

TIPS EMERGENCY MEDICAL PRODUCT SUMMARY



Type of Insurance Product:	Single-trip or Multi-trip Travel Insurance for Individuals
Insurer:	Old Republic Insurance Company of Canada Registered with the Autorité des marchés financiers under NEQ 1144743953 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 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/#8--emergency-medical-plan>



PRODUCT DESCRIPTION

If you travel outside your province of residence and have emergency medical expenses, they might not be covered. This insurance covers your medical expenses if you have an unexpected medical emergency while you are on your trip.

This product is for people who plan on taking one trip (Single Trip Plan) or multiple trips (Annual Plan) within a year.

If you plan on taking one trip in a year, you can purchase a **Single Trip Plan**.

Whether you buy a Single or Annual Plan, the coverage under the policy remains the same.

If you plan on taking more than one trip in a year, you can purchase an **Annual Plan**. An Annual Plan provides coverage for any number of trips you take in a year.

17-day or 31-day plan options are available.

17-Day Annual Plan

- Provides up to 17 days of coverage
- Coverage begins on the day you leave for each of your trips

For example:

You take two trips in a year. Your first trip is from Apr 1st to Apr 18th.

SUN	MON	TUES	WED	THU	FRI	SAT
			1	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		

Coverage begins on April 1st and ends on April 17th. April 18th is not covered.

Coverage is provided from Apr 1st-17th, but not provided on Apr 18th.

31-Day Annual Plan

- Provides up to 31 days of coverage
- Coverage begins on the day you leave for each of your trips

For example:

You take three trips in a year. Your third trip is from Jun 5th to Jun 25th.

SUN	MON	TUES	WED	THU	FRI	SAT
	1	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				

Coverage begins on June 5th and ends on June 25th.

Coverage is provided for the entire trip since it is less than 31 days.

Who can buy this insurance?

(See policy - pages 2-3)

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

- Be a resident of Canada;
- Be less than 90 years old;
- Purchase before you leave on your trip; and
- Pay the required insurance cost.

And **you must not:**

- Have a terminal sickness with less than 12 months to live;
- Be age 70 or older and require daily assistance with your mobility or medications;
- Be age 60 or older and have a previous policy that expired in the last 13 days; and
- Have a doctor advise you against travel due to a medical condition.

You may need to complete an “eligibility questionnaire”. If you do not meet all eligibility requirements, you are not able to purchase this policy. If you have questions about your medical conditions, consult your doctor.

Who needs to complete a questionnaire?

Any traveller who is:

- 50-69 years old travelling 31 days or longer;
- 70-89 years old and travelling for 17 days or longer; or
- 70 years old or older and purchasing an Annual Plan

NOTES



- *If you do not meet all of the requirements above, your policy is null and void and we will return your insurance cost.*
- *Emergency medical coverage is limited to \$25,000 if you are not insured under a Canadian government or university health plan (such as RAMQ).*
- *A child born during your trip is not covered.*
- *If you lie or make false statements on an eligibility questionnaire, your policy is null and void.*

When does coverage start?

(See policy - page 4-5)

Coverage begins on the day you leave your home province.

When does coverage end?

(See policy - pages 5-6)

All coverage ends ...	
Single Trip Plans	The earliest of: <ol style="list-style-type: none">1. your policy cancellation;2. your trip cancellation;3. the day your policy expires; or4. the day you return from your trip to your home province
17-day Annual Plans	The earliest of: <ol style="list-style-type: none">1. your policy cancellation;2. the day your policy expires; or3. 17 days after each individual trip begins (this applies to each trip you take) For example: You take a trip from Jan 1 st to Jan 20 th . <i>The final day of coverage is Jan 17th</i>
31-day Annual Plans	The earliest of: <ol style="list-style-type: none">1. your policy cancellation;2. the day your policy expires; or3. 31 days after each individual trip begins (this applies to each trip you take) For example: You take a trip from Jan 1 st to Feb 1 st . <i>The final day of coverage is Jan 31st</i>

How many days can I buy coverage for?

(See policy - page 3)

Product Type	Traveller's Age	Maximum Trip Length
Single Trip Plan	59 or under	365 days (traveller's ages 50-59, trips longer than 30 days require an eligibility questionnaire to be completed)
	60 - 69	183 days (trips longer than 30 days require an eligibility questionnaire to be completed)
	70 - 89	183 days (trips longer than 16 days require an eligibility questionnaire to be completed)
17-Day Annual Plan	0-89	This coverage can be purchased for one year at a time for multiple trips but only covers the first 17 days of any one trip (travellers 70 or older are required to complete an eligibility questionnaire)
31-Day Annual Plan	0-89	This coverage can be purchased for one year at a time for multiple trips but only covers the first 31 days of any one trip (travellers 70 or older are required to complete an eligibility questionnaire)

WHAT IS COVERED?

