questionnaire, your coverage will default to the Standard category (see SECTION 9—WHAT ARE YOU NOT COVERED FOR? for more details).

A Medical Questionnaire is the form that contains questions about your medical history which you must answer correctly at the time of application. Once completed, the Medical Questionnaire will form part of the insurance contract. The answers you provide on this form determine the category and terms of coverage for which you are eligible and the premium that applies to your insurance contract. If you have any questions on how to answer the Medical Questionnaire, please consult your **physician**.

C. FAMILY COVERAGE

Family coverage is available:

- a) To you, your **spouse** and **dependent child(ren)** when you and your **spouse** are under the age of 60 on the **departure date** and have paid the premium for a family plan; or
- b) To you and your **dependent child(ren)** when you are under the age of 60 on the **departure date**, if you do not require coverage for your **spouse** and you have paid the premium for a family plan.

A family or individual plan must be selected at the time of application for this insurance. In case of divorce, all **insured persons** named on the **Confirmation of Insurance** remain covered until the **expiry date**.

Under a Multi-Trip Annual Plan, all **insured persons** may travel independently of one another.

SECTION 5—HOW DO YOU PAY FOR COVERAGE OR GET A REFUND?

A. PREMIUM PAYMENT

Coverage is valid only upon payment of premium and subject to the eligibility requirements. The premium must be charged to a valid card account issued by a financial institution as of your **effective date**, for the required premium to be considered paid. Coverage will be null and void if card charges are invalid. A 30-day grace period is allowed after the date the premium is due. Coverage will terminate on the last day of the grace period if the payment due has not been paid in full by that date and a notice of termination of this certificate will be sent to the person named on the **Confirmation of Insurance**.

B. REFUNDS

Other than as stated under “Right to Examine Insurance” provision, to request a cancellation and/or refund of premium, the following applies:

All requests must be made by calling the **Enrollment Centre** at 1 866 587.1029 (+819 780.4794) or by sending your request by email to AmexTravelInsurance@belairdirect.com or mail to Amex Travel Insurance, 2665 King Ouest, Suite 650, Sherbrooke, QC J1L 2G5. You will be required to provide your certificate number in order to process the cancellation and refund.

- For Multi-Trip Annual Plans (see SECTION 6—WHAT PLANS ARE AVAILABLE AND WHEN DOES COVERAGE BEGIN AND END? for more details):
 - If your cancellation request is on or before your **effective date**, you will receive a full refund.
 - In the event of death, a partial refund for the unused months of coverage may be available, provided no claim has been incurred since the **effective date**. The partial refund request is subject to the approval of the **Insurer**. In such cases, the **Insurer** must receive proof of death and the refund will be issued to the estate of the person named on the **Confirmation of Insurance**.
- For Per Trip Plans (see SECTION 6—WHAT PLANS ARE AVAILABLE AND WHEN DOES COVERAGE BEGIN AND END? for more details), a full refund may be applicable in the following circumstances:
 - If your cancellation request is on or before your **effective date**.
- For Per Trip Plans (see SECTION 6 – WHAT PLANS ARE AVAILABLE AND WHEN DOES COVERAGE BEGIN AND END? for more details), a partial refund may be applicable in the following circumstances:
 - If you return early from a **trip**, the person named on the **Confirmation of Insurance** may request a partial refund, provided no claim has been incurred since the **effective date**. Proof of early return must be provided in the form of a stamped passport, airline ticket or boarding pass, credit card receipt, border crossing slip, or any signed and dated document that proves you have returned to your **return point**.

SECTION 6—WHAT PLANS ARE AVAILABLE AND WHEN DOES COVERAGE BEGIN AND END?

A. PER TRIP PLAN

Age	Coverage Duration
At least 15 days old on the effective date	<p>Coverage under the Per Trip Plan is available for a single trip, up to the number of days allowed by your government health insurance plan for travel outside of your province. Coverage is permitted beyond the regular maximum number of days allowed outside your province, provided you receive written permission from your government to maintain your government health insurance plan beyond the regular maximum allowed. In the event of a claim, you will be requested to provide such written permission.</p> <p>If you choose to extend your trip beyond the original expiry date, you must purchase a Top Up starting on the day after the original expiry date and ending on the new expiry date.</p> <p>The number of consecutive days for each trip, including any extensions of coverage, includes your departure date and your return date. The date you leave on your trip and the date you return from your trip must be within a 365-day period starting from your effective date of coverage.</p>

a. Period of Coverage

Coverage begins on the **effective date** shown on your **Confirmation of Insurance** and ends on the earliest of:

- the **expiry date** shown on your **Confirmation of Insurance** (your new **Confirmation of Insurance** in the event that your coverage has been extended through the **Enrollment Centre**);
- the date you return to your **province**; or
- the date you reach the maximum number of days allowed outside your **province** by your **government health insurance plan**.

