

IN THE EVENT OF HOSPITALIZATION, YOU MUST CALL GLOBAL EXCEL WITHIN 48 HOURS OF ADMISSION:

From Canada and U.S., call toll free **1-800-715-8833**

From Mexico, call toll free **001-800-514-1518**

From anywhere, call collect + **819-566-8839**

Notice of pre-scheduled surgery must be provided three days prior to admission.

GLOBAL EXCEL MUST BE NOTIFIED WITHIN 48 HOURS OF ADMISSION FOR UNSCHEDULED HOSPITAL STAYS.

Your student identification number, name, gender and date of birth are used by the Insurer and the Plan Administrator to determine your eligibility for benefits and are used only for this purpose while you are a member of the Prince Edward Island Student's Union International Student Medical Plan. Without the use of this information you are still covered for benefits; however, your claims may not be adjudicated. Your personal information is stored with the

utmost attention to privacy and security, and deployed, sparingly, to fulfill the requirements of the plan and the law. For further information on the use of this information or to revoke the use of this information, contact the Plan Administrator.

Please read this policy carefully

SECTION I

DEFINITIONS

Throughout this policy, defined words are in italics.

"Accident" means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

"Child(ren)" means an unmarried child of the *principal insured* or his/her *spouse*, who is dependent on the *principal insured* for support, provided that such child is 18 years old or less, or is over 18 years old and has a permanent physical impairment or a permanent mental deficiency on the date of application and who is dependent on *you* for support.

"Country of Origin" means the country for which *you* hold a passport. Where *you* hold more than one passport, the country of origin will be taken to mean the country that is listed in the University records.

"Date of Eligibility" means September 1 of the academic year.

"Elective Treatment" means any treatment that is not *medically necessary*.

"Emergency" means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a temporary trip outside *your province or territory of residence* and that such *medical treatment* cannot be delayed until *your return to your province or territory of residence*.

"Global Excel" means the company appointed by the Insurer to provide medical assistance and claims services.

"Hospital" means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and/or medical and surgical treatment of *sickness* and *injury* in the acute phase, or active treatment of chronic *sickness*; which has facilities for diagnosis, major surgery and inpatient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

"Immediate Family Member" means *your* mother, father, sibling, *child*, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law and sister-in-law.

"Injury" means an unexpected and unforeseen harm to the body caused by an *accident*, that requires *medical treatment* and that occurs while this coverage is in effect.

"Inpatient" means a patient who occupies a *hospital* bed for more than 24 hours for *medical treatment* and for which admission was recommended by a *physician* when *medically necessary*.

"Insured, Insured Person, You, Your, Yourself" means any eligible person who is named on the application form, and for whom coverage is in effect.

"Medical Treatment" means any reasonable procedure, which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness, injury* or symptom.

"Medically Necessary" in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b) is not experimental or investigative in nature;
- c) cannot be omitted without adversely affecting *your* condition or quality of medical care; and
- d) cannot be delayed until *your return to the province of Prince Edward Island* (while on a temporary visit outside the province of Prince Edward Island).

"Member" means a student who holds an international student visa.

"Physician" means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he/she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than *yourself* or an *immediate family member*.

"Principal Insured" means an eligible *member* who has arrived in Canada, who is enrolled as a full-time student at the University of Prince Edward Island, who has passed all medical requirements to enter Canada, who is age 59 or under and who is not eligible for a provincial or territorial government health insurance plan in Canada.

"Province or Territory of Residence" means the province of Prince Edward Island.

"Reasonable and Customary Costs" means costs that are incurred for eligible medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar *sickness* or *injury*.

"Sickness" means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

"Spouse" means the person, age 59 or less, to whom the *principal insured* is legally married or with whom the *principal insured* has been residing for at least the last 12 months.

"Student Year" means a period of 12 consecutive months or less, beginning September 1 and ending August 31 of the following year.

SECTION II

ELIGIBILITY

1. Member Eligibility

To be eligible for coverage under this plan, *you* must:

- a) hold an international student visa;
- b) be enrolled as a full-time student at the University of Prince Edward Island;
- c) have passed all medical requirements to enter Canada;
- d) be 59 years old or less; and
- e) not be eligible for a provincial or territorial government health insurance plan in Canada.

