



# MEDIPAC Travel Insurance

180 Lesmill Road, Toronto, Ontario M3B 2T5

## MedipacMAX 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. MedipacMAX 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* (including *Covered Expenses* for COVID-19) up to a maximum of \$5,000,000 USD per *Insured*.

### CANADIAN HOSPITALIZATION BENEFIT

The Canadian Hospitalization Benefit pays *You* \$200 CAD per day, to a maximum of \$2,000 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 \$1,500 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 \$1,000 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 1,000 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 \$4,000 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 \$700. 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 \$5,000. 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 \$10,000 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

MedipacMAX will reimburse up to a maximum of \$5,000 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 MedipacMAX

**"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