B. MULTI-TRIP ANNUAL PLAN

Age	Coverage Duration Option
At least 15 days old on the effective date	<p>The Multi-Trip Annual Plan provides coverage between your effective date and expiry date shown on your Confirmation of Insurance, for an unlimited number of trips outside your province for a duration not exceeding:</p> <ul style="list-style-type: none">10 consecutive days per trip under the 10-day Plan,16 consecutive days per trip under the 16-day Plan, or31 consecutive days per trip under the 31-day Plan. <p>If your trip exceeds the number of allowed consecutive days outside your province of the plan option you purchased, you must purchase a Top Up starting on the departure date and ending on the return date.</p>

a. Multi-Trip Annual Plan Exception

A Multi-Trip Annual Plan cannot be used as a **Top Up** to another Multi-Trip Annual Plan, unless you purchased two back-to-back Multi-Trip Annual Plans with the same trip duration option. This means that if you are travelling on a **trip** that extends beyond the **expiry date** of your Multi-Trip Annual Plan and you have purchased a new Multi-Trip Annual Plan prior to your **departure date** with the same **trip** duration option (10-day Plan, 16-day Plan or 31-day Plan), your **trip** will be covered under the terms and conditions of your first Multi-Trip Annual Plan until its **expiry date**, and the remainder of your **trip** will be covered under the terms and conditions of the new Multi-Trip Annual Plan as of its **effective date** provided:

- The total number of days outside your **province** covered under both your prior Multi-Trip Annual Plan and your new Multi-Trip Annual Plan combined cannot exceed the **trip** duration option selected for either plan taken individually.
- Coverage under the new Multi-Trip Annual Plan is considered a new and separate term of coverage and is subject to all terms, exclusions, limitations and conditions of the new certificate.
- Coverage for the **trip** under your prior Multi-Trip Annual Plan will end on the **expiry date** of your Multi-Trip Annual Plan as shown on your **Confirmation of Insurance**.
- Coverage for the **trip** under the new Multi-Trip Annual Plan will begin on the **effective date** shown on your new **Confirmation of Insurance** and expires on the earlier of:
 - your **return date**; or
 - the date you reach the maximum number of days outside your **province**, from your original **departure date**, allowed under the **trip** duration option of your Multi-Trip Annual Plan, as shown on your **Confirmation of Insurance**.
- When a **trip** extends beyond the maximum number of days allowed from your original **departure date** under the **trip** duration option of your Multi-Trip Annual Plan, additional coverage is available for the additional number of days required for your **trip** by purchasing a **Top Up** or Extension.

b. Period of Coverage

Your Multi-Trip Annual Plan coverage begins on the **effective date** shown on your **Confirmation of Insurance** and terminates at 11:59 PM on the **expiry date** shown on your **Confirmation of Insurance**.

- You are eligible for benefits from the date you leave your **province** for any **trip** that does not exceed the maximum number of days allowed under the **trip** duration option you have purchased as stated on your **Confirmation of Insurance**. To extend coverage for a **trip** longer than the maximum number of days allowed under the **trip** duration option you have purchased or if your Multi-Trip Annual Plan will expire while travelling, you must purchase additional coverage through the **Enrollment Centre** (see CAN COVERAGE BE EXTENDED? for details). **If you do not top up this coverage for a trip that is longer than your 10-day Plan, 16-day Plan, or 31-day Plan, you will not have coverage for any claim incurred after the expiry date.**

- You are not required to provide us with advance notice of your **departure date** and **return date** for each **trip**; however, you will be required to provide evidence of the **departure date** and **return date** from your **province** when making a claim under this certificate.
- **Note:** No coverage is in effect for a **trip** outside of your **province** that commenced prior to the **effective date** shown on your **Confirmation of Insurance** for the Multi-Trip Annual Plan (except as otherwise specified under the Multi-Trip Annual Plan Exception).

c. Period of Coverage for each trip

Coverage	Coverage Takes Effect When:	Coverage For Each Trip Begins:	Coverage For Each Trip Ends:
Emergency Medical Travel	<ul style="list-style-type: none"> • a medical emergency occurs during your trip. 	<ul style="list-style-type: none"> • on your departure date. 	<ul style="list-style-type: none"> • on the date you return to your return point or the date you have been absent from your province for longer than your coverage duration selected (10-day Plan, 16-day Plan or 31-day Plan).

d. What Happens to Your Multi-Trip Annual Plan After Each One-Year Anniversary?

Your plan has an additional feature to automatically renew your coverage with a new certificate upon the **expiry date** of your Multi-Trip Annual Plan each year. Provided valid card account information is on file and the premium is accepted, a new Multi-Trip Annual Plan will be issued for one year. The renewed certificate commences on the day immediately following the **expiry date** of the current certificate. Prior to the **effective date** of the new certificate, you will be notified of the new terms and conditions relating to your new Multi-Trip Annual Plan. If an **insured person** no longer meets the eligibility requirements in SECTION 4—WHO IS ELIGIBLE FOR THIS INSURANCE?, or if you do not wish to renew your Multi-Trip Annual Plan, please contact the Enrollment Center at 1 866 587.1029 (+819 780.4794).

Each renewed Multi-Trip Annual Plan includes the following:

- Prior year's plan selection (10, 16 or 31 consecutive days per **trip**); and
- Prior year's coverage selection (Individual or Family coverage).

For each renewed Multi-Trip Annual Plan, you have 60 days prior to the new effective date to request the following modifications:

- Request a downgrade or upgrade of your Multi-Trip Annual Plan option;
- Request a change to your Individual or Family coverage selection; or
- Cancel your new Multi-Trip Annual Plan.

