

Table of Contents

Section I	Important Notice	3
Section II	<i>Participant Coverage – Eligibility, Enrollment, Effective Date and Termination</i>	3
Section III	Description of Benefits	4
	Trip Cancellation/Interruption	4
	A. Coverage offered	4
	B. Benefits for Trip Cancellation	5
	C. Benefits for Trip Interruption	5
	D. Limitations and Restrictions	6
	E. Exclusions	6
	F. How to file a claim	7
	Baggage and Personal Effects	9
	A. Coverage offered	9
	B. Benefits	9
	C. Limitations and Restrictions	9
	D. Exclusions	9
	E. How to file a claim	10
Section IV	General Provisions	11
Section V	Insurance Agreement	13
Section VI	Definitions	13
Section VII	The <i>Insured Person's</i> Privacy	15
Section VIII	Identification of <i>Insurer</i>	16



**The Johnson Inc. Trip Cancellation/Interruption Plan
for members of the Alberta Teachers' Association**

Policy No.: 55297762

Trip Cancellation/Interruption Plan

If you have to cancel or interrupt *your covered trip*,
you must call the Global Excel Cancellation Desk immediately
CANADA and USA 1-877-644-4215
Or collect + 819-566-4215

Remember to:

1. Keep all original invoices and/or receipts for payment and confirmation of *your* coverage in a safe place.
2. Keep *your* benefit booklet with *you* at all times during *your covered trip*.
3. Read *your* benefit booklet carefully.

Section I – IMPORTANT NOTICE – PLEASE READ CAREFULLY

Travel insurance is designed to guard against the financial consequences of unexpected and unforeseen events. Still, no single coverage can protect against every risk. That is why it is important that *you* read and understand *your* plan before *you* travel. Any questions should be directed to *your plan administrator*.

In the event of any discrepancy between the provisions of a booklet or other document *you* hold and the provisions of the policy, the provisions of the policy shall govern.

1. Throughout this document, words in italics have a specific meaning and are defined in Section VI – Definitions.
2. A pre-existing medical condition exclusion applies to medical conditions and/or symptoms that existed prior to *your* trip. See Section III (E) - Exclusions for Trip Cancellation and Interruption - for complete details.
3. In the event of an *accident, injury or sickness*, *your* prior medical history may be reviewed when a claim is reported.
4. All amounts are in Canadian currency, unless indicated otherwise.

Section II – PARTICIPANT COVERAGE – ELIGIBILITY, ENROLLMENT, EFFECTIVE DATE AND TERMINATION

Eligibility

To be covered under the policy as a *participant*, the following eligibility requirements must be met:

1. *You* must be a permanent resident of Canada;
2. It is a condition precedent to the *Insurer's* liability under the policy that at the time of enrollment:

- a. the *participant* knows of no reason for him, an *immediate family member*, a *travel companion* or a *travel companion's immediate family member*, to seek medical attention;
 - b. the *participant* and his *travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.
3. Coverage is null and void if a *covered trip* is booked or undertaken:
- a. contrary to medical advice;
 - b. while the *participant* requires kidney dialysis; or
 - c. if the *participant* has a terminal illness. Terminal illness means that the *participant* has a medical condition that is cause for a *physician* to estimate that he has less than six months to live or for which palliative care have been received.

Enrollment

A *participant* becomes enrolled by completing, signing and returning an Enrollment Form to the *plan administrator*.

Effective Date

The *participant's* coverage will become effective on the date the *plan administrator* receives a completed and signed Enrollment Form. *Your* coverage is automatically renewed under this policy each May 1.

Termination

Coverage will terminate immediately upon the first to occur of:

1. the date *you* cease to meet eligibility requirements; or
2. the date the premium is due if the *policyholder* does not remit *your* premium, except where this is the result of clerical error; or
3. the date the policy is terminated.

Note: *Your* policy will automatically renew each year on the renewal date (May 1) for the next policy year, unless *you* provide written notice of termination to Johnson Inc. within 30 days of the renewal date. Premiums will be deducted monthly and are non-refundable and non-cancellable after this 30-day period.

Section III – DESCRIPTION OF BENEFITS, LIMITATIONS AND EXCLUSIONS

TRIP CANCELLATION/INTERRUPTION

A. Coverage Offered

Insured Risks

Any of the following occurrences that prevent *you* from departing, travelling or returning on the scheduled dates of the *covered trip* is an insured risk:

1. *Sickness, injury, death or quarantine of you, a travel companion, an immediate family member, a travel companion's immediate family member or a caregiver.*
2. *Death or emergency hospitalization of a business partner, a key employee or a close friend occurring within 10 days of the contracted departure date or during the covered trip.*
3. *Death, emergency hospitalization, illness or injury (other than a minor ailment) of your host at trip destination.*
4. *A business meeting, conference or convention, that is the main intent of your trip and was scheduled after the effective date of this insurance, is cancelled for a reason beyond your control or the control of your employer, and provided that travel arrangements were paid for by you prior to the contracted day of departure. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, you must be a registered delegate.*
5. *The relocation of your principal residence or that of a travel companion by reason of an unforeseen transfer initiated by the employer with whom you, your spouse, a travel companion or a travel companion's spouse are employed at the time of enrollment. This insured risk does not cover cases of self-employment or temporary contract work.*

6. Involuntary loss of permanent employment without just cause by *you*, *your spouse*, a *travel companion*, a *travel companion's spouse*, *your parent* or legal guardian (if *you* are under 16 years of age) provided that, on the effective date of coverage, the imminent loss was not public knowledge, nor were the aforementioned persons aware that such loss of permanent employment was imminent. This insured risk does not apply if employment began after the date of enrollment for coverage or to cases of self employment, temporary contract work and temporary lay-offs or if *you* were in the trial period for a new permanent employment.
7. *Your principal residence* or that of a *travel companion* is rendered uninhabitable or *your place of business* or that of a *travel companion* is rendered inoperative. This insured risk does not cover losses caused by *your intentional fault*.
8. *You or a travel companion* are summoned to perform police, fire or military service (whether active or reserve).
9. *You or a travel companion* are:
 - a. summoned for jury duty;
 - b. subpoenaed as a witness in a case; or
 - c. named as a plaintiff or a defendant in a civil suit.

This insured risk applies only when the case is scheduled to be heard during the *covered trip* and the notice to appear is received after the effective date of coverage.

10. A new formal notice issued by the Canadian Government after the effective date of coverage, warning Canadian residents against travel to, or advising to leave, a specific region or country that is part of *your covered trip*.
11. A delay that causes *you* to miss or interrupt any part of *your covered trip* when, the private or rented *vehicle* which *you* are driving or in which *you* are a passenger, or a *common carrier* or a prepaid connecting flight aboard which *you* are a passenger, is delayed due to weather, a mechanical failure, an *emergency* road closure by the police or an *accident*, provided that the *vehicle* or the *common carrier* was scheduled to arrive at the *contracted* departure or return point at least two hours (or the required minimum reporting time, whichever is the greater) in advance of the *contracted* time of departure or return.

B. Benefits for Trip Cancellation

When the insured risk occurs before the *contracted* date of departure, the policy provides for payment of one of the following amounts, up to a maximum of \$5,000 per *insured person*, per annual period of coverage:

1. the non-refundable portion of unused travel arrangements paid in advance when any insured risk occurs, including travel point administrative cancellation fees (when possible); or
2. reasonable transportation cost for *you* to travel to the destination of *your covered trip* by the most direct route if *you* miss the *contracted* departure due to the occurrence of insured risk 1, 2, 7 or 11.

