



When You Travel, Please Retain This Agreement:

- To verify your Special Risk Insurance Managers Ltd. Travel Plan Coverage
- In case of medical emergency, contact the Travel Assistance Provider within twenty-four (24) hours by referring to the EMERGENCY ASSISTANCE information below.
- Your Travel Insurance Coverage is underwritten by Lloyd's Canada, and administered by Special Risk Insurance Managers Ltd.

Coverage Available

1. Emergency Medical Benefits PLUS Accidental Death and Dismemberment
2. Coverage is available while participating in a sanctioned sporting event or sanctioned activity

Emergency Medical Benefits

This plan provides up to \$1,000,000.00 in total per Covered Group (\$100,000.00 per Individual Covered Person) in the following areas for emergency medical care while travelling outside Canada to participate in a sanctioned sporting event or activity.

Travel Assistance Provider (Intrepid International Health Solutions)

Provides twenty-four (24) hour telephone and contact services around the world in the event of emergency medical situations, sickness or accident requiring hospitalization. In addition, the provider will:

- Arrange for a medical evaluation by a qualified physician and then referral to a medical facility equipped to provide treatment
- Arrange transfer of the patient to another medical facility, if required
- Arrange for payment to the Doctor and Hospital

Contact INTREPID INTERNATIONAL HEALTH SOLUTIONS within 24 hours of your medical emergency.

Intrepid International Health Solutions
647-591-2284, Fax 416-730-1878
1-855-591-2284 (toll free North America)
E-mail: sri@intrepid247.com

When contacting Intrepid International Health Solutions, be prepared to provide the policy number and the group name. WHEN HOSPITALIZATION OCCURS, INTREPID INTERNATIONAL HEALTH SOLUTIONS MUST BE CONTACTED WITHIN TWENTY-FOUR (24) HOURS OF ADMISSION. FAILURE TO DO SO MAY RESULT IN A DELAY IN THE SETTLEMENT OF A CLAIM FOR COVERAGE OR A DENIAL OF A CLAIM FOR MEDICAL EXPENSES.

Definitions

Accommodation

Reasonable and customary charges for active treatment hospital room accommodation (not a private room or suite) in excess of the amount paid by your Provincial Health Care Provider.

Outpatient

Payment will be made for outpatient services provided by an active treatment hospital in excess of the amount paid by your Provincial Health Care Provider and while under the regular care and attendance of a Physician or Surgeon.

Physicians

Reasonable and customary charges made by a physician in excess of the amount paid by your Provincial Health Care Provider.

Paramedical Services

Payment of up to \$300.00 for charges made by a physiotherapist, chiropractor, chiropodist, podiatrist or osteopath (including x-rays) when required for emergency treatment.

Private Registered Nurse

Reasonable and customary charges for a qualified, private registered nurse (not a relative) who performs registered nurse designated nursing duties, during and immediately following hospitalization, when ordered by the attending physician.

Prescriptions and Treatments**Prescriptions**

Drugs, serums and injectables prescribed by a physician and supplied by a licensed pharmacist, excluding vitamins, patent or proprietary products, when required for emergency treatment. Paid receipts must be submitted.

Treatments

The costs of whole blood, blood plasma or specialized treatments using radium and radioisotopes are covered, when rendered due to emergency hospitalization.

Diagnostic Services

Reasonable and customary charges for laboratory tests and x-rays prescribed by the attending physician.

Medical Appliances

The cost of splints, casts, crutches, canes, slings, trusses, walkers and/or the temporary rental of wheelchair, when prescribed by the attending physician and required due to an accident or unexpected illness.

Emergency Dental Care**Accidental Dental**

Treatment to natural teeth due to a direct accidental blow to the mouth, up to a maximum of \$2,000.00. You must see a physician or dentist immediately following the accident. Treatment must begin within the period of coverage and be completed within 182 days of the date of the accident. An accident report is required from the physician or dentist.

Relief of Dental Pain

Treatment for the emergency relief of dental pain, excluding root canals, is covered to a maximum of \$200.00.

Transportation

All transportation benefits except for Ambulance Services must receive the prior approval of the Travel Assistance Provider and are subject to the discretion of Special Risk Insurance.

Ambulance Services

Usual and customary ambulance charges for services from the place of illness or accident to the nearest qualified medical facility capable of providing appropriate treatment.

Medical Evacuation*Air Ambulance Services*

The cost of air evacuation between hospitals, for hospital admission in an emergency.

Repatriation

When the emergency of a Covered Person is such that:

- The attending physician specifies in writing that the Covered Person should immediately return to Canada for immediate medical attention, Special Risk Insurance Managers Ltd. will reimburse the extra cost incurred for the purchase of the most economical airfare plus the additional most economical airfare, if required, to accommodate a stretcher to return the Covered Person by the most direct route to the air terminal nearest the departure point in Canada. This benefit assumes the Covered Person is not holding a valid open-return air ticket. The benefit also applies to one member of the family who is covered by the Agreement, is travelling with the patient at the time of the illness or injury and does not hold a valid open-return air ticket.
- The attending physician or commercial airline stipulates in writing that the Covered Person must be accompanied by a qualified medical attendant (not a relative). Special Risk Insurance Managers Ltd. will reimburse the usual and customary fee charged by a medical attendant registered in the jurisdiction in which treatment is provided, including the most economical airfare and, if required, overnight hotel and meal expenses.

Friend/Family Hospital Visits

The most economical airfare, by the most direct route from Canada, will be reimbursed for one family member or friend to:

- Visit a Covered Person confined in hospital. This benefit requires seven (7) days outside of their province of residence, plus the written verification of the attending physician that the situation was serious enough to have required the visit.
- Identify the deceased prior to the release of the body, where necessary.

Return of Deceased

Up to \$5,000.00 will be reimbursed towards the cost of preparation and homeward transportation to Canada of a deceased Covered Person (this benefit excludes the cost of a coffin or urn) or up to \$2,500.00 will be reimbursed towards the cost of cremation and/or burial of a deceased Covered Person at the place of death.

Meals and Accommodation

Up to \$1,500.00 will be reimbursed per Agreement, to a maximum of \$150.00 per day, for the extra costs of commercial accommodation and meals incurred by a Covered Person when the return to Canada is delayed beyond the planned termination date of his/her trip due to illness or injury to a travelling companion or a Covered Person. This must be verified by the attending physician and supported with receipts from commercial organizations.

Automatic Extension of Coverage

Coverage under this Agreement will automatically be extended without further charge to the Covered Person covered under this Agreement for the period of hospitalization and up to seventy-two (72) hours following:

- The discharge from hospital date when the return to Canada is delayed due to hospitalization and coverage expires after admission to a hospital.
- The expiry date of this Agreement when the return to Canada is delayed, by order of the attending physician, due to a covered illness or accidental injury.
- The expiry date of this Agreement when the return to Canada is delayed due to the delay of a common carrier (airplane, bus, taxi, train) on which a person covered under this Agreement is a passenger; or the delay is caused by a traffic accident or mechanical failure of a private automobile on route to the departure point. Claims must be supported by documented proof.

Accidental Death and Dismemberment

Benefits contained in this section are underwritten by Lloyd's Canada.

24-Hour Travel Accident Coverage

Coverage is provided twenty-four (24) hours a day from 12:01am on the day of departure to 12:00 midnight on the day of return, no matter where you travel outside of Canada.

Payment for the loss of life or loss of use of limb or sight to the Covered Person who suffers the loss shall be paid at:

- One hundred percent (100%) of the Principal Amount for the applicant age eighteen (18) to sixty-nine (69) and covered Spouse up to age sixty-nine (69)
- Twenty percent (20%) of the Principal Amount for the applicant age seventy (70) and over and covered Spouse age seventy (70) and over
- Twenty percent (20%) of the Principal Amount for Dependent children up to age eighteen (18)
- In case of the loss of life of a Covered Person, the benefit shall be paid directly to the contract holder if living and to the designated beneficiary if deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the contract holder's estate. In the case of accidental loss of one or more limbs or sight in one eye or both eyes, the benefit shall be paid to the Covered Person who has been the victim of the accident or his/her representative, or to his/her legal guardian if a minor.

SCHEDULE OF BENEFITS

	PRINCIPLE AMOUNT
1. Loss of own life	\$25,000.00
2. Loss of or loss of use of both hands or both feet or sight in both eyes	50% of above
3. Loss of or loss of use of one hand and one foot	25% of above
4. Loss of or loss of use of one hand and sight in one eye	25% of above
5. Loss of or loss of use of one foot and sight in one eye	25% of above
6. Loss of or loss of use of one hand or one foot or sight in one eye	25% of above

Conditions

If a Covered Person shall suffer more than one such loss as a result of any one accident, payment will be made only for that loss for which the largest benefit is specified, up to 365 days after the accident.

Upon the occurrence of any one of the above losses all coverage for that person shall immediately cease, except as respecting such loss or subsequent losses directly resulting from the same accident.

In no event shall the maximum amount payable under this agreement for all losses of the Covered Person exceed the Principal Amount.

Children under ten years of age are excluded from Accidental Death and Dismemberment coverage.

Payment of Principal Sum

In case of the loss of life of a Covered Person, the benefit shall be paid directly to the contract holder if living and to the designated beneficiary if deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the contract holder's estate. In the case of accidental loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the Covered Person who has been the victim of the accident or his/her representative, or to his/her legal guardian if a minor.

If the Covered Person shall suffer more than one loss as a result of any one accident, payment will be made only for that loss for which largest benefit is specified.



Definitions

Accident

Means an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries.

Agreement

Means this document and any subsequent amendments

Back Dating Policy Coverage

Any back dating of policy coverage immediately voids all coverage under this policy.

Covered Person

A Registered and fully paid Member of the Association participating in an Association approved and sanctioned event. Spouses and dependents are not covered by this policy unless designated specifically.

Effective Date

Means the day on which this Agreement takes effect.

Eligible Expenses

Means expenses incurred by a Covered Person and payable by Special Risk Insurance Managers Ltd. based on the provisions of this Agreement and authority provided by Lloyd's Canada.

Emergency

Means medical treatment of an immediate nature required as a result of an unforeseen accident or illness.

Extra Cost

Means those costs you would not have incurred had your trip not been delayed due to sickness of a family member or travelling companion.

Family Coverage

Family coverage is not available under this policy.

General Active Treatment Hospital and Hospital

Means an institution licensed as a hospital and operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and operating room (either on the premises or in facilities controlled by the hospital) where surgical operations are performed by a legally qualified surgeon. In no event shall the term "hospital" or "general active treatment hospital" mean any hospital or institution or part of such hospital or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home or home for the aged, health spa or treatment centre for drug addicts or alcoholics.

Hospitalization

Means admitted to a hospital as an inpatient.

Illness

Means any sickness or disease first manifesting itself while this agreement is in force. A pre-existing illness or injury is not covered by this agreement.

Immediate Family

Means the Covered Person's legal or common-law spouse, parent, step-parent, grandparent, grandchild, in-law, natural or adopted child, legal guardian, step-child, brother, sister, step-sister, step-brother, aunt, uncle, niece, nephew, business partner or travelling companion (to a maximum of four people) who have the same shared accommodation.

In-patient

Means a patient confined to a hospital for more than twenty-four (24) hours on the recommendation of the attending physician.

Insurer

The insurer at risk is Lloyd's Canada.

Loss

When used with reference to hand or foot, means complete and permanent severance at or above the wrist or ankle joint. When used with reference to eye, means the irrecoverable total loss of sight in the eye.

Loss of Use

Means the total and irrecoverable loss of use for twelve continuous months after which the benefit is payable, provided the loss of use is determined to be permanent.

Month

A period of thirty (30) days.

Nurse

Means a Registered Nurse duly registered in the place of jurisdiction where the service is provided.

Occupying

Means in or entering or alighting from a rental car.

Period of Coverage

Means the period from and including the date of departure equal to the number of days indicated on the application form, provided the required subscription dues have been paid.

Physician

Means a person qualified and licensed as a doctor of medicine who is entitled to practice medicine and/or surgery without restriction under the laws of the place where the services are provided.

Policy Administrator

The policy administrator is Special Risk Insurance Managers Ltd.

Resident

Means a person who permanently resides in Canada, present in Canada for a period not less than 183 days of the past twelve (12) months, and covered by Provincial Health Care.

Single Coverage

Means benefits are only available to the Covered Person.

Totally Disabled

Means the complete inability of the Covered Person, on medical evidence, to continue his/her duties or activities.

Travelling Companion

Means a person who has prepaid accommodations or transportation with the Covered Person for the same covered trip (maximum four persons including the Covered Person).

Usual, Customary and Reasonable Expenses

“Customary” means that range of usual charges by Providers with similar expertise and services within the geographic area; “Reasonable” means those charges that, in the opinion of the Provider’s professional association, are justifiable in the circumstances of the particular case in question.

