

THE ANSWER FOR YEAR-ROUND, WORRY-FREE TRAVEL

\$1,000,000 PROTECTION - NO DEDUCTIBLE

Now you and your family can have peace of mind when traveling. Coverage is provided for eligible expenses incurred outside your province (less any amount covered by your provincial health plan or by any insurance or medical reimbursement plan) as a result of emergency medical treatment of an injury or sickness. The policy maximum is \$1,000,000 per Insured.

AUTOMATIC FAMILY PROTECTION

Your spouse and children are automatically covered at no extra charge. The policy covers your spouse under age 65 who is living with you; unmarried children under age 21 residing with their parents (or under 26 and attending a Canadian postsecondary educational institution on a full-time basis).

MULTIPLE TRIPS

Some medical insurance plans cover only single, short trips and charge you for each trip. GHIP+ Travel Supplement covers you year-round, on trips of 45 days or less! There's just one low annual premium to pay.

CLAIM CO-ORDINATION

AXA's claims department will co-ordinate settlements of claims with provincial and other benefit plans,

24 HOUR ASSISTANCE BENEFITS

In addition to insurance benefits, coverage includes services offered 24 hours a day, 7 days a week by AXA Assistance. Services include help in finding the nearest appropriate physician or medical facility, coordinating payments and arranging medical transportation.

COVERAGE FOR PRE - EXISTING CONDITIONS

Pre-existing conditions which have been controlled and supervised for the 3 months prior to departure, and have had no change in treatment or medication are covered.

WHO QUALIFIES?

You must be a resident of Canada, insured under your Provincial/Territorial Government Health Insurance Plan; under age 65, and not attending school or employed outside of Canada.

ELIGIBLE EXPENSES

EMERGENCY EXCESS HOSPITAL EXPENSES

You are reimbursed (direct settlement is provided where possible) for confined in-patient hospital expenses. Hospital accommodation is reimbursed up to and including semiprivate accommodation.

EMERGENCY EXCESS MEDICAL EXPENSES

Doctor's Care emergency treatment, prescription drugs as defined in the certificate, out-patient services, x-rays, oxygen, blood plasma, casts, rental of a wheelchair, cane brace, crutches, splint or walker; including up to \$5,000 for Private Duty Nursing and up to three treatments by a chiropractor or physiotherapist.

EMERGENCY DENTAL EXPENSES

Up to \$2,500 for injury to sound teeth

TRIP INTERRUPTION EXPENSES

Up to \$1,500 for non-refundable prepaid travel costs.

EMERGENCY EVACUATION BENEFIT

Up to \$50,000 for Emergency Evacuation.

HOTEL CONVALESCENCE EXPENSES

Up to \$1,000 for hotel accommodation when discharged from hospital and travel is prohibited by the attending physician.

RETURN OF AUTO EXPENSES

Up to \$ 1,000 for return home of an owned automobile.

REPATRIATION EXPENSES

Up to \$3,000 for homeward return of deceased; or
Up to \$1,500 for cremation or burial at place of death.

GHIP+ TRAVEL SUPPLEMENT

CERTIFICATE OF INSURANCE

EMERGENCY OUT-OF-PROVINCE HEALTH INSURANCE PROGRAM

CERTIFICATE #:

EFFECTIVE DATE:

Eligibility

In consideration of the payment of the required premium, AXA agrees to insure You, Your Spouse and Dependent Children for Injury sustained or Sickness and/or Disease contracted by the Insured during the course of any Trips outside of their province of Residence made by the Insured while the certificate is in force.

Schedule of Benefits

Benefit	Amount
Medical Reimbursement Expense	\$ 1,000,000
Emergency Dental Treatment	\$ 2,500
Repatriation	\$3,000
Evacuation	\$50,000
Return of Vehicle	\$1,000
Hotel Convalescence	\$1,000

Definitions

Wherever used in this certificate:

"We", "Us" and "AXA" means AXA Assurances Inc.