2. Spouse and/or Child(ren) Eligibility

In order for *your spouse* and/or *child(ren)* to be eligible for coverage:

- a) *your spouse* must be age 59 or less and be legally married to *you* or have been living with *you* for at least the last 12 months;

- b) *your child(ren)* must be 18 years old or less, or over 18 years old if he/she has a permanent physical impairment or a permanent mental deficiency on the date of application;
- c) *your child(ren)* must be unmarried and dependent on *you* for support;
- d) *your spouse* and/or *child(ren)* must have passed all medical requirements to enter Canada;
- e) *your spouse* and/or *child(ren)* become eligible for coverage when *you* become eligible, or if acquired later, upon becoming *your* dependent;
- f) *you* must be covered in order for *your spouse* and/or *child(ren)* to be covered; and
- g) *you* must pay the required premium.

You must apply for *your spouse* and *child(ren)* to be covered under this policy. Please see SECTION III – INSURANCE AGREEMENT #3 Effective Date of Coverage.

1. **The Contract**

This contract offers coverage to a maximum of \$250,000. This policy, the application and the confirmation of insurance constitute *your* contract of insurance.

When more than one policy of this form is issued by the Insurer and is in force with respect to *you* at the time of claim, only one such policy, the earliest by effective date, will apply.

2. **Payment of Premium**

The Insurer hereby agrees to provide insurance in accordance with the terms and conditions of this policy, provided the required premium is paid.

3. **Effective Date of Coverage**

- All eligible students are automatically enrolled in the plan when they register for classes. *Your* coverage will become effective on the *date of eligibility*. If *you* enroll after September 1, *you* will be eligible starting on *your* registration date for the balance of the *student year*.
- Coverage for *your spouse* and/or *child(ren)* will become effective on the later of the date:
 - of eligibility; or
 - that *you* make a written request, if *you* make it within 31 days after the *date of eligibility*, provided the required family premium has been paid.

Coverage, or any increase in coverage, for *your spouse* and/or *child* (other than a newborn *child* who becomes covered within 31 days of becoming eligible) who is confined in a *hospital* because of illness or *injury* on the date such coverage would otherwise become effective, will not become effective until the date such *spouse* and/or *child* is no longer so confined. Please see SECTION VI – EXCLUSIONS #1.

Note: *You* must make written application at the UPEI Student Union office in order for *your spouse* and/or *child(ren)* to be covered and *you* must pay the additional premium to the UPEI Student Union.

4. **Termination Date of Coverage**

Your coverage and *your spouse's* and/or *child's* coverage terminates on the earliest of the following dates:

- August 31;

- the date that the *principal insured* permanently leaves the University of Prince Edward Island;
- the date that *you* become eligible for a provincial or territorial government insurance plan in Canada;
- the date that *you* reach age 60;
- the date that *you* cease to be a *spouse* or a *child* as defined in this policy;
- the date that coincides with the 91st day of a stay outside the province of Prince Edward Island, limited by paragraph g) below for students returning to their *country of origin*;
- notwithstanding paragraph f) above, the date that coincides with the 31st day of a stay in *your country of origin* which is not for academic purposes.

However, for paragraphs f) and g), insurance will be reinstated on the date *you* return to the province of Prince Edward Island.

5. **Coverage Offered**

This insurance provides payment for the *reasonable and customary costs* incurred by *you* in case of *sickness* or *injury* occurring while in the province of Prince Edward Island for the benefits set out in Section IV.

This insurance also provides payment for *reasonable and customary costs* incurred by *you*, up to the limits payable under the government health insurance plan in the province of Prince Edward Island for an *emergency* while on a temporary visit outside the province of Prince Edward Island for the benefits set out in Section IV, Benefit #11. Please refer to SECTION III - INSURANCE AGREEMENT #4 Termination Date of Coverage (f) and (g), for the limitation on length of stay.

The Insurer will pay such eligible expenses up to the amount shown in the schedule of fees set by the government health insurance plan in the province of Prince Edward Island. The Insurer will pay such eligible expenses only in excess of those reimbursable by any other insurance contract or health plan (group, individual or government) under which *you* are entitled to benefit. Subject to all terms and conditions of the policy, the following benefits are payable to a maximum of the sum insured insofar as such services are *medically necessary*. Benefit limits are per *insured person*, per *student year*.

Overall Student Year Maximum: \$250,000

Student Year Deductible (applies to Annual Medical Examination only): \$150

Reimbursement: 100%

Coverage is limited to what the Provincial Health Insurance Plan of the Province of Prince Edward Island would provide to a covered resident on the date the service was received.

1. **Hospital Accommodation:**

- Charges up to the ward rate or an intensive or coronary care unit where *medically necessary*.

Note: Where the hospitalization is required primarily for psychiatric treatment, benefits are payable up to a maximum of \$5,000 per *student year*.

- Reasonable and customary costs* for treatment on an outpatient basis.

2. **Psychiatric Treatment:** The treatment of psychiatric disorders, including inpatient and outpatient services, not to exceed a maximum of \$5,000 per *student year*.3. **Annual Medical Examination:** One annual medical examination and related laboratory tests per *student year*, minus the applicable deductible of \$150.4. **Physician Charges:** *Medical treatment* by a *physician*.5. **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending *physician*.

Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.

6. **Maternity:** In the event of pregnancy or complications arising from pregnancy or childbirth (including caesarean section), the Insurer will reimburse the *reasonable and customary costs* incurred, including *hospital* nursery charges, subject to all limitations, exclusions and other provisions of this policy:

Note: Maternity benefits will be provided only if:

- the pregnancy begins during the policy period or within 30 days prior to the effective date of this policy;
- the insurance has been in effect for the duration of the pregnancy; and
- the family premium was paid before or immediately following the birth of the *child*.

7. **Well Baby Care:** Expenses of well baby care and *physicians'* examinations where deemed *medically necessary*, provided the family premium was paid before or immediately following the birth of the *child*.8. **Administration of vaccines, anti-toxins, injections for immunizing against diseases or poisons:** Up to \$25 per *student year*. The cost of the drug is not covered.9. **Medical Supplies:** Blood plasma, whole blood or oxygen, including the administration thereof.10. **Completion of Claim Forms:** Up to \$5 for the completion of a claim form by a *physician* or surgeon, per *accident* or *sickness*.11. **Emergency Treatment Outside the Province of Prince Edward Island:** When recommended by a *physician*, covers up to the limits payable under the government health insurance plan in the province of Prince Edward Island for immediate *medical treatment* of an *emergency* while travelling outside the province of Prince Edward Island. Please refer to SECTION III - INSURANCE AGREEMENT #4 Termination Date of Coverage (f) and (g), for the limitation on length of stay.

- Hospital Accommodation:* Charges up to the ward rate or an intensive or coronary care unit where *medically necessary*.

- Reasonable and customary costs* for treatment on an outpatient basis.

- Physician* and surgeon charges.

- Diagnostic services: Laboratory tests and x-rays prescribed by the attending *physician* due to an *emergency*. **Note:** This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.

- Blood, blood products and their transfusion.

Coverage is limited to one *emergency* per diagnosis and related conditions.

Please refer to SECTION IV – INSURANCE AGREEMENT #4 Termination Date of Coverage (f), to see the limitation on length of stay. For more information contact the UPEI Student Union Health Plan Administrator.

Note: Co-op and work term students outside the province of Prince Edward Island may purchase additional coverage if they will be out of the province for longer than the limits outlined in SECTION III - INSURANCE AGREEMENT #4 Termination Date of Coverage (f) and (g). For more information, please contact the UPEI Student Union.

1. **Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment:** *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to *you* undergoing such surgery, procedure, testing or treatment. It remains *your* responsibility to inform *your* attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.2. **Benefits Limited to Reasonable and Customary Costs**

If *you* pay eligible expenses directly to a health service provider without prior approval by *Global Excel*, the cost of these services will be reimbursed to *you* on the basis of the *reasonable and customary costs* that would have been paid directly to such provider by the Insurer. Medical charges *you* pay may be higher than this amount; therefore, *you* will be responsible for any

difference between the amount *you* paid and the *reasonable and customary costs* reimbursed by the Insurer.

3. **Benefits Limited to Incurred Expenses**

If any of the benefits are duplicated under a similar benefit or under another insurance coverage in this policy or another policy issued by the Insurer, the maximum *you* are entitled to is the largest amount specified under any one benefit or insurance coverage. The total amount paid to *you* from all sources cannot exceed the actual expense *you* incur.

4. **Availability and Quality of Care**

The Insurer, *etfs* or *Global Excel* shall not be held responsible for the availability or quality of any *medical treatment* (including the results thereof) or transportation, or *your* failure to obtain *medical treatment* while this coverage is in effect.

