

THE MANUFACTURERS LIFE INSURANCE COMPANY

The International Student Medical Plan (ISMP) provides coverage for necessary hospital and medical services for international students that are enrolled in an approved participating accredited Canadian educational institution. Coverage is also available for eligible dependents.

Eligible dependents include:

- (a) your legally married spouse, or a person of the opposite or same sex who has continuously lived with you for a period of at least one year in a conjugal relationship outside marriage;
- (b) your unmarried, unemployed dependent children under the age of 21 years, and;
- (c) your unmarried, unemployed dependent children of any age who are incapable of self sustaining support or employment by reason of mental or physical disability and have been continuously so disabled since the age of 21.

Eligible dependents must reside in the same province as the Insured Person.

Proof of good health is required if you enrol in this plan more than 31 days following the termination of coverage from any other plan providing comparable benefits. Application for dependent coverage made more than 31 days after first becoming eligible will also require proof of good health. Coverage will be effective from the date of approval of good health.

PLAN DESIGN

The ISMP provides coverage up to a maximum of \$500,000 per Insured Person, per 12 consecutive months.

Reimbursement will be determined in accordance with the terms, conditions and allowances provided under the Provincial Health Insurance Plan Schedule of Benefits in effect on the date the charges are incurred; any benefits which cease to be provided by the Provincial Health Insurance Plan are automatically excluded from their date of deletion.

Reimbursement of benefits will be made only upon the submission of verification from the hospital, attending physician or surgeon that the services claimed were rendered.

The following services are provided, when medically necessary, for treatment of an illness or injury, subject to the exclusions and conditions of coverage.

1. HOSPITAL SERVICES

- emergency room services and out-patient charges;
- standard ward accommodation, to a maximum of 2.5 times the hospital's interprovincial rates. However, for the first four days of an emergency confinement will be paid at 100% of the actual charge;
- semi-private room accommodation;
- private room accommodation when certified as medically necessary in writing by the attending physician;
- meals which form part of the hospital accommodation;
- nursing services, when provided by the hospital;
- laboratory and x-ray diagnostic procedures;
- use of operating and delivery rooms, anaesthetic and surgical supplies, use of radiotherapy facilities and respiratory equipment, use of home renal dialysis equipment or home hyperalimentation

equipment, including supplies and medications available from the hospital and prescribed by a staff physician of that hospital;

- services rendered by any person paid by the hospital;
- services for occupational therapy, physiotherapy, speech therapy and diet counselling when prescribed by a physician and provided in an approved Canadian hospital;
- for elective surgical procedures, the Insured Person's physician or surgeon must submit a treatment plan with complete details, in advance of receiving the treatment, in order to determine the extent of coverage provided by the plan.

Psychiatric Hospitalization

If under the contract Emergency Hospitalization is required for psychiatric treatment, benefits are payable to a lifetime maximum of 30 days.

A preferred provider network of hospitals is available throughout Canada. Please contact your school administrator for further details.

Cowan must be notified by all service providers upon admission to determine the eligible medical expense.

2. PHYSICIANS' SERVICES

Payment will be limited to 100% of the amount payable according to the schedule established by the Medical Association of the Insured Person's province of residence.

- physician's services in the home, at the physician's office, at the hospital or any other institution;
- diagnosis and treatment of an illness or injury, and treatment of fractures and dislocations;
- surgery, including the administration of anaesthetics;

- obstetrical care, including pre and post-natal costs will only be covered when the onset of pregnancy commences up to 90 days prior to the effective date of coverage;
- one annual health examination;
- elective surgical procedures; (the Insured Person's physician or surgeon must submit a treatment plan with complete details, in advance of receiving the treatment, in order to determine the extent of coverage provided by the plan).

3. DIAGNOSTIC LABORATORY AND X-RAY SERVICES

- x-rays for diagnostic and treatment purposes;
- laboratory services and clinical pathology, when ordered by a physician and performed in an approved laboratory.
- Magnetic resonance imaging (MRI) performed in a private clinic in the Covered Person's province of residence, when requested by a medical doctor, up to a maximum of \$750 per incident.

4. AMBULANCE SERVICES

Reasonable and customary charges for emergency ground ambulance and, with prior approval, medically necessary in-province air ambulance service to the nearest available hospital when confirmed as having been essential by a physician or by a designated hospital official. Reimbursement for both air and ground ambulance service will be limited to the maximum specified in the Provincial Health Insurance Plan Schedule of Benefits. The user fee is an eligible expense.

