

Group Emergency Travel Medical Coverage Summary

Electrical Industry Insurance Benefit Trust Fund of
Alberta



Coverage

The information below summarizes your Emergency Travel Medical Insurance coverage. It contains important information with respect to certain eligibility and benefit limits that apply to **your** coverage, but it does not reference all of the terms, conditions, limitations, and exclusions. Please refer to the policy for complete details. All amounts indicated are in Canadian currency, unless otherwise stated.

Emergency Travel Medical Insurance covers the reasonable and customary charges incurred as a result of **treatment** required by an **insured person** due to a **medical emergency** during a covered **trip** after leaving their province or territory of residence. Benefits are provided in excess of the **insured person's** government health insurance plan or by any other insurance plan under which they are covered.

The most **we** will pay for all benefits combined under the Emergency Medical Insurance Benefit, for each **insured person** for each covered **trip**, is limited to the amount shown in the Schedule of Benefits and must show as "Included."

Policyholder Name	Electrical Industry Insurance Benefit Trust Fund of Alberta
Effective Date	September 1 st , 2025
Policy Number	8624241
Class Description	Class I: All Active members of the Policyholder under age 75. Class II: All Eligible Retired Members under age 85. Class III: All Active members of the Policyholder between age 75 and 85
Termination	Age 85 or if no longer eligible based on eligibility requirements in the Health Plan.
Covered Trip	While on the business of the policyholder and while on leisure trips .
Covered Trip Duration	Up to 120 days.
Pre-Existing Medical Condition	Not Applicable
Emergency Medical Treatment	\$5,000,000 Reduction in Coverage: Age 70-74 \$2,000,000 Age 75-84 \$500,000
Hospital Allowance	\$50 per day to a maximum of \$500
Paramedical Services	\$500 per practitioner for up to 180 days
Ground Ambulance	Included in Emergency Medical Insurance Limit up to a maximum of \$10,000
Emergency Dental Treatment	a. \$2,000 b. \$500
Medical Evacuation	Included in Emergency Medical Insurance Limit up to a maximum of \$500,000
Bedside Companion	Round-trip economy airfare and up to \$15,000 for meals and accommodation
Meals and Accommodation	\$200 per day to a maximum of \$2,000
Repatriation of Remains	a. \$15,000 b. \$5,000
Return of Dependent Children	One-way economy airfare up to a maximum of \$5,000
Childcare	\$75 per day to a maximum of \$500
Return of Travel Companion/Business Colleague	One-way economy airfare up to a maximum of \$5,000
Vehicle Return	\$4,000
Trip Cancellation	\$2,000*

*90-day stability is not waived for the trip cancellation.



Important Definitions

Departure date means the date an **insured person** leaves their province or territory of residence to commence a **trip**.

Injury means sudden bodily harm sustained by an **insured person**, caused by external and accidental means, while this coverage is in effect resulting in a **covered loss**, and is independent to all other causes, including **sickness** or disease.

Insured person means any person who has insurance under the terms of this policy as shown in the table above. It may include the insured's spouse or child(ren) if a plan covering the spouse or child(ren) is selected.

Medical condition means any **sickness, injury**, disease, or any symptom or complications of pregnancy within the first thirty-one (31) weeks of pregnancy.

Medical emergency means an unforeseen **sickness** or **injury** that occurs during a **trip** and that requires immediate **treatment**. A medical emergency ends when the evidence reviewed by Zurich Travel Assist indicates that no further **treatment** is required at the **insured person's** destination, or they are able to return to their province or territory of residence for further **treatment**.

Return date means the date the **insured person** is scheduled to return from any **trip**.

Sickness means illness, disease or any symptom related to that illness or disease.

Treatment means hospitalization, medical, therapeutic, diagnostic or surgical services or procedures prescribed, performed or recommended by a physician or other licensed medical practitioner including, but not limited to, prescribed medication, investigative testing and surgery related to any medical condition, **injury**, or **sickness**.

Trip means a trip an **insured person** undertakes during the policy period as shown in the table above, while they are travelling on business of the policyholder, and if also included in the table above, for leisure trips:

- outside their province or territory of residence if the Out of Province plan is purchased and shown as "Included" in the Schedule of Benefits.
- outside their country of residence if the Out of Country plan is purchased and shown as "Included" in the Schedule of Benefits.
- outside their province or territory of residence if both the Out of Country plan and Out of Province plan is purchased and shown as "Included" in the Schedule of Benefits.

We, us, our and the **Company** refers to Zurich Insurance Company Ltd.

You and **you** refer to the individual insured who is eligible for coverage under this policy and is also included in the definition of **insured person**.



Emergency Medical Insurance Summary of Benefits

Expenses For Emergency Medical Treatment (Out of Province Plan and Out of Country Plan)

If shown as "Included" on the Schedule of Benefits, the Out of Province Plan will cover losses occurring within Canada but outside of **your** province or territory of residence up to the amount shown in the Schedule. If the Out of Country Plan is shown as "Included" then any losses occurring outside of Canada will be covered. If both Plans are shown as "Included", the most **we** will pay for all benefits combined under the Emergency Medical Insurance for each **insured person**, per **trip** will be shown on the Schedule of Benefits.

Coverage for the reasonable and customary charges for emergency medical **treatment** expenses include medical care from a physician, the cost of a semi-private hospital room, services of a private duty nurse in hospital, the rental or purchase of ambulatory aids and medical appliances such as a wheelchair, tests to determine a diagnosis, and drugs which are prescribed by a physician or dentist.

Hospital Allowance

If **you** are hospitalized for at least 48 consecutive hours, incidental hospital expenses (telephone calls, television rental) will be covered up to the amount shown in the Schedule.

Paramedical Services

Expenses for **treatment** due to a **medical emergency** by a licensed physiotherapist, chiropractor, chiropodist or podiatrist will be covered up to the maximum limit per practitioner, for up to 180 days after the **medical emergency**.

Ground Ambulance

The reasonable and customary charges for transportation by a local licensed ambulance service to a hospital in the event of a **medical emergency** will be covered by this benefit. This also includes local taxi or ride sharing service fare in lieu of local ground ambulance service when it is medically required but not available.

Emergency Dental Treatment

If **you** suffer from an accidental blow to the mouth during **your trip**, we will pay for the **reasonable and customary charges** to repair or replace your natural or permanently attached artificial teeth up to the amount stated in the Schedule.

If **you** require emergency dental **treatment**, this benefit will cover expenses incurred for the relief of dental pain from a licensed dentist up to the amount stated in the Schedule.

Medical Evacuation

If the attending physician or Zurich Travel Assist's medical advisors recommend that **you** must return to **your** province or territory of residence due to a **medical condition** or following a **medical emergency**, **we** will cover the extra cost of economy class airfare, stretcher airfare on a commercial flight if medically necessary, return economy class airfare for a medical attendant if medically necessary, or the cost of an air ambulance if required.

Bedside Companion

If **you** are travelling alone and are hospitalized for 3 or more days during **your trip** due to a **medical emergency** and **you** require a bedside companion, **we** will cover: the return economy class airfare for someone to join **you**, accommodation and meals for that person, and will provide Emergency Medical Insurance for **your** bedside companion until **you** are medically fit to return to **your** province or territory of residence.

Meals and Accommodation

If a **medical emergency** prevents **you** or **your** travel companion/business colleague from returning to **your** province or territory of residence or if **you** or **your** travel companion/business colleague require a transfer to a location which is different from **your** original destination, **we** will reimburse the **insured person** up to the daily maximum shown in the Schedule for their total cost for meals, hotel and taxi or ride sharing service. This must be pre-authorized by Zurich Travel Assist.

Repatriation of Remains

If an **insured person** dies during a **trip** due to a **medical emergency**, **we** will provide the maximum limit shown in the Schedule of benefits for one of the following options:

- Preparation of the body where they die and cover the cost of the standard transportation container normally used by the common carrier in addition to the return of the body to the province or territory or residence.
- Preparation of the body and the cost of a standard burial container, in addition to \$5,000 for their burial where death occurs.
- Cremate the body where they die and the cost of returning the ashes to their province or territory of residence.

If someone is legally required to identify the body and must travel to the location where death occurred, **we** will pay for the return economy class airfare and up to the maximum limit shown in the Schedule for that person's hotel and meal expenses. Emergency Medical Insurance under the same terms and limitations will also be provided for that person up to 72 hours.

Return of Dependent Children

If **you** are travelling with **your** dependent children and are admitted to a hospital for more than 24 hours or must return to **your** province or territory of residence because of a **medical emergency**, **we** will cover the extra cost of a one-way economy airfare to return **your** children to **your** province or territory or residence. Return economy class airfare for a qualified escort will be provided if required by the airline. Dependent children must be under **your** care during the covered **trip**.

Childcare

If **you** are travelling with **your** children and are hospitalized as an inpatient during **your trip**, **we** will cover the costs for childcare incurred for **your** children to remain at destination with **you** up to the maximum amount stated in the Schedule.

Return of Travel Companion/Business Colleague

We will cover the extra cost of one-way economy class airfare to return **your** travel companion/business colleague (who is travelling with **you** at the time of your **medical emergency** and who is insured under a travel insurance plan issued by **us**) to their province or territory of residence, if **you** return to their province or territory

of residence under the Medical Evacuation Expenses Benefit or are repatriated under the Expenses Related to Repatriation of Remains Benefit. This must be pre-authorized by Zurich Travel Assist.

Return of Vehicle

If **you** are unable to drive the vehicle which **you** used during **your** covered **trip** back to its point of origin due to a **medical emergency**, **we** will pay the expenses to return the vehicle to the commercial rental agency up to the maximum amount stated in the Schedule. This must be pre-authorized by Zurich Travel Assist.



Emergency Medical Insurance Exclusions

In addition to the General Travel Benefits Exclusions, this policy does not pay for any **treatment**, service, expense or benefit arising from, caused by, contributing to, relating to, or resulting from, whether directly or indirectly, any one or more of the following:

1. Expenses that exceed the reasonable and customary charges where the **medical emergency** occurs.
2. Expenses that exceed 80% of the cost **we** would normally have paid under this policy if the **insured person** does not, or someone on their behalf does not, contact Zurich Travel Assist at the time of the **medical emergency**.
3. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, cardiac catheterization, angioplasty or cardiovascular surgery including any associated diagnostic test or charge unless approved in advance by Zurich Travel Assist prior to being performed. All surgery must be authorized by Zurich Travel Assist prior to being performed except in extreme circumstances where a request for prior approval would delay surgery needed in a life-threatening medical crisis.
4. Any non-emergency, investigative or elective treatment such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications.
5. The continued **treatment** of a **medical condition** when the **insured person** has already received **treatment** for that **medical condition** during their **trip** and Zurich Travel Assist's medical advisors or our medical advisors determine that their **medical emergency** has ended.
6. A **medical condition** that meets any of the following criteria:
 - a. When the **insured person** knew, or for which it was reasonable to expect before they left to their province or territory of residence, or before the effective date of coverage, that they would need or be required to seek treatment for that **medical condition**.
 - b. A **medical condition** for which future investigation or **treatment** was planned before the **insured person** left their province or territory of residence.
 - c. A **medical condition** that produced symptoms that would have caused an ordinarily prudent person to seek **treatment** in the three months before the **insured person** left their province or territory of residence.
 - d. A **medical condition** that had caused the **insured person's** physician to advise them not to travel.
 - e. A **medical condition** that is the result of the **insured person** not following **treatment** as prescribed including prescribed medication, **treatments**, and therapy.
7. A **medical emergency** resulting from: mountain climbing requiring the use of specialized equipment, including carabineers, crampons, pick axes, anchors, bolts and lead-rope or top-rope anchoring equipment to ascend or descend a mountain; rock-climbing; parachuting, skydiving, hang-gliding or using any other air-supported sporting device; participating in a motorized speed contest; or the insured person's professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is the **insured person's** principal paid occupation.
8. If the **insured person** specifically purchased this policy to obtain such **treatment** or services, whether or not it was authorized by a physician.
9. Intoxication, the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol or other intoxicant.
10. The **insured person's**:
 - a. routine prenatal care;
 - b. pregnancy or childbirth or complications thereof when they happen in the nine weeks before or after the expected date of delivery;
 - c. child born during the **trip**, or coverage for such child.