SECTION VI**EXCLUSIONS**

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. *Sickness or injury* that is confining *you to hospital* on the effective date of the policy.
2. *Sickness or injury* that existed prior to the effective date of *your* policy if application for this insurance is made more than 90 days after becoming eligible.
3. Chemotherapy treatment unless approved in advance by *Global Excel*.
4. The purchase or replacement cost (prescribed or not), loss of or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescription resulting therefrom.
5. Flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).
6. Medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a *physician* by telephone or e-mail.
7. Acupuncture, massage therapy, *elective treatment* or surgery, cosmetic or plastic surgery, whether or not for psychological reasons, unless required as the result of *injury* incurred while this policy is in force.
8. Dental treatment, oral surgery or any related procedures.
9. Pregnancy, childbirth, miscarriage and any complications thereof, except as specified under the "Maternity" benefit (see SECTION IV – Benefit #6).
10. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
11. Committing or attempting to commit an illegal act or a criminal act.
12. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
13. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.
14. Drugs other than in *hospital*.
15. Any personal comfort, convenience, exercise, safety, self-help or environmental control items, or items which may also be used for non-medical reasons, such as, but not limited to heating pads or lamps, communication aids, air conditioners or cleaners, and whirlpool baths or saunas.
16. Participation in:
 - a) any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
 - b) any competitive motorized sporting events, racing or speed contests;
 - c) scuba diving (unless *you* hold a basic SCUBA designation from a Canadian certified school), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountaineering.
17. Renal dialysis or organ transplants.
18. Rehabilitation and convalescent homes or holidays for recuperative purposes.
19. Non-compliance with any prescribed medical therapy or *medical treatment* (as determined by the Insurer) or failure to carry out a physician's instructions.
20. Treatment or surgery during *your* stay when *your* visit is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such visit is taken on the advice of a *physician* or surgeon.
21. *Emergency* air transportation.
22. Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charge.
23. Sickness, injury or medical condition *you* suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory or formal notice, before *your* departure date, advising travellers not to travel to that specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after *your* departure date from Canada, *your* coverage for sickness, injury or medical condition is limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical condition" means any sickness, injury or medical condition that is attributable to the reason for which the travel advisory or formal notice was issued or complications arising from such sickness, injury or medical condition.
24. Any administrative fees or charges above those specified in this policy.

SECTION VII**INTERNATIONAL ASSISTANCE SERVICES**

Global Excel answers *your* questions 24 hours a day, 7 days a week.

1. Emergency Call Centre

No matter where *you* are, professional assistance personnel are ready to take *your* call. From Canada and the U.S., call toll free 1-800-715-8833; from Mexico, call toll free 001-800-514-1518; from anywhere, call collect + 819-566-8839.

2. Benefit Information

Explanation of *your* policy is available to *you* and to the medical providers who are treating *you*.

3. Case Management

Our experienced and professional team, available 24 hours a day, will monitor the services given in the event of an *emergency*.

4. Interpretation Service

We can connect *you* to a foreign language interpreter when required for *emergency* services.

5. Direct Billing

Whenever possible, we will instruct the *hospital* or clinic to bill us directly.

6. Claims Information

We will answer any questions *you* have about the eligibility of *your* claim, our standard verification procedures and the way that *your* policy benefits are administered.

SECTION VIII**CLAIMS PROCEDURES**

1. Obtain a claim form from the UPEI Student Union and present it to *your physician* and/or *hospital* for completion.
2. **You are responsible for providing all the documents outlined below and for any charges levied for these documents, except as set out in Section IV Benefit #10.**
 - a) Any notice of claim or correspondence concerning a claim must include *your* certificate number, the patient's name and date of birth. For expenses incurred outside the province of Prince Edward Island, proof of departure and return date are required.
 - b) Submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, the date(s) and type of treatment, and the name of the medical facility and/or *physician*. Only original bills will be considered for payment. Photocopies, facsimile transmissions or carbon copies are not acceptable.
 - c) If *you* refuse or fail to sign the medical authorization form or refuse to provide any information pertinent to *your* claim, it may result in a delay in processing *your* claim.
3. **Payment of Benefits**

All payments under this policy are payable to *you* or on *your* behalf. Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. No sum payable shall bear interest.

4. Send all pertinent documents to:

GlobalExcel®

Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec J1M 0C9
Phone numbers: 1-800-336-9224
(toll free) or collect + 819-566-8698
Our website: www.globalexcel.com

For more information regarding details of *your* medical plan and its benefits and exclusions, contact the:

Health Plan Administrator
U.P.E.I. Student Union Inc.
W. A. Murphy Student Centre
550 University Avenue
Charlottetown, P.E.I. C1A 4P3
Tel: 902-566-0530
E-mail: studentu@upe.ca

Benefits will be payable according to the insurance contract in force on the date the loss was incurred.