5. VISION BENEFIT

Charges for an eye examination by a licensed medical doctor, ophthalmologist or optometrist for each Insured Person, once per 12 consecutive months.

Reimbursement is limited to the reasonable and customary expense as determined by Manulife Financial.

6. PARAMEDICAL SERVICES

Charges for treatment by a physiotherapist, chiropractor, osteopath or podiatrist will be paid in up to a maximum of \$500 per 12 consecutive months per category of practitioner.

7. EMERGENCY SERVICES OUTSIDE OF PROVINCE OR CANADA

Benefits are payable only when the services are obtained due to an emergency illness or accident or when medical evidence is provided in advance and approved by Manulife Financial, when that treatment is not available in the Insured Person's province of residence.

The services are limited to those specified in articles 1 to 6 listed here. Reimbursement is limited to that which would have been paid by the Provincial Health Insurance Plan, had the Insured Person been insured thereunder.

8. NURSING HOMES

When the Insured Person needs regular medical supervision as well as nursing and personal care on a 24-hour basis, the plan will pay a portion of the standard ward costs in a licensed nursing home.

9. CHRONIC HOSPITAL CARE

Chronic care is available in a hospital or approved nursing home, when prescribed by a physician, for those who have long-term illnesses or disabilities which cannot be treated at home. After 60 days, patients contribute to the cost of their room and board.

10. HOME CARE

Health care services on a visiting basis in the Insured Person's home when the doctor specifies that a professional health service is needed. A patient's home situation and health condition must meet certain criteria.

11. MEDICALLY NECESSARY DENTAL CARE IN HOSPITAL

Dentists' fees for the surgical removal of impacted teeth, or when hospitalization is medically necessary as determined by a Medical Doctor or Dental Surgeon and the procedures are performed in an approved hospital by a Dental Surgeon who is a member of the hospital's staff. A treatment plan with complete details, must be submitted in advance of receiving the treatment, in order to determine the extent of coverage provided by the plan.

12. CLEFT LIP AND PALATE ASSISTANCE PROGRAM

Cost of specialized dental treatment for children and young people with cleft lip and palate.

13. ADDITIONAL DENTAL SERVICES

(1) Dental Accident

Dental care provided by a dentist to repair or replace permanent natural teeth damaged as a result of a direct external accidental blow to the mouth (and not by an object intentionally placed in the mouth) which occurs while the Insured Person is covered under this plan.

Treatment must be completed within 90 days following the date of the accident.

Benefits will be based on Dental Association Suggested Fee Guide for General Practitioners in effect in the Insured Person's province of residence up to a maximum reimbursement of \$2,500 per occurrence.

Implants and implant-related or supported services will not be covered.

Pre-determination of Dental Accident Benefits

A treatment plan with complete details, must be submitted in advance of receiving the treatment, unless emergency treatment is immediately required to alleviate pain, in order to determine the extent of coverage provided by the plan.

(2) Wisdom Tooth Extraction

Reimbursement for the cost of extracting wisdom teeth, when performed outside a hospital, up to a lifetime maximum of \$500 per Insured Person.

(3) Treatment for Abscesses and Infections

Reimbursement for the cost of treating dental abscesses and infections up to a lifetime maximum of \$500 per Insured Person.

Treatment must commence at least 6 months after the Insured Person's effective date of coverage.

14. ASSISTIVE DEVICES PROGRAM

Cost of certain specialized aids and supplies required by disabled persons as governed by the assistive devices program of the Provincial Health Insurance Plan, with prior approval.

15. REPATRIATION

If the Insured Person is diagnosed as terminally ill (with 12 months or less to live) and the medical condition is stable, or if the Insured Person dies, the plan will pay the actual cost of returning the Insured Person or remains by the most direct route to the air terminal nearest the Insured Person's residence in his/her home country, to a maximum of \$10,000 (expenses must be considered reasonable by the insurer compared to prices generally charged for such services).

Eligible expenses include economy airfare for the Insured Person (or stretcher, if required) and return airfare for a qualified medical attendant (if certified as necessary by the attending doctor), including, if required overnight hotel and meal expenses for the medical attendant. In case of death, expenses include preparation and transportation of the remains, including cost of the casket and specialized equipment, to a \$2,000 maximum within the overall \$10,000 maximum.

If such terminally ill person refuses repatriation, the person will not be allowed to renew his coverage and instead, any further expenses payable under the plan will be limited to the said \$10,000 maximum.

16. DRUGS AND MEDICINES (Reimbursed at 100%)

Charges for injected allergy sera; drugs and medicines as defined herein and listed in Manulife Financial Formulary One, which by law require the prescription of a physician, dentist or hospital. This includes extemporaneous preparations provided at least one of the ingredients is eligible as defined.

Charges for the following diabetic supplies, provided the plan administrator is given a receipt or claim form from the provider: insulin, needles, syringes and chemical testing agents.

Receipts for drugs and medicines must show:

- the name, strength and quantity of the drug or medicine
- the prescription number
- the drug identification number (DIN)

Charges for Immunization for Hepatitis A & B only, provided it is a requirement of the student's course of studies, limited to a maximum of \$150 per Insured Person.

No coverage is provided for:

- (a) vitamins (other than injected vitamins), vitamin/mineral preparations, food supplements, patented medicines, general public (G.P.) products and over-the-counter drugs or medicines, whether or not prescribed;
- (b) smoking cessation aids;
- (c) oral contraceptive drugs;
- (d) fertility drugs;
- (e) that part of any one prescription for drugs or medicine which is in excess of a 30 day supply, unless prescribed while a hospital inpatient;
- (f) preventive drugs (vaccinations);
- (g) accutane (acne treatment);
- (h) rogain (hair growth stimulant).

17. SELF-INFLICTED INJURIES, SUICIDE AND ATTEMPTED SUICIDE PROVISION

Charges for the following will be limited to a lifetime maximum of \$20,000 per Insured Person:

- in-patient and out-patient hospital services (including emergency room charges);
- ambulance services;
- psychiatry services;
- nursing and home support (including assessment charges);
- out-patient treatment programs which would be provided under the Provincial Health Insurance Plan.

18. RETURN HOME BENEFIT

The insurer reserves the right as reasonably required, to transport an insured person to his/her country of origin if:

- (a) the insured is unable to continue his/her studies due to a covered sickness or injury, or
- (b) the insured has a serious illness requiring ongoing treatment

If the insured refuses to be transported when declared medically or mentally fit to travel, any continuing costs incurred after the insured's refusal will be limited to a \$10,000 maximum.

EXCLUSIONS

No benefits are payable for:

- any charges above those specified in the schedule of fees of the Provincial Medical Association;
- any in-patient hospital ward charges above 2.5 times the hospital's interprovincial rates, except in case of an emergency as previously outlined;
- hospital visits solely for the administration of drugs;
- charges for dental care (except in hospital);
- eyeglasses, artificial limbs, crutches, special braces or other such aids (unless covered by the assistive devices benefit listed under article 14 above);
- private-duty nursing fees;
- drugs, whether prescribed or not (unless administered during a hospital stay), except for

- certain drugs listed under article 16 above;
- transportation charges other than approved ambulance services;
 - medical examinations or certificates required for applications for employment or the continuance of employment, life insurance or admission to camps, recreational activities or for immigration purposes;
 - cosmetic surgery, unless medically necessary and as the direct result of an accident that occurred while the person was covered under the plan;
 - acupuncture;
 - prenatal classes;
 - completion of forms or other documentation;
 - advice by telephone;
 - any health service other than those provided by approved hospitals or practitioners as specified herein;
 - group examinations, immunizations or inoculations (unless requested due to special circumstances and normally covered under the Provincial Health Insurance Plan);
 - charges outlined under article 17 which are in excess of a lifetime maximum of \$20,000 per Insured Person for self-inflicted injuries, suicide or attempted suicide;
 - conditions resulting from participation in professional sports;
 - conditions resulting from war, whether declared or not, hijacking or terrorism, riot, civil commotion or insurrection or while the Insured Person is serving in the armed forces of any country;
 - charges incurred by the Insured Person for which he/she is entitled to obtain benefits or reimbursement under any other plan, or which would be provided without charge in the absence of coverage under this policy;
 - the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or Aids Related Complex (ARC);
 - charges for Oncology treatments as an inpatient or out patient are limited to \$25,000 per lifetime;

- pregnancy charges for obstetrical care are subject to exclusion if the onset of pregnancy commences more than 90 days prior to the effective date of coverage.

