

COVID-19 Coverage and Assistance Plan

Certificate of Insurance



Effective September 2020

IMPORTANT NOTICE

- If **you** test positive for COVID-19 while **you** are on **your trip**, this certificate covers expenses arising from sudden and unforeseeable circumstances related solely to COVID-19 up to a maximum of \$100,000 per insured person per **trip**.
- **You** must meet the eligibility criteria (found on page 4) on the **departure date**. If on the **departure date** **you** do not satisfy the eligibility criteria, **you** will not have any coverage.
- This coverage is not available to residents of Saskatchewan.
- In the event of a claim, **your** prior medical history may be reviewed when the claim is reported, to evaluate your prior COVID medical history.

To help **you** better understand **your** certificate, key terms are printed in **bold italics** and are defined in the Definitions section on page 2.

What is not covered?

This COVID-19 Coverage and Assistance Plan does not cover everything. This certificate lists all applicable exclusions, conditions and limitations. **You** should read this certificate carefully so that **you** are aware of, and understand, the limits of **your** coverage.

How do I report a claim?

If **you** receive a positive COVID-19 test result arising during **your trip**, **you** or someone acting on **your** behalf must notify Allianz Global Assistance immediately at 1-833-259-6283. See Claim Filing Procedures on page 7 for details.

Travel Assistance

Allianz Global Assistance will use best efforts to provide assistance in the event that **you** receive a positive test result for COVID-19 arising during **your trip**. However, the **insurer**, Allianz Global Assistance and their agents will not be responsible for the availability, quantity, quality, or results of any medical **treatment** received, or for the failure of any person to provide or obtain medical services.

Certificate of Insurance

This certificate covers specific losses arising from sudden and unforeseeable circumstances related to **COVID-19 only**.

All benefits described in this certificate are underwritten by CUMIS General Insurance Company ("CUMIS") under Group Policy No FC330001 ("Policy") issued to Touram General Partner doing business as Air Canada Vacations (the "Policyholder"), and administered by Allianz Global Assistance, a registered business name of AZGA Service Canada Inc.

All benefits are subject, in every respect, to the terms of the Policy as described in this certificate, which forms the entire agreement under which benefit payments are made.

No person is eligible for coverage under more than one certificate providing insurance coverage similar to that provided in this certificate. In the event that any person is recorded by the **insurer** as an "insured person" under more than one such certificate, that person shall be deemed to be insured only under the certificate which provides that person the greatest amount of insurance coverage.

For more information contact Allianz Global Assistance:

From North America call **1-833-259-6283**
From elsewhere call collect **1-519-514-1969**

This certificate contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is payable.

BENEFIT SUMMARY

| | | |
|--|--|---|
| Policy Maximum | \$100,000 per insured person per <i>trip</i> | |
| Benefit | Description | Benefit Limits |
| COVID-19 Medical Medical and <i>hospital</i> costs outside Canada if diagnosed with COVID-19 while on vacation | <ul style="list-style-type: none"> For medical charges incurred after receiving a positive COVID-19 test, related to the <i>treatment</i> of COVID-19 | <ul style="list-style-type: none"> Up to the policy maximum |
| COVID-19 Quarantine Accommodation costs related to COVID-19 <i>quarantine</i> | <ul style="list-style-type: none"> Expenses if <i>you</i> are placed in individual <i>quarantine</i> during <i>your trip</i> due to a positive COVID-19 test result received while on <i>your trip</i>, or due to a requirement by the public health authority related to COVID-19 | <ul style="list-style-type: none"> \$150 CAD per insured person, per day to a maximum of 14 days |
| COVID-19 Transportation Ambulance Transportation & Repatriation | <ul style="list-style-type: none"> Cover of transportation to the nearest appropriate medical facility or to a Canadian <i>hospital</i> Should <i>you</i> be repatriated to a Canadian <i>hospital</i>, the organizing and paying of transportation costs for one <i>travel companion</i> and <i>your dependent children</i> | <ul style="list-style-type: none"> Up to the policy maximum |
| COVID-19 Repatriation of Remains | <ul style="list-style-type: none"> If death occurs during <i>your trip</i> due to COVID-19, coverage for the preparation (including cremation) and transportation of <i>your</i> remains to <i>your</i> province or territory of residence | <ul style="list-style-type: none"> \$5,000 per insured person |

DEFINITIONS

In this certificate, certain terms have defined meanings. Defined terms are in ***bold italics*** throughout this document.

Act of terrorism means an act, including but not limited to hijacking, the use of force or violence or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada to which they will return after their *trip*.

Commercial accommodation means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction. This includes accommodation booked through an online marketplace or homestay network.