"Policy" means the group Policy specified herein, which is on file with the Policyholder.

"Applicant" means a bona fide client of the Policyholder under the age of 65

"You", "Your" and "Yourself" means the Applicant who holds this certificate.

"Insured Person" means You, Your Insured Spouse, Your Insured Dependent Child.

"Spouse" means an individual under the age of 65:

- to whom You are legally married,
- with whom You have continuously cohabited in a conjugal relationship for a minimum of one year immediately before a loss is incurred.

Only one individual qualifies as a spouse. If You are legally married but are also cohabiting with an individual as described under section (b) above, You may elect in writing which one of the individuals is insured as a spouse. This election must be filed with the Policyholder. AXA is not bound by an election not filed before the event insured against. If an election is not filed, the spouse is the individual to whom You are legally married.

"Dependent Child" means a person who is either a natural child, adopted child, step-child or child who is in a parent-child relationship with You. The child is unmarried, dependent upon You for maintenance and support and:

- under 21 years of age, or
- under 26 years of age (26 in the province of Quebec) and in attendance at an Institution for Higher Learning on a full-time basis,

e) by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon You for support within the terms of the Income Tax Act.

"Institution for Higher Learning" is limited to universities, colleges, CEGEPs and trade schools, located in Canada.

"Injury" means bodily injury caused by an Accident occurring while an Insured Person's coverage is in force under the Policy, and resulting directly and independently of all other causes in loss covered by the Policy, provided such injury is sustained and for which expenses are incurred during the course of a Trip outside the province of Residence. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal physiological function and includes illness and infections, occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Disease" means any unhealthy condition of the body or any part thereof occurring while this policy is in force as to the Insured Person whose disease is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Trip" means travel, undertaken by the Insured Person, which commences on the date of departure from the Insured Person's province of Residence and continues until the return date to his province of Residence, subject to a maximum duration of 45 consecutive days.

"Residence" means the primary dwelling of which the Insured Person is an occupant and the premises on which it is situated.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one or more Physicians available at all times and which continuously provides 24 hour nursing service by graduate registered Nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, Physicians and Nurses will not exclude an Immediate Family Member.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practice medicine by:

- a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing body, or
- a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Nurse" means a graduate registered nurse (R.N.) or nurse who is licensed to practice nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor an Immediate Family Member.

"Immediate Family Member" means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Travelling Companion" means a person who is sharing the same booked accommodation with the Insured Person.

"Emergency" means unexpected and not pre-planned.

"Airfare" means the regular fare charged for an economy class seat on a regular flight by a domestic or international scheduled air carrier, which holds an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such air carrier in the country of its certification.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical

practice for the condition requiring such treatment causing Hospital confinement.

"Accommodation" means lodging in the vicinity of the Hospital where the Insured Person is confined.

"Motorized Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

The word "province" will be construed as territory when either the Insured Person's Residence is located or the treatment is rendered in a territory in Canada.

The male pronoun is construed as the feminine when the person is a female.

Medical Reimbursement Expense Benefit

When by reason of Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section. We will reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

1. Hospital charges including those for room and board, up to and including the semi-private accommodation level, subject to a maximum duration of 12 months;
2. Hospital charges for out-patient services when medically required;
3. expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of \$5,000 per Accident, Sickness or Disease;
4. charges for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a 30 day supply;
5. expenses charged for the services of a duly licensed or duly registered physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of \$ 1,000 per Accident, Sickness or Disease;
6. expenses for a licensed ground ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of \$1,000 per Accident, Sickness or Disease;
7. expenses incurred for the following:
 - a) blood plasma, whole blood or oxygen, including the administration thereof;
 - b) x-rays and laboratory examinations which are required for diagnostic purposes;
 - c) artificial limbs, eyes or other prosthetic appliances, subject to a maximum of \$ 2,000 per calendar year;
 - d) rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints);
 - e) rental of a wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment, subject to a maximum of \$ 5,000 per Accident, Sickness or Disease;
8. expenses for medical care and treatment rendered or surgical procedure performed by a Physician;
9. expenses for the services of a licensed anesthetist when recommended by a Physician;
10. expenses for the services of any of the following practitioners, provided such practitioner is duly licensed or duly registered where required in the province of practice and does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of \$300 per specialty per Accident, Sickness or Disease (such services

do not require the recommendation of a Physician except as indicated below):

- a) chiropractor
- b) osteopath
- c) chiropodist or podiatrist
- d) massage therapist, on the recommendation of a Physician
- e) speech therapist
- f) psychologist

Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of 1 x-ray per practitioner for each Insured Person per Accident, Sickness or Disease.

Emergency Dental Treatment Benefit

When injury to whole and sound teeth (capped or crowned teeth will, for the purposes of the Policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon, We will pay the reasonable and necessary expenses actually incurred by the Insured Person, but not to exceed in the aggregate the amount of Emergency Dental Treatment stated in the Schedule of Benefits as the result of any one Accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the Insured Person's province of Residence.

Evacuation Benefit

If, as a result of Injury, Sickness or Disease, an Insured Person requires any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by the Insurer.
2. transportation to the Insured Person's province of Residence by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by the Insurer and the attending Physician certifies in writing that the Insured Person's medical condition after receiving treatment (including diagnostic testing) warrants the return to his province of Residence for further treatment or to recover.
3. transportation to the Insured Person's province of Residence in the event he is confined as inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

AXA will pay the reasonable and necessary transportation expenses actually incurred by the Insured Person including any related medical services and supplies.

AXA will also pay the reasonable and necessary expenses actually incurred by a medical attendant or one Immediate Family Member, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board. All covered expenses incurred by the medical attendant or Immediate Family Member are subject to a maximum amount of \$2,000.

The total maximum amount payable under this section will not exceed the amount of Evacuation Benefit stated in the Schedule of Benefits, as the result of any one Accident, Sickness or Disease.

Repatriation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person more than 50 kilometres from the Insured Person's normal place of Residence, AXA will pay the

reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to the 1st resting place (including but not limited to a funeral home or the place of interment) in the vicinity of the normal place of Residence of the deceased, including charges for the preparation of the body for such transportation, subject to the maximum amount stated in the Schedule of Benefits.

Return of Vehicle Benefit

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person has become disabled and is unable to continue the Trip by means of driving the owned or rented Motorized Vehicle used as a conveyance during such Trip, AXA will pay the reasonable and necessary expenses actually incurred for the return of such vehicle by a commercial agency to the Insured Person's normal place of Residence or the rental agency, as the case may be.

The maximum amount payable under this section by AXA to or on behalf of any Insured Person will not exceed the amount stated in the Schedule of Benefits as a result of any one Accident, Sickness or Disease.

Hotel Convalescence Benefit

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person, due to his medical condition, is prohibited from resuming any travel following discharge from the Hospital where the Insured Person was confined for a period of not less than 7 days, AXA will pay the reasonable and necessary expenses actually incurred for board and Accommodation.

The maximum amount payable under this section by AXA to or on behalf of any Insured Person will not exceed the amount stated in the Schedule of Benefits as a result of any one Accident, Sickness or Disease.

Trip Interruption Expenses

AXA will reimburse You for non-refundable pre-paid travel costs, when an Insured Person has left the province of Residence and a trip is interrupted due to the Sickness or Injury of an Insured Person. In the event that a trip is interrupted and the Insured Person can eventually rejoin a tour of group, the cost of travel to rejoin this tour or group is covered.

This benefit is subject to an overall maximum payment of \$1,500 per Insured Person.

Maximum Limit of Indemnity

With the exception of those benefits listed below, the total amount payable under this Policy for reimbursement of all expenses, which an Insured Person has incurred as the result of all Injuries caused by any one Accident or as the result of any one Sickness or Disease, will not exceed the amount of Medical Reimbursement Expense stated in the Schedule of Benefits.

