

TIPS VISITORS TO CANADA PRODUCT SUMMARY



Type of Insurance Product:	Single-trip Emergency Medical Travel Insurance for Individuals
Insurer:	Old Republic Insurance Company of Canada Registered with the Autorité des marchés financiers under NEQ 114743953 Address: 100 King St W Suite 1100 Hamilton ON L8P 1A2 Telephone: 1-800-530-5446 Website: www.orican.com Email: traveladmin@orican.com
Distributor:	Your travel agency is required to provide you with their name and contact information

Autorité des marchés financiers can provide information about your insurer's or distributor's obligations. Website – www.lautorite.qc.ca

ABOUT THIS DOCUMENT

What is this document?

This is a summary of the TIPS Visitors to Canada Emergency Medical Travel Insurance product. It is not the policy and it is not a legal document.

The policy and the policy confirmation form the legal document which states the full terms and conditions of your coverage.

Where can you find the policy?

Ask your travel agent or download a copy from our TIPS website:

<https://gowithtips.com/products-2/all-products/#10--visitors-to-canada-plan>



PRODUCT DESCRIPTION

This product is for people who are travelling to Canada and do not have coverage through a federal, provincial or territorial government health insurance plan. It is also for immigrants to Canada and Canadians returning to Canada who do not have a government health insurance plan.

This insurance covers your medical expenses if you have an unexpected medical emergency while you are in Canada.

Who can buy this insurance?

(See policy - page 2)

In order to buy this policy, **you must:**

- Be more than 13 days old;
- Be less than 85 years old; and
- Pay the required insurance cost.

And **you must not:**

- Have a terminal sickness with less than 12 months to live;
- Be eligible for benefits under any Canadian federal, provincial or territorial government health insurance plan;
- Reside in a nursing home, assisted living home, convalescent home, hospice or rehabilitation centre;
- Require assistance with eating, bathing, use of a toilet, getting in and out of bed or chair, and dressing; or
- Have a doctor advise you against travel due to a medical condition.



NOTES

- *If you do not meet all of the requirements above, your policy is null and void and we will return your insurance cost.*
- *A child born during your trip is not covered.*

When does coverage start?

(See policy - page 2)

Coverage begins ...

On the later of:

1. The date you arrive in Canada; or
2. The date shown on your policy confirmation as your departure date.

If you purchase a policy after arriving in Canada, your coverage does not start right away. The following waiting periods apply:

1. 48 hours for any injury;
2. 48 hours for any sickness if you purchased the insurance within 30 days of arrival in Canada;
3. 48 hours for any sickness if you are continuing coverage from an existing policy with no gap in coverage; and
4. 7 days for any sickness if you purchased the insurance more than 30 days after arriving in Canada.

When does coverage end?

(See policy - pages 2- 3)

Coverage ends ...

The earliest of:

1. your policy cancellation;
2. the date you become eligible for coverage under any Canadian federal, provincial or territorial government health insurance plan;
3. the day your policy expires; or
4. the day you return from your trip to your home country.

How many days can I buy coverage for?

(See policy – page 3)

You can buy up to 365 days of coverage for your trip to Canada.

WHAT IS COVERED?

Emergency Medical Expenses

(See policy - pages 5-7)

We reimburse your medical expenses and certain out-of-pocket expenses if you have an unexpected medical emergency during your time in Canada.

The policy pays up to your chosen coverage limit (see chart below) for the reimbursement of reasonable, eligible expenses:

Traveller's Age	Maximum Coverage Limit
14 days-69 years old	\$50,000; \$100,000; or \$150,000
70-84 years old	\$50,000; or \$100,000

Some expenses are reimbursed up to a fixed amount.

To know what your maximum reimbursement is for each benefit, see the 'Schedule of Maximum Benefits' on page 2 of the policy.

For Example:

It's the last day of your trip when you fall and break your ankle. You go to a hospital for emergency medical care. The doctor tells you cannot fly home tomorrow as originally planned and have to extend your trip by 3 days to let your ankle heal. You book a hotel for the extra days and purchase extra meals. With a TIPS Visitors to Canada Plan, you would be reimbursed for:

- the medical care provided (up to your chosen coverage limit); and*
- up to \$150 per day to a maximum of \$1,500 for accommodations and meals.*

Side Trips:

If you travel outside of Canada during your trip (as a **side trip**), up to 30 days of coverage is available if:

1. You begin your trip in Canada; and
2. Your total number of days in Canada during your trip is greater than the total number of days spent outside Canada on your trip.

There is no coverage for trips in your home country.

For Example:

You book a trip to Canada from August 1st to August 30th and purchase a TIPS Visitors to Canada Plan.

During your visit to Canada, you decide to travel to the United States for 6 days, from August 10th to August 15th - 6 days in the US and 24 days in Canada. Coverage is provided during your 6-day side trip to the US since:

- you started your side trip in Canada; and
- in total, you are travelling for more days in Canada than you are outside Canada.

Travel Assistance is Included – See page 7 of this summary for details.



NOTE

- This policy is secondary to all other sources of coverage.