Vehicle

Means a passenger automobile, motorcycle, motor home or truck with a gross vehicle weight of less than 8,000 pounds (3,630kg) providing such vehicle is not licensed to carry passengers for hire.

Exclusions and Limitations

Lloyd’s Canada will not pay any benefit or accept any liability for claims relating to:

1. Any Covered Person if it is subsequently determined that the eligibility criteria was not satisfied at the time of application, even if premiums have been received and/or accepted by Special Risk Insurance.
2. Any illness, injury or condition related to a medical condition for which the Covered Person consulted a physician, was hospitalized, received treatment or was advised to do so, was prescribed new medication or change or dosage, or for which symptoms occurred and/or required medical investigation during the six (6) months prior to the effective date of coverage.
3. Any Covered Person who is aged fifty-five (55) to sixty-nine (69) and travelling in excess of sixty-five (65) days, or who is aged seventy (70) or older (for any trip) if, during the twenty-four (24) months prior to the date of departure indicated on the Daily Travel Plans application, the Covered Person:
 - Was diagnosed as having a terminal illness or advised by a physician not to travel
 - Was diagnosed with insulin-dependent diabetes i.e., diabetes treated with insulin injections
 - Was diagnosed with or received treatment for cancer (except basal cell carcinoma)
 - Had a stroke or Transient Ischemic Attack (TIA or mini-stroke), heart attack, congestive heart failure, aortic aneurysm, heart surgery of any kind (including cardiac pacemaker implant, cardiac defibrillator implant or angioplasty, coronary bypass, valvulopathy or valve replacement, heart transplant) or surgery on any artery.
 - Was diagnosed with angina, arrhythmia, or atrial fibrillation
 - Had chronic lung disease (including chronic obstructive pulmonary disease, emphysema or lung transplantation) that required hospitalization or home oxygen use, or that resulted in a prescribed new medication or a change in dosage.
 - Had kidney failure or kidney transplantation
 - Had cirrhosis, hepatitis or a liver transplantation
 - Had HIV, AIDS or AIDS related complex
4. Any expenses incurred by a Covered Person for elective (non-emergency) treatment or surgery. This includes treatment or surgery:
 - Not required for the immediate relief or acute pain and suffering
 - Which medically could be delayed until the Covered Person has returned to Canada.
 - Which the Covered Person elects to have rendered or performed outside Canada following emergency treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the Covered Person from returning to Canada prior to such treatment or surgery.
5. Any expenses incurred by a Covered Person holding a work visa from the country to which they are travelling or a Covered Person attending an education institution outside the boundaries of Canada.
6. Hospital accommodations or treatment received in a hospital other than a general, active treatment hospital such as a chronic care hospital or a chronic care unit of a public hospital, or nursing homes or health spas.
7. Any emergency medical care expenses in excess of \$100,000.00 (Canadian) in total per Covered Person.
8. Any expenses incurred outside of Canada when the Covered Person could have been returned to Canada without endangering their life or health, even if the treatment available in Canada could be of lesser quality than the treatment available outside Canada.
9. Any Covered Person travelling outside Canada primarily, with intent or incidentally, to seek medical advice or treatment, even if the trip is on the recommendation of a physician.

10. Any hospitalization or services rendered:
 - In connection with general health examinations for “check-up” purposes
 - For the on-going maintenance of an existing condition
 - For rehabilitation or on-going cure in connection with drugs, alcohol or any other substance abuse
 - In the nature of a rest cure or travel for health
 - For cosmetic reasons
11. Any expenses incurred outside of Canada after a Covered Person receives a terminal prognosis or if the Covered Person has travelled out of Canada contrary to medical advice. The maximum total payable for repatriation of deceased subscriber shall be limited to \$5,000.00 for cremation or burial for all coverage herein described.
12. Any expenses incurred, directly or indirectly, as a result of Acquired Immune Deficiency Syndrome (AIDS).
13. Any condition resulting from a mental or nervous disorder unless hospitalized.
14. Any expenses for meals and accommodation in excess of \$1,500.00 for all coverage described in this Agreement.
15. Any claim associated with the required confinement of the Covered Person or a spouse due to pregnancy/child birth and delivery will be denied by Special Risk Insurance Managers Ltd.
16. Services provided by naturopaths or optometrists.
17. Expenses incurred due to operation a motorized vehicle while impaired by drugs, toxic substances or a blood alcohol level in excess of the legal limit in the jurisdiction where the accident occurred.
18. Abuse of medication, toxic substance, alcohol or the use of non-prescribed drugs.
19. Suicide, attempted suicide or self-inflicted injury of a person covered under this Agreement, whether sane or insane.
20. Commission of or attempting to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offence, regardless of whether charges are laid or a conviction obtained.
21. Participation in professional sports, parachuting, bungee jumping, spelunking, rodeo; a flight accident.
22. Active participation in an insurrection, war or act of war (declared or not), or the hostile action of the armed forces of any country, service in the armed forces, hijacking or terrorism, or participation in any riot, public confrontation, civil commotion or any other act of aggression.
23. Non-contact of the Travel Assistance Provider. When hospitalization occurs, the Travel Assistance Provider must be contacted with twenty-four (24) hours of admission. Failure to contact the Travel Assistance Provider within 24 hours or admission may result in a delay in the settlement of a claim for coverage or a denial of a claim for medical expenses.
24. Treatment, symptoms or a reoccurrence of a medical condition, illness or injury which was previously treated while the Covered Person was outside Canada.
25. Any expenses incurred from a medical Emergency that occurred in a country, region or city during a Covered Person’s trip when, before the departure date, a written formal notice was posted on the website of the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city.
26. Any Coverage that is back dated and inception date is prior to application or departure date, no coverage will apply and policy will be void.

General Terms

1. All amounts indicated in this Agreement are Canadian funds.
2. No sum payable under this Agreement shall carry interest.
3. Payment will be made by Special Risk Insurance Managers Ltd. by cheque, directly to the Covered Person, beneficiary or provider of service. Payment will be made in Canadian funds, based on the rate of exchange in effect at the conclusion of service rendered, as determined by any Canadian chartered bank.
4. All benefit levels outlined in the Agreement are per person amounts, unless otherwise stated.
5. To be eligible, the hospital or medical benefits covered under this Agreement must have been provided at the nearest eligible facility capable of providing adequate service at the time of the illness or injury.
6. Special Risk Insurance Managers Ltd. will cover reasonable and customary charges for eligible emergency medical expenses. Benefits listed here shall be payable only on the submission of certification by the attending physician that services were for emergency treatment defined as treatment of an immediate nature required as a result of an unforeseen accident or illness. The Covered Person shall obtain detailed accounts covering the hospital and medical services provided and submit reasonable and acceptable proof of these expenses to Special Risk Insurance.



7. Special Risk Insurance Managers Ltd. has the authority to obtain the Covered Person's pertinent medical records or information from any physician, dentist, hospital or clinic, and from any government insurance plan.
8. Coverage will be declined if the premium is not received by Special Risk Insurance Managers Ltd. due to an N.S.F. cheque or invalid credit card charge.
9. When payment received is insufficient for duration of coverage indicated in application, Special Risk Insurance Managers Ltd. reserves the right to alter the requested duration of coverage to whatever duration the subscription dues purchase, in accordance with current published rates.
10. Coverage must be purchased for the entire duration of the trip, including the day of departure and the day of return.
11. Only charges for emergency medical services incurred while the Covered Person is outside the boundaries of Canada during the term of this Agreement will be eligible. If travelling by land, benefits become effective at the time of crossing the Canadian boundary or an international border; if travelling by air, benefits become effective at the time the airplane takes off. This Agreement expires at the time of crossing the Canadian boundary or an international border on the return home if travelling by land, when the airplane lands in Canada on the return home if travelling by air, or on the expiry date of this Agreement, whichever comes first.
12. The benefits under this Agreement are only available to Canadian residents (persons living within Canada for 183 days in a twelve (12) month period) covered by Provincial Health Care Service, in good standing, and who are travelling outside Canada.
13. Special Risk Insurance Managers Ltd., in consultation with the attending physician, reserves the right to transfer the Covered Person to another hospital or to return the Covered Person to Canada. Refusal to comply with the transfer request will absolve Special Risk Insurance Managers Ltd. of any further liability.
14. No benefits are payable for expenses incurred after the expiry date of this Agreement, unless admitted to hospital prior to the expiry date of the Agreement.
15. Special Risk Insurance Managers Ltd. and the Travel Assistance Services are not responsible for the availability, quality or results of any medical treatment or transportation, or the failure of a Covered Person to obtain medical treatment.
16. If the Air Ambulance benefit is used, the unused portion of the Covered Person's air ticket must be surrendered to Special Risk Insurance Managers Ltd.
17. Agreement shall be void if, whether before or after an accident or injury, a Covered Person has willfully concealed or misrepresented any material fact or circumstance concerning this coverage.
18. Application copy must be validated by Special Risk Insurance Managers Ltd. or an authorized agent of Special Risk Insurance Managers Ltd.
19. Coverage is provided dependent on the option purchased. This Agreement is not transferable to another person or family.
20. Claims should be submitted to Special Risk Insurance Managers Ltd. within thirty (30) days of the date of service.
21. All the printed provisions in this brochure shall constitute the entire Agreement between Special Risk Insurance Managers Ltd. and the Covered Person(s) and no verbal or other written information apart from that provided in this brochure shall have any effect. No one has the authority to amend any of the printed provisions contained in this agreement.
22. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of the Policy Holder.
23. If, in the event of loss, the Covered Person shall acquire any right of action against any individual, firm or corporation for loss covered hereunder, the Covered Person will, if requested by Special Risk Insurance, assign and transfer all such claims or all such rights of action to Special Risk Insurance Managers Ltd. up to the amount of any indemnity for loss paid by Special Risk Insurance Managers Ltd. The Covered Person will permit suit to be brought in the Covered Person's named under the direction of Special Risk Insurance Managers Ltd. The Covered Person shall do nothing after a loss to prejudice such rights.
24. If Special Risk Insurance Managers Ltd. pays benefits for a Covered Person and a third party makes payment for those same benefits, the Covered Person will owe Special Risk Insurance Managers Ltd. the amount previously paid by Special Risk Insurance Managers Ltd.
25. This plan is classified as a supplemental benefit plan. It covers expenses that are not covered under any other benefit or insurance plan, collectible or not. In the event the Covered Person is entitled to similar benefits under any other individual or group contracts including, but not limited to any available coverage, employment benefits, credit card coverage, private or auto insurance, benefits will be coordinated with those plans so claims paid do not exceed one hundred percent (100%) of the allowable expenses paid.



26. After the benefit payable by government plans has been determined, the excess benefits of this Agreement will be coordinated with those of other contract or plans if the Covered Person is simultaneously eligible for similar benefits under any other non-government plan.
- a) If any other plan does not contain a provision for coordination with or reduction of benefits payable under this Agreement, the benefit payable under such other plan will be determined first.
 - b) If any other plan contains a provision for coordination with or reduction of benefits payable under this Agreement, the benefits of such plan shall be coordinated with the benefits in the following order:
 - Other than as a dependent
 - As a dependent of the Covered Person with the earlier day and month of birth in the calendar year
 - c) When clause 26b does not serve to establish an order of benefit determination, the benefits shall be prorated between or among the plans in proportion to the amounts that would have been paid under each plan had there been coverage by just that plan.

Travel Plan Extensions

For trips exceeding your original agreement, contact Special Risk Insurance Managers Ltd. to purchase additional coverage.

Extension of coverage may be applied for, provided that your Provincial Health coverage remains in effect for the whole term of any and all extensions and the request for extension with payment is received by Special Risk Insurance Managers Ltd. prior to expiry of the previous period of coverage.

The original agreement plus any subsequent extensions may not exceed 183 days of travel outside of Canada in one (1) calendar year.

Claims

In case of medical emergency requiring hospitalization, Intrepid International Health Solutions must be contacted within twenty-four (24) hours of the Emergency at the phone numbers listed.

In the event of a claim, documentation to support date of departure will be required (i.e., air ticket or an accommodation receipt). The claim form may be obtained by contacting the office of Special Risk Insurance Managers Ltd., as listed on the back cover of this brochure, or may be downloaded at www.SRIM.ca

TO BE ELIGIBLE FOR REIMBURSEMENT, ALL CLAIMS MUST BE SUBMITTED WITHIN THIRTY (30) DAYS OF OCCURRENCE.

Reimbursement will be made by Special Risk Insurance Managers Ltd., by cheque, directly to the insured, beneficiary, or provider of service. Payment will be made in Canadian funds, based on the rate of exchange in effect at the conclusion of services, as determined by the chartered bank used by Special Risk Insurance Managers Ltd.