COORDINATION OF BENEFITS

Your Manulife Financial plan includes a Coordination of Benefits provision. If you have similar benefits through any other insurer, the amount payable through this plan shall be coordinated as follows, so that payment from all benefit plans does not exceed 100 percent of the eligible expense. Where both spouses of a family have coverage through two benefit plans, the first payer of each spouse's claims is their own benefit plan.

Any amount not paid by the first payer can then be submitted for consideration to the other spouse's benefit plan (the second payer).

Claims for your dependent children should be submitted first to the benefit plan of the spouse who has the earlier birthday in a calendar year, and second to the other spouse's benefit plan. When submitting a claim to a second payer, be sure to include payment details provided by the first payer.

CLAIMS

As a general rule, claims will be paid directly to the provider. However, in exceptional situations, the Insured Person may be required to pay the provider. In such cases, eligible expenses paid will be reimbursed to the Insured Person.

For all eligible expenses, completed claim forms, with itemized original receipts or statements (not photocopies), must be sent to:

Cowan
1420 Blair Place, Suite 700
Ottawa, Ontario
K1J 9L8
1-888-509-7797
Locally 613-741-3313

Written proof of claim must be received by Cowan not later than 6 months following the date the claim was incurred.

TERMINATION OF BENEFITS

Coverage for you and your dependents ends on the earliest of the following:

- a) the last day of the month for which premiums have been paid;
- b) the Insured Person's 65th birthday;
- c) the last day of the month in which a dependent ceases to be an eligible dependent;
- d) the day the person permanently leaves Canada;
- e) if your authorization documentation becomes invalid for any reason; or
- f) if it is determined that there has been fraudulent use of the coverage card.

SPECIAL EXTENSION OF BENEFITS

If coverage would otherwise terminate while the Insured Person, is hospitalized, benefits for that Insured Person will continue to be paid, until the earlier of

- (a) the date the Insured Person is released from hospital; or
- (b) the 31st day following termination of coverage.

This extension of benefits only applies to the Insured Person who is an International Student, not their dependents.

This material summarizes the important features of your benefit plan; is prepared as information only; and does not, in itself, constitute a Contract. The exact terms and conditions of your benefit plan are described in the Benefit Contract held by your educational institution.

Benefits are underwritten by The Manufacturers Life Insurance Company.
ISMPC-C. 9/06

CHARTIS INSURANCE COMPANY OF CANADA

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

INTERNATIONAL STUDENT MEDICAL PLAN

The Basic Accidental Death and Dismemberment plan covers you 24 hours a day, anywhere in the world, for specified accidental losses that occur. If you suffer any of the losses listed below in the schedule of losses as the result of an accidental injury which results directly and independently of all other causes and the loss occurs within 365 days of the date of the accident, the benefits indicated below will be paid.

Who is Covered?

Class I: All international students of participating accredited Canadian educational institutions.

Amount of Coverage

Class I: \$50,000.00

Schedule of Losses

Loss of Life, Loss of Both Hands, Loss of Both Feet, Loss of Entire Sight of Both Eyes, Loss of One Hand and One Foot, Loss of One Hand and the Entire Sight of One Eye, Loss of One Foot and the Entire Sight of One Eye, Loss of Speech and Hearing, Loss of Use of Both Arms or Both Hands
.....The Principal Sum

Loss of One Arm, Loss of One Leg, Loss of Use of One Arm or One Leg
.....Three-Quarters of The Principal Sum

Loss of One Hand, Loss of One Foot, Loss of The Entire Sight of One Eye, Loss of Speech or Hearing, Loss of Use of One Hand or One Foot
.....Two-Thirds of The Principal Sum

Loss of Thumb and Index Finger of the Same Hand, Loss of Four Fingers of One Hand	One-Third of The Principal Sum
Loss of Hearing in One Ear	One-Sixth of The Principal Sum
Quadriplegia, Paraplegia, Hemiplegia	Two-Times The Principal Sum
Loss of All Toes of One Foot	One-Eighth of The Principal Sum

Beneficiary Designation

In the event of Accidental Loss of Life, benefits shall be payable to the Estate of the Insured Person.

All other benefits shall be payable to the Insured Person.

ADDITIONAL BENEFITS

Repatriation

If accidental death occurs more than 200 kilometres away from permanent place of residence, the plan will reimburse actual expenses incurred up to \$10,000 for the preparation and shipment of the deceased's body to the place of residence.

