

# Diners Club<sup>®†</sup> Optional Insurance Coverage

Out-of-Province/Country  
Emergency Medical Insurance





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## **Underwritten by:**

CHUBB INSURANCE COMPANY OF CANADA  
199 Bay Street, Suite 2500  
P.O. Box 139, Commerce Court Postal Station  
Toronto, Ontario, M5L 1E2

## **Administered by:**

World Travel Protection Canada Inc. (WTP)  
901 King Street West, Suite 300  
Toronto, Ontario M5V 3H5

## **CLAIMS**

Prior to medical treatment or admission to a  
Hospital, call to confirm coverage  
(please refer to exclusion #18)

**Toll Free (in Canada and U.S.): 1-866-865-2617**  
**Collect (Elsewhere): 416-977-7743**

**When a Medical Emergency occurs to an Insured  
Person on a Covered Trip, if possible call WTP  
prior to seeking medical attention.**

**This Certificate/Policy contains a  
provision removing or restricting  
the right of the insured to  
designate persons to whom or for  
whose benefit insurance money is  
to be payable.**

# CERTIFICATE OF INSURANCE – AGREEMENT TO INSURE

The coverage outlined in this **Certificate** is provided to eligible **Cardmembers** by the **Company** under Group Insurance Policy No. 6405-91-88 issued by the Company to Bank of Montreal (“Diners Club”). The **Insured Person** and any claimant under this insurance may request a copy of the **Cardmember’s Application** and a copy of the group insurance policy.

The **Company** agrees to provide insurance in respect of a **Covered Trip** in accordance with the terms and conditions of this **Certificate** to the **Insured Persons**. With respect to **Cardmembers** under 70 years of age on the **Effective Date** who have purchased optional coverages as outlined in the *Confirmation of Coverage* attached to and forming part of this **Certificate**, insurance coverage for **Insured Persons** commences in respect of a **Covered Trip** on the date of each departure by air or otherwise as outlined in the *Confirmation of Coverage* from the province or territory of ordinary residence of an **Insured Person** during the **Period of Insurance** and terminates on each return by an **Insured Person** to the province or territory of the **Insured Person’s** ordinary residence within Canada or after the first 14 or 30 consecutive days following the date of departure (depending on the option purchased and premium paid), whichever occurs first.

This **Certificate** covers **Eligible Medical Expenses** for **Emergency** services, and other expenses as specifically detailed in this **Certificate**.

**All coverage under this Certificate is excess to any other insurance whether collectible or not. Claims are limited to the lesser of the excess of amounts payable under a provincial health care plan, any other group health or private insurance plan, any other policy (or under an extension to any policy) or credit card coverage and any amounts legally recoverable from another party (this includes but is not limited to the amounts recoverable under any private or provincial auto insurance plan).**

## DEFINITIONS

**Accidental Bodily Injury** or **Injury** means: bodily injury caused by violent external and accidental means.

**Acute** means: the initial or Emergency short course (not chronic) treatment phase of a sudden and unexpected **Sickness** or **Injury**.

**Application** means: the series of questions asked by the **Company** and information provided by the **Cardmember** which is used to process the **Cardmember's** Application for coverage under this **Certificate**.

**Card** means: a valid Diners Club<sup>®†</sup> Card issued to a **Cardmember** by Bank of Montreal.

**Cardmember** means: the natural person to whom a Diners Club Card has been issued by Bank of Montreal, whose name is embossed on the face of a valid **Card** and whose Diners Club account is current and has not been cancelled for any reason.

**Common Carrier** means: any land carrier, water conveyance, or charter or scheduled airline operated by those whose occupation or business is transportation of persons or things for hire or reward, and that undertake to carry all passengers indifferently who may apply for passage, so long as there is room, there is no legal excuse for refusal, and tickets and boarding passes are issued.

**Certificate** means: this Certificate of Insurance.

**Company** means: Chubb Insurance Company of Canada (Chubb), 199 Bay Street, Suite 2500 P.O. Box 139, Commerce Court Postal Station Toronto, Ontario, M5L 1E2

**Covered Trip** means: a trip commencing on the date of each departure from the **Insured Person's** province or territory of ordinary residence in Canada and terminates either in the number of days noted below or on each return by an **Insured Person** to the province or territory of the **Insured Person's** ordinary residence in Canada, whichever comes first.

