



**YOUR GROUP  
INSURANCE  
PLAN**



**Policy N° 1C680**

**Members of**

**CANADIAN OWNERS AND PILOTS ASSOCIATION**

**February 1<sup>st</sup>, 2021**

This booklet is an outline of SSQ Insurance Company Inc.'s Emergency Medical Travel insurance program offered to Members of the Policyholder. It is designed to help you learn more about the coverage offered under this insurance program. This booklet should be kept for future reference.

The Emergency Medical Travel #1C680 group insurance program's Master Application, endorsements and attached papers, if any, and the entire contract of insurance, all referred to hereafter as the "Policy", set forth the terms and conditions of the insurance program. All rights and obligations are determined in accordance with the Policy, not this booklet. For exact provisions of coverage offered, please contact your Human Resources department.

## SPECIFIC PROVISIONS

### 1. Name of Policyholder

#### CANADIAN OWNERS AND PILOTS ASSOCIATION

### 2. Description of Eligible Persons:

The following classes of persons are eligible:

Class A: All members who enroll in the Member Only Plan.

Class B: All members who enroll in the Member and Family Plan.

A Dependent Child can only be included in one Member and Family Plan. In the event that more than one Member is eligible to enroll in the Member and Family Plan with respect to the same Dependent Child, such Members must elect under whose plan such Dependent Child will be included.

Only one Member and Family Plan per family is available. In the event a Member and his/her Spouse are both Members of the Policyholder, those Members must elect to be covered either under one Member and Family Plan or two Member Only Plans if there is no Dependent Child to be covered.

"Member" means an active full-time member of the Policyholder under the age of eighty (80).

"Spouse" means an individual under the age of eighty (80)

- a) to whom the Member is legally married, or
- b) with whom the Member has continuously cohabited in a conjugal relationship for a minimum of one (1) year immediately before a loss is incurred under the policy.

Only one (1) individual will qualify as a spouse.

If the Member is legally married but is also cohabiting with an individual as described under Item b) above, the Member may elect in writing which one of the individuals will qualify as a spouse under the policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the Member is legally married.

"Dependent Child" means a natural child, adopted child, stepchild or a child who is in a parent-child relationship with the Member. The child is unmarried, dependent upon the Member for maintenance and support and:

- a) under twenty-one (21) years of age, or
- b) under twenty-five (25) years of age (twenty-six (26) in the province of Quebec) and in attendance at an Institution for Higher Learning on a

- full-time basis, or
- c) by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon the Member for support within the terms of the Income Tax Act.

"Institution for Higher Learning" is limited to universities, colleges, CEGEPs and trade schools located in Canada.

All Members, Spouses and Dependent Children must be covered under a Canadian federal and/or provincial health and hospitalization insurance plan and are residents of Canada.

### 3. Coverage:

Medical Reimbursement Expense Benefit:	\$ 1,000,000
Emergency Dental Treatment Benefit:	Included
Evacuation Benefit:	\$ 15,000
Repatriation Benefit	\$ 5,000
Family Transportation & Accommodation Benefit	\$ 5,000
Return of Vehicle Benefit	\$ 500
Hotel Convalescence Benefit	\$ 1,000
Deductible:	NIL
Coinsurance :	100%

Coverage is limited to a maximum duration of forty-five (45) days with respect to anyone (1) Trip.

### 4. Maximum Limit of Indemnity applicable to:

Medical Reimbursement Expense Benefit

\$ 1,000,000

### 5. Effective Date of Individual Insurance:

Insurance as to each eligible person becomes effective:

#### With respect to Member:

- a) on the Effective Date of the Policy if eligible on or before the Effective Date of the Policy.
- b) on the date a Member returns to active full-time work if such Member is absent from active full-time work for any reason other than bona fide vacation on the Effective Date of the Policy.
- c) on the date a Member becomes eligible if eligible after the Effective Date of the Policy.

With respect to Spouse or Dependent  
Child:

- a) on the effective date of the Member's insurance.
- b) on the date the Spouse or Dependent Child becomes eligible if eligible after the effective date of the Member's insurance.

## MAIN PROVISIONS

### Definitions

Wherever used in this policy:

"Insured Person" means the Insured Member, the Insured Spouse or the Insured Dependent Child.

"Injury" means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy provided such injury is sustained and for which expenses are incurred during the course of a Trip outside the province of Residence. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal physiological function and includes illness and infections, occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Disease" means any unhealthy condition of the body or any part thereof occurring while this policy is in force as to the Insured Person whose disease is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Trip" means travel, undertaken by the Insured Person, which commences on the date of departure from the Insured Person's province of Residence and continues until the return date to his province of Residence, subject to a maximum duration of forty-five (45) consecutive days.

"Residence" means the primary dwelling of which the Insured Person is an occupant and the premises on which it is situated.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered Nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, Physicians and Nurses will not exclude an Immediate Family Member.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practice medicine by:

1. a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing body, or
2. a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Nurse" means a graduate registered nurse (R.N.) or nurse who is licensed to practice nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor an Immediate Family Member.

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Travelling Companion" means a person who is sharing the same booked accommodation with the Insured Person.

"Emergency" means unexpected and not pre-planned.

"Airfare" means the regular fare charged for an economy class seat on a regular flight by a domestic or international scheduled air carrier, which holds an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such air carrier in the country of its certification.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

"Fare" means the regular fare charged for:

1. an economy class seat on a regular flight by a domestic or international scheduled air carrier,
2. a coach seat on a passenger train,
3. a regular seat on a passenger bus or
4. an economy class seat on a boat,

where each of these carriers must hold an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such carrier in the country of its certification.

"Accommodation" means lodging in the vicinity of the Hospital where the Insured Person is confined.

"Motorized Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance, aircraft, or any type of motorized vehicle used by municipal, provincial or federal police forces.

The word "province" will be construed as territory when either the Insured Person's Residence is located or the treatment is rendered in a territory in Canada.

The male pronoun will be construed as the feminine when the person is a female.

### Medical Reimbursement Expense Benefit

When by reason of Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section, the Insurer will reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

1. Hospital charges including those for room and board, up to and including the semi-private accommodation level, Subject to a maximum duration of twelve (12) months;
2. Hospital charges for out-patient services when medically required;
3. expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of five thousand dollars (\$ 5,000) per Accident, Sickness or Disease;
4. charges for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a thirty (30) day supply;
5. expenses charged for the services of a duly licensed or duly registered physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of one thousand dollars (\$ 1,000) per Accident, Sickness or Disease;
6. expenses for a licensed ground ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of one thousand dollars (\$1,000) per Accident, Sickness or Disease;
7. expenses incurred for the following:
  - a) blood plasma, whole blood or oxygen, including the administration thereof;
  - b) x-rays and laboratory examinations which are required for diagnostic purposes;
  - c) artificial limbs, eyes or other prosthetic appliances, subject to a maximum of two thousand dollars (\$ 2,000) per calendar year;
  - d) rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints);
  - e) rental of a wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment, subject to a maximum of



five thousand dollars (\$ 5,000) per Accident, Sickness or Disease;

- f) expenses for medical care and treatment rendered or surgical procedure performed by a Physician;
- g) expenses for the services of a licensed anesthetist when recommended by a Physician;
- h) expenses for the services of any of the following practitioners, provided such practitioner is duly licensed or duly registered where required in the province of practice and does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of three hundred dollars (\$ 300) per specialty per Accident, Sickness or Disease (such services do not require the recommendation of a Physician except as indicated below):
  - a) chiropractor
  - b) osteopath
  - c) chiropodist or podiatrist
  - d) massage therapist, on the recommendation of a Physician
  - e) speech therapist
  - f) psychologist

Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of one (1) x-ray per practitioner

for each Insured Person per Accident, Sickness or Disease.

### **Emergency Dental Treatment Benefit**

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person, but not to exceed in the aggregate the amount of two thousand dollars (\$2,000) as a result of anyone (1) Accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the Insured Person's province of Residence.

### **Evacuation Benefit**

If, as a result of Injury, Sickness or Disease, an Insured Person requires any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is

recommended by the attending Physician and approved by the Insurer.

2. transportation to the Insured Person's province of Residence by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by the Insurer and the attending Physician certifies in writing that the Insured Person's medical condition after receiving treatment (including diagnostic testing) warrants the return to his province of Residence for further treatment or to recover.
3. transportation to the Insured Person's province of Residence in the event he is confined as inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

The Insurer will pay the reasonable and necessary transportation expenses actually incurred by the Insured Person including any related medical services and supplies.

The Insurer will also pay the reasonable and necessary expenses actually incurred by a medical attendant or one (1) Immediate Family Member, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board. All covered

expenses incurred by the medical attendant or Immediate Family Member are subject to a maximum amount of two thousand dollars (\$2,000).

The total maximum amount payable under this section will not exceed the amount of Evacuation Benefit stated under Item 3 of the Specific Provisions as a result of anyone (1) Accident, Sickness or Disease.

The above benefit will be payable under one (1) of the policies issued to the Policyholder by the Insurer.

### **Repatriation Benefit**

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person more than fifty (50) kilometers from the Insured Person's normal place of Residence, the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to the first (1<sup>st</sup>) resting place (including but not limited to a funeral home or the place of interment) in the vicinity of the normal place of Residence of the deceased, including charges for the preparation of the body for such transportation, subject to the maximum amount of Repatriation Benefit stated under Item 3 of the Specific Provisions.

The benefit payable under this section will be payable to the person who actually incurred the expenses.

### **Family Transportation and Accommodation Benefit**

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person or if the Insured Person is confined as an inpatient in a Hospital for at least four (4) consecutive days and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by:

1. any other Insured Persons or Travelling Companion who remained with such Insured Person during his hospitalization, thus preventing them from returning to their province of Residence on the original scheduled return date, provided the return Fare is non-changeable and non-re fundable, for their board, Accommodation and transportation by the most direct route back to their normal place of Residence, subject to the cost of one (1) way Fare; or
2. an Immediate Family Member or a family representative for board, Accommodation and one (1) return Fare for transportation by the most direct route to and from the normal place of residence of the Immediate Family Member or family representative to the confined Insured Person, if such Insured Person had been travelling unaccompanied by a family member at the time he became hospitalized.

Reimbursement of transportation expenses under this section is limited to seventy-five percent (75%) of the cost of the Fare. If

transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of thirty-five cents (\$ 0.35) per kilometer travelled.

The total maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Family Transportation and Accommodation Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

### **Return of Vehicle Benefit**

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person has become disabled and is unable to continue the Trip by means of driving the owned or rented Motorized Vehicle used as a conveyance during such Trip, the Insurer will pay the reasonable and necessary expenses actually incurred for the return of such vehicle by a commercial agency to the Insured Person's normal place of Residence or the rental agency, as the case may be.

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Return of Vehicle Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

### **Hotel Convalescence Benefit**

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person, due to his medical condition, is prohibited from resuming any travel following discharge from the Hospital where the Insured Person was confined for a period of not less than seven (7) days, the Insurer will pay the reasonable and necessary expenses actually incurred for board and Accommodation.

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Hotel Convalescence Benefit stated under Item 3 of the Specific Provisions as a result of anyone (1) Accident, Sickness or Disease.

### **Maximum Limit of Indemnity**

With the exception of those benefits listed below, the total amount payable under this policy for reimbursement of all expenses, which an Insured Person has incurred as the result of all Injuries caused by anyone (1) Accident or as the result of any one (1) Sickness or Disease, will not exceed the Maximum Limit of Indemnity stated under Item 4 of the Specific Provisions.

The following benefits are excluded from the Maximum Limit of Indemnity:

- Evacuation Benefit
- Repatriation Benefit
- Family Transportation
- and Accommodation Benefit

- Return of Vehicle Benefit
- Hotel Convalescence Benefit

### **Deductible**

The deductible amount indicated under Item 3 of the Specific Provisions applies to all benefits payable under the section entitled "Medical Reimbursement Expense Benefit" as a result of anyone (1) Accident, Sickness or Disease.

Reimbursement of insured expenses commences following accumulation of the deductible amount.

### **Coinsurance**

The coinsurance percentage indicated under Item 3 of the Specific Provisions applies to all benefits payable under the section entitled "Medical Reimbursement Expense Benefit" as a result of anyone (1) Accident, Sickness or Disease.

Reimbursement of insured expenses will be made at the percentage indicated, following satisfaction of the deductible, if any.

### **Indemnity Payments**

Unless otherwise indicated, all benefits, including those payable for Insured Spouse and/or Insured Dependent Children, will be paid to or at the direction of the Insured Member. Accrued benefits, if any, unpaid at the time of the Insured Member's death will be paid to his estate.

## Individual Terminations

The insurance of an Insured Person will immediately terminate on the earliest of the following dates:

1. on the date this policy is terminated;
2. on the premium due date if the Member fails to pay the required premium;
3. on the date the Insured Person reaches eighty (80) years of age;
4. on the date the Insured Member ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

In the event an Insured Person becomes ineligible during a Trip, insurance will terminate on the earliest of the date he returns to his province of Residence or the maximum duration as stated in the definition of "Trip" following the date of departure from such province.

Termination of the insurance of any Insured Person will not prejudice consideration of any claim as a result of Injury, Sickness or Disease which occurred prior to such termination. In the event the Insured Person is hospitalized as a result of Injury, Sickness or Disease prior to the termination of insurance, benefits will be paid provided treatment is continuous for such Injury, Sickness, or Disease subject to the terms and provisions of this policy in effect as of the date of the termination of insurance. However, no benefits will be payable under the sections entitled "Medical Reimbursement

Expense Benefit" and "Emergency Dental Treatment Benefit" for expenses incurred after the Insured Person is no longer confined as an inpatient in a Hospital or twelve (12) months from the first (1<sup>st</sup>) day of hospitalization, whichever occurs first.

## Continuation of Coverage

Coverage under this policy may be continued for an Insured Person without payment of premium in the event the Insured Person is delayed beyond his termination date of insurance as follows:

1. If the Insured Person is returning to his province of Residence and the delay is caused by a mechanical breakdown of the conveyance in which he is travelling or scheduled to travel, a traffic accident or inclement weather, coverage will continue up to seventy-two (72) hours from the date his insurance would have terminated.
2. If, as a result of Injury, Sickness or Disease, the Insured Person is confined as an inpatient in a Hospital, coverage will continue up to seventy-two (72) hours from the date of discharge from such Hospital.
3. If, as a result of Injury, Sickness or Disease, the Insured Person is not confined in a hospital but the attending Physician certifies that his medical condition prevents him from returning to his province of Residence, coverage will continue up to a maximum of ten

(10) days from the date his insurance would have terminated.

The coverage which is continued under this section will be subject to the terms and provisions of this policy in effect as of the date the Insured Person's insurance would have terminated including any provisions providing for reductions in amounts of insurance.

### **Exclusions and Limitations**

- A. This policy does not cover loss (fatal or non-fatal) or expenses caused by or resulting from:
1. suicide or intentionally self-inflicted Injury;
  2. war, whether declared or not;
  3. perpetration of acts of terrorism or participation in a riot, insurrection or civil commotion;
  4. active full-time, part-time or temporary service in the armed forces of any country;
  5. pregnancy, childbirth, except complications thereof which will be treated as any other Sickness;
  6. a Trip undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation;

7. participation in any professional athletics;
8. participation in acrobatic, aerobatics, or stunt flying, mountaineering, hang gliding, scuba diving, any racing or speed contests; or

#### Applicable to ages 65-69 only:

9. any condition for which the Insured Person received medical advice, consultation or treatment within three (3) months prior to the commencement of a Trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication;

"Chronic Condition" means a disease or disorder which has existed for a minimum of three (3) months.

"Stabilized" means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of three (3) months.

#### Applicable to ages 70-74 only:

10. any condition for which the Insured Person received medical advice, consultation or treatment within six (6) months prior to the commencement of a Trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication;

“Chronic Condition” means a disease or disorder which has existed for a minimum of six (6) month.

“Stabilized” means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of six (6) months.

Applicable to ages 75-79 only:

11. any condition for which the Insured Person received medical advice, consultation or treatment within twelve (12) months prior to the commencement of a Trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication;

“Chronic Condition” means a disease or disorder which has existed for a minimum of twelve (12) month.

“Stabilized” means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of twelve (12) months.

B. This policy does not cover any of the following supplies or services or costs thereof:

1. expenses covered under any government hospital, medical, dental or health care insurance plan, whether payable or not, or expenses

- for which insurance is prohibited by law;
2. expenses which are reimbursed under the Policyholder's other group health and hospitalization insurance plan;
3. medical examinations for the use of a third (3rd) party, cosmetic surgery and dental services other than those required as a result of an Accident;
4. charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, contraceptives of any type or form and patent medicines;
5. charges for any experimental medical treatments;
6. services for which no charge would ordinarily be made if there was no insurance coverage;
7. expenses incurred for necessary treatment or surgery which medically could be delayed until the Insured Person has returned to his province of Residence; or
8. medical expenses for treatment or surgery which the Insured Person elects to have rendered or performed outside his province of Residence, following an Emergency treatment or diagnosis of a medical condition which (on medical evidence) would not prevent the Insured Person from

returning to his province of Residence prior to such treatment or surgery.

9. expenses incurred in a location for which the Government of Canada issued an advisory to avoid all travel as well as expenses incurred during cruise ship travel while the Government of Canada issued an advisory to avoid all cruise ship travel. If the Insured Person is already present at the location in question or on a cruise ship at the time the advisory is issued, they must comply with the advisory within 14 days following its issuance. If the Insured Person does not comply with the advisory within 14 days following its issuance, no expenses incurred by the Insured Person will be eligible after this deadline.

C. The following limitations to the coverage provided under this policy will apply:

1. Coverage for each Trip begins when an Insured Person leaves the border of his province of Residence or if travelling by aircraft, when such aircraft takes off in his province of Residence, provided insurance is in force as to such Insured Person in accordance with Item 8 of the Specific Provisions.

Coverage for each Trip terminates when an Insured Person crosses the border of his province of Residence when returning from a Trip or if

travelling by aircraft, when such aircraft lands in his province of Residence or forty-five (45) days following the date of departure from his province of Residence, whichever is earlier.

2. All expenses must be incurred on a non-elective Emergency basis outside the Insured Person's province of Residence and are in excess of expenses payable under any individual, group or government sponsored hospital or medical insurance plan.
3. In consultation with the attending Physician, the Insurer reserves the right to transfer an Insured Person to another Hospital or to return an Insured Person to his province of Residence for necessary treatment. In the event the Insured Person re fuses to comply, the Insurer will no longer be liable for further expenses incurred, which are relating to the condition causing the treatment, after the proposed transfer date.

### **Non Duplication**

Any benefits normally payable under any other insurance policy or plan that duplicate benefits payable under this policy will be coordinated with this policy to the extent that the aggregate reimbursement does not exceed the total expenses incurred.

The Insurer may, at its discretion, require from the Insured Person an assignment of all right of recovery against any other party for loss to the extent that payment is made hereunder.



## GENERAL PROVISIONS

Written notice of loss must be given to the Insurer within thirty (30) days after the date of such loss. Such notice given by or on behalf of the Insured Person, as the case maybe, to the Insurer at its Head Office, 1225 St-Charles Street West, Suite 200, Longueuil QC J4K 0B9, or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed to be notice to the Insurer. Failure to give notice within the time provided in this policy will not invalidate any claim, if it is shown not to have been reasonably possible to give such notice during such time and that notice was given as soon as was reasonably possible, but in no event later than one (1) year after the date of the loss. The Insurer, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss within thirty (30) days after the receipt of such notice.

