

IMPORTANT NOTICE

- Immigrants and Visitors to Canada insurance is designed to cover losses resulting from sudden, unexpected and unforeseen circumstances. It is important that you read and understand your policy as your coverage may be subject to certain exclusions or limitations.
- A pre-existing medical exclusion applies to medical conditions and/or symptoms that existed prior to your trip. Check the policy to see how this applies to you.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- Your policy provides assistance for medical emergencies. If you experience a medical emergency, you must notify our assistance centre prior to treatment, where possible, and no later than twenty-four (24) hours after receiving medical treatment or being admitted to hospital. Your policy may limit benefits should you not contact the assistance centre.

**PLEASE READ YOUR POLICY CAREFULLY
AT THE TIME OF PURCHASE**

BENEFITS WITHIN CANADA

Group Medical Services (GMS) will pay the *reasonable and customary* charges up to the *sum insured*, for eligible expenses in the event that an unexpected medical emergency occurs.

For expenses to be eligible, the *emergency treatment* for a sudden or unexpected illness or *accidental injury* and the necessary diagnosis and *treatment* must occur within the *period of coverage* of this policy.

Eligible expenses include:

1. **Hospitalization** – Hospital accommodations up to semi-private rooms and hospital services and supplies necessary for *emergency care* during hospitalization. One (1) follow-up visit (excluding on-going *treatment*) is covered in situations where the medical process in dealing with the *emergency* requires such a follow-up visit. The follow-up visit must take place within fourteen (14) days of the initial *emergency*.
2. **Medical Services** – *Treatment* by a *physician* or *surgeon*.
3. **Diagnostic Services** – X-rays and other diagnostic tests. Magnetic resonance imaging, computerized axial tomography scans, sonograms, ultrasounds and biopsies are excluded, unless pre-authorized by GMS.
4. **Out-Patient Treatment** – Out-patient *emergency room* expenses.
5. **Prescription Drugs** – Drugs and medication obtained on the prescription of the attending *physician* and supplied by a licensed pharmacist, to a maximum of thirty (30) day prescription. Refills of prescriptions, and any associated *physician's* expenses, are excluded from coverage.
6. **Ambulance** – Expenses for the use of a licensed road or air ambulance in an *emergency* situation that requires immediate transportation to the nearest *hospital* where adequate facilities are available. GMS will reimburse the expense for an air ambulance or regularly scheduled airline only when the transport is to a *hospital* for further *in-hospital treatment* that is not available at the facility attended and is upon written recommendation of the attending *physician* and with prior GMS approval. This benefit excludes helicopter transports.
7. **Paramedical Services** – Expenses, up to an aggregate maximum of \$300 per person, for the *emergency services* of an osteopath, physiotherapist, chiropractor, chiropodist and/or podiatrist.
8. **Accidental Dental** – Expenses for the repair or replacement of natural teeth or permanently attached artificial teeth necessitated by an *accidental blow* to the mouth, to a maximum of \$2,000 per person. Expenses for *treatment* of the relief of dental pain, to a maximum of \$250 for such *treatment*. This benefit excludes dental implants.
9. **Return of Remains** – When death results from a covered *emergency*, the expenses for either the preparation and transportation of the deceased to his/her destination in Canada or *country of origin*, to a maximum of \$3,000 per person, or the expense of cremation or burial at the place of death, to a maximum of \$2,000.
10. **Child Care** – Reimbursement up to \$500, with prior GMS approval, for licensed care of dependent children if they are traveling with you, should you be hospitalized due to a medical *emergency*.
11. **Coverage Continuation** – If coverage expires while hospitalized due to an *emergency*, coverage will continue for you, your spouse and any dependants traveling with you, for whom coverage is purchased for and is listed on your application, up to seventy-two (72) hours after discharge from *hospital*.

12. **Out of Pocket Expenses** – Reimbursement for *reasonable and customary* expenses, up to \$150 per day to a maximum of \$1,000, for accommodations, meals, necessary telephone calls and taxi or bus fares incurred by an accompanying family member in the event that you are hospitalized on the scheduled *return date*. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.
13. **24-Hour Travel Assistance Services:**
 - a. coordination of all medical care, transportation and repatriation;
 - b. telephone interpretation services in most languages;
 - c. monitor progress during *treatment* and recovery by managed care.

TRAVEL BENEFITS OUTSIDE OF CANADA

This insurance plan provides coverage for travel outside of Canada (excluding your *country of origin*), as long as your trip originates and terminates in Canada and 50% of your *period of coverage* is spent in Canada. The following benefits must have the prior approval of GMS.