11. For insured children under two years of age, any **medical condition** related to a birth defect.
12. Any benefit that must be authorized or arranged in advance by Zurich Travel Assist when it has given no authorization or made no arrangement for that benefit.
13. Any **medical emergency** that occurs or recurs after our medical advisors recommend that the **insured person** return to their province or territory of residence following **treatment**, and they choose not to.
14. Death or injury sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
15. For policy extensions or top ups: any **medical condition** that first appeared, was diagnosed or treated after the scheduled **departure date** and prior to the effective date of the insurance extension or top up.
16. Any loss or any medical condition the **insured person** suffers or contracts in a specific country, region or city when a Government of Canada Travel Advisory, issued before their **departure date**, advises Canadians to avoid all or non-essential travel to that specific country, region or city. In this Exclusion, "medical condition" is limited, related or due to the reason for the Travel Advisory.

If the Travel Advisory is issued after the **insured person's departure date**, their coverage under this Emergency Medical Insurance Benefit in that specific country, region or city will be limited to a period of ten days from the date the Travel Advisory was issued, or to a period that is reasonably necessary for them to safely evacuate the country, region or city.
17. Any act of terrorism directly or indirectly caused by, resulting from, arising out of, or that is in connection with biological, chemical, nuclear, or radioactive means.



Trip Cancellation and Interruption Insurance Summary of Benefits

Trip Cancellation (Before Departure)

If **you** are unable to travel due to an applicable Covered Cause, which occurs before **your departure date**, **we** will cover the prepaid unused portion of **your trip** that is non-refundable and non-transferable to another travel date up to the maximum limit shown in the Schedule. In addition, if **your travel companion or business colleague** must cancel their **trip** due to a Covered Cause applicable to them, and **you** proceed to go on **your trip** as planned, **we** will cover the cost of the next occupancy charge up to the maximum limit shown in the Schedule.

Trip Interruption (After Departure)

If **your trip** is interrupted due to an applicable Covered Cause, which occurs on or after **your departure date**, **we** will pay up to the maximum amount noted in the Schedule for:

1. The amount of unused travel arrangements paid for prior to **your departure date** up to the maximum covered amount that is non-refundable and non-transferable to another travel date, less the prepaid unused return transportation;
2. **Your** additional unplanned hotel, meal expenses, essential phone calls and taxi or ride sharing service (such as Uber) fares, to a maximum of \$300 per day for up to two days when no earlier transportation arrangements are available; or
3. **Your** one-way economy class airfare to **your** next destination, or to return **you** to **your** province or territory of residence. **We** will pay the change fee charged by the airline for their missed connection if this option is available or up to \$1,000 for the cost of their one-way economy airfare to the next destination.

Summary of Trip Cancellation and Interruption Covered Causes

Benefits are payable under the Trip Cancellation and Interruption Benefit if any of the following occur:

- a. **you** or **your travel companion or business colleague** develop(s) a sudden and unforeseen **medical condition** or die(s).
- b. **your** immediate family member, **your travel companion or business colleague's** immediate family member, or any key person develops a sudden and unforeseen **medical condition** or dies; or the person whose guest they will be during their **trip** is unexpectedly admitted to a hospital or dies.
- c. **you** or **your spouse**: (i) become pregnant after **you** book **your trip** and **your departure date** falls in the nine weeks before or after the expected delivery date, or (ii) legally adopt a child and the notice of custody is received after the effective date and the date of custody is scheduled in the nine weeks before or after **your**

departure date.

- d. **you** or **your travel companion or business colleague's** travel visa is not issued for a reason beyond **your** control.
- e. **you** or **your** spouse are called to service as a reservist, fire-fighter, military or police staff, or to jury duty or to be a defendant in a civil suit, during their **trip**; or **you** or **your** spouse are subpoenaed to be a witness during **your trip**.
- f. **you, your spouse, your travel companion or business colleague** or **your travel companion or business colleague's** spouse are quarantined or hijacked.
- g. **you** or **your travel companion or business colleague** are unable to occupy **your** respective principal residence or to operate **your** respective business because of a natural disaster.
- h. **you, your spouse, your travel companion or business colleague** or **your travel companion or business colleague's** spouse lose a permanent job because of lay-off or dismissal without just cause.
- i. **you** or **your travel companion or business colleague** are transferred by the employer with whom **you** or **your travel companion or business colleague** were employed with at the time of application for this policy that requires the relocation of **your** or **your travel companion or business colleague's** principal residence.
- j. a business meeting that is the main purpose of the **trip** and was scheduled before **you** or **your travel companion or business colleague** purchased this policy is cancelled for a reason beyond **your** control or the control of **your** employer and the meeting is between companies with unrelated ownership. Benefits are only payable to the **insured person** and their **travel companion or business colleague** (one individual) who purchased **our** insurance, if they are the one who planned to attend the business meeting.
- k. a Government of Canada Travel Advisory is issued during a **trip**, or after **you** purchase this policy but before **your departure date**, advising Canadians to avoid all or non-essential travel to a destination included in **your trip**.
- l. weather conditions, earthquakes or volcanic eruptions cause the scheduled common carrier, on which **you** are booked, to be delayed for a period of at least 30% of **your trip** and **you** choose not to travel.
- m. **you** miss a connection or must interrupt **your trip** because of the delay of **your** connecting private passenger vehicle or common carrier, when the delay is caused by the mechanical failure, a traffic accident, an emergency police-directed road closure or weather conditions, earthquakes or volcanic eruptions. **Your** connecting private passenger vehicle or common carrier must have been scheduled to arrive at their point of boarding at least two hours before the scheduled time of departure.
- n. the airplane the **insured person** is ticketed to fly on leaves earlier or later than scheduled. Note: This benefit is only covered under Trip Interruption.
- o. **sickness, injury** or death of **your** service animal if **you** are an individual with a physical, mental or visual disability, and travel arrangements have been made for the animal to accompany **you** on **your trip**. For this benefit to apply, the travel arrangement cost for their service animal must be included in the covered amount insured under this policy.



Emergency Medical Insurance and Trip Cancellation and Interruption Insurance Exclusions

The following exclusions are in addition to the exclusions mentioned above for each insurance respectively and are applicable to both Emergency Medical Insurance and Trip Cancellation and Interruption Insurance. This policy does not pay for any expense or benefit arising from, caused by, contributing to, relating to, or resulting from, whether directly or indirectly, any one or more of the following for:

- 7. The **insured person** committing or attempting to commit a criminal act.
- 8. A **medical condition** that meets any of the following criteria:
 - a. When the **insured person** knew, or for which it was reasonable to expect before they left to their province or territory of residence, or before the effective date of coverage, that they would need or be required to seek **treatment** for that **medical condition**.
 - b. A **medical condition** for which future investigation or **treatment** was planned before the **insured person** left their province or territory of residence.
 - c. A **medical condition** that produced symptoms that would have caused an ordinarily prudent person to seek **treatment** in the three months before the **insured person** left their province or territory of residence.
 - d. A **medical condition** that had caused the **insured person's** physician to advise them not to travel.
 - f. A **medical condition** that is the result of the **insured person** not following **treatment** as prescribed

including prescribed medication, **treatments** and therapy.

3. Any non-emergency, investigative or elective **treatment** such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications.
4. Intoxication, the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol or other intoxicant.
5. The **insured person's**:
 - a. routine prenatal care;
 - b. pregnancy or childbirth or complications thereof when they happen in the nine weeks before or after the expected date of delivery;
 - c. child born during their **trip**, or coverage for such child.
6. Any loss or any medical condition the insured person suffers or contracts in a specific country, region or city when a Government of Canada Travel Advisory, issued before their **departure date**, advises Canadians to avoid all or non-essential travel to that specific country, region or city. In this Exclusion, "medical condition" is limited, related or due to the reason for the Travel Advisory.

If the Travel Advisory is issued after the **insured person's departure date**, their coverage under this Emergency Medical Insurance Benefit in that specific country, region or city will be limited to a period of ten days from the date the Travel Advisory was issued, or to a period that is reasonably necessary for them to safely evacuate the country, region or city.
7. Any act of terrorism directly or indirectly caused by, resulting from, arising out of, or that is in connection with biological, chemical, nuclear or radioactive means.



General Travel Benefit Exclusions

In addition to the exclusions for specific benefits listed above, this policy does not pay for any **treatment**, service, expense or benefit arising from, caused by, contributing to, relating to, or resulting from, whether directly or indirectly, any one or more of the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury including, but not limited to, any attempt to restrict the flow of oxygen to the brain for purposes of auto-eroticism or auto-erotic asphyxiation, unless medical evidence establishes that the Injuries are related to a mental health illness.
2. An act of war.
3. Involvement in any type of active military service.
4. Participation in the commission or attempted commission of a crime, any felony, an assault, insurrection, or riot.
5. Parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
6. Being intoxicated while operating a motor vehicle.
 - a. The **insured person** will be conclusively presumed to be intoxicated if the level of alcohol or drugs or both in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of their intoxication.
7. Being under the influence of any prescription drug, controlled substance or cannabis, or hallucinogen, unless such prescription drug, controlled substance or cannabis, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage.
8. Travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
9. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release.
10. Alcoholism, drug addiction or the use of any drug or controlled substance or cannabis except as prescribed by a licensed medical provider operating within his or her scope of authority.
11. Participation in any team sport or any other athletic activity as a professional.
12. Any condition for which an **insured person** is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.

13. Riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
14. Any payment or any service or benefit to any policyholder, **insured person**, beneficiary, or third party who may have any rights under this policy to the extent that such cover, payment, service, benefit, or any business or activity of the policyholder, the insured person, beneficiary, or third party would violate any applicable trade or economic sanctions law or regulation.



How to File a Claim

IN THE EVENT OF A MEDICAL EMERGENCY, CONTACT ZURICH TRAVEL ASSIST IMMEDIATELY

1 (877) 541-0127 (toll-free call from the USA or Canada)

or

1 (416) 649-2555 collect to Canada from anywhere else in the world.

Zurich Travel Assist is available to assist you 24 hours a day, each and every day of the year.

You must call Zurich Travel Assist before obtaining **treatment**, so that **we** may:

- confirm coverage; and
- provide pre-approval for **treatment**.

Please note that if the **insured person** or someone on their behalf does not call Zurich Travel Assist in a **medical emergency** and prior to **treatment**, the **insured person** will have to pay 20% of the eligible medical expenses **we** would normally pay under this policy. If it is medically impossible for the **insured person** to call when the **medical emergency** happens, **we** ask that someone call on their behalf.

If the **insured person** chooses to pay eligible expenses directly to a health service provider without prior approval by Zurich Travel Assist, eligible expenses will be reimbursed to the **insured person** based on the reasonable and customary charges that **we** would have paid directly to such provider. Medical charges that the **insured person** pays may be higher than this amount. Therefore, the **insured person** will be responsible for any difference between the amount they paid and the reasonable and customary charges reimbursed by **us**.

Notice and Proof of Claim

Claims must be reported within thirty (30) days of occurrence of a claim arising under this **policy**. Your written notice of a claim must be sent to Zurich Group Claims in one of the following ways, no later than thirty (30) days from the date a claim occurs under the **policy** on account of an **accident, sickness** or disability by:

- submitting a claim online (including uploading supporting documents) through the Zurich Group Claims Portal which can be accessed at the following link <https://ca-fnol.claims.global/zurichcanada>;
- delivery by electronic means to: ZurichGroup@crawco.ca; or
- personal delivery by sending it by registered mail to **our** head office in Ontario.

Proof of claim must be sent to Zurich Group Claims within ninety (90) days of the date a claim has occurred or the service was provided.

Forms for Proof of Claim

Zurich Group Claims will furnish forms for proof of claim within fifteen (15) days after receiving notice of claim. If you have not received the forms within that time, you may submit your proof of claim in the form of a written statement of the cause or nature of the **accident, sickness, injury** or insured risk giving rise to the claim and the extent of the loss.

Claims correspondence should be mailed to:

Zurich Group Claims C/O Crawford & Company
420-55 Standish Court
Mississauga, Ontario L5R 4B2

Alternatively, supporting documents can be uploaded to the Zurich Group Claims Portal by accessing the following link: <https://ca-fnol.claims.global/zurichcanada>.

All amounts payable under this policy will be paid by us within sixty (60) days after proof of claim and all required documentation in a form satisfactory to us has been received.

If the **insured person** is making an Emergency Medical Insurance claim, Zurich Group Claims will need:

- original itemized receipts for all bills and invoices;
- proof of payment by the **insured person** and by any other benefit plan;
- medical records including complete diagnosis by the attending physician or documentation by the hospital, which must support that the treatment was medically necessary;
- proof of the **accident** if the **insured person** is submitting a claim for dental expenses resulting from an **accident**;
- proof of travel (including departure date and return date); and
- the **insured person's** historical medical records (if we determine that they are applicable).

Failure to Give Notice or Proof of Claim

Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one (1) year from the date of the occurrence arising under this policy, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Provider Note

This document provides a brief description of the important features of the insurance program. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy. All claims under the policy will be adjudicated according to the events and circumstances of that particular claim pursuant to the terms and conditions of the policy and in compliance with applicable law, including law governing economic sanctions. This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Iran, Syria, Sudan, North Korea or the Crimea region. Possession of this document does not guarantee payment.

Data Sharing Consent

In order to provide a seamless insurance service globally, Zurich may transfer any data Zurich has received from and any data it holds on the policyholder to other units of Zurich Insurance Group Ltd, such as branches, subsidiaries, or affiliates within Zurich Insurance Group Ltd, cooperative partners of Zurich Insurance Group Ltd, coinsurance and reinsurance companies located in the country of the policyholder or abroad.

The recipient(s) will be required to maintain the confidentiality of the data to the same degree as required of the Zurich party that transferred it.

Zurich as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure Zurich's global insurance service delivery.

If a broker or agent is acting on behalf of the policyholder, Zurich is authorized to use, process and store data of the policyholder received from such broker or agent, and to forward to such broker or agent data of the policyholder relating to the execution of the Policy and the collection of premiums and payment of claims.

Zurich may procure data from government offices and third parties relating to the policyholder to assess a claim in the event of loss or damage.

Disclaimer

This letter constitutes Zurich Insurance Company Ltd's ("Zurich") summary of coverages and terms, which may differ from the coverages and terms requested or on the policy. Please note the terms and conditions of this letter form part of the policy which will be issued. Zurich reserves the right to modify the terms of this letter, including premium amounts, if any of the factors used as a basis for this quotation are incorrect or change, including new risks being added, existing risks changing or multi-line pricing efficiencies no longer applying. This letter will not be superseded by the Policy to be issued.

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Privacy Consent Notice

By submitting the requested information, which may include, but is not limited to, an individual's name, address, date of birth, and medical information, you covenant and warrant that **you** have obtained the

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Signature

A handwritten signature in black ink, appearing to read "Jen Roy". The signature is fluid and cursive, with the first name "Jen" and last name "Roy" clearly distinguishable.

Head of Underwriting, Canada Authorized Representative