

Collabria Cash Back World Elite and Cash Back Infinite credit cards

Travel Insurance

General Conditions of your Contract

For your records

Insurance coverage underwritten by
Desjardins Financial Security Life Assurance Company.

Collabria

The Collabria cards are issued by
Collabria Financial Services Inc. pursuant to a license.

C33030 (03/23)

The life and health insurance coverage is underwritten by:

Desjardins Financial Security Life Assurance Company

200, rue des Commandeurs
Lévis (Québec) G6V 6R2

- Telephone: 1-800-463-1623
- Fax: 1-866-301-7131
- www.desjardinstravelinsurance.ca

In some provinces, the property insurance coverage is underwritten by:

The Personal Insurance Company

6300, boulevard Guillaume-Couture
Lévis (Québec) G6V 6P9

- Telephone: 1-800-463-6416
- Fax: 418-838-2216
- www.desjardins.com

Customer service is provided by Desjardins Financial Security Life Assurance Company.

The Assistance Service is provided by Sigma Assistel.

Words in *italics* are defined in the "Definitions" section on pages 32 to 35.

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 contract before you travel as your coverage may be subject to certain limitations, restrictions or exclusions.

Your Travel Insurance contract may not provide coverage for medical conditions and/or symptoms that existed before your *trip*. Check to see how this applies in these general conditions and how it relates to your departure date, date of purchase of *extended coverage* or effective date.

In the event of an *accident*, injury or illness, your prior medical history may be reviewed when a claim is made.

Your Travel Insurance contract provides travel assistance. You are required to notify the designated Assistance Service prior to treatment. Your contract limits benefits should you not contact the Assistance Service within a specified time period.

Please read your travel insurance contract carefully before you travel

Table of contents

Table of coverage	4
Extension of coverage	4
To contact the Insurer	5
Prior communication with the Assistance Service	5
To contact the Assistance Service	5
1. Coverage description	6
Contract	6
Who is eligible?	7
2. What coverages are offered?	8
1. Emergency Health Care coverage	8
2. Baggage coverage	11
Limitations, restrictions and exclusions	13
Limitations	13
Restrictions	17
Exclusions	18
For how long is the contract in force?	22
Effective date of insurance	22
Termination of insurance	23
3. Extended coverage	24
How can you apply for extended coverage?	24
Will you have to answer any health questions?	24
Automatic extended coverage	25

4. Useful information about your contract..... 26
How is the cost of my extended coverage calculated?.....26
What you need to know about premiums26
Can the Insurer modify the contract?26
Can the Insurer cancel the contract?26
Free-look period27

5. Cancellation of the contract..... 28
Full refund28
Partial refund.....28
Exclusions that apply to the reimbursement28

6. Claims 29
a) Submitting a claim29
b) Insurer’s reply.....30
c) Appealing the Insurer’s decision and recourse...30
Benefit payment methods31
Multiple insurance coverage31
Coordination of benefits.....31
Delegation.....32
Right of subrogation32

7. Definitions 32

8. Personal information management..... 36

9. Assistance Service 38

Table of coverage

EMERGENCY HEALTH CARE COVERAGE

Maximum age: 64

Maximum number of days of coverage:

- age 64 or under 15 days
- age 65 or over 0 days
(*Extended coverage* required)

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

BAGGAGE COVERAGE

Maximum age: 64

Maximum number of days of coverage:

- age 64 or under 15 days
- age 65 or over 0 days
(*Extended coverage* required)

Maximum amount of insurance:

- Theft or damage to baggage: \$500
- Late delivery of baggage: \$500

Note: All the amounts of insurance apply per trip per insured unless otherwise indicated.

Extension of coverage

Important: For Emergency Health Care, you are insured only for trips whose duration is equal to or less than the number of days indicated in the table of coverage. For trips that exceed the number of days indicated, you must obtain extended coverage from Desjardins Financial Security Life Assurance Company. If you fail to obtain extended coverage for Emergency Health Care, you will not be covered under this coverage during your trip.

Note: The extended coverage must cover the entire duration of your trip, but you will pay only for the days of coverage not included under this insurance. Please note that the departure and arrival dates are considered complete days when calculating the duration of the trip.

To contact the Insurer

- Requests for information
- Claims
- Extended coverage

Canada or United States (Toll free)	1-800-463-1623
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Anywhere in the world (Call collect)	418-647-5299
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Prior communication with the Assistance Service

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 if 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. 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 *illness* or *accident*.