When eligible expenses are incurred outside of Canada, eligible expenses include all Benefits Within Canada listed above and:

1. **Air Ambulance** – Expenses for the use of an air ambulance or regularly scheduled airline to transport you back to your destination in Canada or your *country of origin* for further *in-hospital treatment*, upon the written recommendation of the attending *physician* and with prior GMS approval. This benefit excludes helicopter transports.
2. **Special Attendant** – One (1), round-trip, economy class airfare for a medical attendant, if medically necessary and pre-approved by GMS, to accompany you back to your destination in Canada or your *country of origin*. The attendant must not be a friend, relative, associate or other person who was traveling with you when the *emergency* occurred.
3. **Escort of Insured Dependant** – Reimbursement of one-way, economy class airfare by the most direct route to return an accompanying child/children (up to the age of eighteen (18) years) and an escort, when necessary, to the original point of departure. This benefit must be pre-approved by GMS.

ELIGIBILITY

1. You are eligible to purchase this insurance if you are an immigrant or visitor to Canada who is not covered under a provincial or territorial *government plan*.
2. You are not eligible to purchase this plan if any of the following apply to you:
 - a. you are eighty (80) years of age or older as of the *application date*;
 - b. you have had a medical consultation with a *physician* since you arrived in Canada;
 - c. you have been in Canada for more than thirty (30) days at the time of application, unless you have an existing GMS Immigrants & Visitors to Canada plan;
 - d. you have reason to seek medical attention when you apply;
 - e. you are not eligible for coverage if, on your *effective date*; you are an immigrant or a visitor to Canada over the age of fifty-five (55) and in the past twelve (12) months:
 - i. you have suffered from, been diagnosed with, received new *treatment* for, or had a recurrence of, or complications relating to any of the following: stroke/TIA, blood clots, congestive heart failure, atrial/ventricular fibrillation, AIDS, any terminal illness, renal failure, gastrointestinal bleeding;
 - ii. you have undergone the following procedures: renal dialysis, valve replacement or organ transplant;
 - iii. you are awaiting further tests or *treatment* for *heart disease*;
 - iv. you have both *heart disease* and insulin dependent diabetes and are taking prescription medication for both;
 - v. you use home oxygen for a heart and/or lung disease;
 - vi. you take oral steroids for a lung condition;
 - vii. any of the following apply to you; under active *treatment* for cancer, have an aortic aneurysm that remains surgically untreated, have experienced undiagnosed episodes of syncope/fainting or falling;
 - viii. you have an ICD (Implantable Cardioverter Defibrillator).
3. If you apply for coverage prior to your arrival in Canada, there is no waiting period to obtain *emergency medical treatment*.
4. If you apply for coverage within thirty (30) days of your arrival in Canada, no benefits will be paid for expenses incurred within forty eight (48) hours of your *effective date*.

5. If you apply for coverage after being in Canada for more than (30) days;
 - a. you must have an existing plan with GMS;
 - b. you must apply before the expiry of the existing plan with GMS;
 - c. there is no waiting period to obtain emergency medical treatment; and
 - d. you will not be subject to condition 2.b. above, but you must not have incurred medical services in excess of \$5,000 in the last 12 months.
6. The maximum number of days coverage may be purchased for is three hundred sixty-five (365) days per trip;
7. Only a person who is named on the application, who meets the eligibility requirements on the *effective date* of this application is covered.

COVERAGE BEGINS AND ENDS

Daily Immigrants & Visitors Option

1. Coverage begins on *your effective date*. There is a forty-eight (48) hour waiting period when applying for coverage when you are already in Canada.
2. Coverage ends on the earliest of the following:
 - a. when you leave Canada to return to your country of origin;
 - b. when your period of coverage ends;
 - c. the date GMS returns you to your country of origin; or
 - d. the first day you become insured under a government plan.

Annual Immigrants & Visitors Option

1. Coverage begins on *your effective date*. There is a forty-eight (48) hour waiting period when applying for coverage when you are already in Canada.
2. Coverage ends on the earliest of the following:
 - a. Three hundred sixty-five (365) days from *your effective date*; or
 - b. the first day you become insured under a government plan.
3. Coverage is in effect for three hundred sixty-five (365) days from the effective date, without limitation as to the number of departures and re-entries into Canada you experience.
4. Pre-existing conditions are considered *stable* from the *effective date* of the policy, not on subsequent re-entries to Canada during the three hundred sixty-five (365) policy period.

