



CIBC Travel Medical Insurance – Single Trip Plan

PLEASE READ THIS CERTIFICATE CAREFULLY

Insurance benefits under this *certificate* are underwritten by Co-operators Life Insurance Company. Refer to the definition of *insurer* in the Terms You Should Understand section on page 9 for further details.

CIBC Travel Insurance is administered by Allianz Global Assistance, which is the registered business name of AZGA Service Canada Inc. Allianz Global Assistance provides travel assistance and claims services for CIBC Travel Insurance Plans on behalf of the *insurer*.

This *certificate* evidences group accident and sickness insurance issued under Group Master Policy FC310041 to Canadian Imperial Bank of Commerce ("CIBC") by Co-operators Life Insurance Company. *You* and any claimant under the Group Master Policy may request a copy thereof, the *application* and any other written statements (if any) that have been provided to the *insurer* as evidence of insurability, subject to certain access limitations. CIBC earns compensation from the *insurer* for the promotion of CIBC Travel Insurance plans.

This *certificate* contains the terms and conditions of *your* coverage and must be accompanied by a *confirmation of coverage*. *You* must read *your confirmation of coverage* with this *certificate* to determine the details of *your* coverage and the benefits *you* have selected.

This *certificate* contains a clause that limits the amount payable.

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

Right to Examine

Please review this *certificate* when *you* receive it to ensure it meets *your* needs. *You* have 10 days after purchase to return this *certificate* for a full refund, provided *you* have not departed on *your trip* and a claim has not been incurred.

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Important Notice

You must meet the eligibility criteria prior to departing on *your trip* (see the section entitled Eligibility on page 3). If prior to *your* departure *you* are no longer able to satisfy the eligibility criteria, *you* will not have any coverage and the *insurer's* only liability will be to refund any premiums paid. After purchasing coverage, *you* must call the *Operations Centre* at 1-800-281-9109 if *you* no longer meet any of the eligibility criteria.

Please read this *certificate* carefully before *you* travel.

- Travel insurance doesn't cover everything; it is designed to cover losses arising from sudden and unforeseeable circumstances.
- It is important that *you* read and understand this *certificate* before *you* travel as *your* coverage may be subject to certain limitations or exclusions.
- *Your* insurance contains pre-existing condition exclusions for travellers of any age. These exclusions apply to medical conditions and/or *signs or symptoms* that existed on or before *your* departure date or *effective date*. Check to see how this applies to *your* coverage and how it relates to *your* departure date, purchase date and *effective date*.

Important note about changes in *your* health

- If *you* experience a change in *your* health before the *effective date* contact the *Operations Centre* to see how this may affect *your* coverage.
- If *you* are ineligible for coverage, the *insurer's* only liability will be to refund any premium paid. Please check *your confirmation of coverage* to ensure *you* have the coverage options *you* require. *You* will be responsible for any expenses that are not payable by the *insurer*.
- In the event of an *injury* or *sickness*, *your* prior medical history may be reviewed when a claim is reported.
- In the event of an *emergency*, *you* must notify the *Operations Centre* (toll free 1-800-281-9109 or worldwide collect 416-340-7124) within 24 hours of admission to a *hospital* and before any surgery is performed. Also notify the *Operations Centre* if *you* must cancel, interrupt or delay *your trip*, or *you* experience any non-medical emergency.
- Failure to notify the *Operations Centre* as required will delay the processing and payment of *your* claim and may limit the amount of *your* claim payment.
- If *you* completed a medical questionnaire and *you* have a *change in health* after the completion of the medical questionnaire and before the *effective date*, please refer to the exclusions regarding pre-existing conditions on page 7 and the definition of *stable* on page 12.

IMPORTANT INFORMATION

To help *you* better understand this *certificate*

Key terms used in this *certificate* are printed in ***bold italics*** and are defined in the Terms You Should Understand section on page 9.

What am I covered for?

To find out what *your* coverage is, please refer to *your confirmation of coverage* and read the section titled Covered Benefits.

What is not covered?

Travel insurance does not cover everything. This *certificate* has exclusions, conditions and limitations. *You* should read this *certificate* and *your confirmation of coverage* carefully when *you* receive it, so that *you* are aware of, and understand the limits of *your* coverage.

How do I make a claim?

Notify the *Operations Centre* as soon as possible in the event of an *emergency*.

Whenever possible, the *Operations Centre* will arrange to pay the provider directly for approved eligible travel medical insurance expenses.

To submit a claim *you* will need to send a completed claim form (with all original bills and receipts from commercial organizations attached) to the *Operations Centre*. Please take care completing the form, as any missing information may cause delay in processing *your* claim. See Claims Procedures on page 16 for details.

What if my travel plans change?

If *your* travel plans change, *your* travel insurance coverage may no longer be valid. Please call the *Operations Centre* at 1-800-281-9109 to inform us of *your* change in travel plans and to make any required adjustments to *your* insurance.

I want to stay longer. Can I extend my coverage?

Yes, *you* can, subject to *certificate* terms and conditions. Please call the *Operations Centre* at 1-800-281-9109 before coverage under *your* current *certificate* expires.

See Extending Your Trip on page 14 for details.

Travel Assistance

The *Operations Centre* will use its best effort to provide assistance for an *emergency* arising anywhere in the world. However, the *insurer, Operations Centre*, and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

Extended Absence from Canada

The provincial and territorial government health insurance plans limit the time a person can be out of Canada and remain eligible for coverage. Check *your* province's or territory's health insurance plan for details.