All requests must be made by calling the **Enrollment Centre** at 1 866 587.1029 (+819 780.4794) or by sending your request by email to AmexTravelInsurance@belairdirect.com or mail to Amex Travel Insurance, 2665 King Ouest, Suite 650, Sherbrooke, QC J1L 2G5.

Such modifications cannot be requested after the **effective date** of the new Multi-Trip Annual Plan and/or if a claim has been incurred on the new Multi-Trip Annual Plan.

C. CAN COVERAGE BE EXTENDED?

a. Optional Extension

Except in the circumstances when coverage is automatically extended as outlined below, you do not have coverage under this insurance for any days of your **trip** that extend beyond your **expiry date**.

However, coverage for a longer **trip** may be purchased under the Multi-Trip Annual Plan or Per Trip Plan by calling the **Enrollment Centre** at 1 866 587.1029 (+819 780.4794) under the following circumstances:

- If you request an extension prior to your **departure date**, or after your **departure date** but prior to your **expiry date**, the request will be approved by the **Insurer**; or
- If you request an extension during your **trip** and after the **expiry date** of that **trip**, the request will be approved as of the date the extension is requested; however, there will be no coverage between the original **expiry date** and the new **effective date** of the extension (see SECTION 9—WHAT ARE YOU NOT COVERED FOR? for more details).

Your total **trip** length outside your **province**, including your initial **trip** plus any extensions, is limited to the maximum Period of Coverage for which you are eligible (see SECTION 6—WHAT PLANS ARE AVAILABLE AND WHEN DOES COVERAGE BEGIN AND END? for more details). Premium payment will be charged to a valid card account issued by a financial institution.

b. Automatic Extension

Coverage is automatically extended beyond the end of the Period of Coverage, provided you still meet the eligibility requirements in SECTION 4—WHO IS ELIGIBLE FOR THIS INSURANCE?, if one of the following circumstances delays your return to your **province**:

- 1) Hospitalization. When you or your **travelling companion** are hospitalized due to a medical **emergency** on your **return date**, your coverage will remain in force during the period of hospitalization and up to 5 days following discharge from **hospital**.
- 2) Medical Emergency Preventing Travel. If you or your **travelling companion** is unable to travel on your scheduled **return date** due to a medical **emergency** which does not require hospitalization, your coverage is automatically extended for up to 5 days beyond your **return date**.
- 3) Delay of Transportation. If your **common carrier** has been delayed, or if a private **vehicle** becomes inoperable on the way to your **province** due to circumstances beyond your control, your coverage is extended for up to 72 hours beyond your scheduled **return date**.
- 4) Medically Unfit to Travel. If you or your **travelling companion** is medically unfit to travel due to an **emergency**, your coverage is extended for up to 72 hours following the date that you are able to return to your **province**, as deemed by your **physician** and subject to your **common carrier's** guidelines.

You are required to notify Global Excel in the foregoing circumstances prior to your **expiry date**. In no circumstances will coverage extend to more than 365 days from your **departure date**.

SECTION 7—EMERGENCY MEDICAL TRAVEL INSURANCE

This Emergency Medical Travel Insurance is included with your Amex® Travel Insurance and provides an overall maximum coverage of \$5,000,000 per **insured person**, per **trip** for **reasonable and customary charges** in respect to eligible expenses incurred for the benefits listed below as a result of an **emergency** for which **medically necessary treatment** is needed while travelling outside your **province**.

Hospital Accommodation

Room and board costs, up to the semi-private room rate charged by the **hospital**. If **medically necessary**, expenses for **treatment** in an intensive or coronary care unit, and **emergency** outpatient services provided by a **hospital**, are also covered.

Physician Charges

The expenses resulting from the services of a licensed **physician** provided to you as a result of an **emergency**. The services of a **nurse practitioner** in substitution for appropriate and corresponding **physician** services may also be allowed. Such substitution must be approved in advance by **Global Excel**.

Private Duty Nurse

When approved in advance by **Global Excel**, the services of a qualified private **nurse practitioner** (who is not you or your **immediate family member**), when **medically necessary** and while hospitalized or in lieu of hospitalization, if **Global Excel** or the attending **physician** considers one to be necessary.

Diagnostic Services

Laboratory tests and X-rays when ordered by the attending **physician** who is treating you and that are part of the **emergency treatment**. Note: This benefit does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies, unless such services are approved in advance by **Global Excel**.

Medical Appliances

When approved in advance by **Global Excel** and prescribed by the attending **physician**, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair.

Prescriptions

Drugs, including injectable drugs and sera, and medicine that can only be obtained upon medical prescription, that are prescribed by a **physician** and that are supplied by a licensed pharmacist when **medically necessary** for **emergency treatment**. This benefit does not cover such drugs or medicine, when you need (or renew) them to continue to stabilize a condition which you had before your **trip**, or a chronic condition. This benefit is limited to a 30-day supply per prescription unless you are hospitalized.

Ground Ambulance Services

When reasonable and **medically necessary**, licensed ground ambulance services (or local taxi fare in lieu) from the place where the **emergency** occurred, to the nearest **hospital** that is able to provide the necessary **treatment**.