Evacuation Benefit

Repatriation Benefit

Return of Vehicle Benefit

Hotel Convalescence Benefit

Exclusions and Limitations

A. The Policy does not cover loss, fatal or non-fatal, or expenses caused by or resulting from:

1. suicide or intentionally self-inflicted Injury;
2. war, whether declared or not;
3. perpetration of acts of terrorism or participation in a riot, insurrection or civil commotion;
4. active full-time, part-time or temporary service in the armed forces of any country;
5. pregnancy, childbirth, except complications thereof which will be treated as any other Sickness;

6. a Trip undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation;
7. participation in any professional athletics;
8. participation in professional sports, bodily contact sports, acrobatic and stunt flying, hanggliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving (unless the Insured Person holds a basic SCUBA designation from a Canadian certified school), motorized race or motorized speed contest;
9. while performing the duties of a truck driver;
10. any condition for which the Insured Person received medical advice, consultation or treatment within three (3) months prior to the commencement of a Trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication;
"Chronic Condition" means a disease or disorder which has existed for a minimum of three (3) months.
"Stabilized" means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of three (3) months.

- B. This policy does not cover any of the following supplies or services or costs thereof:
1. expenses covered under any government hospital, medical, dental or health care insurance plan, whether payable or not, or expenses for which insurance is prohibited by law;
 2. medical examinations for the use of a 3rd party, cosmetic surgery and dental services other than those required as a result of an Accident;
 3. charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, contraceptives of any type or form and patent medicines;
 4. charges for any experimental medical treatments;
 5. services for which no charge would ordinarily be made if there was no insurance coverage;
 6. expenses incurred for necessary treatment or surgery which medically could be delayed until the Insured Person has returned to his province of Residence; or
 7. medical expenses for treatment or surgery which the Insured Person elects to have rendered or performed outside his province of Residence, following an Emergency treatment or diagnosis of a medical condition which (on medical evidence) would not prevent the Insured Person from returning to his province of Residence prior to such treatment or surgery.
 8. medical expenses for services treatment or prescription drugs provided on a regular basis in the Insured Person's province of Residence prior to the Trip and continuing during the Trip.
 9. expenses incurred by any person attending an institute of learning, or employed, outside his province of Residence.
- C. The following limitations to the coverage provided under this policy will apply:
1. Coverage for each Trip begins when an Insured Person leaves the border of his province of Residence or if travelling by aircraft, when such aircraft takes off in his province of Residence, provided insurance is in force as to such Insured Person.
Coverage for each Trip terminates when an Insured Person crosses the border of his province of Residence when returning from a Trip or if travelling by aircraft, when such aircraft lands in his province of Residence or 45 days following the date of departure from his province of Residence, whichever is earlier.

2. All expenses must be incurred on a non-elective Emergency basis outside the Insured Person's province of Residence and are in excess of expenses payable under any individual, group or government sponsored hospital or medical insurance plan.
3. In consultation with the attending Physician, the Insurer reserves the right to transfer an Insured Person to another Hospital or to return an Insured Person to his province of Residence for necessary treatment. In the event the Insured Person refuses to comply, the Insurer will no longer be liable for further expenses incurred, which are relating to the condition causing the treatment, after the proposed transfer date.
4. Top-up Coverage to all other insurance coverage is not permitted under this policy. All claims will be denied in the event an Insured Person purchased insurance under this policy as top-up coverage.
"Top-up Coverage" means an insurance plan purchased to extend the period of coverage and/or to increase the amount of insurance provided under another plan.

Non Duplication

Any benefits normally payable under any other insurance policy or plan that duplicate benefits payable under the Policy will be coordinated with the Policy to the extent that the aggregate reimbursement does not exceed the total expenses incurred. AXA may, at its discretion, require from the Insured Person an assignment of all right of recovery against any other party for loss to the extent that payment is made hereunder.