Emergency Medical Expenses

(See policy - pages 9-16)

We reimburse your medical expenses and certain other direct expenses you have to pay if you have an unexpected medical emergency during your trip.

The policy pays for the reimbursement of reasonable expenses. Some expenses are reimbursed up to a fixed amount. For example, the 'Accommodation & Meals' benefit is limited to \$350 per day to a maximum of \$1,750.

To know what your maximum reimbursement would be for each benefit, see the 'Schedule of Maximum Benefits' on page 4 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 Emergency Medical Plan, you would be fully reimbursed for any medical care provided. And you would be eligible for reimbursement up to \$350 per day to a maximum of \$1,750 for your accommodation and meals.

Travel Assistance is Included - See page 9 of this summary for details.



NOTES

- *This policy is secondary to all other sources of coverage and all other sources of recovery.*
- *For emergency medical expenses, we pay over and above what your government (RAMQ), university (UHIP) or private health plan allows.*

WHAT IS NOT COVERED?

What are the reasons we will not pay a claim?

There are several situations and reasons why your claim may not be paid. These are **listed in the policy** in the Policy Exclusions section (see pages 16-19).

The most common reason for denial is due to a **pre-existing condition** that is not stable.

A **pre-existing condition** is a medical condition that exists before you leave for each trip.



The policy covers your **pre-existing condition** if it is **stable** for a certain number of days before you leave for each trip.

Stable means:

1. You didn't have any new treatment, changes to treatment, or stoppage of treatment;
2. There were no changes to any prescribed drugs you take (including increases, decreases, or stoppages);
3. Your condition didn't get worse;
4. None of your symptoms changed;
5. You weren't admitted to a hospital or referred to a specialist;
6. No recommended tests or investigations were pending; and
7. You didn't have treatment planned or pending.

All points above must be true for a condition to be stable.



NOTE

- *The number of days that your pre-existing condition needs to be stable is different for different ages. See the chart below for details.*

Your Age	Pre-Existing Condition Stability Period (under a Single Trip Plan or Annual Plan)
0-59	60 days before (and including) the day you leave for your trip
60-74	180 days before (and including) the day you leave for your trip
75-89	365 days before (and including) the day you leave for your trip

There is **no** coverage for these conditions, even if they are stable:

1. A heart condition that needs nitroglycerine more than once a week; or
2. A lung condition that needs home oxygen or oral steroids.

PRE-EXISTING CONDITION EXAMPLE

John is 50 years old and has a pre-existing condition of arthritis in his knee...

June 1st	John books a trip to Italy to travel from July 1 st to July 14 th and purchases a TIPS Emergency Medical policy.
June 4th	John experiences pain in his knee and visits his doctor the same day. His doctor tells him his knee is getting worse and prescribes him new pain medication.
July 10th	While on his trip, John experiences pain in his knee, goes to a hospital and receives treatment. The hospital charges John \$300 for his treatment.



Within the 60 days leading up to his trip (his pre-existing stability period for his age), John's condition got worse and he was prescribed new medication by his doctor. This made his pre-existing condition unstable. In this case his \$300 hospital bill is not covered under the policy.

Note: If John had taken more or less medication, or stopped taking medication, in the 60 days leading up to his trip, this would also have been considered a change in his condition.

JUNE

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

Booked trip

Visited doctor & was prescribed new medication – making his condition become **unstable**

JULY

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

WHAT TO DO IF 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 8 of the policy.

CLAIM INFORMATION

HOW TO FILE YOUR CLAIM?

(See policy - pages 28-29)

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 28 of the policy for our mailing address if needed.

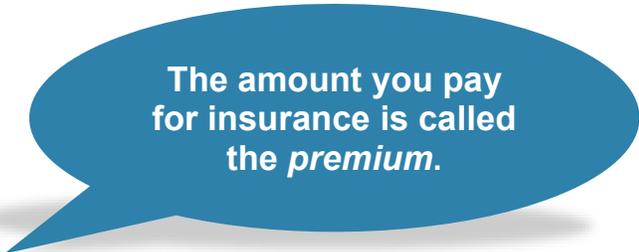
We pay all eligible expenses within 30 days of receiving all the information we need.

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; and
- The number of days you are travelling.

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

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

Yes, you can cancel and receive a full refund within 10 days of purchase, as long as you have not started on your trip or filed a claim.

To cancel your policy, 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: