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**IMPORTANT INFORMATION ABOUT THIS *POLICY***

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**WARNING:**

**THIS *POLICY* COVERS LOSSES RESULTING FROM UNFORESEEN AND EMERGENT CIRCUMSTANCES ONLY. IT CONTAINS TERMS, LIMITATIONS, CONDITIONS AND EXCLUSIONS, GENERAL AND SPECIFIC, THAT MAY RESTRICT BENEFITS PAYABLE.**

**READ THIS *POLICY***

**It is *your* responsibility to read this *policy* carefully before *you* travel, particularly the sections relating to the insurance coverage(s) *you* have purchased. Some of the terms may limit the benefits payable to *you*.**

Check your *Declaration Page* for the insurance coverage(s) *you* have purchased, and then refer to the coverage description(s) using the Table of Contents at the beginning of *your policy*.

By following the instructions in the section How to File a Claim in *your Policy*, *you* can speed up the assessment and, where applicable, payment of *your* covered eligible expenses.

Throughout this *policy* *you* will notice that certain terms are brought to *your* attention with italics. These terms are explained in the Definitions section in the *Policy*. Pay particular attention to these definitions as the *Insurer* has given a very specific meaning to these terms.

**Canadian Life and Health Insurance Association  
IMPORTANT NOTICE – PLEASE READ CAREFULLY**

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important *you* read and understand *your policy* before *you* travel as *your* coverage may be subject to certain limitations and exclusions.
- A pre-existing exclusion may apply to medical conditions and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your policy* and how it relates to *your departure date*, date of purchase or *effective date*.
- In the event of an accident, *injury* or *sickness*, *your* prior medical history may be reviewed when a claim is reported.
- If *your policy* provides travel assistance, *you* will be required to notify the designated assistance company prior to treatment. *Your policy* may limit benefits should *you* not contact the assistance company within a specific time period.

**Please read this *policy* carefully before *you* travel.**

**10 DAY RIGHT TO EXAMINE**

Please take the time to read *your policy* and review all of *your* coverage(s). If *you* have any questions *you* may contact us at 1-800-465-0038. *You* may cancel this *policy* within 10 days or purchase if *you* have not departed on *your trip* and there is no claim in progress.