Indemnity Payments

Unless otherwise indicated, all benefits, including those payable for Insured Spouse and/or Insured Dependent Children, will be paid to or at Your direction. Accrued benefits, if any, unpaid at the time of Your death will be paid to Your estate.

Effective Date of Insurance of an Insured

Your Insurance becomes effective:

- (a) On the date Your application has been received by Your broker, provided premium has been paid.

Your Spouse or Dependent Child's Insurance becomes effective:

- (a) On the same date Your application has been received.

Termination of Insurance of an Insured

A. Your insurance coverage stops on the earliest of the following dates:

- 1) on the date the Policy is terminated;
- 2) on the premium due date if the Policyholder fails to pay Us Your premium;
- 3) on the renewal date coinciding with or immediately following the date You reach 65 years of age;
- 4) on the date you cease to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder;
- 5) on the date the Policyholder receives written notice from You to cancel coverage. In the event of cancellations, no refund of premiums will be made.

B. The insurance coverage for Your Insured Spouse or Insured Dependent Children stops on the earlier of:

- 1) the date the insurance of the Insured Person terminates; or
- 2) on the date the Spouse or a Dependent Child ceases to qualify for insurance hereunder in accordance with the Definitions.

In the event an Insured Person becomes ineligible during a Trip, insurance will terminate on the earliest of the date he returns to his province of Residence or a maximum duration of 45 consecutive days following the date of departure from such province.

Notwithstanding Item A1, if the Policy is terminated, the insurance of an Insured Person will remain in force until the end of the period for which premium was paid. If Your insurance and/or the insurance of Your Spouse or Dependent Children should stop, You can still file a claim under the Policy for losses which occurred prior to the termination date, subject to the terms and provisions of the Policy.

Continuation of Coverage

Coverage under this policy may be continued for an Insured Person without payment of premium in the event the Insured Person is delayed beyond his termination date of insurance. Please contact your administrator for further details.

Renewal of Individual Insurance

The insurance of an Insured Person may be renewed for a further consecutive annual term upon the payment of the premium in effect at the time of renewal, subject to the renewal of the policy.

WHAT TO DO IN THE EVENT OF AN EMERGENCY

AXA Assistance must be notified within 48 hours of an Emergency, or when reasonably possible, following an Emergency. Claims may be reduced if contact is not made with AXA Assistance within 48 hours of admission to Hospital.

HOW TO FILE A CLAIM

- Please make sure that, if you pay any expenses yourself, you obtain original receipts and forward them to AXA Assurances Inc. along with the completed claim form. Claim forms are available from AXA's Claims Department.
- In the event of a claim, documentary evidence of the duration of your scheduled trip, such as a transportation ticket or an official stamp at a customs office will be required.
- If you contacted AXA Assistance at the time of your emergency, the Insurer will ensure that your covered expenses are paid directly to the Hospital or medical facility, and will send you a claim form to be completed.
- AXA will co-ordinate the submission of your claims to your provincial medical plan and your extended health care insurer (if any), on your behalf.

AXA Assurances Inc., AXA Assistance or their agents shall not be responsible for the availability, quality or results of any medical treatment or the failure of the Insured to obtain medical treatment.

If you need to call AXA Assistance, be prepared to give the following information:

Your Name
ID number - 427C
Your Policy number – 9220553

Call the following 24-Hour Alarm Center for help:
Toll Free from USA & Canada 1-866-783-9473
Collect from outside USA & Canada 514-285-8195

This certificate is an outline of the coverage and should be retained for reference. The group Policy sets forth in detail the terms and conditions of the program and all rights and obligations are determined in accordance with the group Policy, not this certificate. For exact provisions of coverage, please contact the Policyholder.

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**PLEASE CARRY THIS CERTIFICATE WHEN
YOU TRAVEL OUT OF PROVINCE**

March 2007