Insuring Agreement

The *insurer* will pay the *reasonable and customary* costs for eligible expenses incurred during the *coverage period*. Coverage is limited to the amounts specified in this *certificate*. Payment is in excess of and any amount allowed and/or paid for by any other insurance plan(s). *You* must have applied for and paid the appropriate premium for coverage under this *certificate* in order for payment of eligible expenses to be considered. Coverage is subject to the terms, conditions, limitations, exclusions and other provisions of this *certificate*. If *you* have questions or require additional information about *your* coverage, please call the *Operations Centre* at 1-800-281-9109.

Benefit Limit

The benefit listed below is subject to the maximum amount payable per person, per *trip*. Additional limits may apply. For details regarding *your* coverage, refer to the Covered Benefits section of the *certificate* and *your confirmation of coverage*.

Includes:

Travel Medical Insurance Coverage..... \$10 million

Refer to page 4 for details of coverage.

Eligibility

To be eligible for the **CIBC Travel Medical Insurance - Single Trip Plan**, *you* must be:

- a) a CIBC client; and
- b) a *Canadian resident*; and
- c) at least 15 days old; and
- d) insured for benefits under a Canadian government health insurance plan during the entire *coverage period*.

In addition to the above requirements, if *you* are 60 or over *you* must have completed the medical questionnaire and been approved for coverage.

You are not eligible for coverage if *you*:

- a) have received *treatment* for any cancer in the last 3 months (with the exception of *treatment* for basal cell or squamous cell skin cancer, or breast cancer treated only with hormone therapy); or
- b) have a diagnosed unrepaired aneurysm of 4 centimeters or greater, measured in either length or diameter; or
- c) require assistance with any of the following as a result of a medical condition or state of health:
 - eating, or
 - bathing, or
 - using the toilet, or
 - changing positions (including getting in and out of a bed or chair), or
 - dressing.

TRAVEL MEDICAL INSURANCE COVERAGE (TMI)

Travel Medical Insurance Coverage is underwritten by Co-operators Life Insurance Company.

DESCRIPTION OF COVERAGE

1. Subject to the *certificate* terms and conditions, the *insurer* agrees to pay up to \$10 million per *insured person* for *reasonable and customary* costs for eligible expenses incurred during the *coverage period*. Costs are paid for acute *emergency hospital*, *emergency medical*, or other covered costs incurred during a *trip* up to the maximum amounts provided in the Covered Benefits section, due to *sickness* or *injury* occurring during the *coverage period*.
2. Coverage is worldwide other than in *your* province or territory of residence.

SPECIFIC CONDITIONS/LIMITS ON COVERAGE

1. In the event of an *emergency*, *you* or someone acting on *your* behalf must notify the *Operations Centre* within 24 hours of admission to a *hospital* and before any surgery is performed.

If *you* fail to do so without reasonable cause, then the *insurer* will pay 80% of the claim payable. *You* will be responsible for the remaining 20% of the claim payable.

You will be responsible for any expenses that are not payable by the *insurer*.

2. Amounts payable under this *certificate* are in excess of any amounts available or collectible under the government health insurance plan of the province or territory in which *you* are covered, or would be covered, or those amounts payable or collectible under any other *certificate* or plan. Refer to General Provisions on page 12.
3. The *Operations Centre* reserves the right, as reasonably required and at its expense, to transfer *you* to any *hospital* or to transport *you* to Canada following an *emergency*.

If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *trip*.

When Your Coverage Begins

Coverage starts on the *effective date*.

Waiting Period for Coverage Purchased After Departure

Coverage purchased after *your* departure from *your* province or territory of residence is subject to a 48-hour waiting period. This means that, any *sickness* that manifests itself during the first 48 hours after purchasing such coverage, is not covered even if related expenses are incurred after the 48-hour waiting period. However, if *you* have coverage under this *certificate* or coverage on *your* CIBC credit card, and *you* decide to purchase additional days of coverage in respect of *your* existing coverage, no waiting period will be applied to *your* additional coverage if *you* purchase such coverage before the *expiry date* of *your* existing coverage.

When Your Coverage Ends

Coverage ends on the *expiry date*.

Automatic Extension of Coverage

- a) **Delay of Conveyance.** Coverage will be automatically extended for up to 72 hours in the event of a delay, due to circumstances beyond *your* control, of the *conveyance* in which *you* are riding or are scheduled to ride as a passenger. The delay must occur prior to or on the coverage *expiry date* and the *conveyance* must be scheduled to arrive prior to or on the coverage *expiry date*.
- b) **Medically unfit to travel.** Coverage will be automatically extended for up to 5 days if medical evidence supports that *you* or *your travelling companion* are medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*. Any fees (such as airline change fee or additional hotel fees) associated with changes to *your* travel plans are *your* responsibility.
- c) **Hospitalization.** Coverage will be automatically extended during the period of *hospital* confinement, plus 5 days after release to travel home, if *you* are or *your travelling companion* is hospitalized at the end of *your trip* as a result of a covered *injury* or *sickness*. This coverage will be extended to *your travelling companion(s)* remaining with *you* when reasonable and necessary, under their respective policy or *certificate*.

Additional premium will not be required for any automatic extension of coverage.

COVERED BENEFITS

1. Emergency Hospital

If *you* are confined as a resident in-patient, the *insurer* agrees to pay for *hospital* accommodation, including private or semi-private room, and for *reasonable and customary* services and supplies necessary for *your emergency* care.