WHAT IS NOT COVERED?

What are the reasons we will not pay a claim?

(See policy - pages 7-9)

There are several situations and reasons why your claim may not be paid.

These are **listed in the policy on pages 7-9**.

The most common reason for denial is due to a **pre-existing condition**.

A **pre-existing condition** is a medical condition that exists anytime during the 6 months before your effective date (the date when coverage under your policy starts).

See page 3 of this summary to review when coverage starts.

Not sure if you have a pre-existing condition?

Consult with your doctor.

PRE-EXISTING CONDITION EXAMPLE

John is a visitor to Canada...

March 1st	<i>While in his home country, outside of Canada, John experiences chest pain and visits his doctor the same day. His doctor tells him he has a heart condition and prescribes medication to help control it.</i>
June 1st	<i>John books a trip to Canada to travel from July 1st to July 14th and purchases a TIPS Visitors to Canada policy.</i>
July 10th	<i>While on his trip in Canada, John experiences chest pain, goes to a hospital and receives treatment. The hospital charges John \$2,000 for his treatment.</i>



In this case, John has a pre-existing condition (heart condition) within 6 months of purchasing his policy. This means his \$2,000 hospital bill is not covered under the policy.

JUNE

SUN	MON	TUES	WED	THU	FRI	SAT
	1 Booked trip	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY

SUN	MON	TUES	WED	THU	FRI	SAT
			1 Departed for trip	2	3	4
5	6	7	8	9	10 Treated in hospital	11
12	13	14 Returned from trip	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

WHAT TO DO WHEN YOU NEED MEDICAL ASSISTANCE?



If you get sick or injured during your trip, contact the assistance company:

- Before admission to a hospital; or
- Within 24 hours of a life threatening emergency



If you fail to do so, you will need to pay 30% of any eligible expenses.

If you cannot contact the assistance company yourself, someone else can do it on your behalf.

For assistance company contact information, see page 4 of the policy.

CLAIM INFORMATION

HOW TO FILE YOUR CLAIM?

(See policy - pages 13-14)

Visit our website at www.oldrepubliccanada.com/Claims/TIPS for instructions or call our Claims Department at 1-888-831-2222.

Please note: We always require you to file a claim – even if your eligible expenses were paid directly.

Don't forget! To support your claim, you need to provide us with proof, including detailed medical documents/bills and original receipts for expenses you are claiming.

We recommend you file your claim as soon as possible!

However, you have up to 12 months from the date of your emergency to file your claim. See page 13 of the policy for our mailing address if needed.

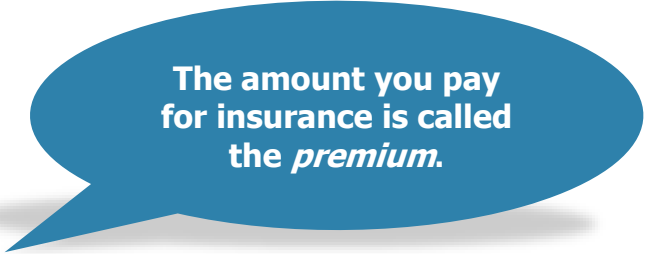
We pay all eligible expenses within 30 days of receiving all the information we need.

LOOKING TO MAKE A COMPLAINT?

If you feel we did not respect our obligations under the policy, you can:

- Speak with the representative who served you or with their supervisor;
- Make a written complaint with our Complaints Officer – to view our complaint processing procedure please visit www.orican.com/complaint-procedures;
- Ask an independent third party to review your case, such as the OmbudService for Life & Health Insurance (OLHI) and the Autorité des marchés financiers (AMF); and
- Take legal action within 3 years.

COST OF INSURANCE



The amount you pay for insurance is called the *premium*.

The premium for this product is determined based on:

- Your age;
- Your chosen coverage limit (insured amount); and
- The number of days you are travelling.

Generally, the older you are, the higher your insured amount and the longer are you travelling, the higher your premium will be.

The premium amount includes all fees, expenses, and taxes.

IF I CANCEL MY INSURANCE, CAN I GET MY MONEY BACK?

Yes, you can cancel and receive a full premium refund anytime prior to your effective date.

Refunds after your effective date are available if you return to your home country before your policy expiry date. You can request a refund for any unused days from your trip, but you must submit proof of your return date and you must not have incurred a claim for benefits under the policy.

To cancel your policy or for a refund for unused days, contact your travel agent.

QUESTIONS?

If you have any questions or concerns, speak with your travel agent.

The purpose of this fact sheet is to inform you of your rights.
It does not relieve the insurer or the distributor of their obligations to you.

LET'S TALK INSURANCE!

Name of distributor: _____

Name of insurer: _____

Name of insurance product: _____



IT'S YOUR CHOICE

You are never required to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration. The distributor **must** tell you when the remuneration exceeds 30% of that amount.



RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

The *Autorité des marchés financiers* can provide you with unbiased, objective information.
Visit www.lautorite.qc.ca or call the AMF at 1-877-525-0337.

Reserved for use by the insurer: