

EMERGENCY HEALTH CARE COVERAGE

Maximum coverage period: 3 days

Maximum age: 75

Maximum reimbursement of eligible expenses: \$5,000,000

EXTENSION OF TRAVEL INSURANCE COVERAGE

LEAVING FOR MORE THAN 3 DAYS? Simply extend* your coverage at 1-866-542-8697 or online at www.desjardintravelinsurance.ca!

- If you do not extend your coverage, you will not be insured under this contract. Please note that the departure and arrival dates are considered complete days when calculating the duration of the trip.
- You pay the insurance premium for Emergency Health Care coverage only for the additional days required to cover the entire duration of the trip.
- What's more, when you take Trip Cancellation, Accident or Baggage coverage, you will have no premiums to pay for the first 3 days of your trip.

*A premium to cover administrative expenses must be paid whenever coverage is extended. Certain conditions and restrictions apply.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel as your coverage may be subject to certain limitations, restrictions or exclusions.
- Your policy may not provide coverage for medical conditions and/or symptoms that existed before your trip. Check to see how this applies in your policy and how it relates to your effective date.
- In the event of an *accident*, injury or *illness*, your prior medical history may be reviewed when a claim is made.
- Your policy provides travel assistance. You are required to notify the designated assistance service prior to treatment. Your policy limits benefits should you not contact the assistance service within a specified time period.

PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL

TRAVEL INSURANCE



NO PREMIUMS FOR THE FIRST 3 DAYS OF EACH TRIP

To contact us

Information: 1-866-542-8697

Claims: 1-800-463-1623

www.desjardintravelinsurance.ca



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The Assistance Service is provided by Sigma Assistel.

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ASSISTANCE SERVICE

If an *illness* or *accident* occurs while travelling outside your *province of residence*, you **MUST** contact the Assistance Service for approval **BEFORE** going to a *healthcare facility*.

If you fail to call the Assistance Service in advance or you disregard their instructions, you will have to pay a portion of your expenses. (See also exclusion number 12.) This portion equals 30% of the first \$10,000 of expenses incurred that would otherwise be eligible for reimbursement after any *deductible* has been applied. For example, if the benefit would normally have been \$1,000, only \$700 will be reimbursed if the Assistance Service is not contacted in advance or if you do not follow their instructions.

If you are unable to call, a person accompanying you must contact the Assistance Service on your behalf within **24 hours of the event**.

ASSISTANCE SERVICE TELEPHONE NUMBERS

When calling from	Number
Canada or the United States - Toll free	1-800-465-6390
Any other country (excluding North and South America) - Toll free	Overseas code* of the country you are calling from, followed by 800 29 48 53 99 (accessible from certain countries)
Anywhere in the world - Call collect <i>To speak directly with a Canadian operator who will put through your collect call to the Assistance Service, dial the Canada Direct access code from the country you are in. Codes are available at www.infocanadadirect.com.</i>	514-875-9170

1. INTRODUCTION

1.1 IMPORTANT NOTICE

- 1.1.1 Under this travel insurance policy, you are automatically covered for *trips of 3 days or less only* for expenses incurred to obtain emergency health care and services. (The departure and arrival dates are considered complete days when calculating the duration of the *trip*.) If you are planning to travel for *more than 3 days* and want to take advantage of these 3 days of insurance, you *must* extend with the *Insurer* the **Emergency Health Care** coverage for you and each person you wish to insure for the entire duration of the *trip*.
- 1.1.2 This offer of 3 days of insurance coverage cannot be combined with any other of the *Insurer's* promotional offers.
- 1.1.3 The terms in italics are defined in section 2.6 of the policy.

2. GENERAL INFORMATION

2.1 PURPOSE AND DESCRIPTION

If you are a member of the *participating organization*, you are insured under this travel insurance policy for all your *trips of 3 days or less* taken outside your *province of residence* for expenses incurred to obtain emergency health care and services. Your *spouse* and *dependent children* are also covered, subject to certain conditions, when they accompany you on these *trips*.

2.2 CONTRACT

- 2.2.1 The following documents constitute your contract:
- this policy;
 - your *special conditions*, if you take a *trip* of more than 3 days and extend your coverage;
 - the insurability questionnaire, where required by the *Insurer* if you extend your coverage.
- 2.2.2 Unless otherwise indicated, all amounts specified in the contract apply to each *insured* on a per-*trip* basis.
- 2.2.3 If the member of the *participating organization* is under 18 years of age, the person having parental authority or his tutor must represent him in the exercise of his rights and duties regarding the terms and conditions of this contract.

2.3 DURATION OF COVERAGE

The contract takes effect on December 1, 2011 and replaces all previously issued "No Premiums for the First 3 Days of Each Trip" Travel Insurance contract. The terms and conditions indicated in this policy apply to coverages that commence as of December 1, 2011. This contract applies if the *event* occurs while you are a member of the *participating organization* and the agreement between the *participating organization* and the *Insurer* remains in force.

2.4 ASSIGNMENT

The members assign to the *participating organization* their right to negotiate the insurance contract as well as any amendment made thereto.

2.5 ELIGIBILITY

- 2.5.1 To be eligible for coverage, you must be a member of the *participating organization*. Furthermore, you as well as your *spouse* and *dependent children* must satisfy the following eligibility requirements:
- You must be a *Canadian resident*.
 - Your age, on the date on which coverage takes effect (see section 5.1), must be less than or equal to the maximum age specified in the table of Emergency Health Care coverage.
 - Your *trip* must begin and end in your *Canadian province of residence*.
 - Your *trip* must be taken outside your *province of residence*.
- 2.5.2 Also, to be eligible for Travel Insurance, your *spouse* and *dependent children* must accompany you throughout their *trip*.
- 2.5.3 To be eligible, you as well as your *spouse* and *dependent children* must also be covered under the government health and hospitalization insurance plans of your *province of residence* for the entire duration of the *trip* and of the extended coverage. (It is your responsibility to verify with the appropriate organizations that you do, in fact, have this coverage.)
- 2.5.4 If you extend coverage beyond the 3 days offered, the extended coverage must be purchased for the entire duration of the *trip* not covered hereunder for you and each person you wish to insure. (In this case, you must provide your actual departure date and your scheduled return date.)

2.6 DEFINITIONS

- 2.6.1 **Accident:** A sudden and unforeseen *event* due to an external cause and resulting in bodily injury or death. The injury or death must be confirmed by a *physician* and be directly and solely the result of the *accident*. The *event* must occur while your insurance is in force.
- 2.6.2 **Canadian resident:** A person legally authorized to reside in Canada and who resides there at least 6 months a year.
- 2.6.3 **Commercial vehicle:** Any type of *vehicle* (air, sea or land) used for business purposes, including revenue-producing activities or activities for which expenses may be deducted from business income or as a self-employed worker.
- 2.6.4 **Dependent child:** Any unmarried child of yours or of your *spouse* who is over 15 days old and under age 18, or age 24 or under if the child is a full-time student at an educational institution recognized by the competent authorities.
- 2.6.5 **Event:** An *accident*, *illness* or incident that, under the terms of the contract, normally results in the payment of benefits with respect to the same *trip*. If more than one *accident*, *illness* or incident result from the same cause, they will be considered to be one and the same *event*.
- 2.6.6 **Extension of coverage:** Insurance purchased to complete, in terms of days or the amount of insurance, the coverage provided under this contract.
- 2.6.7 **Family member:** Members of your family include your *spouse*, sons, daughters, father, mother, brothers, sisters, father-in-law, mother-in-law, grandparents, grandchildren, half-brothers, half-sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, uncles, aunts, nephews and nieces.
- 2.6.8 **Healthcare facility:** A facility recognized as such under legislation in effect in the country where it is located.
- 2.6.9 **Illness:** A serious disturbance in the normal state of the organs or functions of the human body which occurs suddenly and unexpectedly and which requires immediate emergency care. An *illness* must be certified by a *physician* to be recognized for the purposes of this insurance.