C. Benefits for Trip Interruption

When the insured risk occurs after the *contracted* date of departure, the policy provides for payment of the following benefits up to a maximum of \$5,000 per *insured person*, for each *covered trip*:

1. If *you* must return earlier or later than the *contracted* date of return due to the occurrence of insured risk 1, 2, 3, 7, 10 or 11:
 - a. up to the cost of a one-way economy airfare to the *contracted* point of departure or the fee charged by the airline to change *your contracted* date of return as shown on *your* current and usable ticket, whichever is less; and
 - b. the non-refundable portion of unused insured land arrangements (if any) paid prior to *your contracted* date of departure.

This benefit does not reimburse the unused portion of any travel ticket.

2. If *you* miss part of the *covered trip* due to the occurrence of insured risk 1, 2, 3, 10 or 11:
 - a. reasonable and additional transportation costs for *you* to rejoin the tour or group by the most direct route; and
 - b. the non-refundable portion of other unused insured land arrangements paid prior to *your contracted* date of departure.

When an applicable insured risk occurs, the *insured person* is eligible for interruption benefits 1 or 2 above.

3. When an insured risk occurs, *you* will also be reimbursed for reasonable and necessary commercial lodging and meals, automobile rental, essential telephone calls and taxi transportation, to a maximum of **\$3,500**, subject to a limit of **\$350** per *day* provided:
 - a. *you* miss part of a *covered trip*;
 - b. *your*, or an insured *travel companion's* return to the *contracted* point of departure is delayed beyond the *contracted* date of return; or
 - c. *you* must return earlier than the *contracted* date of return.

To file a claim for such expenses, *you* must supply original receipts from commercial organizations.
4. In the event of death, up to a maximum benefit of \$5,000 towards the actual cost incurred for preparation of remains, homeward transportation of the deceased *insured person* to his province or territory of residence, cremation and/or burial at the place of death of the *insured person*. The cost of the casket or urn is not covered by this benefit.

D. Limitations and Restrictions

Coverage Limited to Non-Refundable Sums – Failure to notify *Global Excel* may limit the benefits payable to *you*. Only the sums that are non-refundable on the *day* the insured risk occurs shall be considered for the purpose of the claim.

E. Exclusions for Trip Cancellation and Interruption

The policy does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Any medical condition that required consultation, diagnosis, treatment and/or investigation in the twelve (12) month period prior to the day of departure. A medical condition can include an illness, *sickness, injury* or symptoms. Additionally, a medical condition that has a new medication prescribed or a change in the dosage of a medication in the ninety (90) days prior to departure is not covered.

Note: The above exclusion applies to the following persons who are age 60 or over: *you*, an *immediate family member*, a *travel companion*, a *travel companion's immediate family member*, a close friend and/or *your* host at destination.

2. Any *sickness, injury* or medical condition which, prior to the effective date of coverage:
 - a. was such as to render medical consultation or *hospitalization* expected;
 - b. has been shown, by prior medical history, as probable or certain to occur.
3. Expenses for which no charge would normally be made in the absence of insurance.
4. Committing or attempting to commit an illegal act or a criminal act.
5. *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.
6. Labour disruptions or strikes (legal or illegal).
7. *Sickness, injury* or medical condition if *you*, a *travel companion* or an *immediate family member* of *you* or *your travel companion* are awaiting or undergoing any surgery, medical test(s) examination(s), monitoring or consultation prior to the effective date of coverage:
 - a. for an existing medical condition, other than a regular medical check-up. (In the eventuality of a claim, the dates of the last and next medical check-up must be provided.);

- b. for a new or changed medical condition which may eventually cause *you* to seek medical attention.
8. 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 milliliters of blood.
9. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
10. A disorder, disease, condition or symptom that is emotional, psychological, or mental in nature unless *you* are *hospitalized* on the date of occurrence for the event that caused a trip cancellation.
11. Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice of a *physician* or surgeon.
12. A trip undertaken for the purpose of visiting a sick or injured person when the *covered trip* is cancelled, interrupted or delayed due to such person's medical condition or death therefrom.
13. Treatment or *hospitalization* of mother or *child(ren)* as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.
14. A return earlier or later than the *contracted* date of return, unless recommended by the attending *physician*.
15. A return delayed more than 10 *days* beyond the *contracted* date of return, unless *you*, an *immediate family member* or a *travel companion* were *hospitalized* for at least 48 consecutive hours within the 10-day period.
16. 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 Canadians 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, *your* coverage for sickness, injury or medical condition is limited to a period of 10 *days* from the date the advisory 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 any complications arising therefrom.
17. Any cause or event which might reasonably have been expected to necessitate the immediate return of the *insured person*.
18. Flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).

F. How to File a Claim

You must substantiate *your* claim by providing all required documents for the applicable insurance coverage. Failure to do so may result in non-payment of *your* claim. (The *Insurer* is not responsible for charges levied in relation to any such documents.) Note that incomplete documentation will be returned to *you* for completion.

For a Claim under Trip Cancellation or Interruption Insurance

1. The *physician* recommending cancellation, interruption or delay of the *covered trip* must be *your* personal *physician* or a *physician* actively and personally attending to *your* care.
2. *You* must call the *Global Excel* Cancellation Desk at 1-877-644-4215 (toll free) or (819) 566-4215 (collect) on the *day* the insured risk occurs or on the next business *day* to advise *Global Excel* of *your* cancellation or interruption. Failure to notify *Global Excel* limits the benefits payable to *you*. Only the non-refundable prepaid amounts that apply on the *day* the insured risk occurs shall be considered for the purpose of *your* claim.
3. When *you* contact the *Global Excel* Cancellation Desk by telephone, be prepared to provide the following information:
 - a. *your* name;
 - b. *your* policy number;

- c. *your contracted* dates of travel for the *covered trip*;
 - d. the reason *why you* are cancelling or interrupting *your covered trip*; and
 - e. the telephone, fax number and/or e-mail address where *you* can be contacted immediately.
4. Once *you* have reported the cancellation or interruption of *your covered trip* (as described in 1. and 2.), *you* must submit the documents listed on page 8 to *Global Excel* at the address indicated on page 10. Make sure *you* complete the following steps.

You must submit the following documents:

1. A claim form (available by contacting *Global Excel*) fully completed and signed by *you* as well as by *your* regular attending *physician* or the *physician* actively attending to *your* care who is recommending that *you* do not travel on the dates of *your covered trip*.
2. Original invoices receipts for transportation, meals and accommodation and transfer vouchers.
3. Original airline tickets. If any part of the airline ticket is refundable (taxes or penalty) please proceed first with the refund and send *Global Excel* a copy of the airline ticket and proof of refund.
4. Original receipts as proof of payment for *your covered trip* showing date(s), amount(s) paid, travel agency service fees and penalties . This is required for all the deposits and final payments *you* made to *your* Travel Agent for *your covered trip*.

For Trip Cancellation

5. For a claim under insured risk 1, 2 or 3 due to death or *hospitalization*, a claim form (available by contacting *Global Excel*), a death certificate and hospital records as well as an explanation of *your* relationship to the person in question and why this event caused *you* to cancel *your covered trip*.
6. For a claim under insured risks 4 to 11, proof of the insured risk's occurrence, as follows:
 - a. for insured risk 4 or 7, the applicable reports from the proper authorities;
 - b. for insured risk 5 or 6, a letter from the employer confirming the relocation or termination of employment;
 - c. for insured risk 8 or 9, a copy of the notice of hearing, summons, subpoena or any other court document showing the date *you* must appear in court;
 - d. for insured risk 10, a proof of the travel advisory or formal notice;
 - e. for insured risk 11, the original airline ticket(s) and/or an original cancellation invoice, the transfer vouchers, a police report detailing such circumstances, or in the case of a mechanical failure, an applicable letter from the rental agency confirming such failure or a commercial invoice detailing the necessary repairs to the *vehicle*.