To contact the Assistance Service

Canada or United States (Toll free)	1-844-234-6255
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Anywhere in the world (Call collect)	514-875-4126
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1. Coverage description

Travel Insurance covers only losses that occur as a result of sudden and unforeseeable *events*. The duration of the coverage and the amounts of insurance that apply to your contract are indicated in the table of coverage or in the document "Your insurance choices", if you have obtained *extended coverage*.

This Travel Insurance is an individual insurance offered to *cardholders*. As a *cardholder*, you are automatically covered for all the trips you take outside your *province of residence*. Subject to certain terms and conditions, this insurance also covers your *spouse* and your *dependent children* if they accompany you throughout their *trip*.

Your Travel Insurance plan also gives you access to the Assistance Service during your *trip*.

We encourage you to read these general conditions of your contract carefully, and draw your attention, in particular, to the "**Limitations for Pre-Existing Medical Conditions or Injuries**" on pages 13 to 17. Also examine the **Limitations, Restrictions and Exclusions**, indicated on pages 13 to 22. In addition, refer to pages 29 to 32 for an explanation of the procedure for submitting **claims**. Do not hesitate to contact your *Insurer* to check the scope of coverage for which you are eligible. You may also need to speak with your *physician* to obtain information regarding your health or your medical record.

Contract

Your insurance contract includes the following documents:

- these general conditions;
- any rider or appendix related to contract changes or updates;
- the document "Your insurance choices", if you obtain *extended coverage* under your insurance;
- the insurability questionnaire, where required when you obtain *extended coverage* under your insurance.

Who is eligible?

To be eligible for the coverage offered under this Travel Insurance, you, your *spouse* and *dependent child*, must satisfy the following conditions:

- a) You must be a *Canadian resident* and be at least 15 days old;
- b) Your *age*, on the date of departure, must be lower than or equal to the maximum *age* indicated in the table of coverage;
- c) Your *credit card* must have been activated prior to departure;
- d) Your privileges as a *cardholder* must not have been suspended;
- e) Your *credit card* must not be in arrears for more than 90 days;
- f) Your *trip* must begin and end in Canada, in your *province of residence*;
- g) Your *trip* must be taken outside your *province of residence*;
- h) You must apply for *extended coverage* from the *Insurer for Emergency Health Care* if the duration of your *trip* exceeds that indicated in the table of coverage.

Also, to be eligible for Travel Insurance, the *spouse* and *dependent children* of the *cardholder* must accompany the *cardholder* throughout their *trip*.

For the Emergency Health Care coverage, the following condition must also be met in order for your insurance to be valid:

- You, your *spouse* and your *dependent children*, must be covered under the government health and hospitalization insurance plans of your *province of residence* for the entire duration of the *trip*. It is your responsibility to check with the appropriate organizations that you do, in fact, have this coverage.

2. What coverages are offered?

1. Emergency Health Care coverage

Emergency Health Care covers the expenses incurred to obtain certain emergency medical services during your *trip*. You are insured under this coverage **only** for your *trips* that do not exceed the maximum number of days indicated in the table of coverage. If your *trip* exceeds the number of days indicated and you want the days of coverage offered under this insurance, you **must** obtain *extended coverage* from the *Insurer* for the entire duration of your *trip*. Otherwise, you will **not be covered** under **Emergency Health Care**.

Expenses are covered up to \$5,000,000 in the following cases:

- a) if you have an *accident* during your stay outside your *province of residence*;
- b) if you suddenly and unexpectedly contract an *illness* during your stay outside your *province of residence*.

Only the expenses that are not reimbursed by a government agency or any other private insurance plan are covered. However, these amounts should not exceed the reasonable and customary charges usually made for such care or services in the region where they were provided.

Care and services covered

Hospital services

Hospital room and board charges for semi-private accommodation (two-bed room) or, if your state of health requires it, private accommodation (one-bed room).

Medical care and services

The services of a *physician*, a surgeon, an anaesthetist or a nurse practitioner.

Medical care and services prescribed by a *physician*

- a) Laboratory tests and X-rays.
- b) Private duty services provided by a *nurse* while confined to *healthcare facility*.

- c) Prescription drugs (see exclusion 7 and the limitation regarding **Emergency Health Care** coverage).
- d) 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.

Paramedical services

The services of a chiropractor (excluding X-rays), a podiatrist and a physiotherapist who are members in good standing of their professional association. These expenses are covered up to \$60 per treatment, for a maximum of \$300 for all these services combined.