Coverage period means the time coverage is in effect beginning on the **departure date** and ending on the **expiry date**.

Departure date means the date **you** leave Canada as noted on **your** travel itinerary. The coverage for this certificate begins on the departure date.

Dependent children means financially dependent unmarried natural, adopted or step-children who are:

- a) no more than 20 years old; or
- b) no more than 25 years old if full-time students; or
- c) mentally or physically disabled and more than 20 years old.

Expiry date means the date the coverage for this certificate expires.

Family member means **your** spouse, dependent child, parent, step-parents, sibling, step-siblings, legal guardian, parent-in-law, grandparents, grandchildren, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident inpatients, a laboratory, a registered graduate nurse and **physician** always on duty and an operating room where surgical operations are performed by a **physician**. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

Incident date means the first date **you** receive a positive result from a COVID-19 test performed during **your trip**.

Insurer means CUMIS General Insurance Company, a member of The Co-operators group of companies.

Medically necessary means the services or supplies provided by a **hospital, physician**, or other licensed provider that are required to identify or treat COVID-19 and that the **insurer** determines are:

- consistent with the diagnosis and **treatment** of COVID-19;
- appropriate with regard to standards of good medical practice;
- the most appropriate supply or level of service that can be safely provided to **you**.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily injury, sickness, disease, or death, or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical** agent means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological** agent means any pathogenic (disease producing) micro-organism(s) or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness or death in humans, animals or plants.

Physician means a person other than **you**, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to **you** by blood or marriage.

Quarantine means **you** are placed in individual quarantine during **your trip** by order or other requirement of a government, public authority, or **travel supplier** based on a positive COVID-19 test. It does not include any quarantine that applies generally based on the vessel or geographical area where a person is traveling to, from or through.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable **treatment**, services or supplies for COVID-19.

Signs or symptoms means any evidence of COVID-19 experienced by **you** or recognized through observation.

Travel companion means a person with whom **you** have coordinated travel arrangements and with whom **you** intend to travel during the **trip**. **Exception:** No more than three (3) individuals (including **you**) will be considered travel companions on any one **trip**.

Travel supplier means a tour operator, travel wholesaler, airline, cruise line, provider of ground transportation or provider of **commercial accommodation** that is contracted to provide travel services to **you** and that is licensed, registered or otherwise legally authorized to operate and provide travel services.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **physician** including, but not limited to, prescribed medication, investigative testing or surgery.

Trip means a period during which **you** are travelling outside of Canada and for which coverage is in effect. The duration of **your trip** cannot exceed 21 days.

You or **Your** means the eligible person indicated on the travel itinerary.

INSURING AGREEMENT

Subject to the terms, conditions, limitations, exclusions and other provisions of this certificate, the **insurer** will pay **reasonable and customary** costs for eligible expenses incurred during the **coverage period**, up to the amounts specified in this certificate, in excess of the amount allowed or paid for by any other insurance plan(s).

Payment is limited to the amounts specified under each benefit within the benefit summary. Some benefits are subject to advance approval by Allianz Global Assistance. **You** will be responsible for any expenses that are not payable by the **insurer**.

SPECIFIC CONDITIONS

1. If **you** have tested positive for COVID-19 while **you** are travelling outside Canada, **you** may receive assistance with medical and **hospital** costs and assistance with **quarantine** accommodation costs in an approved designated facility.
2. **You** must contact Allianz Global Assistance as soon as possible after **you** test positive for COVID-19. Services that have not been approved by Allianz Global Assistance will not be reimbursed or paid.
3. Assistance is valid for the duration of **your** vacation package up to a maximum of 21 days. There is no assistance covered in Canada. If **you** have tested positive for COVID-19 while on **your** vacation and deemed unable to return home, **your** coverage may continue beyond the 21 day period up to the maximum coverage limits for circumstances outlined under the, "**Automatic Extension of Coverage**."
4. COVID-19 tests are only considered a covered expense if **quarantine** or medical and **hospital** costs are eligible expenses.
5. The maximum amount payable by the **insurer** for all losses under all Air Canada Vacations Covid-19 Coverage and Assistance Plan is \$2.5 million per Air Canada Vacations flight.

ELIGIBILITY

To be eligible for the coverage **you** must meet the following conditions on the **departure date**:

- be a **Canadian resident***;
- be travelling on an Air Canada Vacations **trip**;
- be at least 15 days old; **and**
- be covered by a Canadian provincial government health insurance plan for the duration of the **trip**.

***Residents of Saskatchewan are not eligible for this coverage.**

Coverage Period

Coverage starts on the later of:

- the date shown as the **departure date** on **your** travel itinerary; or
- the date **you** actually depart for **your trip**.