Incidental Expenses

Reimbursement up to \$50 per day to a maximum of \$500, for your incidental **hospital** expenses such as telephone calls, television rental, taxis, **ridesharing services**, parking, or car rentals (from a licensed company in the business of providing rental vehicles), provided you are hospitalized for at least 48 hours for an **emergency** and the expenses are incurred as a direct result of such hospitalization.

Emergency Dental Expenses

Reimbursement of the following dental expenses when ordered by, or received from, a **physician** if you need dental **treatment** to repair or replace your natural or permanently attached artificial teeth because of an accidental blow to your face during your **trip**:

- **emergency** dental expenses you incur during your **trip**, and
- up to a maximum of \$1,000 to continue necessary **treatment** after your return to Canada so long as this **treatment** is received within 90 days of your **injury**.

This insurance also covers the cost of **treatment** performed by a **physician** during your **trip**, for the **emergency** relief of dental pain, to a maximum of \$500 per **insured person**.

Paramedical Services

When approved in advance by **Global Excel**, the services (including X-rays) of a licensed chiropractor, physiotherapist, chiropodist, podiatrist or osteopath, when they are needed and ordered by a **physician** due to an **emergency** during your **trip**, up to a maximum amount of \$250 per **insured person**, per profession listed above and per **emergency**.

Emergency Air Transportation

When approved and arranged in advance by **Global Excel**:

- a) the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route to your **return point** to receive immediate **emergency treatment** and the fees and expenses for a qualified medical attendant to accompany you, when the attendant is **medically necessary** or required by the airline;
- b) the cost of a stretcher fare on a commercial flight via the most cost-effective route to your **return point**, if a stretcher is **medically necessary**;
- c) the cost of a return economy air fare on a commercial flight (if you are not holding a valid, open return air ticket) to return you to your **return point** for immediate **emergency treatment** via the most cost-effective route and the fees and expenses for a qualified medical attendant to accompany you, when the attendant is **medically necessary** or required by the airline; or
- d) the cost of air ambulance transportation to the nearest appropriate **hospital** or to a Canadian **hospital** for immediate **emergency treatment** if it is **medically necessary**.

Return of Deceased

Up to \$10,000 for the cost of preparation and transportation of your body to your **province**, in the event of your death due to an **emergency**. In the case of cremation and/or burial at the place of your death, this benefit is limited to \$5,000.

This benefit includes the cost of a standard transportation or burial container. The cost of the casket or urn is not covered by this benefit.

Meals and Accommodation

The cost of additional expenses for meals and **accommodation** of up to \$250 per day, to a maximum of \$2,500 per **trip**, per **insured person**, incurred after your scheduled **return date**, when your return is delayed due to your or your **travelling companion's** medical **emergency** or when you or your **travelling companion** are relocated to receive medical attention.

Transportation to Bedside

When pre-approved by **Global Excel**, the cost of round-trip economy class transportation departing from Canada by the most cost-effective route, and up to \$250 per day, to a maximum of \$2,500 for meal and **accommodation** expenses, to have your **immediate family member** or friend:

- visit you when you are travelling alone and are hospitalized during your **trip** for more than 3 consecutive days as an **inpatient** due to an **emergency**. However, if you are under the age of 21, or aged 21 and over, mentally or physically disabled and dependent on your bedside companion for support, you are covered under this insurance benefit as soon as you are admitted to a **hospital**;
- be with you if your **spouse** (if travelling with you) and/or your **travelling companion(s)** have been hospitalized as an **inpatient** for at least 3 consecutive days while travelling as a result of an **emergency**; or
- where necessary, identify your remains prior to their release if you are deceased.

In the case of hospitalization, your attending **physician** must provide written certification that the **emergency** was serious enough to warrant the visit. Only the **insured person(s)** would be covered by this insurance. The **immediate family member** or friend may wish to consider purchasing their own travel insurance coverage.

Return of Vehicle

When arranged and/or approved by **Global Excel**, the costs for a commercial agency to return a **vehicle** to your residence or to a commercial rental agency, when you are unable to return the **vehicle** due to a medical **emergency**.

Childcare

When approved in advance by **Global Excel**, one of the following childcare assistance benefits for the **dependent children** or grandchildren (who are under 16 years of age) of the person named on the **Confirmation of Insurance** or the **spouse** of such person, in the event the person named on the **Confirmation of Insurance** or the **spouse** of such person is hospitalized for more than 24 hours while travelling or must return to Canada as the result of an **emergency**:

- One-way economy class transportation via the most cost-effective route to return to their **return point**. Where necessary, arrangements will include up to a maximum amount of \$5,000 for the cost of an escort for the **dependent children** or grandchildren;
- Round-trip economy class transportation via the most cost-effective route, plus up to \$250 per day (to a maximum amount of \$2,500) for the cost of meals and **accommodation**, for an **immediate family member** or friend to be with the **dependent children** or grandchildren in the location where the person named on the **Confirmation of Insurance**, or the **spouse** of such person is hospitalized;
- Up to a maximum amount of \$5,000 for the cost of caregiver services (other than a relative) in the same location where the person named on the **Confirmation of Insurance** or the **spouse** of such person is hospitalized; or
- Up to a maximum amount of \$5,000 for the cost of caregiver services (other than a relative) in the home **province** when the child or grandchild is left unattended due to the **emergency** while travelling.

Note:

- For this benefit, the term "grandchildren" refers to any children or stepchildren of your son, daughter, son-in-law, daughter-in-law, stepson or stepdaughter.
- Only the **insured person(s)** would be covered by this insurance. For b), the **immediate family member** or friend may wish to consider purchasing their own travel insurance coverage.

Return of Spouse or Travelling Companion

When arranged and/or approved by **Global Excel**, the extra cost of one-way economy transportation by the most cost-effective route to return your **spouse** or one **travelling companion** to Canada (if the **spouse** or **travelling companion** does not hold a valid, open return ticket), in the event that you are returned to your **province** under the Emergency Air Transportation benefit or the Return of Deceased benefit (see above Emergency Air Transportation and Return of Deceased benefits for more details).

Return to your Trip Destination

When you are covered under a Per Trip plan and when pre-approved by **Global Excel**, the cost of a one-way economy airfare on a commercial flight via the most cost-effective route to your scheduled **trip** destination after you are returned to your **province** to receive immediate medical attention, provided your attending **physician** determines that you require no further medical attention for your **medical condition**.

- This benefit can only be used once during your **trip**.
- Once you return to your **trip** destination, a recurrence of the initial **medical condition** or related condition will not be covered under this insurance.
- Your coverage will resume once you leave your **province** to continue your **trip**. The days of your temporary return are not transferable, and the premium for such days is not refundable.

Pet Return

When pre-approved by **Global Excel**, the cost of one-way transportation up to a maximum of \$500 to return your domestic dog(s) or cat(s) to your **return point** when your domestic dog(s) or cat(s) are travelling with you and you must return to your **return point** because of your medical **emergency**. Any other charges related to the return of your accompanying cat or dog are your responsibility.

Return of your Excess Baggage

When pre-approved by **Global Excel**, the cost to return your excess baggage left at your **trip** destination up to a maximum of \$500, if you are repatriated to your **return point** because of your medical **emergency**.

SECTION 8—WHAT ASSISTANCE SERVICES ARE AVAILABLE?

If you need assistance before or while travelling, help is one call away. Under this certificate, **Global Excel** provides the following services whenever possible:

Emergency Call Center. No matter where you travel, professional assistance personnel are ready to take your call. You can call the **Global Excel** toll free at 1 844 780.0501 if in Canada or the United States or collect at +819 780.0501 from anywhere else in the world.

Medical Assistance and Consultation. When you have a medical **emergency** and you call **Global Excel** you will be directed to one or more recommended medical service providers near you, where possible. In addition, **Global Excel** will:

- provide confirmation of coverage and pay your eligible medical expenses directly to the recommended medical service provider;
- consult with your attending **physician** to monitor your care; and
- monitor the appropriateness, necessity, and reasonableness of that care to ensure that your resulting eligible expenses will be covered by this insurance.

Payment Assistance and Direct Billing. The payment of the medical services you receive will be coordinated through **Global Excel**, communicated with your medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Government of Canada, assistance services are not available, and you may be required to make payment up-front. If you are required to make payment up-front, you must obtain detailed and itemized original bills for claims submission and call **Global Excel** when you return home.

Claims Information. **Global Excel** will answer questions you have about your claim, **Global Excel's** standard verification procedures and the way that your certificate coverage is administered.

Interpretation Service. **Global Excel** can connect you to a foreign language interpreter when required for **emergency** services in foreign countries.

Emergency Message Centre. In case of a medical **emergency**, **Global Excel** will help exchange important messages with your family, business, or **physician**.

Replacement Coordination. **Global Excel** will help coordinate the replacement of your prescription eyeglasses or essential prescription medication in the event these items need to be replaced during your **trip**. This insurance does not cover the actual cost to replace your prescription eyeglasses or essential prescription medication.

Telemedicine and House Call Services. When such service is available in your area of travel and the circumstances of your **emergency** allow, **Global Excel** may provide you with access to a licensed **physician** over the phone or a personal visit.

SECTION 9—WHAT ARE YOU NOT COVERED FOR?

GENERAL EXCLUSIONS

This insurance does not cover any losses or expenses caused directly or indirectly as a result of:

1. Any **medical condition** (other than a **minor ailment**) that was not **stable*** at any time during the applicable Stability Period prior to your **departure date**.

***Stable** means any **medical condition** (other than a **minor ailment**) for which all the following statements are true:

- a) there has been no new diagnosis, **treatment**, or prescribed medication;
- b) there has been no change in **treatment** or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in **treatment** frequency or type. "Change in medication" does not include: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes, or a change from a brand medication to a generic brand medication (where there is no modification to the dosage);
- c) there have been no new symptoms, more frequent symptom, or more severe symptoms;
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization or referral to a specialist (made or recommended) and no waiting of results of further investigations for that **medical condition**.

2. Any **medical condition** that required the use of home oxygen at any time during the applicable Stability Period outlined in the table below, prior to your **departure date**.
3. Any cancer for which you received chemotherapy **treatment** at any time during the applicable Stability Period outlined in the table below, prior to your **departure date**.
4. Any lung condition that required **treatment** with oral steroids (prednisone or prednisolone) at any time during the applicable Stability Period outlined in the table below, prior to your **departure date**.

STABILITY PERIOD	
EMERGENCY MEDICAL TRAVEL INSURANCE	
Age 59 or under	90 days
Age 60 or over	
• Category A*	90 days
• Category B*	90 days
• Category C*	180 days
• Standard	180 days
*Your coverage Category is determined by your correctly completed Medical Questionnaire, where applicable. See SECTION 4 —WHO IS ELIGIBLE FOR THIS INSURANCE?, B. MEDICAL QUESTIONNAIRE, for details.	

Note: Throughout this certificate, any reference to age refers to your age on your **effective date**.

5. Any **medical condition** if any answer provided in your Medical Questionnaire is incorrect, in which case this certificate is void and the premium paid is refundable at the **Insurer's** option.
6. Any **medical condition** for which, prior to your **departure date**:
 - a) you were awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities; or
 - b) future investigation, consultation with any **physician**, **treatment** or surgery (except routine monitoring) is recommended by a **physician** or planned before your **trip**. This does not include regular check-ups or routine tests where no medical signs or symptoms existed or were found during the check-up.
7. Any **medical condition** for which, before your **departure date**, a **physician** advised you not to travel, or for which you have been diagnosed as having a terminal illness. For this exclusion, terminal illness means a condition that is cause for the physician to estimate that you have less than 6 months to live.
8. Further consultation, continued **treatment**, recurrence or complication of a **medical condition** or related condition, following **emergency services** of that **medical condition** during your **trip**, when it is determined, either in the opinion of **Global Excel** or your **physician**, or by virtue of discharge from a **hospital**, that you were medically able to transfer to another **hospital**, or return to your **return point**, and you chose to decline the transfer or return home.
9. Any **treatment** of an acute **sickness** and/or **injury** after the initial **emergency** has ended (as determined by **Global Excel**).
10. Any **treatment**, services or supplies that:
 - a) are not **emergency services**, including **treatments** that are experimental or investigative in nature, any elective and/or cosmetic surgery or **treatment**; or
 - b) you have elected to receive outside your **province** when medical evidence indicates that you could return to your **province** to receive such **treatment**, services or supplies.

The delay to receive **treatment**, services or supplies in your **province** has no bearing on the application of this exclusion.
11. Hospitalization or services rendered in connection with:
 - a) general health examinations for "checkup" purposes;
 - b) **treatment** of an **ongoing condition**;
 - c) routine care of a chronic condition;
 - d) home health care; or
 - e) investigative testing.
12. Routine pre-natal care.
13. A child born during your **trip**.
14. If you are pregnant, your pregnancy or the birth and delivery of your child, or any complications of either, occurring in the 9 weeks before or after your expected delivery date, as determined by your primary care **physician** in your **province**.
15. Invasive testing or surgery (such as cardiac catheterization, MRI, angioplasty, and/or cardiovascular surgery) including any associated diagnostic test(s) or charges, unless approved by **Global Excel** prior to being performed, except in extreme circumstances where such test or surgery is performed on an **emergency** basis immediately upon admission to a **hospital**.
16. Participation:
 - a) as a professional athlete, in a sporting event including training or practice (Professional means a person who engages in an activity as one's main paid occupation);
 - b) in a motorized race or motorized speed contest; or
 - c) in scuba diving (unless you hold a basic SCUBA designation from a certified school or other licensing body), bungee jumping, parachuting, rock climbing, mountain climbing, hang-gliding, skydiving, or mountain climbing using ropes and/or specialized equipment.
17. Your commission of an illegal or a criminal act or your direct or indirect attempt to commit an illegal or a criminal act.
18. Your intentional self-inflicted injury, suicide or attempted suicide.
19. Any **treatment**, services, supplies, rehabilitation, or ongoing care of a **medical condition** arising from, or in any way related to, your abuse or chronic use of alcohol or drugs or deliberate noncompliance with prescribed medical therapy or **treatment**, whether prior to or during your **trip**.
20. Any **medical condition** you suffer or contract during your **trip**, or any loss you incur, which arises from the abuse of alcohol, drugs or toxic substances.
21. Anxiety, panic attack or a state of mental or emotional stress, unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
22. Your participation in and/or voluntary exposure to any risk from war or any act of war (whether declared or undeclared), invasion, any act of a foreign enemy, declared or undeclared hostilities, civil war, riot, rebellion, revolution, insurrection, a military power, or any service in the armed forces.
23. Any portion of the benefits that require prior authorization and arrangement by **Global Excel** if such benefits were not preauthorized and arranged by **Global Excel**.
24. Your **medical condition**, when you undertake your **trip** for the purpose of securing or with the intent of receiving **treatment**, consultation or investigation for that **medical condition**, or any **medical condition** that arises as a result of such **treatment**, consultation or investigation.
25. Any **medical condition** you suffer or contract, or any loss you incur in a specific country, region or area while a travel advisory of "Avoid non-essential travel" or "Avoid all travel" is in effect for that specific country, region or area and the travel advisory was issued by the Government of Canada before your **departure date**, even if the **trip** is undertaken for essential reasons. This exclusion only applies to **medical conditions** or losses which are related, directly or indirectly, to the reason for which the travel advisory was issued.

If the travel advisory is issued after your **departure date**, your coverage under this insurance in that specific country, region or area will be restricted to a period of 10 days from the date the travel advisory was issued, or to a period that is necessary for you to safely evacuate the country, region or area, after which coverage will be limited to **medical conditions** or losses which are unrelated to the reason for which the travel advisory was issued, while the travel advisory remains in effect.

26. Any **medical condition** for which you incur a claim after your **departure date** and prior to the **effective date** of the **Top Up** or Extension, if the **Top Up** or Extension was purchased after your **departure date**, but prior to your **expiry date**.
27. Any **medical condition** for which you incur a claim after the **expiry date** and prior to the **effective date** of the **Top Up** or Extension, if the **Top Up** or Extension was purchased after your **departure date** and after the **expiry date** of the current certificate as outlined on your **Confirmation of Insurance**, provided the **Top Up** or Extension is approved by the **Insurer**.
28. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies, unless such services are authorized in advance by **Global Excel**.
29. **Treatment** not performed by or under the supervision of a **physician** or a **nurse practitioner** in substitution for appropriate and corresponding **physician** services.
30. Expenses for which no charge would normally be made in the absence of insurance.

SECTION 10—HOW DO YOU SUBMIT A CLAIM?

To submit a claim:

If in Canada or the United States, call toll free at: 1 844 780.0501.
From anywhere else in the world, call collect to: +819 780.0501.

- During your call, you will be given all the information required to file a claim. Following your claim opening, you will be provided instructions on how to access the online claimant portal to submit further documents and review the status of your claim.
- You must file your claim with **Global Excel** within 90 days of your **return date**.
- You will be asked to substantiate your claim by providing all required documents. Failure to do so may result in non-payment of your claim. The **Insurer** is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to you for completion.
- When making a claim, **Global Excel** may require that a Claim & Authorization Form be completed and that supporting documentation such as the following be provided:
 - a. Complete original unused transportation tickets and vouchers.
 - b. All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all relevant dates and type of **treatment**, and the name of the **hospital** and/or **physician**.
 - c. All original prescription drug receipts (not cash receipts) from the pharmacist, **physician** or **hospital** showing the name of the prescribing **physician**, prescription number, name of preparation, date, quantity and total cost.
 - d. Original receipts for any covered expenses for which a claim is made.
 - e. Proof of your **departure date** and **return date**. If travelling both inside and outside Canada during your **trip**, proof of the date(s) you left and returned to Canada is required. While boarding passes are preferred, **Global Excel** will accept airline tickets or other proof of **departure date** and **return date** from/to your **province**, provided it contains your name and the location and date of your purchase.
 - f. Any other additional documents pertinent to your claim, as may be required.

Failure to complete the Claim & Authorization Form, when required, in full may delay the assessment of your claim.

All pertinent documents should be sent to **Global Excel**:

Global Excel Management Inc.

73 Queen Street, Sherbrooke, Quebec J1M 0C9

OTHER CLAIM INFORMATION

During the processing of a claim, **Global Excel** may require you to undergo a medical examination by one or more **physicians** selected by **Global Excel** and at the **Insurer's** expense.

You agree that **Global Excel** and its agents have:

- a) your consent to verify your health card number and other information required to process your claim with the relevant government and other authorities;
- b) your authorization to **physicians**, **hospitals**, medical facilities and/or other medical providers to provide the **Insurer** and **Global Excel**, all the information they have regarding you, while you were under observation or **treatment**, including your medical history, diagnoses and test results; and
- c) your agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of your claim for benefits obtainable from other sources.

After the **Insurer** pays your health care provider or reimburses you for covered expenses, the **Insurer** will seek reimbursement from your **government health insurance plan** and any other medical insurance plan under which you may have coverage. You may not claim or receive in total more than 100% of your total covered expenses or the actual expenses which you incurred, and you must repay the **Insurer** any amount paid or authorized by the **Insurer** on your behalf if and when it is determined that the amount was not payable under the terms of your insurance or if payment was made due to a clerical or administrative error.

SECTION 11—WHAT ELSE DO YOU NEED TO KNOW

OTHER INSURANCE OR RECOVERY

This insurance is a second-payer plan. This means that for any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan or contract, including any private or provincial or territorial auto insurance plan providing **hospital**, medical, or therapeutic coverage, any other insurance in force concurrently herewith, or any amounts recoverable by you under a credit card, a charge card, applicable Canadian consumer protection legislation or any other benefit or reimbursement source, amounts payable hereunder are limited to those covered benefits that are in excess of the amounts for which you are insured or otherwise entitled to recovery under such other legislation, benefit or reimbursement source.

In no case will the **Insurer** seek to recover against employment-related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less. If the employment-related plan provides for a lifetime maximum for all in-country and out-of-country benefits in excess of \$50,000, coordination of benefits will only be done for amounts of the lifetime maximum remaining that are in excess of \$50,000.

TRANSFER OR MEDICAL REPATRIATION

During an **emergency** (whether prior to admission or during a covered hospitalization or after your release from the **hospital**), **Global Excel** on the **Insurer's** behalf, reserves the right to:

- a) transfer you to one of their preferred health care providers; and/or
- b) return you to your **province**; for the medical **treatment** of your **medical condition** where this poses no danger to your life or health.

Global Excel will make every provision for your **medical condition** when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the **hospital**. They will also request that the approved health care provider bill the medical expenses covered under this certificate directly to the **Insurer** instead of to you.