Rehabilitation

If you suffer an injury listed in the loss schedule, this plan will pay up to \$10,000 to continue your course or to qualify for an occupation for which you would not have been engaged except for such injuries.

Family Transportation

When injuries covered result in confinement to a hospital, outside 200 Km from permanent city of residence, the Company shall pay the expenses incurred by an immediate family member for transportation to the accommodation in the vicinity of the hospital, and transportation to and from the hospital not exceeding \$10,000.00.

Home Alteration and Vehicle Modification

If an Insured Person receives a payment under the Table of Losses herein and requires a wheelchair, then this benefit will pay a maximum of \$10,000.00 for the cost of alterations to the injured person's residence to make it wheel-chair accessible and habitable; and the cost of modifications necessary to a motor vehicle, owned by the injured person, to make the vehicle accessible or driveable for the Insured Person.

Dental Expense

When injury to whole or sound teeth shall, require treatment, replacement or x-rays, the Company will pay the expense actually incurred for such treatment or services, but not to exceed \$1,000.00 as the result of any one accident.

Funeral Expense

The Company will pay the actual expenses incurred for preparing the deceased following an accidental death for burial and funeral expenses, subject to a maximum of \$6,500.00.

Travel Expense Reimbursement For Parent(s)

The Company shall pay the actual expenses incurred by the Parent(s) of the Insured Person for transportation, board, lodging and extra travel expenses incurred while en route and/or during the stay in the city or town where the body of Insured Person is located following an accidental death, subject to a maximum payment of \$10,000.00.

Tutorial Service Benefit

In the event an Insured Person is totally confined to his or her residence or hospital due to a covered injury, the Company will pay the actual expense incurred within 52 weeks from the date of the accident for the tutorial services of a teacher, other than a relative of the Insured Person living in the same residence, then holding a current and valid Provincial Department of Education Teaching Certificate for the grade attained by the Insured Person provided:

- (a) such confinement occurs within 30 days of the date of the accident, and
- (b) such confinement is continuous for a

- minimum period in excess of 30 consecutive school days, and
- (c) such payment shall not exceed a rate of \$20.00 per hour nor an aggregate total payment of \$500.00 as the result of any one accident.

Exclusions

The accident insurance plan does not cover any loss resulting from:

- Suicide or self-inflicted injuries;
- Full-time service in the Armed Forces;
- Declared or undeclared war or any act thereof;
- Injuries received during aircraft travel except for the purposes of transportation where the member is travelling as a passenger.

This description is a summary of the principal features of the Plan which is covered by the terms of the insurance contract with the Chartis Insurance Company of Canada.

CHARTIS INSURANCE COMPANY OF CANADA

EMERGENCY OUT OF PROVINCE/COUNTRY

INTERNATIONAL STUDENT MEDICAL PLAN

The Company hereby agrees to insure all international Students of the Policyholder under age 65 for whom required premium has been paid (herein individually called the Insured), for injury sustained or sickness contracted by the Insured during the course of any trip outside his province of residence made by the Insured while this policy is in force for a maximum of 45 consecutive days any one trip.

Excess Hospital Insurance

If injury or sickness of an Insured results in confinement during the period this insurance is in force in a hospital as an in-patient, the Company will reimburse the Insured for the actual, reasonable and necessary emergency hospital expenses up to and including standard

semi-private accommodations incurred during such confinement and payable by the Insured.

Emergency Excess Medical Insurance

If injury or sickness of an Insured requires

- (a) out-patient emergency room charges,
- (b) emergency treatment by a legally qualified physician or surgeon,
- (c) the service of a licensed ground ambulance from the scene of the accident or place of onset of the sickness to the nearest hospital, subject to a maximum of \$500.00; the maximum benefit for air ambulance is \$5,000.00 per occurrence,
- (d) employment of a registered nurse when recommended by the attending physician,
- (e) rental of crutches and appliances or a hospital-type bed,
- (f) cost of splints, trusses, braces
- (g) x-rays and laboratory examinations which are required for diagnostic purposes; or treatment by a physiotherapist while hospitalized or up to a maximum of 3 treatments for the duration of any one trip only when recommended in writing by the attending physician, the Company will reimburse the Insured for the actual expenses incurred during the period this insurance is in force for such treatment or services.