- 2.6.10 **Insured:** Any member of the *participating organization*, his/her *spouse* and *dependent children*.
- 2.6.11 **Insurer:** The Desjardins Financial Security Life Assurance Company.
- 2.6.12 **Living expenses:** Expenses for room and board, child care expenses for *dependent children* not accompanying you, as well as certain telephone charges and taxi fares.
- 2.6.13 **Loss of use:** The total and permanent
- loss of use of one hand and the wrist, or
 - loss of use of one foot and the ankle, or
 - loss of sight in one eye.
- 2.6.14 **Minor ailment:** Any *illness*, injury or medical condition which does not require:
- prescribed medication for a period greater than 21 days, or
 - more than one follow-up visit to a *physician*, or
 - hospitalization or surgical intervention or referral to a specialist.
- To be considered as a *minor ailment*, the *illness*, injury or medical condition must end at least 30 consecutive days prior to the departure date of each *trip*. However, a chronic condition or any complication related to a chronic condition is not considered as a *minor ailment*.
- 2.6.15 **Nurse:** A person legally authorized to practise the nursing profession in the region where the care is provided.
- 2.6.16 **Participating organization:** Any organization which has signed an assurance agreement with the *Insurer*, which is effective, and in which this Emergency Health Care Travel Insurance is included.
- 2.6.17 **Passenger conveyance:** Any means of transportation (air, sea or land) operated by a carrier licensed by the competent authorities to transport passengers.
- 2.6.18 **Physician:** A person legally authorized to practise medicine in the region where the medical care is provided.
- 2.6.19 **Province of residence:** The Canadian province or territory where you live.
- 2.6.20 **Repatriation:** Return, arranged by the Assistance Service, of any *insureds* to their place of residence.
- 2.6.21 **Special conditions:** The document that the *Insurer* gives to the member of the *participating organization* to confirm the extended coverage and amounts selected in connection with this policy.
- 2.6.22 **Spouse:** The *spouse* of the member of the *participating organization* is the person who:
- is married to or has entered into a civil union with this member; or
 - can prove that
 - he/she has been living conjugally with this member for at least 12 months; or
 - he/she has been living conjugally with this member and that they have had a child together; and that
- he/she and the member of the *participating organization* have not been separated for 3 months or longer due to a breakdown of their relationship.
- The *Insurer* recognizes only one *spouse*. It is not responsible for the validity of the designation of *spouse*.
- 2.6.23 **Travelling companion:** A person with whom you have planned the *trip* and with whom you have made travel arrangements. In the event that several people are travelling together, only three (3) *insureds* can submit claims for an event affecting the same *travelling companion*, regardless of how many Travel Insurance contracts they are covered by.
- 2.6.24 **Trip or Travel:** Any specific period of time of 182 days or less (or a maximum of 365 days subject to the *Insurer's* approval) that *insureds* spend outside their *province of residence*.
- 2.6.25 **Vehicle:** A car, motorcycle, motor home, van or truck with a maximum load capacity of 1,000 kg.

3. DESCRIPTION OF COVERAGE

3.1 IMPORTANT NOTICE

The applicable coverage limitations, restrictions and exclusions are specified in section 4.

3.2 EMERGENCY HEALTH CARE COVERAGE

WARNING: You will pay for a portion of your expenses, if you fail to call the Assistance Service BEFORE going to a healthcare facility or if you disregard their instructions. This portion equals 30% of the first \$10,000 of expenses, which would otherwise be eligible for reimbursement after any deductible has been applied.

- 3.2.1 Under this coverage, you are insured for certain emergency care and services for your *trips of 3 days or less*. If you extend your coverage because your *trip* lasts longer than 3 days, your *special conditions* will confirm that you hold this coverage. You are covered in the following circumstances:
- If you have an *accident* while travelling outside your *province of residence*.
 - If you suddenly and unexpectedly become ill while travelling outside your *province of residence*.
- 3.2.2 Only the expenses that are not reimbursed by a government agency or under any other private insurance plan are covered, provided they do not exceed the reasonable and customary charges usually made for such care or services in the region where they were provided.
- 3.2.3 **CARE AND SERVICES COVERED**
- 3.2.3.1 **Hospital care** – Hospitalization in a semi-private room or, if your state of health requires it, in a private room.
- 3.2.3.2 **Medical care and services** – The services of a *physician*, a surgeon and an anesthetist.
- 3.2.3.3 **Medical care and services prescribed by a physician**
- Laboratory tests and X-rays.
 - Private nursing care provided during hospitalization.
 - Prescription drugs (see exclusion 7 in section 4.3 and limitation 4.1.2.5).
 - The purchase or rental of crutches, canes, splints, or the rental of a wheelchair, a respirator or other medical or orthopaedic appliances. It is understood that the total rental cost of any of these items must not exceed the purchase price of the item.
- 3.2.3.4 **Paramedical care** – The services of a chiropractor (excluding X-rays), a podiatrist and a physiotherapist who are members in good standing of their professional association; up to \$60 per treatment and a maximum of \$300 for each of these services.
- 3.2.3.5 **Dental care** – The treatment of healthy, natural teeth in the event of an emergency due to a direct, accidental blow to the mouth. The maximum reimbursement is \$3,000.