Written proof of loss must be furnished to the Insurer within ninety (90) days after the date of such loss. Failure to furnish such proof within such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the loss.

The Insurer will have the right and opportunity to examine the person of the Insured Person when and so often as it may reasonably require during the pendency of claim hereunder.

All indemnities provided in this policy for loss will be paid immediately after receipt of due proof.

All moneys payable under this policy are payable in the lawful money of Canada.

The insurance of an Insured Person is non-assignable.

Legal action will not be taken to recover benefits under this policy until sixty (60) days after proof of loss has been submitted to the Insurer. Thereafter, the claimant will be limited to a one (1) year period [three (3) years in the province of Quebec] during which legal action may be taken.

If any time limitation specified in this policy for giving notice of claim, or submitting proof of loss, or undertaking legal action is less than that permitted by law of the province in which the Insured Person is residing at the time of loss, then the time limitation will not be less than that provided for by such provincial law.

## **AXA Assistance Canada Inc. AXA Assistance Program**

**SSQ Insurance Company Inc.**, in cooperation with AXA Assistance Canada Inc. agrees to provide the Medical Assistance Program to persons insured (hereinafter referred to as Member) under **Policy # 1C680** issued to:

### **CANADIAN OWNERS AND PILOTS ASSOCIATION**

The following Emergency services will be provided while the Member is travelling or stationed away from his normal place of Residence:

1. Referrals to physicians and health facilities.
2. Dispatch, if permissible by local laws, of replacement medication if lost, stolen or depleted
3. Medical monitoring and evaluation during treatment and ongoing updates to family and/or employer.
4. Arrangements for medical evacuation to the nearest facility capable of providing the required care.
5. Special assistance on medically supervised emergency transportation.
6. Handling arrangements in the event of the Member's death.
7. Emergency message transmission between the Member and his family and/or employer.
8. Assistance in replacing travel documents while travelling, i.e., passports, credit cards.
9. Contact information for embassies and

consulates worldwide.

10. Arrangements for an initial legal consultation if the Member experiences a civil or criminal problem in a foreign country.
11. Emergency telephone translation services or referrals to interpreter services.
12. Assistance in making travel arrangements for a family member chosen by the Member to join the Member at the place where the Member is hospitalized.
13. Return to home travel arrangements for dependent children who are left unattended.
14. Assistance in replacing tickets, identification papers or other official documents in the event of loss, theft or early return.
15. Pre-trip information such as information on passports, visas, required vaccinations and any restrictions that apply to each country the Member is visiting.
16. Assistance in finding lost or stolen luggage.

If a Member becomes ill or injured, call AXA Assistance at one of the numbers shown on the Membership Card and be prepared to give the following information:

- the name of the person calling, telephone # and relationship to the Member.
- the Member's name, location, ID # and Policy # as shown on the Membership

Card.

- the condition of the Member and nature of the Emergency.
- name, location and telephone # of hospital.
- name, location and telephone # of treating physician.

AXA Assistance will help the ill or injured Member to get the care needed. However, neither SSQ Insurance Company Inc. nor AXA Assistance will be responsible in any way for the availability, unavailability, quantity, quality or results of any medical services or treatment received or for the failure to obtain such services or treatment.

AXA Assistance must be notified within 48 hours of an Emergency, or when reasonably possible, following an Emergency. Claims may be reduced if contact is not made with AXA Assistance within 48 hours of admission to Hospital.

SSQ Insurance Company Inc. will provide each Insured Member with the Membership Card which shows the telephone #s to call. The service is available 24 hours a day, 365 days a year for any medical, travel or personal Emergency.

This service is available provided **Policy # 1C680** remains in force with SSQ Insurance Company Inc.

**This program does not form part of the contract with SSQ Insurance Company Inc.**