1. **Subrogation**

If you suffer a loss covered under this policy, the Insurer is granted the right from you to take action to enforce all your rights, powers, privileges, and remedies upon making payment or accepting the claim to the extent of incurred losses against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to you, regardless of fault, the Insurer is granted the right to make demand for, and recover, those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action. If you institute a demand or action for a covered loss, you shall immediately notify the Insurer so that the Insurer may safeguard its rights.

You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.

2. **Other Insurance**

This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing hospital, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside your country of origin that are in excess of the amounts for which you are insured under such other coverage.

All Coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less. If your lifetime maximum is greater than \$50,000, the Insurer will coordinate benefits only above this amount.

3. **Misrepresentation and Non Disclosure**

The entire coverage under this policy shall be void if the Insurer determines, whether before or after loss, you have concealed, misrepresented or failed to disclose any material fact or circumstance concerning your policy or your interest therein, or if you refuse to disclose information or permit the use of such information, pertaining to any of the insured persons under this contract of insurance.

4. **Arbitration**

Notwithstanding any clause in this policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by arbitration laws in force in the province of Prince Edward Island. The parties agree that any action will be referred to arbitration.

5. **Applicable Law**

This contract of insurance is governed by the laws of the province or Prince Edward Island in which this policy was issued. Any legal proceeding by you, your heirs or assigns shall be brought in the courts of the province of Prince Edward Island in which this policy was issued.

6. **Safeguarding your Privacy**

The Insurer places great importance on the protection of your privacy. The Insurer collects your personal information when you apply for this insurance and in the event of a claim, to provide you with insurance services and to analyze your claim. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, the Insurer may collect your personal health information held by a third party.

This information may be released to employees of Global Excel and the Insurer for claims analysis and to better serve you. In no case will the Insurer release this information to any person or organization that is not clearly entitled to it without first seeking your consent.

For privacy information, please see www.royalsunalliance.ca, or call us at 1-800-716-4339.

1. **The Contract**

The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing by the Insurer after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

2. **Waiver**

The Insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the Insurer.

3. **Copy of Application**

The Insurer shall, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

4. **Material Facts**

No statement made by you at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

5. **Notice and Proof of Claim**

You or a beneficiary entitled to make a claim, or the agent of any of you, shall:

- give written notice of claim to Global Excel by delivery thereof or by sending it by mail to Global Excel not later than 30 days from the date the claim arises under the contract on account of an accident or sickness;
- within 90 days from the date a claim arises under the contract on account of an accident or sickness, furnish to Global Excel such proof of claim as is reasonably possible in the circumstances of the happening of the accident or the commencement of the sickness, and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary if relevant; and
- if so required by Global Excel or the Insurer, furnish a satisfactory certificate as to the cause or nature of the accident or sickness for which claim may be made under the contract.

6. **Failure to Give Notice or Proof**

Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the accident or the date a claim arises under the contract on account of sickness if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

7. **Insurer to Furnish Forms for Proof of Claim**

The Insurer 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 his or her proof of claim in the form of a written statement of the cause or nature of the accident or sickness giving rise to the claim and of the extent of the loss.

8. **Rights of Examination**

As a condition precedent to recovery of insurance money under this contract:

- the claimant shall afford to the Insurer and Global Excel an opportunity to examine the insured person when and so often as it reasonably requires while the claim hereunder is pending; and
- in the case of death of the insured, the Insurer and Global Excel may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

9. **When Money Payable**

All money payable under this contract shall be paid by the Insurer within 60 days after it has received proof of claim.

10. **Limitation of Actions**

An action, arbitration or similar proceeding against the Insurer for the recovery of a claim under this contract shall not be commenced more than one year (two years in the Northwest Territories, three years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim. If this limitation is invalidly shorter than the limitation prescribed by the laws of the province or territory in which this policy was issued, an action, arbitration or similar proceeding against the Insurer shall not be commenced later than the shortest limitation period prescribed by the laws of that province or territory of residence. The limitation periods stated in this section apply to all plans and benefits of this policy and to all endorsements thereof.

Underwritten by:



Administered by:



The International Student Medical Plan is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Expert Travel Financial Security (E.T.F.S.) Inc.

The insured is requested to read this policy and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to Global Excel.

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