2. Emergency Medical

If, during *your trip*, *you* require the following services, supplies or *treatment*, by a health practitioner who is not related to *you* by blood or marriage, the *insurer* agrees to pay for:

- a) the services of a *physician* or a legally licensed surgeon, anesthetist or registered graduate nurse.
- b) the services of the following legally licensed practitioners, not to exceed \$500 per profession, for *treatment* of a covered *injury*:
 - i. chiropractor;
 - ii. osteopath;
 - iii. chiropodist;
 - iv. podiatrist;
 - v. acupuncturist;
 - vi. physiotherapist.
- c) lab tests and/or X-ray examinations, when performed at the time of the initial *emergency*, as ordered by a *physician* for the purpose of diagnosis.
- d) the use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary. If an ambulance is medically required but not available, the *insurer* will reimburse for local taxi fare.
- e) rental of crutches or hospital-type bed, not exceeding the purchase price, and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by the *Operations Centre*.
- f) *emergency* out-patient services provided by a *hospital*.
- g) drugs or medications that require a *physician's* written prescription, not to exceed a 30-day supply, to a maximum of \$1,000 after being discharged from the hospital.

3. Out-of-Pocket Expenses

If *you* are hospitalized as an in-patient during *your trip*, or *you* are delayed beyond the end of *your trip* because *you* or *your travelling companion* require *emergency treatment* because of a covered *sickness* or *injury*, the *insurer* agrees to reimburse up to a maximum of \$3,500 for the following expenses incurred by *you* or any person insured under this *certificate* remaining with *you*:

- a) *commercial accommodation* and meals; and
- b) child care costs for *travelling companion(s)* under age 18 or physically or mentally handicapped and reliant on *you* for assistance; and
- c) essential telephone calls; and
- d) in-hospital television rental and internet usage fees; and
- e) taxi fares.

Expenses must be supported by original receipts from commercial organizations.

4. Transportation of Family or Friend

If:

- a) *you* are hospitalized due to a covered *sickness* or *injury*, and the attending *physician* advises that *your family member* or close friend's attendance is necessary; or
 - b) the local authorities legally require the attendance of *your family member* or close friend to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*,
- the *insurer* agrees to reimburse up to a maximum of \$5,000 for the cost to transport up to two bedside companions (*your family member* or close friend) by round-trip economy class (using the most direct route).

Benefits are payable only when approved in advance by the *Operations Centre*.

In addition, the *insurer* agrees to reimburse up to a maximum of \$1,000 for the following expenses incurred by *your family member(s)* or close friend(s) after arrival:

- a) *commercial accommodation* and meals; and
- b) essential telephone calls; and
- c) internet usage fees; and
- d) taxi fares.

Expenses must be supported by original receipts from commercial organizations.

Your bedside companion(s) age 59 and under will be insured under the terms of this *certificate* during the period their attendance is required.

5. Return of Vehicle or Watercraft

If, as a result of a covered *sickness* or *injury*, *you* are unable to return to Canada with the *vehicle* or *watercraft* used for *your trip*, the *insurer* agrees to reimburse up to a maximum of \$4,000 for the cost of a *commercial rental agency* to return the *vehicle* or *watercraft* to its point of origin.

This benefit is payable only when approved in advance and arranged by the *Operations Centre*, and applies to one *vehicle* or *watercraft* per claim.

6. Return of Deceased (Repatriation)

If during *your trip*, a covered *sickness* or *injury* results in *your* death, the *insurer* agrees to reimburse:

- a) up to \$15,000 for costs incurred to prepare and return *your* remains in a standard transportation container to *your* permanent residence in Canada; or
- b) up to \$4,000 for cremation or burial of *your* remains at the place of death.

The cost of a funeral service, coffin or urn is not covered.

7. Dental Accident

If *your* whole or sound natural teeth (including capped or crowned teeth) are damaged as a result of an *accidental* blow to the face, the *insurer* agrees to reimburse up to \$4,000 for *emergency treatment* or services performed by a legally qualified dentist or oral surgeon. In addition, the *insurer* agrees to reimburse up to a maximum of \$1,000 for continued *treatment* following *your* return to Canada. Continued *treatment* must be completed within 90 days after the *incident date* of the *emergency*.

8. Dental Emergencies

If *you* require immediate relief of acute dental pain caused by other than a direct blow to the face, and for which *you* have not previously received *treatment* or advice, the *insurer* agrees to reimburse up to \$500 for *emergency treatment* or services performed by a legally qualified dentist or oral surgeon. *Treatment* must begin within 48 hours after the onset of the *emergency* and must be completed within the *coverage period* and prior to *your* return to *your* province or territory of residence.

Reimbursement will not exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where *you* reside.

9. Emergency Transportation

If required because of a covered *emergency sickness* or *injury*, the *insurer* agrees to transport *you* to the nearest appropriate medical facility or to a Canadian *hospital*. Any *emergency* transportation such as air ambulance, one-way airfare, stretcher, and/or a medical attendant must be approved in advance and arranged by the *Operations Centre*.

10. Attendant/Return of Travelling Companion

If *you* are returned to Canada under the Emergency Transportation benefit, the *insurer* agrees to reimburse:

- a) the extra cost of a one-way economy class airfare to return *your dependent children* or *your travelling companions* to their province or territory of residence; and
- b) the cost of an attendant (not related to *you* by blood or marriage) plus the attendant's return economy class airfare, to travel with *your dependent children* or *your travelling companion(s)* who are physically or mentally handicapped and reliant on *you* for assistance to their province or territory of residence; and
- c) the extra cost of a one-way economy class airfare or change fee to return one of *your* accompanying *family member(s)* to their province or territory of residence.

Benefits are payable only when approved in advance and arranged by the *Operations Centre*.

11. Pet Return

If *you* are returned to Canada under the Emergency Transportation benefit, or if *you* are hospitalized because of a covered *sickness* or *injury*, the *insurer* agrees to reimburse up to \$500 for the cost of returning *your* accompanying dog or cat to *your* province or territory of residence.

12. Return to Original Trip Destination

If *you* are returned to Canada under the Emergency Transportation benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, the *insurer* agrees to reimburse up to a maximum of \$5,000 for a one-way economy flight to return *you* and one insured *travelling companion* to the original *trip* destination. The return must occur during the original *trip* period. Any costs resulting from a subsequent recurrence or complication of the condition that resulted in *your* being returned home is excluded under this *certificate*.

Benefits are payable only when approved in advance and arranged by the *Operations Centre*.

13. Trip-Break

During *your trip*, *you* may return once to *your* province or territory of residence for up to 15 consecutive days without terminating this *certificate*. There is no coverage under this plan in *your* province or territory of residence. Refunds are not payable for any days *you* spend in *your* province or territory of residence during the Trip-Break. *You* must meet the eligibility requirements of this *certificate* when *you* exit *your* province or territory of residence in order to continue *your* coverage.

SPECIFIC EXCLUSIONS

TMI1 Pre-existing Conditions Exclusion: The Pre-existing Conditions Exclusion that applies to *you* is indicated on *your confirmation of coverage*, which will also show *your* applicable rate classification. *Your* rate classification is determined by *your* age, and the duration of *your trip*. If *you* completed a medical questionnaire, *your* answers to the questions place *you* in a rate classification table, which determines the Pre-existing Conditions Exclusion that applies to *you*.

If *you* are age 59 or under then:

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) *your* medical condition or related condition, other than a *minor ailment*, that was not *stable* at any time during the 90 days immediately before the *effective date*; or
- b) any *heart condition* if *you* have used nitroglycerine in any form for a *heart condition* during the 90 days immediately before the *effective date*; or
- c) any *lung/respiratory condition* if *you* have an active prescription for or used home oxygen or prednisone for a *lung/respiratory condition* during the 90 days immediately before the *effective date*; or
- d) an unrepaired aneurysm (4 cm or greater, measured in either length or diameter), that was diagnosed before the *effective date*; or
- e) any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) for which *you* received *treatment* in the 90 days before the *effective date*.

If *you* are age 60 or over then:

Benefits are not payable for costs incurred due to, contributed to by, or resulting from *your* medical condition or related condition, other than that of a *minor ailment*:

- a) that was not *stable* at any time during the number of days indicated on *your confirmation of coverage* (either 90 or 180 days) immediately before the *effective date*; or
- b) for which *you* received *treatment* at any time before the *effective date*.

TMI2 Benefits are not payable for any costs incurred from any medical condition if any answer *you* provided in *your* medical questionnaire is incorrect. If *you* have completed *your* medical questionnaire incorrectly, the *insurer* may, at its option, void the *certificate* and refund any premium paid.

TMI3 Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any *sickness* for which *signs or symptoms* occurred within 48 hours after the *effective date*, except when *you* purchase *your* insurance coverage before:

- a) the date *you* leave *your* province or territory of residence; or
- b) the *expiry date* of *your* existing Allianz Global Assistance administered plan.

TMI4 Benefits are not payable for costs incurred due to, contributed to by, or resulting from continued *treatment* or a recurrence or complication of the *sickness, injury* or medical condition for which *you* refused to be transferred or transported after *you* are declared medically fit to travel.

TMI5 Benefits are not payable for costs incurred as a result of *your* travelling against the advice of a *physician* or for any loss resulting from *your sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this *certificate*.

TMI6 Benefits are not payable for costs or losses incurred due to, contributed to by, or resulting from:

- a) *your* mental or emotional disorders resulting from any cause, including but not limited to anxiety or depression; or

- b) *your* suicide or attempted suicide; or
- c) *your* intentional self-inflicted *injury*.

TMI7 Benefits are not payable for costs incurred as a result of loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports that *you* were affected by, or the medical condition causing the loss was in any way contributed to by:

- a) *your* chronic use of alcohol or drugs before or after the *effective date*; or
- b) *your* intoxication from alcohol consumption (alcohol intoxication is determined either when records indicate that *you* have reached or exceeded a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate that *you* were intoxicated and no blood alcohol level is specified); or
- c) *your* use of prohibited drugs or any other intoxicant; or
- d) *your* non-compliance with prescribed *treatment* or medical therapy before or after the *effective date*; or
- e) *your* misuse of medication before or after the *effective date*.

TMI8 Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *medical consultation* that is non-emergency or elective.

TMI9 Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *sickness, injury* or medical condition if *you* undertake *your trip* with the prior knowledge that *you* will require or seek *treatment*, palliative care or alternative therapy of any kind.

TMI10 Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *sickness, injury* or medical condition for which future investigation or *treatment* (other than routine monitoring) is planned prior to *your effective date*.

TMI11 Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- a) routine pre-natal or post-natal care; or
- b) complications after the 31st week of pregnancy; or
- c) *high-risk pregnancy*; or
- d) a child born during a *trip*.

TMI12 Benefits are not payable for costs incurred due to, contributed to by, or resulting from *your* travelling against the advice of a *physician*.

TMI13 Benefits are not payable for costs incurred due to, contributed to by, or resulting from a recurrence or complication of the *sickness, injury* or medical condition that resulted in *your* being returned home if *you* elect to resume *your trip* after being returned to Canada.

TMI14 Benefits are not payable for costs incurred if the *Operations Centre* recommended that *you* return to Canada following *your emergency treatment* and *you* chose not to return.