Dental services

Emergency treatment for the repair of damage resulting directly from an accidental blow to the mouth to natural healthy teeth. The maximum reimbursement is \$3,000.

Living expenses

Reasonable *living expenses* if you must delay your return because you, a *family member* accompanying you or a *travelling companion* falls ill or is injured. The *illness* or injury must be certified by a *physician*. The maximum reimbursement for *living expenses* is \$200 per day, for a total of \$2,000.

Transportation expenses

- a) Transportation to a facility where appropriate medical treatments are available.

To be eligible, the following expenses must first be approved and arranged by the Assistance Service:

- b) *Repatriation* to your place of residence to receive appropriate medical care as soon as your state of health permits. This care may include any medical consultation, examination, treatment or surgery. (Refer to exclusion 12 in this regard.)

- 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 the point of departure by the means of transportation originally arranged for the return trip.
- d) Round-trip economy transportation, as well as the usual fees and expenses of a qualified medical attendant. However, this person cannot be a *family member*, a friend or a *travelling companion*. This transportation will be covered only if the necessity is confirmed by the attending *physician*.
- e) Transportation of a *family member* who must leave their *province of residence* to:
- come and identify your body in the event of your death; or
 - visit you when you are staying at a *healthcare facility* during your *trip* for more than 7 days.

The insurance covers the cost of round-trip economy transportation by the most direct route, provided that:

- necessity for such transportation is confirmed by the attending *physician*;
- you are not already accompanied by a *family member* aged 18 or over.

The *family member* will also be entitled to receive up to \$500 for *living expenses* and will be insured under this **Emergency Health Care coverage** for the duration of the visit, up to 72 hours after you are discharged from *healthcare facility*.

- f) The cost of returning your personal or rented *vehicle*, provided that:
- a *physician* certifies that your health does not allow you to drive; and
 - no *family member* accompanying you or any *travelling companion* is able to do so;
 - this *vehicle* was used to reach your destination;

- the *vehicle* is in good mechanical condition to make the return trip.

The following expenses are eligible for the return of your *vehicle*: the cost of a professional *vehicle* transport agency or reasonable expenses incurred by an individual for gas, meals, lodging, and a one-way economy-class ticket. The maximum reimbursement under each insurance contract is \$2,000.

- g) In the event of an *insured's* death, the following expenses are covered:
- *repatriation* of the body or ashes to the *insured's* usual place of residence by the most direct route;
 - Maximum reimbursement: **\$12,000** for transportation, and for preparation of the body (including cremation, if applicable);
 - cremation or burial in the country where death occurred;
 - Maximum reimbursement: **\$6,000**.

The cost of the coffin or urn is not covered.

- 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.

2. **Baggage coverage**

You are only insured under **Baggage coverage** for the number of days indicated in the table of coverage. If the duration of your *trip* exceeds this number of days and you want to be covered under this insurance for the entire duration of your *trip*, you must obtain *extended coverage* from the *Insurer*.

This coverage provides for compensation in the following cases:

- a) your baggage or personal effects are damaged or lost by the *common carrier* or are stolen;
- b) return of your baggage or personal effects is delayed for more than 6 hours because they were not routed as planned. This baggage must, however, have been checked with a *common carrier*.

The compensation provided under this coverage cannot exceed the amount of insurance indicated in the table of coverage.

In case of theft or damage, compensation cannot exceed the following amounts:

- a) \$500 per item;
- b) \$500 for each of the following groups of items:
 - jewellery, watches, or articles made of silver, gold or platinum;
 - cameras, photo equipment, and related accessories;
 - cell phones and related accessories;
 - laptop computers, tablets and related accessories;
 - video or audio recorders and related accessories.

In case of theft, compensation cannot exceed \$250 for all the following expenses combined: replacement of a passport, driver's licence, birth certificate or visa.

In case of delay in recovering your personal effects, the maximum amount reimbursed for toiletries and essential clothing is \$500. This amount is reimbursed only if the *insured* purchases the essential items before the baggage is recovered and before returning to the point of departure in their *province of residence*. Furthermore, the compensation paid for delayed baggage will be deducted from the total amount of insurance if a loss is subsequently ascertained.

The *Insurer* reserves the right to elect to repair or replace damaged or stolen property by items similar in nature and quality. Furthermore, the *Insurer* is liable only for the actual value of the property at the time the covered loss or damage occurred.

Important

Limitations, restrictions and exclusions

Limitations

Prior communication with the Assistance Service

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.

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

Limitations for pre-existing medical conditions or injuries

To find out whether the limitations for pre-existing medical conditions or injuries apply to you, answer the questions in the table that corresponds to your *age* (below).¹

Consequently, these limitations exclude from coverage any pre-existing medical conditions or injuries that were not stable* during the period indicated in the table, even if:

- a) the *Insurer* agreed to insure you; and
- b) the medical condition or injury was reported to the *Insurer* in the insurability questionnaire.²

Notes:

- ¹ If you have more than one pre-existing medical condition or injury (other than a *minor ailment*), the questions must be answered for each one individually.
- ² The *Insurer* will use the answers from the insurability questionnaire to decide whether you can be insured and at what price, based on the risk you represent. However, you are not covered for any medical conditions and injuries that are not stable* during the period indicated.

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 they:

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

Or were advised to do so by a *physician* or are 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 did it remain 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, even if it was reported in the insurability questionnaire.	

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 they:

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

Or were advised to do so by a *physician* or are 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 did it remain 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, even if it was reported in the insurability questionnaire.

* "Stable" means that the *insured* was not hospitalized and the treatment and dosage of medication was not changed (other than decreased). In the case of someone taking Coumadin or medication for diabetes, "stable dosage" is not a factor that is considered. The concept of stability does not apply to *minor ailments*.

The 3- or 6-month reference period specified in the above tables starts on the actual date of your departure.

When you apply for *extended coverage* **prior to starting a trip**, the Limitations for Pre-existing Medical Conditions or Injuries apply based on your *age* and your health on the actual date of your departure.

If you obtain *extended 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 for the **Emergency Health Care coverage**:

- a) the date the *extended coverage* starts;
- b) the date you apply for *extended coverage*;

Limitation related to Emergency Health Care coverage

Drugs prescribed during a *trip* are limited to a 30-day supply, unless you are hospitalized.

Restrictions

The *Insurer* is not responsible for the availability or quality of the care or services received.

No benefits are payable if the *Insurer* has refunded the premium in whole or in part before a claim is submitted.

Exclusions

The *Insurer* does not pay the amounts set out in the contract in the following circumstances: (An «X» indicates the coverage to which each exclusion applies.)

A- Baggage

B- Emergency Health Care

A	B
x	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> .
x	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.
x	3. For death 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.
x	4. For death 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.
x	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.
x	6. For expenses covered by a government agency or another insurer in accordance with the coordination of benefits provision described.

A- Baggage	
B- Emergency Health Care	
A	B
x	7. For expenses incurred for life-sustaining drugs taken on an on-going basis, such as insulin, nitro-glycerine and vitamins.
x	8. For expenses related to hospital services incurred outside your <i>province of residence</i> , when these services are not covered under your province's hospitalization insurance plan.
x	9. For death 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.
x	x 10. For death 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 or <i>event</i> .
x	x 11. For death or any <i>event</i> occurring while the <i>insured</i> participated in a riot or in a criminal offence.
x	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.

A- Baggage	
B- Emergency Health Care	
A	B
x	<p>13. An <i>accident</i> that occurs while the <i>insured</i> is participating in:</p> <ul style="list-style-type: none"> • an activity for pay; • a sporting event for which the winners are awarded money; • any type of motor vehicle competition, including training, or any race; • amateur scuba diving, unless the <i>insured</i> holds a basic scuba diving licence from a certified school; or • any non-standard sport or activity with a high level of stress and risk involved such as, but not limited to: gliding, hang gliding or paragliding, climbing or mountaineering, parachuting, sky diving or bungee jumping, or any other similar activity. <p>The exclusion for races does not apply to non-contact amateur athletics that the <i>insured</i> is practising for leisure or fitness purposes.</p>
x	<p>14. For any treatment or diagnosis of an <i>illness</i> or ailment related directly or indirectly to the human immunodeficiency virus (HIV).</p>
x	<p>15. For care, treatment or surgery received for cosmetic purposes and any related complications.</p>