For Trip Interruption

7. For a claim under insured risks 1, 2, 3, 7, 10 and 11:
 - a. The original: airline tickets, transfer vouchers, accommodation and other travel documents prepaid for *your covered trip*.
 - b. An explanation of the events that caused *you* to interrupt *your covered trip* under the insured risk.
 - c. Complete details and dates of the event and an explanation of *your* relationship to the person in question where a person other than *yourself* is involved.
 - d. For out-of-pocket expenses: original receipts for the covered expenses incurred and an explanation of the expenses.
 - e. For *hospitalization*, death or repatriation: a copy of the hospital records, death certificate, receipts from airlines, funeral homes and other expenses covered under the insured risk.

8. *Global Excel* may ask you or your attending physician to provide additional evidence to support your claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant's attending physician(s) or any hospital(s) for the purpose of determining the validity of a claim. In this event, you will be responsible for any fees required to substantiate your claim. You may also be required to undergo examination by one or more of our physicians. In this event, *Global Excel* will cover any associated costs.

Send all applicable documents listed above to *Global Excel* at:

Global Excel Management Inc.

73 Queen Street

Sherbrooke, Quebec J1M 0C9

BAGGAGE AND PERSONAL EFFECTS

A. Coverage Offered

Loss of, or damage to, the baggage and personal effects you own and use by reason of theft, burglary, fire or transportation hazards during the covered trip, to a maximum sum of **\$1,000 (\$400 for Baggage Delay)**. The *Insurer* will reimburse eligible expenses only in excess of those reimbursable under any other source.

B. Benefits

The *Insurer* reserves the right to repair or replace damaged or lost property with other property of like quality and value and shall not be liable beyond the *actual cash value* of such property at the time of loss or damage. When, after a reasonable period of time, property lost by the *common carrier* is not found, any claim will be adjusted and paid.

1. **Personal Effects** - The *actual cash value* or **\$500**, whichever is less, in respect of any one item or set of items. Jewellery, cameras (including camera equipment) or sport equipment are respectively considered a single item.
2. **Document Replacement** - Reimbursement of the cost of replacing one or more of the following documents, to a maximum of **\$200**, in the event of loss or theft: passport, driver's licence, birth certificate or *travel visa*.
3. **Baggage Delay** - Up to **\$400** to purchase necessary toiletries in the event that your checked baggage is delayed by a *common carrier* for more than 12 hours while en route and before returning to your contracted point of departure. To file a claim, you must supply proof of delay of checked baggage from the *common carrier* and original purchase receipts.

C. Limitations and Restrictions

Total Benefits Limited to Actual Expenses - The total benefits paid to you from all sources cannot exceed the actual expenses which you have incurred.

D. Exclusions for Baggage and Personal Effects

The policy does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Expenses for which no charge would normally be made in the absence of insurance.
2. Committing or attempting to commit an illegal act or criminal act; property illegally acquired, kept, stored or transported.
3. 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.
4. Labour disruptions or strikes (legal or illegal).
5. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.
6. Loss or damage resulting from moths, vermin, deterioration or wear and tear.
7. Loss or damage caused by any imprudent action or omission by the *insured person*.
8. Loss or damage by theft from an unattended *vehicle* unless it was locked and there was visible evidence of forced entry.
9. Belongings insured under another insurance policy.

10. Jewellery, cameras, camera equipment and sport equipment while held by a *common carrier*.
11. Money and currency (including any form thereof), credit cards, securities, tickets, documents, items pertaining to business, paintings, statuary, china, breakage of fragile articles, glass objects, art objects, antiques, household effects.

E. How to File a Claim

You must substantiate *your* claim by providing all required documents for the applicable insurance coverage. Failure to do so may result in non-payment of *your* claim. (The *Insurer* is not responsible for charges levied in relation to any such documents.) Note that incomplete documentation will be returned to *you* for completion.

For a claim under Baggage and Personal Effects

1. **Important** - In the event of loss due to theft, burglary, robbery or malicious mischief, *you* must notify and obtain supporting documentary evidence from the police immediately upon discovery. Failure to report the loss to the police shall invalidate any claim under the policy for such loss.
2. To file a claim, *you* must:
 - a. take all reasonable steps to protect, save and/or recover the property;
 - b. notify *Global Excel* of the loss within 24 hours by calling 1-877-644-4215 (toll free) or 819-566-4215 (collect);
 - c. promptly notify and obtain supporting documentary evidence from the transportation authorities in whose custody the insured property was at the time of loss or promptly notify the hotel manager, tour guide or police; and
 - d. provide adequate proof of loss, ownership and *actual cash value* within 90 days from the date of loss.

Failure to comply with these conditions shall invalidate any claim under the policy for such loss.

You must submit:

3. The completed claim form (available by contacting *Global Excel*).
4. **For loss:**
 - a. a report by the police and either the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss;
 - b. adequate proof of loss, ownership and itemized value along with a detailed statement within 90 days from the date of loss (failure to supply such information shall invalidate *your* claim);
 - c. a Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or *common carrier*;
 - d. adequate proof of home insurance coverage and/or amount of deductible (if applicable).
5. **For baggage delay:**
 - a. original itemized receipts for expenses actually incurred;
 - b. a copy of the baggage claim ticket;
 - c. a copy of *your* airline ticket;
 - d. a copy of the airline report confirming the delay of *your* checked baggage including the reason and the duration of the delay;
 - e. a copy of the delivery receipt for *your* checked baggage.

Send all applicable documents listed above to *Global Excel* at:

Global Excel Management Inc.
73 Queen Street
Sherbrooke, Quebec J1M 0C9

Administration

The *policyholder* or the *insured person* will furnish **etfs** such information as the latter may require for the purpose of calculating premiums and administering this coverage. The *Insurer* and **etfs** will be entitled to assume that such information received by it is accurate and complete and no liability will be incurred by the *Insurer* or **etfs** as a result of any error in such information furnished by the *policyholder* or the *insured person* or as a result of failure to give such information.

The *policyholder* and the *insured person* will permit the *Insurer* to inspect all pertinent records to which the *Insurer* requires access as often as the *Insurer* may reasonably require. This access includes but is not limited to the invoices or billing statements of other underwriters or other insurers who are providing health and medical benefits to the *insured person*.

Furthermore, the *policyholder* and the *insured person* will allow the *Insurer* to examine the *insured person's records*, to the extent that they relate to the insurance provided under the *policy*, at any reasonable time and from time to time until the final adjudication and settlement of all claims hereunder.

Applicable Law

The policy is governed by the laws of the *insured person's* Canadian province or territory of residence. Any legal proceeding by the *policyholder* or the *insured person*, their heirs or assigns shall be brought in the courts of the *insured person's* Canadian province or territory of residence.

Arbitration

Notwithstanding any clause in the 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 *insured person's* Canadian province or territory of residence. The parties agree that any action will be referred to arbitration.

Clerical Error

Clerical error on the *Insurer's* part or the *policyholder's* or *insured person's* part in the keeping of records or in the furnishing of information will not void the *policy* or any coverage thereunder, otherwise actively in force, provided the proper premiums are paid, nor continue the *policy* or any coverage thereunder, otherwise validly terminated under the terms of the *policy*. An error in calculating any premium will be considered as a clerical error for the purposes of this coverage.

Evidence of Age

The *Insurer* reserves the right to request proof of the *insured person's* age.

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 the province of residence that are in excess of the amounts for which an *insured person* is insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines.

Contract and Changes to Contract

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

No changes to the policy will be valid unless evidenced by an endorsement duly signed by the *Insurer* and accepted by the *policyholder* as evidenced by the payment of premiums for periods beginning on and after the effective date of such change.

No change to the *policy* or renewal or termination thereof will require the consent of, or notice to, any *insured person* or beneficiary or any person other than the *policyholder*.

Examination of the Policy

The *policy*, including any endorsements, will be kept at the office of the *policyholder*. The *insured person* may consult the *policy* during the regular business hours of the *policyholder*.

Limitation of Actions

An action, arbitration or similar proceeding against the *Insurer* for the recovery of a claim under the 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 the 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 the policy and to all endorsements thereof.