TMI15 Benefits are not payable for costs incurred due to, contributed to by, or resulting from an *injury* as a result of training for, competing or participating in:

- a) motorized speed contests; or
- b) *high-risk activities*; or
- c) *stunt* activities; or
- d) *professional* sport activities; or
- e) *mountain climbing*; or
- f) rock climbing with or without the use of equipment.

TMI16 Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *sickness* or *injury* when such *sickness* or *injury* occurs in a city, region, or country for which Global Affairs Canada issued a written warning prior to the *effective date* to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such *sickness* or *injury* is due to, contributed to by, or results from the reason(s) for the warning being issued.

TMI17 Benefits are not payable for costs incurred due to, contributed to by, or resulting from any:

- a) *act of war*; or
- b) kidnapping; or
- c) nuclear occurrence, however caused; or
- d) *act of terrorism* caused directly or indirectly by *nuclear, chemical or biological* means; or
- e) unlawful visit in any country; or
- f) participation in the commission or attempted commission of any criminal offence.

TMI18 Benefits are not payable for costs incurred due to, contributed to by, or resulting from any illegal act by *you*, or any person acting with *you*, whether acting alone or in collusion with others.

TM119 Benefits are not payable for costs incurred due to, contributed to by, or resulting from operating, learning to pilot or acting as a crew member of an aircraft.

Terms You Should Understand

The following terms when printed in ***bold italics*** have the following meanings:

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event but excludes disease or infections.

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

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

Application means:

- a) the online form ***you*** completed in order to apply for coverage; or
- b) the information ***you*** provided to a licensed insurance agent if ***you*** applied for coverage over the phone to the ***Operations Centre***.

Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada to which that person will return after the ***trip***.

Certificate means this document, entitled Certificate of Insurance, which summarizes the benefits of the group accident and sickness insurance policy issued to Canadian Imperial Bank of Commerce by Co-operators Life Insurance Company.

Change in health means:

- a) any change in prescription (stop, start, or change in type or dosage); or
- b) any ***signs or symptoms***; or
- c) any medical investigations; or
- d) any ***medical consultations***; or
- e) any ***treatments***;

that occur after the date of ***application*** or date of purchase and before the ***effective date***.

Commercial accommodation means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction, including accommodation booked through an online marketplace or homestay network.

Commercial rental agency means a car rental agency or company licensed under the law of the jurisdiction(s) where it conducts business.

Confirmation of coverage means the document which outlines the plan and coverage ***you*** purchased and the premium paid.

Conveyance means a vehicle, airline, bus, train, or government-operated ferry system.

Coverage period means the period from the ***effective date*** to the ***expiry date*** as indicated on ***your confirmation of coverage***.

Dependent children means financially dependent, unmarried, natural and/or adopted and/or step-children who are:

- a) at least 15 days old; and
- b) no more than 21 years old; or
- c) mentally or physically handicapped and more than 21 years old.

Effective date means the later of:

- a) the date indicated as the effective date on *your confirmation of coverage*; or
- b) the date *you* exit *your* province or territory of residence for a *trip*.

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

Expiry date means the earlier of:

- a) the date indicated as the expiry date on *your confirmation of coverage*; or
- b) the date and time *you* return to *your* province or territory of residence (other than as described under the Trip-Break benefit).

Family member(s) means *your spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

Good health means the state of full physical and psychological well-being in which one knows of no reason to seek medical attention and is unaware of any disease, disturbance to bodily or mental functions, or any ailment that impacts one's ability to function physically or mentally.

Heart condition includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat or any other condition relating to the heart or cardiovascular system.

High-risk activity(ies) includes:

- heli-skiing;
- any skiing or snowboarding outside marked trails;
- ski jumping;
- skydiving or sky-surfing;
- scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters);
- white water rafting (Levels/Grades 5 and 6);
- street luge, skeleton activity.

High-risk pregnancy means a pregnancy involving a medical condition that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These medical conditions include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes or placenta previa.

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

Incident date means the first date *you* exhibit *signs* or *symptoms* and/or sought *treatment* for a medical condition, *sickness* or *injury*.

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

Insured person means a *Canadian resident* who meets the eligibility criteria and has been accepted by the *insurer* for a specific plan of insurance for which premium has been paid.

Insurer means Co-operators Life Insurance Company in respect of the benefits provided under Group Master Policy FC310041 issued to Canadian Imperial Bank of Commerce.

Lung/respiratory condition includes asbestosis, bronchiectasis, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, edema and tuberculosis.

Medical consultation means any medical services obtained from a licensed medical practitioner for a *sickness*, *injury* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and

during which a diagnosis of the condition needs not to have been definitively made. Medical consultation does not include regular medical check-ups where no medical *signs or symptoms* existed between check-ups or were found during the check-up.

Minor ailment means a *sickness or injury* which ended more than 30 days prior to the *effective date* and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) hospitalization, surgery, or referral to a specialist.

Mountain climbing means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabineers and lead-rope or top rope anchoring equipment.

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

- **Nuclear** means any occurrence causing bodily *injury, sickness*, disease, or death, or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Operations Centre means the operations centre operated by Allianz Global Assistance. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.

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

Pre-existing medical condition means a *sickness, injury* or medical condition which existed prior to the *effective date* of *your* coverage, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited *signs or symptoms*; or
- b) for which *you* required or received *medical consultation*.

Professional means *you* are considered professional by the governing body of the sport and are paid for *your* participation whether *you* win or lose.

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

Sickness means any illness or disease.

Signs or symptoms means any evidence of disease experienced by *you* or recognized through observation.

Spouse means a person who is legally married to *you*, or a person who has been living with *you* in a common-law relationship for a period of at least 12 consecutive months.