Coverage ends on the earliest of:

- the date the **you** are no longer eligible for coverage;
- the date indicated as the return date on **your** travel itinerary; or

- the 21st day of **your trip**; or
- the date and time **you** return to **your** province or territory of residence.

Automatic Extension of Coverage

If **you** cannot return home as originally scheduled, coverage will be extended under the following circumstances:

- Quarantine:** If **you** cannot travel on the scheduled return date due to a positive COVID-19 test, coverage will be automatically extended until the maximum benefit of 14 days is reached. Costs for rescheduled transportation are not included in this coverage.
- Hospitalization:** If **you** are hospitalized as a result of COVID-19 during the **trip**, coverage will be automatically extended during the period of **hospital** confinement, plus five (5) days after release to travel home, up to the maximum benefit of \$100,000.

Emergency Procedures

In the event **you** are diagnosed with COVID-19, **you** or someone acting on **your** behalf must notify Allianz Global Assistance immediately.

Limits on Coverage

If Allianz Global Assistance is not notified immediately, **you** may not be covered by this insurance. **You** will be responsible for any expenses that are not payable by the **insurer**.

From North America call **1-833-259-6283**

From elsewhere call collect **1-519-514-1969**

BENEFITS

The **insurer** agrees to pay up to an overall maximum of \$100,000 for the **reasonable and customary** charges **you** incur up to the limits stated for medical **treatment** and covered services arising during the **coverage period** as a result of **your** positive COVID-19 test result.

COVID-19 HOSPITAL & MEDICAL EXPENSES

Maximum benefit: up to \$100,000 per insured person

The **insurer** agrees to pay the costs for:

- **hospital** accommodation, including private or semi-private room, and for **reasonable and customary** services and supplies **medically necessary** for **your** care;
- drugs or medications prescribed by a **physician**;
- services of a legally licensed **physician** or registered nurse; and
- outpatient services performed by a **hospital**, lab tests and X-ray examinations as ordered by a **physician** for the purpose of diagnosis.

COVID-19 QUARANTINE ACCOMMODATION BENEFIT

Maximum benefit: \$150 per day per insured person for up to 14 days

The **insurer** agrees to pay the costs incurred if **you** are placed in individual **quarantine** during the **trip** due to a positive COVID-19 test result received while on a **trip**, or due to a COVID-19 related requirement by the public health authority.

COVID-19 TRANSPORTATION BENEFITS

Maximum benefit: up to \$100,000 per insured person

A) Air Transportation

If required, the **insurer**, agrees to cover the costs of **your** transportation to the nearest appropriate medical facility or to a Canadian **hospital** due to COVID-19 or related complications.

Any transportation including, but not limited to, air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by Allianz Global Assistance.

B) Attendant / Return of Travel Companion

If **you** are returned to Canada under the Air Transportation benefit, the **insurer** agrees to pay the extra cost of a one-way economy class airfare to return **your dependent children** and one (1) **travel companion** to their home if **your** repatriation takes place more than 24 hours before the originally planned return date.

If required, the **insurer** agrees to pay the cost of an attendant's (not related to **you** by blood or marriage) return economy class airfare to travel with **your dependent children** to their home.

All Transportation Benefits are payable only when approved in advance and arranged by Allianz Global Assistance.

COVID-19 RETURN OF DECEASED (Repatriation)

If death from COVID-19 occurs during **your trip**, the **insurer** agrees to cover up to \$5,000 for the preparation (including cremation) and transportation of **your** remains to **your** province or territory of residence. The cost of a burial coffin or urn is not covered.