Misrepresentation and Non-Disclosure

The *Insurer* may void the policy at the *Insurer's* option, if the *Insurer* determines, whether before or after *loss*, the *policyholder* or the *insured person* has:

- (i) concealed, misrepresented or failed to disclose any material fact or circumstance concerning the policy or his interest therein; or
- (ii) refused to disclose information or to permit the use of such information, pertaining to him under the policy.

Subrogation

If an *insured person* suffers a loss covered under the policy, the *Insurer* is granted the right from the *insured person* to take action to enforce all the rights, powers, privileges and remedies of the *insured person* upon making payment or accepting the claim to the extent of the 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 the *insured person*, regardless of fault, the *Insurer* is granted the right to make a demand for, and recover those benefits. If the *Insurer* institutes an action, the *Insurer* may do so at its own expense, in the *insured person's* name, and the *insured person* will attend at the place of loss to assist in the action. If the *insured person* institutes a demand or action for a covered loss he shall immediately notify the *Insurer* so that it may safeguard its rights. The *insured person* 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.

Material Facts

No statement made by the *insured person* at the time of enrollment for coverage shall be used in defense of a claim under or to avoid the coverage unless it is contained in the Enrollment Form or any other written statements or answers furnished as evidence of insurability.

Assignment

Benefits under the policy may not be assigned.

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.

Rights of Examination

As a condition precedent to recovery of insurance money under the policy:

1. 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
2. in the case of death of the *insured person*, the *Insurer* and *Global Excel* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Money Payable

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

Overpayment of Benefits

Nothing in the policy will prevent the *Insurer* from recovering from the person or organization to which such payment has been made any overpayment of benefit, irrespective of the cause of such overpayment.

Section V – INSURANCE AGREEMENT

Policy Termination

1. By *Policyholder*:

The *policyholder* may terminate the policy on any date, provided notice of intention to terminate is given in writing to **etfs** at least thirty (30) days prior to such date by registered mail to its head office. When the policy terminates, the *policyholder* will pay the *Insurer* all premiums due for any period of time during which the policy was in force up to and including the date of termination.

2. By *Insurer*:

The *Insurer* may terminate the policy on any Premium Due Date by giving written notice of termination to the *policyholder* at least thirty-one (31) days prior to such Premium Due Date if:

- a. an *insured person* fails to provide reasonable information required by and entitled to the *Insurer*; or
- b. the *policyholder* and/or *insured person* fails to comply with any of the terms and conditions of the policy or otherwise fails to fulfill any other obligations under or pertaining to the benefits provided by the policy; or
- c. the *policyholder* and/or *insured person* fails to comply with, or cooperate with the *Insurer* in satisfying the requirements of any applicable law or regulation pertaining to the benefits; or
- d. the *policyholder* and/or *insured person* fails to cooperate on claims.

Renewal of Policy

The policy automatically renews each year on May 1st, subject to the Policy Termination clause, for further consecutive terms not exceeding twelve (12) consecutive months, on payment of premium at the rate and in the amount determined by the *Insurer* at the time of renewal and subject to the *Insurer's* right to decline renewal of the policy on any Policy Renewal Date.

Descriptive Material

The *plan administrator* will provide the *policyholder*, for delivery to each *insured person*, with an identification card, booklet, Confirmation of Coverage or other descriptive material summarizing the benefits to which such *insured person* is entitled.

Any identification card, booklet, Confirmation of Coverage or descriptive material issued for any reason whatsoever to any person who is either not entitled to or has ceased to be entitled to the benefits will be null and void and of no effect whatsoever.

In the event of any discrepancy between the provisions of an identification card, booklet, Confirmation of Coverage or other document held by an *insured person* and the provisions of the *policy*, the provisions of the *policy* will govern.

Section VI - DEFINITIONS

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

Actual Cash Value means the estimated value at the time of loss.

Caregiver means a person *you* have entrusted with the care of *your children* on a permanent, full-time basis and whose services cannot reasonably be replaced.

Child(ren) means the unmarried child of the *insured person* or *spouse* who is under 21 years of age, or under 26 years of age if the child is a full-time student, and dependent on the *insured person* for support.

Common Carrier means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended and used to transport paying passengers.

Contracted, in reference to a destination, a date or the time and place of arrival or departure, means that which is indicated in the travel documents for the *covered trip*.

Covered Trip means the travel arrangements which *you* have purchased and paid for, which commence on the date of *your* departure from *your* province or territory of residence and end when *you* return to *your* province or territory of residence.

Day means 24 consecutive hours.

Emergency means the occurrence of an unexpected and unforeseen *sickness* or *injury* while on a *covered trip* that requires immediate *medical treatment* for the relief of acute pain or suffering and 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 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 medical and surgical treatment of a *sickness* or *injury* in the acute phase, or active treatment of chronic conditions; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, or a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

Hospitalized or **Hospitalization** means an *insured person* occupies a *hospital* bed for more than 24 hours for *medical treatment* and admission was recommended by a *physician* when *medically necessary*.

Immediate Family Member means *your* mother, father, sibling, *child*, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law who is a permanent resident of Canada;

Injury means an unexpected and unforeseen harm to the body caused by an *accident*, occurring while on a *covered trip* and requiring immediate *emergency* treatment.

Insured, Insured Person, You, Your and Yourself means any one of the *participant* or the *participant's spouse* or *children* covered under the policy and for whom the *policyholder* has paid the required premium.

Insurer means RSA.

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:

1. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
2. is not experimental or investigative in nature;
3. cannot be omitted without adversely affecting *your* condition or quality of medical care;
4. cannot be delayed until *your* return to *your* province, territory of residence or Canada.

Minor Ailment means any *sickness* or *injury* which does not require the use of medication for a period greater than 15 *days*, more than one follow-up visit to a *physician, hospitalization*, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive *days* prior to the departure date. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Participant means a member whom the *policyholder* identifies as being entitled to coverage under the policy and for whom the *policyholder* has paid the required premium.

Physician means a medical practitioner whose legal and professional standing within his 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 practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his licensed authority. A physician must be a person other than *yourself* or an *immediate family member*.

Plan Administrator means Johnson Inc.

Policyholder means Johnson Inc.

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 to whom the *insured person* is legally married or with whom he has been residing for at least the last 12 months.

Travel Companion means a person accompanying *you* on a *covered trip*, who shares accommodation and transportation with *you* and has paid such accommodation or transportation in advance of departure. A maximum of three persons will be considered *your* travel companions.

Travel Visa means the visa required for *your* entrance to a foreign country (not an immigration, employment or student visa).

Vehicle means any automobile, station wagon, mini-van, sports utility vehicle (for on road use), motorcycle, boat, pick-up truck or a mobile home, camper truck or trailer home under 36 feet in length, used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your* trip.

Section VII – THE INSURED PERSON'S PRIVACY

The *Insurer* places great importance on the protection of *your* privacy. The *Insurer* collects *your* personal information when *you* enroll 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.

Section VIII - IDENTIFICATION OF INSURER

Administered by:



Underwritten by:



Provided by:



Offered by:



Johnson Inc.
11120 - 178th Street
Edmonton AB T5S 1P2

The Johnson Inc. Trip Cancellation/Interruption Plan for members of the Alberta Teachers' Association is administered by Johnson Inc., is underwritten by Royal & Sun Alliance Insurance Company of Canada, is provided by Expert Travel Financial Security (E.T.F.S.) Inc. and is offered by Morgex Insurance. Morgex is a trade name of Johnson Inc. Johnson Inc. and Royal & Sun Alliance Insurance Company of Canada share common ownership.

© The etfs logo is a registered trademark of Expert Travel Financial Security (E.T.F.S.) Inc.

™ "RSA" and the RSA logo are trademarks owned by RSA Insurance Group plc, licensed for use by Royal & Sun Alliance Insurance Company of Canada.