- (a) For **Cardmembers** who have purchased the option which is triggered by air travel, the first 14 consecutive days of a trip, begun by air, taken during the **Period of Insurance**.
- (b) For **Cardmembers** who have elected to purchase optional coverages as outlined in the *Confirmation of Coverage* attached to and forming part of the **Certificate**, the first 14 or 30 consecutive days of a trip (depending on the option purchased) taken during the **Period of Insurance**.

**Dependent** means: all unmarried children of the **Insured Cardmember** who are:

- (a) under the age of 21 years and reside in the same household with the **Insured Cardmember**; or
- (b) under the age of 25 years and are attending as full-time students in a university, college or school; or
- (c) by reason of mental or physical infirmity,

incapable of self sustaining employment and totally dependent upon the **Insured Cardmember** for support within the terms of the *Income Tax Act*.

**Effective Date** means: the date on which the **Cardmember's Certificate** takes effect as specified on the **Cardmember's Application**.

**Eligible Medical Expense** means: those categories of expenses which are detailed under the heading in Section I of this **Certificate**.

**Emergency** means: an unforeseen event which occurs while travelling on a **Covered Trip** outside the **Insured Person's** province or territory of ordinary residence, affecting the **Insured Person** in such a way that an **Insured Person** will be in continued danger unless there is immediate intervention by a **Physician** or Dentist necessitating the examination or treatment by such **Physician** or Dentist licensed to practice his/her profession. Such **Emergency** no longer exists when, in the opinion of the treating **Physician** or Dentist, the **Insured Person** is able to return to the **Insured Person's** province or territory of ordinary residence in Canada. Once such **Emergency** ends, no further benefits are payable in respect of the condition which caused the **Emergency**. Where the examination or treatment discloses a condition which because of its nature requires continuous intervention and treatment, this continuous intervention and treatment does not constitute a reimbursable **Eligible Medical Expense**.

**Hospital** means: a legally constituted medical facility under the medical supervision of a **Physician**, with either permanent facilities on the premises for surgery or a formal arrangement with another institution making such facilities available, and providing 24 hour nursing service.

The term **Hospital** does not include convalescent, nursing, rest or skilled nursing facilities, whether separate or a part of a regular general **Hospital**, operated exclusively for the treatment of persons who are mentally ill, aged or drug or alcohol abusers.

**Insured Cardmember** means: any **Cardmember** under 70 years of age on the **Effective Date** who has elected to purchase optional coverages as outlined in the *Confirmation of Coverage* attached to and forming part of this **Certificate**.

**Insured Person** means: the **Insured Cardmember** and, if the **Insured Cardmember** has elected to

purchase the optional Family coverage plan, the **Spouse** and **Dependents** of the **Cardmember** who are all under 70 years of age on the **Effective Date**.

**Period of Insurance** means: 365 consecutive days from the **Effective Date** on the *Confirmation of Coverage* attached to and forming part of this **Certificate**. If the **Insured Person** is not in their province or territory of ordinary residence in Canada at the time of making a telephone application for coverage, then coverage shall only apply with regard to the **Covered Trips** begun after the **Insured Person** has returned to their province or territory of ordinary residence in Canada.

**Physician** means: a doctor of medicine or surgery who is currently registered and licensed in accordance with the regulations applying in the jurisdiction where he or she practices.

**Pre-Diagnosed Condition** means: a medical condition, whether known or unknown to the **Insured Person**, diagnosed by a **Physician** prior to the commencement of a **Covered Trip**.

**Sickness** means: an **Acute** illness requiring immediate **Emergency** treatment as a result of a sudden onset of symptoms occurring while the **Insured Person** is outside the **Insured Person's** province or territory of ordinary residence during the **Period of Insurance**.

**Spouse** means: either a person to whom the **Cardmember** is lawfully married, or the common-law spouse of a **Cardmember**. Common-law spouse shall mean a person (of the same or opposite sex) who has been living with a **Cardmember** continuously for at least one year and is publicly represented as the **Cardmember's** partner.

## SECTION I

### EXCESS HOSPITAL/MEDICAL INSURANCE

#### **Limit \$1,000,000 per Insured Person per Covered Trip.**

If an **Insured Person** while travelling on a **Covered Trip** outside the **Insured Person's** province or territory of ordinary residence, requires hospitalization for **Emergency** treatment in respect of a sudden and unexpected **Sickness** or **Accidental Bodily Injury**, the **Company** agrees, up to the sum insured, to reimburse the **Insured Cardmember** or the provider of medical services or facilities, all **Eligible Medical Expenses**.

