



MEDIPAC Travel Insurance

180 Lesmill Road, Toronto, Ontario M3B 2T5

MedipacPLUS Endorsement

If purchased, this Endorsement forms part of *Your* policy and is subject to ALL of the terms and conditions, including definitions, of *Your* Medipac Travel Emergency Medical Insurance Policy. MedipacPLUS is only in effect while *You* are travelling out of province during the Medipac period of coverage as outlined on page 1 of the policy under which this endorsement was purchased. Benefit maximums are in U.S. dollars unless otherwise indicated.

CLAIM-FREE DISCOUNT PROTECTION

If *You* are entitled to a Medipac Claim-Free Discount for *Your* next policy purchase, and *You* add this Endorsement, the claim that causes *You* to exceed *Your* deductible is forgiven and not considered a claim for the purpose of calculating *Your* Medipac Claim Free Discount; any subsequent claims will not be forgiven for this purpose. *Your* current discount will carry forward for *Your* next year's purchase.

POLICY MAXIMUM

Policy Page 8 under "IS THERE ANYTHING ELSE I NEED TO KNOW?" Point A. has been modified as follows:

- A. This policy will reimburse *You* for *Covered Expenses* for COVID-19 up to a maximum of \$2,000,000 USD per *Insured*. This policy will reimburse *You* up to a maximum of \$5,000,000 USD per *Insured* for all *Covered Expenses*.

CANADIAN HOSPITALIZATION BENEFIT

The Canadian Hospitalization Benefit pays *You* \$100 CAD per day, to a maximum of \$1,000 CAD. This benefit applies if Medipac Assist returns *You* to Canada for medical reasons and *You* are *Hospitalized* within 3 days of *Your* return. *Hospitalization* must be for consecutive days and *You* must provide medical records of *Your* Canadian *Hospital* stay when making a claim under this benefit.

PET BENEFIT

The Pet Benefit will reimburse up to a maximum of \$750 in transportation expenses to return *Your* pet(s) to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage; or if *You* have an eligible claim under the Return to Canada benefit, the *Company* will reimburse *You* for boarding costs for *Your* pet(s) for 1 week up to a maximum of \$500 while *You* are in Canada. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

EXCESS LUGGAGE BENEFIT

The Excess Luggage Benefit will reimburse up to a maximum of \$500 in shipment expenses to return *Your* Excess Luggage to Canada if Medipac Assist returns *You* to Canada for *Medical Treatment* during *Your* period of coverage if *You* are unable to return *Your* Excess Luggage by any other means. The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

RETURN TO CANADA BENEFIT

The Return to Canada Benefit covers the cost of a return economy class airfare to a maximum of \$2,000 to fly *You* from *Your* vacation destination to Canada and back to *Your* vacation destination. Any flight outside *Your* period of coverage is not eligible for reimbursement. In addition, this benefit covers out-of-pocket expenses including ground transportation and accommodations to a maximum of \$350. This benefit is payable in the event a member of *Your* *Immediate Family*, who is not travelling with *You*, dies after *You* leave *Home*; or a natural disaster causes *Your* *Principal Residence* to become uninhabitable after *You* leave *Home* (provided *Your* home insurance policy pays for the damage in part or in full). The *Company* requires all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

EXCLUSION FOR RETURN TO CANADA BENEFIT

No benefits are payable if:

1. The deceased *Immediate Family* member was *Hospitalized* within 30 days prior to the *Effective Date of Insurance* or *Your Trip Start Date*; **OR**
2. At the time *You* applied for coverage, a reasonable person would have expected that an event payable under the Return To Canada benefit would occur prior to *Your* scheduled return date.

RELOCATION BENEFIT

The Relocation Benefit will reimburse the reasonable expenses for temporary accommodations and transportation in the event a disaster caused by a hurricane, flood, forest fire, sinkhole or earthquake causes *Your* *Principal Dwelling* to become uninhabitable. This benefit is payable to a maximum of \$2,500. The *Company* requires proof of residence, proof the disaster occurred and all original receipts for the expenses incurred. This benefit must be approved in advance by Medipac Assist.

ACCIDENTAL DEATH BENEFIT

Insured Risk

You are covered for \$5,000 CAD if *You* die as a result of an accident which occurred while *You* are outside *Your* province or territory of residence and while *Your* Medipac Travel Emergency Medical Insurance Policy is in force.

This benefit is payable to *Your* estate for the loss of *Your* life resulting within 12 months from the date of the accident described as an insured risk.

This benefit will begin on *Your* *Effective Date of Insurance* and will remain in effect during *Your* period of coverage.

EXCLUSION FOR ACCIDENTAL DEATH BENEFIT

The *Company* will not pay any claim under the Accidental Death Benefit resulting directly or indirectly from:

1. Training, serving or taking part in any capacity in armed forces (land, sea or air) or their operations in any country or international authority.
2. While serving as a pilot or crew member of any aircraft or while as a passenger in an aircraft which is being used for a purpose other than transportation.
3. While making a parachute jump for any purposes other than to save *Your* life.

Claims Procedures

To make a claim under the Accidental Death Benefit, written notice of the accident must be given to the *Company* within 30 days of the date of the accident and written proof must be submitted within 90 days of the date of the accident. The *Company* provides the necessary claim forms as well as instructions covering other requirements that may aid in a prompt handling of the claim.

If the *Company* does not receive the required notice and proof of loss, the claim may not be considered after the 90 day period has expired, unless there is a good reason for the delay. In no event is a claim considered after one year from the date of the accident if the *Company* was not notified and the necessary forms not completed and submitted to the *Company*.

INPATIENT REHABILITATION BENEFIT

MedipacPLUS will reimburse up to a maximum of \$2,500 for the cost of inpatient rehabilitation (rehab) in the event *You* suffer an accidental orthopedic injury and are recommended for inpatient rehabilitation by a physician. The injury and rehab must occur outside of Canada. The rehab must be recommended to take place immediately following the treatment of *Your* injury. This benefit must be approved in advance by Medipac Assist.

Additional Definitions under MedipacPLUS

"*Home*" means *Your* Canadian province or territory of residence.

"*Immediate Family*" means Spouse, Mother, Father, Mother-in-law, Father-in-law, Son, Daughter, Son-in-law, Daughter-in-law, Grandson or Granddaughter. **Brothers and Sisters are not included.**

"*Principal Dwelling*" means the principal residence located at the out-of-province address in which *You* reside.

"*Principal Residence*" means the dwelling located at the Canadian address indicated on *Your* application for the Medipac Travel Emergency Medical Insurance Policy under which this Endorsement was purchased.

Underwritten by Old Republic Insurance Company of Canada