BENEFITS LIMITED TO INCURRED EXPENSES

The total benefits paid to you from all sources cannot exceed the actual expenses which you have incurred. **Global Excel** will coordinate the payment of benefits with all sources from whom you are eligible for benefits similar to those provided under this certificate, to a maximum of the largest amount specified by each insurer or recovery source.

MISREPRESENTATION AND NON-DISCLOSURE

Any information that has been misrepresented or misstated to the **Insurer** by you or that is incomplete may result in this certificate and your insurance coverage being null and void, in which case no benefits will be paid.

SUBROGATION

If you suffer a loss covered under this certificate, the **Insurer** and/or **Global Excel** is granted the right from you to take action to enforce all your rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss, other than members of your household if this certificate is governed by Quebec law.

Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to you, regardless of fault, the **Insurer** is granted the right to make a demand for and recover those benefits. If the **Insurer** institutes an action, the **Insurer** may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action. If you institute a demand or an action for a covered loss, you shall immediately notify the **Insurer** so that it may safeguard its rights.

You shall take no action after a loss that will impair the rights of the **Insurer** set forth in the previous paragraph and shall do such things as are necessary to secure the **Insurer's** rights.

CANADIAN CURRENCY

Any claims paid to you will be payable in Canadian currency. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to you. No sum payable shall bear interest.

AVAILABILITY AND QUALITY OF CARE

The **Insurer**, **Global Excel**, Amex Bank of Canada and their agents are not responsible for the availability, quality or results of medical **treatment** or transportation, or your failure to obtain medical **treatment**.

AUTHORIZATION TO OBTAIN PERTINENT RECORDS OR INFORMATION

As a condition precedent to the payment of benefits, the **Insurer** and/or **Global Excel** shall have the authority to obtain all pertinent records or information from any **physician**, **hospital**, clinic, other insurers, individual or institution to assess the validity of a claim submitted by or on behalf of any **insured person**.

THE CONTRACT

The application, this certificate, any document attached to this certificate when issued, the group insurance policy, and any amendment to the contract agreed on in writing after this certificate is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

WAIVER

The **Insurer** shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the **Insurer**.

COPY OF APPLICATION

The **Insurer** shall, upon request, furnish to the **insured person** or to a claimant under the contract a copy of the application.

MATERIAL FACTS

No statement made by the **insured person**, or a person insured at the time of application for this contract shall be used in defense of a claim under or to avoid the contract, unless it is contained in the application, or any other written statements or answers furnished as evidence of insurability.

COPY OF MASTER POLICY

On reasonable notice you or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation and subject to certain access limitations permitted by applicable legislation).

TRADE AND ECONOMIC SANCTIONS

The **Insurer** shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this certificate if and to the extent that doing so would breach any Prohibition.

For the purposes of this Clause:

1. Prohibition means any prohibition or restriction imposed by law or regulation including but not limited to:

- 1.1. trade and/or economic sanctions laws and/or regulations of Canada, the United Kingdom, or any other jurisdiction or authority relevant to the parties; and
- 1.2. any activities that would be subject to a license requirement under those laws and/or regulations in respect of export control, unless such license has been obtained prior to the activity commencing and the **Insurer** has approved the provision of insurance for the activity.

LIMITATION PERIOD

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 British Columbia, Alberta and Manitoba), the Limitations Act 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

PAYMENT OF BENEFITS

All payments are payable to you or on your behalf. In case of your death, benefits are payable to your estate, unless another beneficiary is designated in writing to **Global Excel** or the **Insurer**.

APPLICABLE LAW

The contract between the **Insurer** and any **insured person** is governed by the law of the **insured person's province**. Any legal proceeding by the **insured person**, their heirs or assigns shall be brought in the courts of the **insured person's province**.

ASSIGNMENT

Emergency Medical Travel Insurance benefits under the certificate may not be assigned to a third party. However, in no event will this affect **Global Excel's** ability to make payment, for the benefit of the **insured person**, directly to the **hospital** as provided for under SECTION 8—WHAT ASSISTANCE SERVICES ARE AVAILABLE?.

RIGHTS OF EXAMINATION

As a condition precedent to recovery of insurance money under this contract:

- a) if you make a claim under this certificate, you must give to the **Insurer** an opportunity to examine you when and so often as it reasonably requires while the claim hereunder is pending, and
- b) in the case of death, the **Insurer** may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
- c) In Saskatchewan, the **Insurer** shall bear the costs of any examination or autopsy and shall provide copies of reports of any examination or autopsy to the **insured person** or the **insured person's** representative.

WHEN MONEY PAYABLE

All money payable under the contract shall be paid by the **Insurer** within 60 days after it has received proof of claim.

STATUTORY CONDITIONS

The Master Policy includes Statutory Conditions that apply to insurance against loss or damage to property in the form prescribed by applicable provincial and territorial insurance legislation.

SECTION 12—IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Your privacy is important to us. To read the commitment we've made to protecting your privacy, and understand how we use, collect and disclose your personal information, please visit our Privacy Promise online at belairdirect.com/en/privacy or request a copy by calling 1 866 941.5094. Our Privacy Promise may be updated from time to time. We encourage you to visit our website periodically to take notice of any changes.

Insurer Contact Information:

Belair Insurance Company Inc.
1 833 964.2757
belairdirect.com

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