Stable describes any medical condition or related condition, including any *heart condition* or *lung/respiratory condition*, for which:

- a) there has been no new *treatment*; and
- b) there has been no change in *treatment* or change in *treatment* frequency or type; and
- c) there have been no *signs or symptoms* or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and *you* are not awaiting surgery or the results of further investigations performed by any medical professional.

The following are also considered stable:

- a) Routine (not prescribed by a *physician*) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your confirmation of coverage*.

- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on *your confirmation of coverage* and there is no increase or decrease in dosage.
- c) Routine adjustment of Coumadin or Warfarin provided the Coumadin or Warfarin was not first prescribed during the time period specified in the Pre-existing Conditions Exclusion shown on *your confirmation of coverage*.
- d) A *minor ailment*.

Stunt applies to an action which is outside the normal range for the activity.

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

Travelling companion(s) means a person with whom *you* have coordinated travel arrangements and with whom *you* intend to travel during *your trip*.

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

Trip means a period during which *you* are travelling outside of *your* province or territory of residence and for which coverage is in effect.

Vehicle means a private passenger automobile or motorcycle that is used exclusively for the transportation of passengers and is either owned or rented by *you*.

For the Return of Vehicle benefit under this coverage, vehicle also means a motorhome or a camper unit that is either owned or rented by *you* whereby:

- a) motorhome means a self-propelled vehicle containing living quarters that are an integral part of the vehicle and are not removable; and
- b) camper unit means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

Watercraft means a private passenger boat either owned or rented by *you*.

You or *your* means an *insured person* named on the *application*.

General Provisions

Assignment

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

Benefits Payments

Unless otherwise stated, all provisions in this *certificate* apply to each *insured person* during *your trip*.

If more than one *certificate* underwritten by the *insurer* is in effect at the same time, benefits will only be paid under one insurance *certificate*, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by the *insurer* at the time of *application*, and indicated on *your confirmation of coverage*.

The *insurer* will not pay *you* any interest on any premiums *you* pay, whether or not any benefits become payable to *you* under this *certificate*.

Any benefits payable do not include interest charges.

Benefits payable as a result of *your* death will be payable to *your* estate.

Claim Submission

You or the claimant, if other than *you*, shall be responsible for providing at the request of the *Operations Center* the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and

2. any payment made by any other insurance plan or contract, including a government hospital/ medical plan; and
3. substantiating medical documentation.

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

Conformity With Law

Any provision in conflict with any law to which this *certificate* is subject, is hereby deemed to be amended to conform to the law(s) of the province or territory of residence.

Contract

The *application*, completed medical questionnaire, *confirmation of coverage*, this *certificate*, any additional document attached to this *certificate* when issued (if applicable), Group Master Policy FC310041, and any amendment to such Group Master Policy or to this *certificate* agreed upon in writing, constitute the entire contract of insurance. Each *certificate* or term of coverage issued is considered to be a separate contract of insurance.

The Operations Centre reserves the right to decline any application or any request for extensions of coverage.

No condition of this *certificate* shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by the *insurer*.

Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

- a) homeowners insurance;
- b) tenants insurance;
- c) multi-risk insurance;
- d) any credit card, third-party liability, group or individual basic or extended health insurance;
- e) any private or legislative plan of motor vehicle insurance providing *hospital*, medical or therapeutic coverage.

The *Operations Centre's* Claims Department on the *insurer's* behalf will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

You may not claim or receive in total more than 100% of the loss caused by the insured event.

If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$100,000, the *insurer* will not coordinate benefits with that provider, except in the event of *your* death.

Currency

All amounts stated in the *certificate*, including premium, are in Canadian dollars. At the option of the *insurer*, benefits may be paid in the currency of the country where the loss occurred. If currency conversion is necessary, the exchange rate on the date the service was rendered to *you* will be used.

Extending Your Trip

You can extend *your* coverage before *you* leave *your* province or territory of residence.

If *you* decide to apply for additional coverage before *you* have left *your* province or territory of residence, contact the *Operations Centre* at 1-800-281-9109.

If *you* decide to apply for additional coverage after *you* have left *your* province or territory of residence, *you* may apply for a new term of coverage if *you*:

- a) purchase additional coverage prior to the *expiry date* of this *certificate*; and
- b) are in *good health*; and
- c) have no reason to seek *treatment* during the new term of coverage. If *you* have incurred a claim, the *insurer* will review *your* file before deciding on granting an extension.

The *Operations Centre* on the *insurer's* behalf reserves the right to decline any request for new terms of coverage.

Important Note

If **you** have Out-of-Province/Out-of-Country Emergency Medical coverage through a CIBC credit card and require additional days, **you** can apply to top-up the **coverage period** through the purchase of a CIBC Travel Medical Insurance - Single-Trip Plan, provided **you** meet the eligibility requirements as detailed in the Eligibility section above.

In addition to the Eligibility section above, if **you** are topping up coverage on a CIBC credit card, **you** must:

- pay the required premium for the top-up coverage; and
- have a CIBC credit card that is active and in good standing for the entire duration of the **trip**.

Each **certificate** or term of coverage is considered a separate contract and all limitations and exclusions will apply.

General Terms

Insurance terms and conditions are subject to change with each new **certificate** purchased, and without prior notice to reflect actual experience in the marketplace.

Governing Law

This **certificate** will be governed by the laws of the Canadian province or territory in which **you** normally reside.

Language

The parties request that the **certificate** and all related documentation be drawn in English. Les parties demandent que la présente attestation ainsi que toute documentation pertinente soient rédigées en anglais.

Limit on Liability

It is a condition precedent to liability under this **certificate** that at the time of **application** and on the **effective date**, **you** are in **good health** and know of no reason to seek medical attention.