3.2.3.6 **Living expenses** – Reasonable *living expenses* if you must postpone your return because you, a *family member* accompanying you or a *travelling companion* fall ill or sustain a bodily injury, certified by a *physician*. The maximum reimbursement is \$200 per day, and the total may not exceed \$2,000.

3.2.3.7 **Transportation expenses**

- a) Your transportation to the closest location where appropriate medical services are available.
- b) *Repatriation* to your place of residence to receive appropriate medical care (medical consultation or examination, or medical treatment or surgery), as soon as your state of health permits. (See exclusion 12 in section 4.3.)
- c) *Repatriation* to your place of residence if your *travelling companion* or a *family member* is repatriated. Expenses are covered if:
 - this *travelling companion* or *family member* is repatriated to receive appropriate care. This care may include any medical consultation, examination, treatment or surgery;
 - *repatriation* of this person prevents the *insured* from returning to his/her point of departure by the means of transportation originally arranged for the return trip.
- d) Round-trip economy transportation as well as the fees and normal expenses of a qualified medical attendant who is not a *family member*, a friend or a *travelling companion*, provided the attending *physician* confirms the attendant is medically necessary.
- e) Round-trip economy transportation by the most direct route of a *family member* who must leave his/her *province of residence* for identification procedures in the event of death, or who visits you when you are in a *healthcare facility* for at least 7 days. This transportation will be covered only if the necessity is confirmed by the attending *physician* and if you were not already accompanied by a *family member* aged 18 or over. Furthermore, this person will be entitled to receive up to \$500 in *living expenses* and will be insured under this Emergency Health Care coverage for the entire duration of their visit, for a maximum of 72 hours after the visited person is discharged from the *healthcare facility*.
- f) The cost of returning your personal or rented *vehicle* to your original point of departure, if your health, as certified by a *physician*, does not allow you to drive, and no *family member* accompanying you or any *travelling companion* is able to do so. You must have used the *vehicle* to reach your destination, and it must be in sufficiently good mechanical condition to make the return *trip*. The maximum reimbursement under each insurance contract is \$2,000.
- g) In the event of an *insured's* death, *repatriation* of the body or ashes to his/her usual place of residence by the most direct route, or cremation or burial in the country where death occurred. To be eligible, *repatriation* must first be approved and arranged by the Assistance Service. The cost of the coffin or urn is not covered. The maximum reimbursements are as follows:
 - up to **\$12,000** for transportation, and for preparation of the body (including cremation, if applicable);
 - up to **\$6,000** for burial or cremation in the country where death occurred.
- h) The cost of repatriating a cat or dog that is accompanying you on your *trip* back to your home if you have to be repatriated for one of the reasons above, up to \$500.

4. LIMITATIONS, RESTRICTIONS, EXCLUSIONS

4.1 LIMITATIONS

4.1.1 Prior communication with the Assistance Service

4.1.1.1 If an *illness* or *accident* occurs outside your *province of residence*, you MUST contact the Assistance Service for prior approval BEFORE going to a *healthcare facility*. If you fail to call the Assistance Service in advance or to follow their instructions, you will have to pay a portion of your expenses. (See also exclusion number 12.) This portion equals 30% of the first \$10,000 of expenses incurred that would otherwise be eligible for reimbursement after any *deductible* has been applied. For example, if the benefit would normally have been \$1,000, only \$700 will be reimbursed if the Assistance Service is not contacted in advance or if you do not follow their instructions.

If you are unable to do so, a person accompanying you must contact the Assistance Service on your behalf within 24 hours of the event.

4.1.2 Limitations for pre-existing medical conditions or injuries

4.1.2.1 If a person has more than one pre-existing medical condition or injury (other than a *minor ailment*), the following tables apply to each one separately. Exclusions related to pre-existing medical conditions or injuries are applied in addition to the eligibility and risk selection requirements.

AGE 54 OR UNDER - During the 3 months preceding the effective date of coverage

Did the *insured* have a medical condition or injury (other than a *minor ailment*) for which he/she:

- consulted a *physician*?
- was hospitalized?
- took medication?
- received treatment?

or was advised to do so by a *physician* or is waiting for results?

NO	YES
Insured	Did the <i>insured</i> have this medical condition or injury more than 3 months before the effective date of coverage and has it remained STABLE* during the 3 months preceding the effective date of coverage?
YES	NO
Insured	Not insured for this or any other related medical condition or injury.

AGE 55 OR OVER - During the 6 months preceding the effective date of coverage

Did the *insured* have a medical condition or injury (other than a *minor ailment*) for which he/she:

- consulted a *physician*?
- was hospitalized?
- took medication?
- received treatment?

or was advised to do so by a *physician* or is waiting for results?

NO	YES
Insured	Did the <i>insured</i> have this medical condition or injury more than 6 months before the effective date of coverage and has it remained STABLE* during the 6 months preceding the effective date of coverage?
YES	NO
Insured	Not insured for this or any other related medical condition or injury.

* STABLE means there has been no hospitalization or change in treatment or increase in medication dosage. In the case of someone taking Coumadin or medication for diabetes, "stable dosage" is not a factor that is considered. "Stable" is not a factor that applies to *minor ailments*.

- 4.1.2.2 The 3- or 6-month reference period starts on the actual date of your departure.
- 4.1.2.3 When you apply for an *extension of coverage before the trip begins*, the limitations for pre-existing medical conditions or injuries are applicable based on your age and state of health on the actual date of your departure.
- 4.1.2.4 When you apply for an *extension of coverage during the trip*, the limitations for pre-existing medical conditions or injuries are applicable based on your age and state of health on the later of the following dates:
 - a) the date on which the extended coverage begins;
 - b) the date on which you apply for extended coverage.
- 4.1.2.5 Prescription drugs taken when you are not hospitalized are limited to a 30-day supply.

4.2 RESTRICTIONS

- 4.2.1 The *Insurer* is not responsible for the availability or quality of the care or services received.
- 4.2.2 No benefits are payable if the *Insurer* has refunded the premium in whole or in part before a claim is submitted.
- 4.2.3 In the event that several people are travelling together, only three (3) *insureds* can submit claims for an *event* affecting the same *travelling companion*, regardless of how many Travel Insurance contracts they are covered by.

4.3 EXCLUSIONS

The *Insurer* shall not pay any of the sums set out in this contract in the following circumstances:

1.	If the purpose of your <i>trip</i> is to receive medical care or services, even if the <i>trip</i> is taken on the recommendation of a <i>physician</i> .
2.	For optional or non-emergency care, even if it is received as a result of an emergency. Care is considered optional and non-emergency if it can be obtained in your <i>province of residence</i> without endangering your life or health.
3.	For death, <i>loss of use</i> or expenses resulting from pregnancy, miscarriage, childbirth or their complications, if these expenses are incurred within 60 days prior to the normal expected delivery date.
4.	For death, <i>loss of use</i> or any <i>event</i> occurring while using narcotics or abusing drugs or alcohol. Drug abuse means exceeding the dosage recommended by a health specialist. Alcohol abuse means the consumption of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood.
5.	For any expenses resulting directly or indirectly from a self-inflicted injury, suicide or attempted suicide, whether or not you are aware of your actions.
6.	For expenses covered by a government agency or another insurer in accordance with the coordination of benefits provision described.
7.	For expenses incurred for life-sustaining drugs taken on an on-going basis, such as insulin, nitro-glycerine and vitamins.
8.	For expenses related to the <i>healthcare facility</i> services incurred outside your <i>province of residence</i> , when these services are not covered under your province's hospitalization insurance plan.
9.	For death, <i>loss of use</i> or expenses related directly or indirectly to a mental, nervous, psychological or psychiatric disorder, unless these expenses are incurred while confined to a <i>healthcare facility</i> for at least 24 hours.
10.	For death, <i>loss of use</i> or any <i>event</i> occurring after departure in a region or a country that the Canadian government advised Canadians against visiting before the <i>trip</i> begins. This exclusion applies unless the <i>insured</i> or the <i>insured's</i> beneficiary demonstrates that the particular situation existing in the country visited has not contributed in some way to said death, <i>loss of use</i> or <i>event</i> .
11.	For death, <i>loss of use</i> or any <i>event</i> occurring while the <i>insured</i> participated in a riot or in a criminal offence.
12.	If you refuse the treatment prescribed by the attending <i>physician</i> or the Assistance Service, or if you refuse to follow the Assistance Service's instructions to: <ul style="list-style-type: none"> • change <i>healthcare facility</i>; • undergo diagnostic examination; • return to your <i>province of residence</i>; the insurance will be terminated.

13.	If an <i>accident</i> occurs while you are: <ul style="list-style-type: none"> gliding, hang-gliding, mountain climbing, climbing, parachuting, bungee jumping, or rodeo; training for or taking part in a motor vehicle competition. Note that "motor vehicle" means not only the <i>vehicles</i> defined in this policy but also includes all means of transportation that use one or more engines. participating in sports or underwater activities as a professional (person who engages for gain in an activity as your main gainful occupation) or scuba diving as an amateur, unless you hold a basic scuba diving licence from a certified school.
14.	For any treatment or diagnosis of an <i>illness</i> or affliction related directly or indirectly to the human immunodeficiency virus (HIV).
15.	For care, treatment or surgery received for cosmetic purposes and any related complications.
16.	For expenses incurred for the treatment of a pre-existing medical condition or injury for which you are not insured based on the limitations for pre-existing medical conditions or injuries.
17.	If the <i>insured</i> was the driver, the pilot, a crew member or a non-paying passenger travelling in a <i>commercial vehicle</i> . This exclusion will not apply if the aforementioned vehicle was used solely as a means of private transportation during the vacation and if the vehicle was a car or van (or truck) with a maximum load capacity of 1000 kg; a road vehicle in which you are not travelling as a driver.
18.	If you travel aboard an aircraft free of charge. The term "aircraft" means in this case any craft capable of flight.
19.	For expenses or compensation already paid under another coverage of this contract.
20.	If a <i>physician</i> had advised you not to travel.

5. GENERAL PROVISIONS

5.1 EFFECTIVE DATE OF INSURANCE

The insurance takes effect on the later of the following dates:

- the actual departure date, i.e. the day on which you leave your *province of residence*;
- the beginning date specified in your *special conditions*, if you extended coverage.

5.2 TERMINATION OF INSURANCE

Your insurance terminates on the earliest of the following dates:

- the actual date you return to your *province of residence*, whether you return of your own volition or as a result of a *repatriation* arranged by the Assistance Service;
- the end date specified in your *special conditions*, if you extended coverage.

5.3 EXTENSION OF COVERAGE

5.3.1 If you want to take a *trip* of more than 3 days outside your *province of residence*, you must apply for an extension of your travel insurance.

5.3.2 To receive coverage for the first 3 days of a *trip* that exceeds 3 days, the extension must cover the entire duration of the *trip* from the 4th day on.

5.3.3 To apply for an extension, you must satisfy the eligibility requirements specified in section 2.5 ELIGIBILITY of this policy. In addition, you must:

- provide all required information to the *Insurer* so that it can issue the *special conditions* confirming your extended coverage;
- complete the insurability questionnaire if required by the *Insurer*;
- pay the premium for the extension before departure or on the day you apply for an extension if you apply during the *trip*.

5.3.4 You must apply for extended coverage before departure or on the date of termination of coverage.

5.3.5 However, the *Insurer* may approve your application for *extension of coverage* 24 hours after your coverage terminates, if you can prove that you were unable to apply earlier. No extensions will be granted after this period of time.

5.3.6 Automatic extension

5.3.6.1 Your insurance will be automatically extended, free of charge:

- If your return is postponed because the *passenger conveyance* in which you are travelling as a paying passenger was delayed, or if you are delayed due to a traffic accident or a mechanical failure of the *vehicle* in which you are travelling. The maximum extension is 72 hours.
- If you are hospitalized and your insurance terminates during your hospitalization; the maximum extension is 72 hours after your discharge from the *healthcare facility*.
- If you receive a *living expense* allowance and have to postpone your return due to an *illness* or *accident* covered under your insurance. The maximum extension is 72 hours once the *living expense* allowance payment period has elapsed or, if applicable, 72 hours after your discharge from the *healthcare facility*, whichever occurs last.

5.4 MODIFICATION OR CANCELLATION OF THE CONTRACT

5.4.1 The *Insurer* can modify this Travel Insurance policy provided the *participating organization* is notified in writing at least 90 days in advance.

5.4.2 The *Insurer* can terminate the contract immediately in the following cases:

- If you make a false statement, fraudulent or otherwise.
- If you omit or refuse to disclose information pertaining to any of the *insureds* under your insurance contract.
- If you refuse the *Insurer* the right to use information it deems essential concerning facts and circumstances you were aware of, and which are related to the risk or loss.

d) If you refuse the treatment prescribed by the attending *physician* or the Assistance Service, or if you refuse to follow the Assistance Service's instructions to:

- change *healthcare facility*;
- undergo diagnostic examination;
- return to your *province of residence*.

5.4.3 The *Insurer* can also terminate the contract if the member of the *participating organization* is notified in writing in advance. The contract then terminates 30 days following the receipt of such a notice. However, the coverage will remain in effect for the *insureds* already travelling outside their *province of residence* at the time the notice was sent until their return.

5.5 CLAIMS

5.5.1 The *Insurer* will provide the necessary claim forms.

5.5.2 You must also provide to the *Insurer* the original invoice for care received. This invoice must include:

- the date on which the care was given;
- the name of the *insured* who received the care;
- the diagnosis;
- the description of the care dispensed;
- signature of the attending *physician*;
- the cost of the care received.

5.5.3 You must provide all the documents required by the *Insurer*, even if they are not indicated on the claim.

5.5.4 In all cases, you must send your claim to the *Insurer* within 90 days of the loss. Proof and other information must be sent to the *Insurer* within 90 days of filing your claim.

5.5.5 No benefits will be paid until you or any other person who is entitled to receive benefits authorizes the collection and disclosure of personal information.

5.5.6 When you submit a claim, the *Insurer* reserves the right to have you examined by a *physician* of its choice.

5.6 BENEFIT PAYMENT METHODS

5.6.1 Payment of benefits or the reimbursement of expenses incurred by an *insured* will be made by direct deposit or by cheque payable to the member of the *participating organization*.

5.6.2 Unless otherwise indicated, all amounts specified in the insurance contract are expressed in Canadian dollars. All payments set out in this contract will be made in Canadian currency at the prevailing exchange rate on the date of the payment by the *Insurer*.

5.7 COORDINATION OF BENEFITS

5.7.1 The *Insurer* takes into account any benefits and reimbursements that can be obtained from other organizations (private or public), so that the amounts paid to the member of the *participating organization* do not exceed the expenses actually incurred.

5.7.2 The benefits and reimbursements that can be obtained from another organization include those that would have been paid by this organization if a proper claim had been submitted to it.

5.7.3 The order of reimbursement or payment of benefits is established as follows:

- An organization that does not have a coordination of benefits provision becomes the first payer of your benefits.
- Otherwise, your benefits or reimbursements will be divided proportionally between the organizations, based on the amounts that should have been paid by each of them.

5.7.4 As well, if you do not contact the Assistance Service within the required time or if you do not follow their instructions, you will have to pay 30% of the first \$10,000 of eligible expenses incurred after any *deductible* has been applied.

5.8 RIGHT OF SUBROGATION

You agree that, on your behalf and at its own expense, the *Insurer* shall automatically acquire the right to prosecute the perpetrator (individual or legal entity) of the damage, up to the amount of benefits it paid out.

5.9 DIVIDENDS


Under this contract, dividends are payable on the profits earned by the *Insurer* on all similar contracts issued. Dividends shall be apportioned and calculated in the manner the *Insurer* sees fit.

PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from the Company's various financial services (insurance, annuities, credit, etc.). This information is consulted solely by DFS employees who need to do so in the course of their work. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Financial Security Life Assurance Company, 200, rue des Commandeurs, Lévis (Québec) G6V 6R2.

DFS may send information on its promotions or offer new products to those whose names appear on its client list. DFS may also give its client list to another component of the Desjardins Group for the same purposes. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

DFS uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, it is possible that some of your personal information may be transferred to another country and be subject to the laws of that country. For information about DFS's policies and practices in terms of transferring personal information outside of Canada, visit the DFS website at www.dsf-dfs.com, or write to the DFS Privacy Officer at the address indicated above. The Privacy Officer can also answer any questions you may have about the transfer of personal information to service providers located outside of Canada.


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