Emergency Dental Accident Expense Reimbursement

If an Insured suffers injury to whole or sound teeth, the Company will reimburse the Insured for the expense of necessary emergency treatment received while outside his province of residence, up to a maximum of \$2,000.00 per accident.

Emergency Prescription Drug Reimbursement

If injury or sickness of an Insured requires drugs or medicines on an emergency basis and such drugs or medicines are prescribed by the attending physician, the Company will reimburse the Insured for the actual expenses incurred for such drugs or medicines.

Emergency Evacuation

The Company will pay all expenses up to a maximum of \$40,000.00 for transportation, medical services and supplies necessarily incurred in connection with the emergency evacuation of the Insured due to injury or sickness commencing during the course of the scheduled trip. Such evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured's injury or sickness warrants the emergency evacuation of the Insured.

Repatriation Benefit

In the event of the death of an Insured due to injury or sickness, the Company will pay the expense of preparing the body of the deceased for burial and homeward carriage of the body of the deceased to his province of residence, subject to a maximum of \$5,000.00.

Emergency Special Transportation

In the event of injury or sickness of an Insured, stretcher accommodation on scheduled airline is required by an Insured for return to his province of residence, the Company will pay expenses incurred, subject to a maximum of \$5,000.00.

Attendant Transportation Benefit

In the event of the injury or sickness of an Insured, the Company will pay the necessary travel expenses incurred, including the economy return airfare for a medical attendant certified as medically necessary, subject to a maximum of \$5,000.00.

Board, Lodging And Travel Expenses

In the event that an Insured is confined to hospital due to injury or sickness for a period of at least 5 consecutive days, the Company will pay the reasonable board, lodging and extra travel expenses incurred by other Insured persons who remain with the hospitalized Insured during the term of said hospitalization.

In the event of the injury, sickness or death of an Insured, the Company will reimburse the expense

incurred by an immediate family member limited to the return economy airfare to a maximum of \$3,000.00 and \$100.00 per day for commercial accommodation, to a maximum of 20 consecutive days.

Maximum Payment

The lifetime maximum amount payable by the Company with respect to an Insured is CDN \$1,000,000.00.

Exclusions

This insurance does not provide payment or indemnity for expenses incurred directly or indirectly as a result of:

- (a) pregnancy or complications thereof within two months of the expected termination date of pregnancy,
- (b) declared or undeclared war or any act thereof, or
- (c) suicide or any attempt thereat while sane or insane; or intentionally self-inflicted injury,
- (d) any ailment or condition for which an Insured undertakes a journey for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or hospital services,
- (e) hospitalization expenses incurred after the first 48 hours of hospitalization without prior approval from the Company,
- (f) any elective (non-emergency) treatment or surgery;
 - (i) not required for the immediate relief of acute pain and suffering;
 - (ii) which medically could be delayed until the Insured has returned to his/her province of residence;
 - (iii) which the Insured elects to have rendered or performed outside his/her province of residence following emergency treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the Insured from returning to his/her province of residence prior to such treatment or surgery.

What To Do In The Event Of An Emergency?

If possible, before obtaining any medical services or advice, please call Travel Assist. The operator will direct you to a facility in your area of travel and ensure that the medical attention you receive is covered. If you do not contact Travel Assist you may receive inappropriate or unnecessary medical treatment which may not be included in this coverage.

- Please make sure that, if you pay expenses yourself, you obtain original receipts and forward them to Chartis Insurance Company of Canada along with the completed claim form. Claim forms are available from Chartis Insurance Company of Canada or Travel Assist.
- If you contact Travel Assist at the time of your emergency, they will ensure that your covered expenses are paid directly to the hospital or medical facility, and will send you a claim form to be completed.
- Chartis Insurance Company of Canada will coordinate the submission of your claims with your provincial medical plan and your extended health care insurance plan (if any), on your behalf.

Travel Assist

WORLDWIDE COVERAGE

Telephone: U.S. & Canada 1-877-204-2017

Outside Canada: 0-715-295-9967 collect

CHARTIS INSURANCE COMPANY OF CANADA

145 Wellington St. W., Toronto, ON M5J 1H8
(416) 596-3000

This certificate is designed to outline the benefits for which you are eligible and does not create or confer any contractual or other rights. All rights with respect to the benefits of an Insured will be governed by the Group Master Policy issued by Chartis Insurance Company of Canada.