Limitation of Action

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

Misrepresentation or Nondisclosure

You have an obligation to disclose every material fact to the **insurer**. **Your** failure to disclose any material fact, or **your** misrepresentation of any material fact including any fraud, either at the time of **application** or at the time of claim, shall render the entire contract null and void at the option of the **insurer**, and any claim submitted shall not be payable.

Where there is an error as to **your** age, provided that **your** age is within the insurable limits of this **certificate**, the premiums will be adjusted according to **your** correct age.

Premiums

The total premium amount is due and payable at the time of **application**. The premium is calculated using the most current rates for **your** age on the **effective date** of this **certificate** as indicated on **your confirmation of coverage**.

Rights of Examination

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

Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the **certificate**, **you** agree to:

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

- c) include all *emergency* medical and *hospital* costs paid under the *certificate* in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve the *insurer's* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the *certificate*;
- e) keep the *insurer* informed of the status of any legal action against the third party; and
- f) advise *your* counsel of the *insurer's* right to reimbursement under the *certificate*.

Your obligations under this section of the *certificate* in no way restricts the *insurer's* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate fully should the *insurer* choose to exercise its right of subrogation.

Sanctions

Benefits are not payable under this *certificate* for any losses or expenses incurred as a result of *your* travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

Time

This *certificate* will be governed by the local time of the Canadian province or territory in which *you* normally reside.

Premium Refunds

A full refund of *your* premium will be provided for *certificates* which are returned within 10 days of purchase, provided *you* have not departed on *your trip* and a claim has not been incurred, as described in the section titled Right To Examine.

Important Note There is no refund of any premium if a claim has been made.

- a) Refund amounts under \$20 will not be issued.
- b) Refunds for partial cancellations will be calculated by multiplying the daily premium by the actual number of days the *insured person* was out of the province or territory of residence. This amount is then subtracted from the total premium paid. If the refund amount is equal to or lower than the minimum premium required for the plan purchased, then the minimum premium will not be refunded.

All requests for refunds can be made by calling the *Operations Centre* at 1-800-281-9109.

Refunds requests must be received to the *Operations Centre* no later than 90 days from *your* return date.

You may be asked for:

- 1. A copy of *your confirmation of coverage*; and
- 2. Any other documentation to support *your* refund request.

Claims Procedures

Claims forms are available by calling the *Operations Centre's* Claims Department at 1-800-281-9109.

SEND YOUR CLAIM FORMS AND SUPPORTING DOCUMENTS TO:

Operations Centre
c/o Allianz Global Assistance, Claims Department
P O Box 277
Waterloo, Ontario, Canada N2J 4A4
Collect worldwide: 416-340-7124
Toll free Canada/U.S.A.: 1-800-281-9109

Claim Submission

1. **Notice of Claim.** Claims must be reported within 30 days of occurrence.
2. **Proof of Claim.** Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
4. To submit *your* claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
5. All eligible claims must be supported by original receipts from commercial organizations.

You, or the claimant, if other than *you* shall be responsible for providing the *Operations Centre* with the information listed below. If *you* do not provide the required supporting documentation, *your* claim cannot be processed and will not be paid.

When submitting *your* claim, please include:

1. A fully completed and signed claim form with all original bills and receipts from commercial organizations. *You* may want to retain a copy of all documents before sending the originals to the *insurer*.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completion of the Medical Certificate is not a covered benefit under this insurance and will not be reimbursed.
3. Completed appropriate provincial/territorial government health insurance plan forms; see claim form for details.
4. Any other documentation that may be required and/or requested by the *Operations Centre*.

Important Note

In the event of an *emergency*, the *Operations Centre* must be notified within 24 hours of admission to a *hospital* and before any surgery is performed.

Privacy Information Notice

YOUR PRIVACY IS PROTECTED

Co-operators Life Insurance Company (the "*insurer*"), and Allianz Global Assistance (the "*administrator*") and CIBC (for the purpose of this Privacy Information Notice collectively "*we*" "*us*" and "*our*") are committed to protecting the privacy, confidentiality and security of the personal information that we collect, use and disclose and agree to comply with our respective company's privacy policies.

The word *personal information* means any personal, health related, financial and other details about *you* that *you* provide to us and we obtain from other sources, including through the products and services *you* use.

Collection and Use of *your* personal information: We collect personal information provided by *you*. We may collect information including:

- details about *you* and *your* background, including *your* name, address, contact information, date of birth, occupation, financial details, medical records and other identification
- records that reflect *your* dealings with and through us;
- details about *your* browsing activities, *your* browser or mobile device;
- *your* preferences and activities.

This information may be collected from *you* and from other sources including:

- persons authorized to act on *your* behalf

- health care providers, private investigators, other insurance companies, government agencies including motor vehicle registries, any agent, broker or market intermediary, and other such parties that have records or knowledge of *you* or *your* health.

We will limit the collection and use of information to what we require in order to serve *you* and to administer our business for the following purposes:

- verifying *your* identity
- providing the insurance products and services *you* request,
- assessing *your* insurability
- adjudicating claims,
- administering *your* insurance coverage
- complying with applicable laws and requirements of regulators

Access to and correction of *your* information: We will establish a file containing *your* personal information, which may be kept at our offices. Only our authorized employees, mandataries and agents who require the information in the course of their duties will have access to this file.

You have the right, in accordance with applicable legislation, to have access to *your* file under this *certificate* and to require the correction of inaccurate information by contacting Allianz Global Assistance at 1-800-281-9109 or the Privacy Officer at privacy@allianz-assistance.ca.

Disclosing *your* information: *Your* personal information may be disclosed to third parties, including medical practitioners and institutions, investigative agencies and other insurers or reinsurers to underwrite and administer this insurance or to pay insurance benefits. Disclosing *your* information will be with *your* consent however, information may be disclosed in the following circumstances:

- as described in applicable privacy legislation;
- in response to a court order
- to meet requests for information from regulators, or to satisfy legal and regulatory requirements applicable to us

Marketing Purposes: *CIBC* may review and analyze *your* use of products and services to help us serve our clients better. If *you* agreed to receiving information about our other products and services, *CIBC* may tell *you* about them through direct mail, email, telephone or other means. If *you* wish to withdraw *your* consent to receiving marketing from *CIBC*, *you* may contact *CIBC* at 1-800-465-CIBC(2422) at any time. *You* will not be refused products or services because *you* withdraw *your* consent to the use of *your* information for marketing purposes. This will not limit the information provided to *you* through discussions with *your* *CIBC* service representative.

Privacy Policy: This privacy section must be read together with our below privacy policies. For further information or to obtain a copy of our privacy policies please contact us below:

If *you* would like a copy of the *CIBC's* privacy policy, it is available online at www.cibc.com or by calling 1-800-465-CIBC.

If *you* would like a copy of Co-operators Life Insurance Company's privacy policy, it is available online at www.cooperators.ca or by calling 1-888-887-7773.

If *you* would like a copy of Allianz Global Assistance's privacy policy, it is available online at www.allianz-assistance.ca or by calling the *Operations Centre* at 1-800-281-9109.

We may amend this privacy section and our privacy policies from time to time. We will post the most up to date version of our privacy policy on our websites. Please read our privacy policies for further details on *your* opt-out choices.

Questions

If *you* have any questions or concerns about this *certificate* or claim, please feel free to contact the *Operations Centre* anytime:

Toll Free: 1-800-281-9109

Collect: 416-340-7124

Mandatory Provisions

For Québec residents, notwithstanding any other provisions herein contained, this *certificate* is subject to the mandatory provisions of the Civil Code of Québec.

Administered by:

AZGA Service Canada Inc. o/a Allianz Global Assistance
700 Jamieson Parkway
Cambridge, ON N3C 4N6

Travel insurance is underwritten by:

Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan S4P 1C4
1-800-454-8061

Change of Insurer

CIBC may from time to time elect to change an insurer providing coverage under this *certificate*. A change of insurer may occur by amending the Group Master Policy, by assumption reinsurance, transfer or by replacing coverage under the current Group Master Policy with coverage under a new group policy that is issued by a new insurer on substantially similar terms as the existing Group Master Policy. If any such change takes place, *your application* for this insurance will continue to apply to *your* new insurance coverage and new insurer. *You* will be provided with not less than 30 days' notice of the change. The notice will tell *you* the date the change is to be effective, and any changes to (i) the cost of insurance, (ii) the insurance benefits, or (iii) the other terms and conditions of insurance. If the notice directs *you* to make claims or certain categories of claims only against a particular insurer, *you* agree not to make any such claims against any other insurer. The notice would become a term of the group policy and of this *certificate* issued in respect of CIBC Travel Insurance.

Travel Assistance

NOTE: The following assistance services are for *your* convenience only. Any expenses incurred related to utilizing these helpful services may not be covered under this *certificate*. Please refer to the benefit wording for details of what is covered.

You can count on the *Operations Centre's* assistance 24 hours a day, 7 days a week. During an *emergency*, wherever possible, the *Operation Centre's* services include, but are not limited to:

- Monitoring the status of *your* medical case and communicating between patient, family *physician*, employer, travel company, consulate, etc.
- Coordinating travel arrangements as follows:
 - i. *emergency* medical transportation and *treatment* while *you* are travelling, at the request of *you* or *your physician*;
 - ii. escort and transportation home for stranded *dependent children* and/or other extended *family members* or friends while *you* are in *hospital*;
 - iii. *your* return home if *you* become ill or injured;
 - iv. services for the repatriation of *your* remains if *you* die away from home.

The *Operations Centre* can also help *you* when non-medical emergencies arise on *your trip*:

- With emergency cash services – in the event of an *emergency*, the *Operations Centre* will coordinate between *you* and *your* friend, *family member*, business or credit card company for a cash transfer.
- With emergency message services – the *Operations Centre* will take emergency messages from or for *you*.
- With emergency ticket replacement – the *Operations Centre* will help *you* replace lost or stolen airline tickets.
- With legal services – the *Operations Centre* will help *you* contact a local attorney or the appropriate consular officer if *you* are arrested or detained, are in a traffic accident or otherwise require legal help.
- With bail bond services – the *Operations Centre* will help *you* in coordinating these services in all available locations.

Even if *you* never use the medical benefits or travel assistance services during *your trip*, *you* can still benefit from the *trip* information offered by calling the *Operations Centre*.

The *Operations Centre* is here to help *you* with:

- Passport and Visa information
- Health hazards advisory
- Inoculation requirements
- Weather information

- Currency exchange information
- Consulate and embassy locations

Emergency Procedures

In the event of an *emergency*, *you* or someone acting *on your* behalf must notify the *Operations Centre* within 24 hours of admission to a *hospital* and before any surgery is performed.

The *Operations Centre* is here to help and is available 24 hours a day, 7 days a week. The *Operations Centre* also provides support and recommendations for non-medical emergencies, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter during *your trip*.

OPERATIONS CENTRE

Toll free Canada/USA: 1-800-281-9109

Worldwide collect 416-340-7124

Travel insurance is underwritten by Co-operators Life Insurance Company.