EXCLUSIONS

1. Benefits are not payable for costs incurred if **you** have tested positive for COVID-19 during the 30 days immediately before **your departure date**.
2. Benefits are not payable for costs incurred due to, contributed by, or resulting from any **signs or symptoms** of COVID-19 within 14 days immediately before **your departure date**.
3. Benefits are not payable for costs incurred due to, contributed by, or resulting from any medical condition other than COVID-19 where the medical condition is not due to, contributed to by, or resulting from COVID-19.
4. Benefits are not payable for costs incurred in a country, region or city during **your trip** if, before **your departure date**, a level 4 travel advisory was issued by the Canadian Government for COVID-19, advising Canadians to avoid all travel to that country, region, or city.
5. Benefits are not payable for costs incurred due to, contributed to by, or resulting from continued **treatment** for, recurrence of, or complication of COVID-19 after being declared medically fit to travel back to Canada.
6. Benefits are not payable for costs incurred due to, contributed to by, or resulting from **you** exposing yourself to risk from or participation in any riot or civil disorder, committing or attempting to commit a criminal offence, **act of war**, rebellion or revolution, **act of terrorism**, or service in the armed forces.
7. Benefits are not payable for costs or losses incurred due to, contributed by, or resulting from nuclear reaction/radiation, **nuclear, chemical or biological** occurrence, however caused; or radioactive seepage, pollution or contamination.
8. Benefits are not payable for costs or losses incurred due to, contributed to by, or resulting from: intentional self-injury; or suicide or attempted suicide.
9. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any sickness or injury occurring while **you** are under the influence of illicit drugs, or alcohol (where the concentration of alcohol in **your** blood exceeds 80 milligrams of alcohol in 100 millilitres of blood or when the **you** illustrate a visible impairment due to alcohol or illicit drugs) or any other intoxicant, and any chronic sickness or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs.
10. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from
 - abuse of any medication or non-compliance with prescribed medical **treatment** or therapy, or
 - drugs or medications commonly available without a prescription; or
 - drugs or medications which are not legally registered and approved in Canada.
11. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **injury**.
12. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any positive COVID-19 test if **you** undertook **your trip** with the prior knowledge that **treatment**, palliative care or alternative therapy of any kind would be required.

13. Benefits are not payable for costs incurred due to, contributed to by, or resulting from a **trip** commenced or continued against the advice of **your physician**.

NOTICE AND PROOF OF CLAIM

Notice of Claim

You must give written notice of a claim to Allianz Global Assistance no later than 30 days from the date the claim arises.

You must provide Allianz Global Assistance with satisfactory proof of loss no later than 90 days from the date the claim arises.

Satisfactory proof of loss means proof satisfactory to the **insurer** of the **departure date**; the **incident date**, the loss, expense or service for which benefits are being claimed (original itemized receipts), **your** age and **your** right to receive payment.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

- a) the notice or proof is given or furnished as soon as reasonably possible. In no event later than one (1) year from the date a claim arises, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b) in the case of death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one (1) year after the date a court makes the declaration.

Failure to provide the requested documentation to substantiate a claim under this certificate of insurance will invalidate the claim.

CLAIM FILING PROCEDURES

Allianz Global Assistance must be immediately notified of any loss or occurrence. Upon receipt of such notice, Allianz Global Assistance will provide the appropriate claim forms.

Please contact 1-833-259-6283 or collect 1-519-514-1969 or visit www.allianzassistanceclaims.ca to obtain a claim form.

This insurance will not pay for any interest accrued on charges.

As a condition to the payment of benefits under this insurance, certain information will be required to file a claim. **You** shall be responsible for providing Allianz Global Assistance with the following:

- a) completed and signed claim form; and
- b) receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
- c) any payment made by any other insurance plan or contract, including a government health insurance plan; and supporting medical documentation, at the request of Allianz Global Assistance. If the required supporting documentation is not provided, the claim may not be paid.

Conditions

1. **Patient Transfers:** In consultation with **your** attending **physician**, the **insurer** reserves the right to transfer **you** to another **hospital** or to return **you** to **your** province or territory of residence. **Your** refusal to comply will release the **insurer** of any liability for expenses incurred after the proposed transfer date.
2. **False Claims:** If **you** make any claim knowing it to be false or fraudulent in any respect, coverage under this certificate of insurance shall cease and there shall be no payment of any claim made under this certificate of insurance.
3. **Subrogation:** In the event of a payment under this certificate of insurance, the **insurer** has the right to proceed in **your** name against third parties who may be responsible for giving rise to a claim under this insurance. The **insurer** has full rights of subrogation. **You** will execute and deliver such documents, and fully cooperate with the **insurer**, so as to allow the **insurer** to fully assert their right to subrogation. **You** will not do anything after the loss to prejudice such rights.

4. **Unauthorized Payments:** **You** must repay to the **insurer** amounts paid or authorized for payment on their behalf if later determined that the amount is not payable under this insurance.
5. **Co-operation:** **You** agree to cooperate fully with the **insurer**, and as a condition precedent to the payment of benefits, Allianz Global Assistance reserves the right to obtain all pertinent records or information from any **physician**, dentist, practitioner, **hospital**, clinic, **insurer**, individual or institution to assess the validity of a claim submitted by or on **your** behalf. Failure to provide the requested documentation to substantiate a claim under this certificate of insurance will invalidate the claim.
6. **Physical Examination:** Allianz Global Assistance, on the **insurer's** behalf, has the right to investigate the circumstances of loss and to require a medical examination so often as it reasonably requires while a claim is pending; and in the event of death to require an autopsy at the cost of the **insurer**, if not prohibited by law.

GENERAL PROVISIONS

Coordination of Benefits: The coverage provided herein is supplemental in that it pays for covered expenses in excess of **your** government health insurance plan and any other insurance plan. Benefits payable under any other insurance plan under which **you** may have coverage will be coordinated in accordance with the current guidelines issued by the Canadian Life & Health Insurance Association. Payment under the insurance and any other plan shall not exceed 100% of the eligible charges incurred. This insurance also allows the **insurer** to receive in **your** name, and endorse and negotiate on **your** behalf, these eligible payments. When government health insurance plan and other insurance payments have been made, this releases the government health insurance plan and the other insurers from any further liability in respect of that eligible claim.

Currency: All amounts stated in the certificate of insurance are in Canadian currency unless otherwise indicated. If **you** have paid a covered expense, **you** will be reimbursed in Canadian currency at the prevailing rate of exchange on the date the service was provided.

Payment of Benefits: Benefits payable under this certificate of insurance will be paid within 60 days of receipt of satisfactory proof of loss. Payment made in good faith will discharge the **insurer** to the extent of this claim.

Contract: The Policy, this certificate, and the travel itinerary when issued and any amendment to the contract agreed on in writing after this certificate is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

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

Governing Law: The benefits, terms and conditions of this certificate of insurance shall be governed by the insurance laws of the province or territory in Canada where **you** normally reside.

Copy of Application: The **insurer** shall, upon request, furnish **you** or a claimant under the contract a copy of the application.

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

Insurer to Furnish Forms for Proof of Claim: Claims forms are available by contacting Allianz Global Assistance's Claims Department and shall be furnished to **you** upon request, and no later than 15 days after receiving notice of claim.

Rights of Examination: The claimant shall provide the **insurer** with the opportunity to examine **you** when and so often as it reasonably requires while a claim is pending. In the case of **your** death, the **insurer** may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies. The **insurer** shall bear the costs of any examination or autopsy and shall provide copies of the reports of any examination or autopsy to the insured or the insured's representative.

Sanctions: There is no coverage for any business or activity to the extent that would violate any applicable national economic or trade Sanction law or regulations.

Conflict with Laws: Any provision of this certificate of insurance, which is in conflict with any federal, provincial or territorial law of **your** place of residence, is hereby amended to conform to the minimum requirements of that law.

Legal Action: Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), *The Limitations Act* (for actions or proceedings governed by the laws of Saskatchewan) or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

PRIVACY INFORMATION NOTICE

CUMIS General Insurance Company (the “insurer”) and the insurer’s insurance administrator, Allianz Global Assistance, and the insurer’s agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively “we” “us” and “our”) require personal information including:

- details about **you** including **your** name, date of birth, address, telephone numbers, e-mail address, employer, and other identification;
- medical records and information about **you**;
- records that reflect **your** business dealings with and through us.

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- to identify and communicate with **you**;
- to consider any application for insurance;
- if approved, to issue a Policy or Certificate of insurance;
- to administer insurance and related benefits;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to investigate claims and to determine eligibility for insurance benefits;
- to provide assistance services;
- for fraud prevention and debt collection purposes;
- as required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder’s, insured’s or claimant’s family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon **your** request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”).

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Policy or Policy holder’s, insured’s or claimant’s file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at privacy@allianz-assistance.ca

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period. Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at privacy@allianz-assistance.ca or by writing to:

Privacy Officer Allianz Global Assistance

700 Jamieson Parkway
 Cambridge ON N3C 4N6
 Canada

For a complete copy of Our Privacy Policy please visit www.allianz-assistance.ca.

CONTACT INFORMATION

| Policyholder | Administrator | Underwriter |
|---|---|--|
| <p>Air Canada Vacations 1440 St. Catherine Street West, Suite 600 Montreal, Quebec H3G 1R8 CANADA</p> <p>1-866-529-2079</p> <p>Insurance Broker General Inquiries: TW Insurance Services Ltd. 630 Boul. Rene Levesque West Suite 2500 Montreal, Quebec H3B 1S6 CANADA 1-800-363-0960</p> | <p>AZGA Service Canada Inc. o/a Allianz Global Assistance 700 Jamieson Parkway Cambridge, ON N3C 4N6 CANADA</p> <p>Toll free 1-833-259-6283 Collect 1-519-514-1969</p> <p>Call Allianz Global Assistance for any questions about the certificate or claims.</p> | <p>CUMIS General Insurance Company P.O. Box 5065 151 North Service Road Burlington, ON L7R 4C2 CANADA</p> <p>1-800-263-9120</p> |