A- Baggage	
B- Emergency Health Care	
A	B
x	16. For the theft of animals, the damage or theft of bicycles (except as checked baggage on a <i>common carrier</i>), trailers, boats, motors, aircraft (the term "aircraft" means in this case any craft capable of flight) or other means of transportation or their accessories, furniture and other furnishings, dentures, hearing aids, artificial limbs, contact lenses, eyeglasses (prescription or sunglasses) or their accessories, money, tickets, bonds, securities and documents, perishable items, professional supplies or property used for an occupation, antiques and collectors' items, or illegally acquired, held, stored or transported property.
x	17. For damage caused by normal wear and tear, voluntary damage, gradual deterioration, insects, vermin, a manufacturing defect, or damage caused by repairs or treatments to an object, or the breaking of fragile or brittle objects.
x	18. For theft resulting from your own oversight or carelessness.
x	19. For damage or theft of an item insured under a contract issued by another insurer in accordance with the coordination of benefits provision, or for which you can request compensation from the <i>common carrier</i> .
x	20. For damage caused by radiation or radioactive contamination.
x	21. 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.

A- Baggage	
B- Emergency Health Care	
A	B
x	22. 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 1,000 kg; a road vehicle in which you are not travelling as a driver.
x	23. For an <i>event</i> that occurs while you are travelling aboard an aircraft free of charge. The term "aircraft" means in this case any craft capable of flight.
x	24. For expenses or compensation already paid under another coverage of this contract.
x	25. If a <i>physician</i> had advised you not to travel.

For how long is the contract in force?

The maximum number of days of insurance of each of the Travel Insurance coverages is indicated in the table of coverage. However, for **Emergency Health Care**, you are insured only for *trips* whose duration is equal to or less than the number of days indicated in the table of coverage. For *trips* that exceed the number of days indicated, you must obtain *extended coverage* from the *Insurer*. The *extended coverage* must cover the entire duration of your *trip*, but you will pay only for the days of coverage not included under this insurance. If you fail to obtain *extended coverage* for **Emergency Health Care**, you will not be covered under this coverage.

Effective date of insurance

The effective date of insurance varies from coverage to coverage, in accordance with the provisions described below.

The **Emergency Health Care** coverage takes effect on the later of the following dates:

- a) the actual departure date, that is the day on which you leave your *province of residence*;
- b) the beginning date indicated in the document "Your insurance choices", if you have obtained *extended coverage*.

The **Baggage** coverage starts on the departure date, i.e. the day on which you leave your residence.

Termination of insurance

The termination of insurance varies from coverage to coverage, in accordance with the provisions described below.

The **Emergency Health Care** coverage terminates on the earlier of the following dates:

- a) the actual date you return to your *province of residence*, whether you return on your own volition or as a result of a *repatriation* arranged by the Assistance Service;
- b) after the maximum number of days of insurance indicated in the table of coverage;
- c) the end date indicated in the document "Your insurance choices", if you have obtained *extended coverage*.

The **Baggage** coverage terminates on the earliest of the following dates:

- a) at midnight on the actual date of your return to your *province of residence*;
- b) after the maximum number of days of insurance indicated in the table of coverage;
- c) the end date indicated in the document "Your insurance choices", if you have obtained *extended coverage*.

3. Extended coverage

How can you apply for extended coverage?

The application can be made over the telephone by dialing **1-800-463-1623**.

When applying, you must provide the *Insurer* with:

- a) answers to any questions they may ask regarding your eligibility;
- b) any other information requested in order to issue the insurance contract.

You must pay the required premium when you make the application.

Will you have to answer any health questions?

People belonging to certain age groups who apply for *extended coverage* must answer an insurability questionnaire. The *Insurer* will advise these people in advance accordingly. They may be denied coverage if the *Insurer* considers their health risk to be unacceptable. They may also simply not be covered for certain health problems that the *Insurer* has refused to cover.

Please read the **Limitations for Pre-existing Medical Conditions or Injuries** and the **Limitations, Restrictions and Exclusions** sections of these general conditions. You will thereby find out whether *extended coverage* may be limited due to your health.

If you have any questions, talk to your *physician* or contact the *Insurer*, to be sure you have correctly answered the questions asked in the **Limitations for Pre-Existing Medical Conditions or Injuries section and to find out whether your state of health could represent an unacceptable risk for the *Insurer*.**

To obtain *extended coverage* under the **Emergency Health Care** or **Baggage** coverage:

- a) Your application for *extended coverage* and the payment of the premium must be received by the *Insurer* prior to the date your insurance terminates.
- b) The *extended coverage* must be taken out to cover the entire remainder of your *trip*.

- c) The *Insurer* may, however, accept your application for *extended coverage* at the latest 24 hours following the termination date of your insurance, if you can show that you were unable to submit it sooner. After this period, no applications for *extended coverage* will be accepted.
- d) Additional condition for the **Emergency Health Care** coverage: You must be covered under a government health and hospitalization insurance plan for the entire duration of the *trip* and the *extended coverage*.

Automatic extended coverage

You are automatically entitled to *extended coverage* of your insurance free of charge:

- a) If your return is delayed because the *common carrier* in which you are travelling as a paying passenger was delayed. The maximum *extended coverage* is 72 hours.
- b) If you are delayed because of a traffic accident or a mechanical breakdown of a *vehicle* aboard which you are travelling. The maximum *extended coverage* is 72 hours.
- c) If you are hospitalized and your insurance terminates while you are confined to a *healthcare facility*, the maximum *extended coverage* is 72 hours after you are discharged from *healthcare facility*.
- d) If you receive a *living expense* allowance and have to delay your return because of an *illness* or *accident* covered under your insurance. The *extended coverage* is limited to 72 hours after the last of the following periods have elapsed:
- the *living expense* allowance payment period; or
 - the hospitalization period.
- e) If you have checked your insured property with a *common carrier* and delivery is delayed, your **Baggage** coverage continues until the *common carrier* returns your property to you.

4. Useful information about your contract

How is the cost of my extended coverage calculated?

The premium is calculated based on the following:

- a) your *age* on the effective date of the coverages;
- b) the coverages selected;
- c) the additional number of days taken out to cover the entire duration of the *trip*;
- d) your health, if you belong to certain age groups.

The premium also includes any applicable taxes.

What you need to know about premiums

When you apply for *extended coverage*, you authorize the *Insurer* to deduct the premium required to bring the coverage into force. The premium is withdrawn from a chequing account or charged to a credit card, and is payable in a lump sum.

Can the Insurer modify the contract?

The *Insurer* can modify this Travel Insurance contract provided the *issuer* of the *credit card* is notified in writing at least 90 days in advance.

Can the Insurer cancel the contract?

The *Insurer* may cancel the contract in any of the following situations:

- a) If you make a false statement, whether fraudulent or not;
- b) If you omit or refuse to disclose information pertaining to any of the *insureds* under your insurance contract;
- c) If you refuse to authorize the *Insurer* to use information deemed essential concerning what you knew, and which is related to the insured *events* or risks;

- d) If you refuse to change *healthcare facilities* following the approval or recommendation of the Assistance Service, your coverage ceases immediately. Also, on approval or recommendation of the Assistance Service, coverage will immediately cease in the following cases:
- if you refuse to allow yourself to be examined for diagnostic purposes;
 - if you refuse to comply with the treatment prescribed by the attending *physician*;
 - if you refuse to return to your *province of residence*.

The *Insurer* can also terminate the contract if the *credit card holder* 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 force for the *insureds* already travelling outside their *province of residence* at the time the notice was sent until their return.

Free-look period

You have 10 days from the date the contract is taken out for *extended coverage* to read it and notify the *Insurer* if you are not satisfied. At your request, the *Insurer* will cancel the contract as of the contract effective date. This date is indicated in the document "Your insurance choices". The *Insurer* will also refund any premiums paid, except in the following circumstances:

- a) for **Trip Cancellation** coverage, if the coverage is taken out within 10 days preceding the start of the *trip*;
- b) if the departure date is within 10 days of the purchase of the contract and the contract is for a duration of 10 days or less; or
- c) if you have already submitted a benefit claim for this *trip*.

5. Cancellation of the contract

Full refund

You can still ask the *Insurer* to cancel your Travel Insurance contract for *extended coverage* after the free-look period is over. You must contact the *Insurer* before the indicated departure date. Your premium will then be refunded (see the applicable exclusions below).

Partial refund

You may receive a partial refund of your premium if you have to return earlier than expected (see the applicable exclusions). In this case, the *Insurer* will deduct cancellation fees from the refund amount. The unused coverage period is then calculated based on the date of receipt of the refund request. The request must be submitted within two weeks following the early return date.

For example, if you return 10 days before the end of a *trip* scheduled to last 25 days, the refund would be calculated as follows:

(Premium paid) – (15 days) x (rate per day) –
cancellation fees subtracted from this amount

Exclusions that apply to the reimbursement

In the following cases, **your premium will not be refunded**, even if you must interrupt or cancel your *trip* after the 10-day free-look period:

- a) if you have **Trip Cancellation** coverage (valid prior to departure);
- b) if you have paid for a family premium and are in one of the following situations:
 - the early return does not concern all of the *insureds*; or
 - a claim has been submitted by one of the *insureds* and was accepted;
- c) if you submitted a claim for the *extended coverage* which was already approved.

6. Claims

a) Submitting a claim

You can call one of the following numbers:

Canada or the United States (Toll free)	1-800-463-1623
Anywhere in the world (Call collect)	418-647-5299

The *Insurer* will provide you with a claim form upon request.

For **Emergency Health Care** coverage, you must also provide to the *Insurer* the original invoice for care received. This invoice must include:

- a) the date on which the care was given;
- b) the name of the *insured* who received the care;
- c) the diagnosis;
- d) the description of the care dispensed;
- e) signature of the attending *physician*;
- f) the cost of the care received.

For **Baggage** coverage, you must also:

- a) notify the police as soon as you become aware of the loss;
- b) notify the *Insurer* as quickly as possible;
- c) take all reasonable steps to protect, safeguard or recover your property;
- d) obtain a written statement of the theft or damage, such as a police report, or a statement from the hotel manager, tour guide or representatives of the transportation company;
- e) provide proof of the value of the property (receipts, credit card statements, etc.);
- f) if your baggage is delayed, provide proof of delay of the baggage checked with the *common carrier*, as well as receipts of purchases.

For all coverages, you must provide all the documents required by the *Insurer*, even if they are not indicated on the claim.

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.

The *Insurer* will pay no benefits until you or any other person entitled to receive benefits authorizes the collection and disclosure of personal information.

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

For all **Baggage** claims, the *Insurer* may demand to see any damaged property or items in order to assess the damage.

b) Insurer's reply

Once the *Insurer* has approved the claim, benefits will be paid within **60 days** of receipt of the documented evidence required.

If the *Insurer* does not approve the claim or only pays a portion of the benefit, it will send a letter to the claimant explaining the reasons for its decision. It will send the letter within **60 days** of receipt of the documents requested to examine the claim.

c) Appealing the Insurer's decision and recourse

If the *Insurer* does not approve your claim, you may submit additional information and request that it review your file. This option is also available to your beneficiaries.

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 or any applicable law.

Benefit payment methods

Notice required under the law

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

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

It is understood that no benefits will be paid if the *Insurer* has refunded all or part of your insurance premium before receiving your claim.

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*.

Multiple insurance coverage

In the event the *insured* is covered by more than one travel insurance contract, this Travel Insurance will provide reimbursement of expenses and payment of benefits for amounts in excess of the coverage provided by any other contract.

Coordination of benefits

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 *cardholder* do not exceed the expenses actually incurred. 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.

The order of payment of benefits is established as follows:

- a) An organization that does not have a coordination of benefits provision becomes the first payer of your benefits.
- b) 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.

Delegation

The *cardholder* delegates to the *issuer* of the *credit card* their right to negotiate the insurance contract as well as modifications made thereto.

Right of subrogation

The *Insurer* automatically acquires the right to prosecute the perpetrator of the damage in your name and at its own expense, up to the amount of benefits it paid out.

7. Definitions

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 injury must also require immediate emergency care.

Age: The age of the *insured* on the effective dates of the various coverages for the insured *trip*.

Canadian resident: A person legally authorized to reside in Canada and who resides there at least six months a year.

Cardholder* or *holder: Individual who owns a *credit card* issued in their name and for which the annual fees have been paid.

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.

Common carrier: Any carrier registered with the competent authorities for the transportation (air, sea or land) of passengers.

Credit card: Collabria card that qualifies for this travel insurance.

Dependent child: Any child or grandchild of yours or of your *spouse* who is over 15 days old and under age 18 and who has no *spouse*. If the child is a full-time student at an educational institution recognized by the competent authorities, the child must be age 24 or under.

Event: An *accident, illness* or incident which, under the terms of the contract, would normally result in the payment of one or more benefits with respect to the same *trip*. If more than one *accident*, more than one *illness* or more than one incident result from the same cause, they are considered to be one and the same *event*.

Extended coverage: Additional insurance taken out by the *cardholder* to extend the duration of the insurance offered under the Emergency Health Care or Baggage coverage, or to take out the Trip Cancellation coverage, the Emergency Return Trip coverage or the Accident coverage. The number of additional days taken out to extend the duration of the Emergency Health Care or Baggage coverage must cover the entire duration of the *trip*.

Family member: *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, cousins, nephews and nieces.

Healthcare facility: A facility recognized as such under legislation in effect in the country where it is located.

Illness: A serious disturbance in the normal state of the organs or functions of the human body. It must occur suddenly and unexpectedly and require immediate emergency care. An *illness* must be certified by a *physician* to be recognized for the purposes of this insurance.

Insured: Any eligible *cardholder*, their *spouse* or *dependent children*.

Insurer: The Desjardins Financial Security Life Assurance Company. For property insurance provided to *insureds* in some provinces, the *Insurer* is The Personal Insurance Company.

Issuer: Entity that issues credit cards that qualify for this coverage. In this case, the *issuer* is the Collabria Financial Services Inc.

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.

Minor ailment: any *illness*, injury or medical condition that does not require:

- a) prescription medication for a period greater than 21 days; or
- b) more than one follow-up visit to a *physician*; or
- c) hospitalization, a surgical intervention, or a referral to a specialist.

To be considered a *minor ailment*, the *illness*, injury or medical condition must end at least 30 days prior to the departure date of each *trip*. However, a chronic condition or any complication related to a chronic condition is not considered a *minor ailment*.

Nurse: A person authorized by law to practise the nursing profession in the region where the services are provided.

Physician: A person authorized by law to practise medicine in the region where the medical services are provided.

Province of residence: The Canadian province or territory where you live.

Repatriation: Return, arranged by the Assistance Service, of any *insureds* to their place of residence.

Spouse: The *cardholder's spouse* is the person who:

- a) is married to or has entered into a civil union with the *cardholder*; **or**
- b) can prove that
 - he has been living conjugally with the *cardholder* for at least 12 months; **or**
 - he has been living conjugally with the *cardholder* and that they have had a child together; **and that**
 - he and the *cardholder* 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*.

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.

Trip or Travel: Any specific period of time of 182 days or less (or 365 days maximum, subject to *Insurer's* approval) that *insureds* spend outside their *province of residence*. For Trip Cancellation coverage, the term "*trip*" or "*travel*" also applies to a *trip* taken within the *insured's province of residence*.

Vehicle: A car, motorcycle, motor home or van with a maximum load capacity of 1,000 kilograms.

8. 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 can benefit from the financial services (insurance, annuities, credit, etc.) it offers. 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 can send promotional information or offer new products to individuals 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 want to receive such offers, you may have your name removed from the list by sending 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, 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 regarding the transfer of personal information outside of Canada, visit the DFS Website at www.desjardinslifeinsurance.com or write to the DFS Privacy Officer at the address indicated above. The Privacy Officer can also answer any questions about the transfer of personal information to service providers located outside of Canada.

Dissatisfied? Let us know.

Are you concerned about or dissatisfied with our service or our Travel Insurance product? Let us know.

Call our customer service team at 1-866-647-5013.

To file an official complaint, you can:

1. Contact our complaint handling team at 1-877-838-8185.
2. Use the complaint form at: www.dfs.ca/complaint.



Denis Dubois

President and Chief Operating Officer

Desjardins Financial Security Life Assurance Company



Chantal Gagné

Senior Vice-President

Individual Insurance

Desjardins Financial Security Life Assurance Company



Valérie Lavoie

Chief Executive Officer

The Personal Insurance Company

9. Assistance Service

The Assistance Service can be contacted at any time while your insurance is in force. The main services offered in the event of *accident* or *illness* are:

- 24-hour toll-free telephone assistance;
- referral to *physicians* or *healthcare facilities*;
- assistance with admission to *healthcare facilities*;
- transportation if you require emergency care;
- *repatriation* to your city of residence, as soon as your state of health permits it;
- *repatriation* of a *travelling companion*, your *spouse* or your *dependent children*;
- settlement of formalities in the event of death;
- the necessary arrangements to send for a *family member* (when prescribed by the *physician*); these services are available only if you are confined to a *healthcare facility* for at least 7 days and you are not accompanied by a person aged 18 or over;
- transmission of messages to your close friends or family in the event of an emergency;
- assistance in replacing lost or stolen tickets, identification papers or official documents required to continue the *trip*;
- assistance in finding lost or stolen baggage;
- assistance in the case of language barriers;
- information prior to departure concerning passports, visas and vaccinations required in the country of destination;
- assistance in case of accidents and legal problems.