To qualify for reimbursement the expenses must be medically necessary for the treatment of sudden and unexpected **Sickness** or **Accidental Bodily Injury** incurred on a **Covered Trip**, must be prescribed by a **Physician**, must be incurred outside the **Insured Person's** province or territory of ordinary residence in Canada and must be incurred within 365 days of the **Injury** or **Sickness**.

### ELIGIBLE MEDICAL EXPENSES

The **Company** agrees to reimburse the **Insured Person** in respect of any usual, customary and reasonable expenses set out below provided that the **Insured Person** has a valid claim:

- (1) **Emergency Hospital** confinement, treatment and follow-up visits when the medical process in dealing with the **Emergency** requires such follow-up visits.
- (2) Services of a **Physician**.
- (3) Services of a Physiotherapist and/or Chiropractor but limited to a maximum of \$300.00 for any one **Emergency** for each practitioner per **Covered Trip**.
- (4) X-ray examinations and diagnostic laboratory procedures.
- (5) Medicines and/or drugs (excluding vitamins, minerals, dietary supplements and patent medicines) prescribed by the treating **Physician**. The **Company** will reimburse the total cost of such medicines and/or drugs while the **Insured Person** is confined to **Hospital** and thereafter for a maximum of 30 days supply after discharge from **Hospital** confinement.

- (6) Rental of essential medical appliances including but not limited to wheelchairs, crutches and canes.
- (7) Medical Transport (by the most appropriate means including licensed general ambulance service or emergency air ambulance service if the physical condition of the **Insured Person** prevents the use of other means of transportation) to the nearest **Hospital** equipped to provide the required treatment or to the **Insured Person's** province or territory of ordinary residence at the discretion of the **Company** and coordinated and arranged by the **Company**; also included will be the cost of any necessary medical accompaniment.
- (8) Private-duty nursing services performed by a registered nurse (R.N.) when ordered in writing by the treating **Physician**. The maximum amount reimbursable by the **Company** in respect of this expense is limited to \$3,000.00 per **Covered Trip**.
- (9) The services of a Dentist or Dental Surgeon provided for the treatment of accidental **Injury** caused by violent external means to natural teeth. The treatment must be provided no later than 90 days after the completion of a **Covered Trip**. The maximum amount reimbursable by the **Company** in respect of this expense is limited to \$2,000.00 per **Covered Trip**.

## SECTION II

### ADDITIONAL MEDICAL/TRAVEL RELATED EXPENSES

The **Company** agrees to reimburse the **Insured Person** in respect of any usual, customary and reasonable expenses necessarily incurred on a **Covered Trip** set out below provided that the **Insured Person** has a valid claim under Section I of this **Certificate**.

#### **(1) Additional Medical/Travel Related Expenses:**

If as a result of a sudden or unexpected **Sickness** or **Injury** occurring while the **Insured Person** is outside the **Insured Person's** province or territory of ordinary residence it is necessary for the **Insured Person** to return to the **Insured Person's** province or territory of ordinary residence and the treating **Physician** or **Common Carrier** stipulates in writing that the **Insured Person** must be accompanied by a qualified medical attendant, the **Company** will reimburse the costs incurred for one round-trip economy fare for the medical attendant.

In addition, if the condition of the **Insured Person** necessitates the usage of more than one passenger seat the **Company** will reimburse the additional costs incurred. The maximum amount reimbursable by the **Company** in respect of this expense will be the cost of bringing the **Insured Person** by the most direct route to the **Insured Person's** province or territory of ordinary residence.

#### **(2) Additional Meals and Accommodations Expense:**

If an **Insured Person** has to remain after the planned termination date of the **Insured Person's Covered Trip** because an accompanying **Insured Person** insured under this **Certificate** requires **Emergency** treatment in respect of a sudden and unexpected **Sickness** or **Accidental Bodily Injury**, the **Company** will reimburse the additional expense incurred for meals and accommodations for an **Insured Person**. The maximum amount reimbursable by the **Company** in respect of this expense is limited to \$1,500.00 per **Covered Trip** and subject to a maximum of \$100.00 per day.

#### **(3) Family Transportation Costs:**

(a) When the **Insured Person** is confined to **Hospital** and the treating **Physician** considers

it necessary, the **Company** will reimburse the transportation costs of the **Insured Person's Spouse** or one **Dependent** to be with the **Insured Person**.

The maximum amount reimbursable by the **Company** in respect to this expense is limited to the cost of one round-trip economy fare by the most direct route.

- (b) Where it is necessary for a deceased **Insured Person** to be identified prior to the release of the body, the **Company** will reimburse the transportation costs of the **Insured Person's Spouse** or one **Dependent** to go to the location of the body of the deceased **Insured Person** and identify the body.

The maximum amount reimbursable by the **Company** in respect of this expense is limited to the cost of one round-trip economy fare by the most direct route.

**(4) Return of the deceased Insured Person:**

The **Company** will reimburse the cost of preparing the deceased **Insured Person** for burial and the transport of the body to the deceased **Insured Person's** province or territory of ordinary residence, where the death of the **Insured Person** is as a result of sudden and unexpected **Sickness** or **Accidental Bodily Injury** while the **Insured Person** is outside the **Insured Person's** province or territory of ordinary residence.

The maximum amount reimbursable by the **Company** in respect of this expense is limited to \$5,000.00.

**(5) Cremation or Burial Expenses:**

In the event that the deceased **Insured Person** is not returned to the **Insured Person's** province or territory of ordinary residence, the **Company** will reimburse for cremation or burial expenses at the place of death.

The maximum amount reimbursable by the **Company** in respect of this expense is limited to \$1,500.00.

**(6) Return of Vehicle:**

If the treating **Physician** determines that an **Insured Person** is incapable of continuing the **Insured Person's Covered Trip** by means of the vehicle used for the **Covered Trip**, the **Company** will reimburse the cost of having the vehicle returned by a commercial agency to the province or territory of the **Insured Person's** ordinary

residence or the nearest appropriate vehicle rental agency from which the vehicle was rented.

The maximum amount reimbursable by the **Company** in respect of this expense is limited to \$1,000.00 per **Covered Trip**.

## EXTENDED COVERAGE BENEFIT

This **Certificate**, after termination of any one **Period of Insurance** or a **Covered Trip**, will be automatically extended:

- (a) For 72 hours in the event a **Common Carrier** is delayed for more than 12 hours and prevents the **Insured Person** from returning to the **Insured Person's** province or territory of ordinary residence; or
- (b) To the **Insured Person** who has been hospitalized during the term of this **Certificate** for the period of **Hospital** confinement plus 72 hours after release for the **Insured Person** to return to the **Insured Person's** province or territory of ordinary residence.

## EXCLUSIONS

The **Company** will not be liable for reimbursement of **Eligible Medical Expenses** or Additional Medical/Travel Related Expenses incurred directly or indirectly as a result of:

1. A **Pre-Diagnosed Condition**; unless
  - (a) such medical condition is controlled by the consistent use of medication, and there has been no alteration in the medication, dosage or usage, advised or effected during the 90 days prior to the commencement of the **Covered Trip**; or
  - (b) such medical condition has been dormant and/or stable and the **Insured Person** has not used medication or received any treatment in the 90 days prior to the commencement of the **Covered Trip**.
2. Elective or non **Emergency** treatment or surgery.
3. Pregnancy or complications thereof, childbirth or complications thereof, occurring within 60 days of the expected date of delivery or where the **Insured Person** is travelling against **Physician's** orders.
4. Any act of declared or undeclared war.
5. Suicide or attempted suicide.
6. **Injury** while participating in professional sport, any speed contests, mountaineering with the use of ropes or line, spelunking, hang-gliding,

- parachuting or sky diving, ultra-light aircraft flying, deep sea diving, scuba diving or bungee jumping.
7. Loss from damage to eyeglasses, contact lenses, prosthetic devices, hearing aids.
  8. Expenses resulting from the abuse of medication, drugs, or alcohol, psychotherapeutic treatment or rehabilitative treatment.
  9. Tests and investigative consultation (including but not so as to limit the foregoing: biopsies) except when performed at the time of **Emergency Sickness or Injury**.
  10. Psychological, mental or emotional disorders.
  11. Acquired immune deficiency syndrome.
  12. Cardiovascular surgery unless the cardiovascular surgery is necessary as a result of sudden and unexpected **Sickness or Accidental Bodily Injury** occurring while the **Insured Person** is outside of his or her province or territory of ordinary residence.
  13. Continuous medical intervention and treatment of an **Insured Person** when such medical intervention and treatment discloses a condition which, because of its nature, would require such continuous medical intervention and treatment.
  14. If an **Insured Person** suffers sudden and unexpected **Injury or Sickness** during a **Covered Trip**, which is reimbursable under this **Certificate**, and the **Insured Person** is still receiving medical attention after returning to the **Insured Person's** province or territory of ordinary residence in Canada, no coverage will apply in respect of that occurrence on any subsequent **Covered Trip** unless such medical condition which required the medical attention has been stable for 90 days prior to the commencement of a subsequent **Covered Trip**.
  15. Intentionally self-inflicted injuries.
  16. The **Insured Person** being under the influence of any narcotic unless taken on the advice of a **Physician**.
  17. Any travel commenced contrary to medical advice or after the receipt of a terminal prognosis by a **Physician**.
  18. **Hospital** treatment for which benefits exceed the amount determined as medically necessary by an independent **Physician** or medical organization. Such independent **Physician** or medical organization will review the claim for the **Company** and notify the **Hospital** and the **Insured Person** of such amounts prior to **Hospital** admission or within 72 hours after admission.

# GENERAL CONDITIONS

## Provisions and Conditions

1. Notice of a claim shall be given in accordance with the claims procedure clause included in this **Certificate** as soon as reasonably possible. The **Insured Person** should also within 90 days from the date a claim arises under this **Certificate** furnish such proof and additional information as is reasonably possible and if required by the **Company**, furnish a certificate from a **Physician** detailing the cause or nature of the **Sickness** or **Injury** for which the claim has been instituted.
2. Misrepresentation and Fraud - The entire coverage under this **Certificate** shall be void, subject to applicable law, if, whether before or after loss, the **Insured Person** has concealed or misrepresented any material fact or circumstances concerning this **Certificate** or the interest of the **Insured Person** therein, or in the case of any fraud or false swearing by the **Insured Person**.
3. Subrogation - If the **Insured Person** shall acquire any right of action against any person, firm or organization for loss covered hereunder, the **Insured Person** shall, if requested by the **Company**, assign and transfer such claim or right of action to the **Company** and will permit suit to be brought in the **Insured Person's** name, or as may otherwise be prescribed under applicable law, under the direction and expense of the **Company**. The **Insured Person** shall do nothing after a loss to prejudice such rights.
4. If any of the terms or conditions of this **Certificate** are in conflict with the statutes of the province or territory wherein this **Certificate** is issued the terms and conditions are hereby amended to conform to such statutes.
5. In the case of disagreement with the medical decision of the **Company's** medical consultant, the matter shall, subject to applicable law, be submitted to arbitration in accordance with the laws governing arbitration in the province or territory in which this **Certificate** is issued.
6. If the **Insured Person** is eligible to join the provincial health care plan of the **Insured Person's** province or territory of ordinary residence in Canada and if the **Insured Person** has not done so, the amounts payable under Sections I and II will be in excess of any amount that would have been paid under the provincial health care plan had the **Insured Person** been covered under such provincial health care plan.

7. This **Certificate** is non-cancellable during the **Period of Insurance**, with the following exception:  
**Right to examine this insurance:** If the **Insured Cardmember** notifies the **Company** that this insurance does not meet the **Insured Cardmember's** needs within ten (10) days of the date of issue, the **Company** will provide a full refund provided an **Insured Person** has not already departed on a trip and has not incurred a claim.
8. Waiver - The **Company** shall be deemed not to have waived any condition of this **Certificate**, either in whole or in part, unless the waiver is clearly expressed in writing signed by the **Company**.
9. Misstatement of Age - If the age or sex of an **Insured Person** has been misstated to the **Company** the coverage and/or premium may be adjusted in accordance with the correct age or sex as of the date the **Insured Person** became covered. Any premium adjustment is payable upon receipt of a premium notice.
10. **Company** to Furnish Forms for Proof of Claim. The **Company** shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit proof of claim in the form of a written statement of the cause or nature of the **Sickness** or **Injury** giving rise to the claim and the extent of the loss.
11. Rights of Examination:  
As a condition precedent to reimbursement under this **Certificate**:
  - (a) the claimant shall afford to the **Company** an opportunity to examine the person of the **Insured Person** when and so often as it reasonably requires while the claim hereunder is pending; and
  - (b) in the case of death of the **Insured Person**, the **Company** may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
12. When **Eligible Medical Expenses** are reimbursable: All **Eligible Medical Expenses** reimbursable under this **Certificate** shall be paid by the **Company** within 60 days after it has received satisfactory proof of claim.
13. Due Diligence - The **Insured Person** must act at all times so as to minimize the costs to the **Company**.
14. Legal Actions - No legal action for a claim may be brought against the **Company** until 60 days after the **Company** has been given written proof of loss.

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*.

15. **Currency** - Any dollar value expressed as a limit of coverage or benefit payable under this **Certificate** is deemed by the **Company** to be in Canadian currency.

## WORLDWIDE MEDICAL ASSISTANCE SERVICES

**Toll Free (in Canada and U.S.): 1-866-865-2617**  
**Collect (Elsewhere): 416-977-7743**

A 24 hour multilingual information and arrangements service to help when a medical problem occurs to an **Insured Person** on a **Covered Trip**. Keep the above telephone number with you at all times when you travel and give the telephone numbers and your **Certificate** number (when an optional plan is purchased) to your family members, employer, other insurance carrier and personal **Physician** for ready reference.

**When a Medical Emergency occurs to an Insured Person on a Covered Trip, always seek immediate help and treatment from the nearest ambulance service, Physician, or Hospital emergency room. For non-Emergency situations, or when you need help in locating medical care, call the assistance help line. Always call WTP When You Are About To be Hospitalized or as soon as reasonably possible.**

To help you receive **Emergency** medical treatment on a **Covered Trip**, the assistance service will:

- \* help you locate medical care;
- \* confirm your insurance benefits under this **Certificate to Physicians and Hospitals;**
- \* establish communications with your personal **Physicians** at home and your treating **Physicians** and Hospital;
- \* provide a program medical advisor **Physician** to

discuss and monitor your case with your treating and home **Physicians**;

- \* arrange emergency and non-emergency medically necessary transportation to an appropriate **Hospital** when prescribed by your treating **Physicians** and approved by the program medical advisor.

To help pay for medical care, the assistance service will:

- \* interpret your **Certificate** wordings;
- \* advise you if a **Physician** or **Hospital** participates in a preferred provider discount program;
- \* coordinate coverage under this **Certificate** and your Provincial Government Health Insurance Plan (GHIP), your extended medical benefits plan, and other travel insurance policies;
- \* arrange direct insurance payments to your **Physicians** and **Hospitals** where permitted by your GHIP;
- \* help you obtain claim forms and payment for **Eligible Medical Expenses** that you pay for while travelling on a **Covered Trip**.

To help you, your family, and your employer, the assistance service will:

- \* provide emergency message centre service;
- \* provide multilingual assistance and arrange local interpreters on request;
- \* arrange repatriation of remains when a death occurs away from home;
- \* make travel arrangements for your family;
- \* arrange the return of rental and personal vehicles;
- \* coordinate with government agencies, airlines, tour operators, your travel agent, and others who may help you.

Medical assistance services are available at no additional cost to you. These arrangements and information services are provided by WTP. Due to problems of distance and communication, these services are provided on a best efforts basis.

Chubb, WTP and Diners Club will not be responsible for the availability of medical care, the quality of medical treatment, or the outcome of any **Sickness** or **Injury**, whether or not treatment is received.

## CLAIMS PROCEDURES

1. Any notices of claim or correspondence concerning a claim should be **promptly** reported to World Travel Protection Canada Inc. by calling:

**Toll Free (in Canada and U.S.): 1-866-865-2617**  
**Collect (Elsewhere): 416-977-7743**

A claim form will be forwarded to your attention for completion.

Completed claims forms must include or be accompanied by the following information:

- Name of the **Insured Person**
- Complete Address
- Date of Birth
- Description of **Sickness or Injury**
- Date of Occurrence of the **Sickness or Injury**
- Diners Club Card Number
- Departure Date From Province or Territory
- Return Date to Province or Territory
- Name and I.D. No. of Government Health Insurance Plan (GHIP)
- Name and I.D. No. of Extended Benefit Health Plan
- Current or Previous Employer Name and Address
- Any Other Bank Card(s) name and Number(s)
- Your Homeowners Policy Number and Insurer

**Upon completion, claim forms should be sent to:**

World Travel Protection Canada Inc.  
901 King Street West, Suite 300  
Toronto, Ontario M5V 3H5

2. **Note:** In provinces other than B.C., Ontario or Quebec any claim for **Eligible Medical Expenses** must first be submitted to your Provincial Government Health Insurance Plan (GHIP) offices for payment. The statement of these offices shall be submitted to WTP with receipts from **Physicians** or **Hospitals** along with medical certificate(s) from attending **Physicians**.
3. It is a condition of this **Certificate** that in the event of medical **Emergency** due to sudden and unexpected **Sickness or Injury** which may require or result in Hospitalization, that WTP be notified as soon as possible by calling one of the numbers listed above.

Among the forms you will receive at the time of a claim will be the “Medical Authority” form, and the “Authorization and Release” form. These two forms have been printed on page 18 & 19 for your information and review. You do not need to fill out these forms until a claim is submitted. Should you have any questions regarding these forms or this document, please feel free to call WTP at:

**Toll Free (in Canada and U.S.): 1-866-865-2617**  
**Collect (Elsewhere): 416-977-7743**



## PROTECTING CARDMEMBER'S PRIVACY

Chubb Insurance Company of Canada is committed to protecting the Cardmember's privacy and the confidentiality of their personal information. Chubb Insurance Company of Canada is responsible for all personal information under its control and has designated a Privacy Officer who is accountable to Senior Management for Chubb Insurance Company of Canada's compliance with this Privacy Policy. This Privacy Policy may change from time to time. The Cardmember can view the latest and entire version of the Policy by visiting our website at <http://www.chubb.com/international/canada>. If the Cardmember has any questions about this Privacy Policy, please contact the Chief Privacy Officer at 1-800-532-4822.

World Travel Protection Canada Inc. is committed to protecting the Cardmember's privacy and the confidentiality of their personal information. World Travel Protection Canada Inc. is responsible for all personal information under its control and has designated a Privacy Officer who is accountable to Senior Management for World Travel Protection Canada Inc.'s compliance with this Privacy Policy. This Privacy Policy may change from time to time. If the Cardmember would like a copy of this Privacy Policy or has any questions about this Privacy Policy, please call us at 1-800-667-2523.

# MEDICAL AUTHORITY

I hereby authorize any **Hospital, Physician,** insurance company, or other person who has attended or examined me or my family members to furnish to Chubb Insurance Company of Canada or its authorized Claims Administrator, any and all information with respect to **Sickness, Injury,** medical history, consultations, medicines, or treatment and copies of all **Hospital** or medical records for myself or family members.

A photostatic copy of this authorization received from the claimant only shall be considered as effective and valid as the original.

Furthermore, this **Certificate** shall be void, subject to applicable law, if, whether before or after the loss, any **Insured Person** has concealed or misrepresented any fact or circumstances concerning this claim, or any medical records of the claimant that have been received, conceal or misrepresent any fact or circumstances concerning this claim.

Dated \_\_\_\_\_

Signed \_\_\_\_\_

Insured Person

# AUTHORIZATION AND RELEASE

I irrevocably direct and authorize my GHIP (Provincial Government Health Insurance Plan) to make payments in respect of my claim for out-of-province/country health services to Chubb Insurance Company of Canada or its authorized Claims Administrator and I hereby release my GHIP, upon payment to Chubb or its authorized Claims Administrator from any further claim or cause of action in connection therewith, and I further agree to indemnify my GHIP in respect of any such payments to Chubb or its authorized Claims Administrator.

I hereby consent and authorize my GHIP to directly or indirectly collect information pertaining to my claim pursuant to Section 39(1) of the *Freedom of Information and Protection of Privacy Act* (Ontario), and Section 4(2) (f) of the **Health Insurance Act** (Ontario) or the similar laws of any other province or territory of Canada.

I consent to the disclosure by my GHIP to Chubb or its Claims Administrator of such personal information as may be necessarily required for the processing of my claim for out-of-province/country health services.

Dated \_\_\_\_\_

Signed \_\_\_\_\_  
Insured Person



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