EXCLUSIONS TO COVERAGE

The following expenses are not covered by the policy and no payment for these claims will be made:

1. Expenses incurred where you act against medical advice or the advice of GMS.
2. Expenses resulting from the regular care of a chronic condition.
3. Expenses incurred as a result of non-adherence with medical treatment prior to departure.
4. Coverage for medical condition(s) that existed prior to *your effective date* is subject to the following:
This policy does not provide coverage for any expenses related directly or indirectly as a result of:
 - a. Your medical condition and/or related condition and/or symptoms (whether or not the diagnosis has been determined) if at any time in the one hundred eighty (180) days preceding *your effective date* your medical conditions or related conditions and/or symptoms have not been *stable*;
 - b. if at any time in the one hundred eighty (180) days prior to *your effective date*:
 - i. any heart condition has not been *stable*;
 - ii. any lung condition has not been *stable*.
5. When you travel to a country after such time that a travel advisory has been issued by the Canadian government recommending that Canadians do not travel to such country, or to specific regions within such country.
6. Any subsequent claim for the same medical condition(s) with respect to a sickness or injury, that occurred during the *period of coverage* and for which a claim has already been made or is pending.
7. Treatment, services or prescriptions required for ongoing care or checkups, or provided in a chronic care facility of a hospital or convalescent or nursing home or rehabilitation centre.
8. Expenses that are duplication of any service, allowance or reimbursement supplied by an existing government plan or private plan.
9. Any treatment, hospitalization or surgery (including elective, non-elective, personal comfort, dental or cosmetic) which is not considered to be an emergency, even if it is recommended by a physician.
10. Treatment at a diagnostic facility unless pre-approved by GMS.
11. Emergency air transportation or return to Canada or your country of origin, which is not arranged and pre-approved by GMS.
12. Any advice, investigation, treatment, hospitalization or surgery, which is a continuation of, subsequent to or a recurrence of an emergency medical treatment of a sickness or injury.

13. Drugs and medication which are commonly available without a prescription, not legally registered or approved in Canada, experimental drugs or preventative medicines or vaccines.
14. Any services or expenses incurred when a journey is undertaken for the purpose of obtaining medical or surgical diagnosis or treatment, or when any medical treatment is pre-scheduled prior to departure from your destination in Canada or your country of origin.
15. Expenses resulting when travel is booked or commenced contrary to medical advice.
16. Expenses incurred as a result of pregnancy, abortion, miscarriage, childbirth or complications of any of these conditions.
17. Treatment for a newborn in hospital and for forty-eight (48) hours after release from hospital.
18. Routine or general physical examinations, checkups or services of a continued nature following emergency treatment of a sickness or injury.
19. Coronary artery angioplasty, cardiac surgery or implantable cardioverter defibrillator (ICD) (including any associated diagnostic tests or charges), unless necessary in a medical emergency and approved by GMS prior to any actions.
20. Any endovascular surgical procedures, either done individually or in combination with conventional surgical procedures.
21. Any treatment or surgery, which is considered by GMS to be experimental. GMS' opinion on the issue is final and binding.
22. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, criminal-like or illegal activity; intentional self-injury, suicide or attempted suicide; the consumption or abuse of any alcohol, medication or drugs, or any event, act or omission caused or contributed to by the use or abuse of alcohol, medication or drugs.
23. Expenses incurred as a result of a motor vehicle accident, unless such services are not covered by any other private or public vehicle insurance.
24. Expenses resulting from participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not limited to: parachuting, mountaineering, skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying, or a flight accident unless riding as a passenger on a commercially licensed airline.
25. Treatment or services that contravene or are prohibited by provincial laws and/or the federal laws of Canada.
26. Services for persons working in hazardous occupations.
27. Medical treatment and services provided outside of Canada except for that which is permitted in 4. of the policy Conditions below.

CONDITIONS

1. Coverage is to the *sum insured* purchased for, paid for and verified on your application.
2. All eligible expenses are reimbursed less the deductible specified on the application.
3. Foreign workers are required to provide valid proof of active work from their employer for the *period of coverage*.
4. Coverage is not applicable in your country of origin. Travel to the U.S.A. or Mexico during the *period of coverage* is valid as long as the majority (50% or greater) of the *period of coverage* is spent in Canada. Travel to the U.S.A. or Mexico does not apply to residents of the U.S.A. returning to the U.S.A. or to Mexican residents returning to Mexico.
5. There is a \$1,000 Canadian deductible applied to each claim made within the policy period, unless a lower deductible was indicated on the application and premium was paid at the time of application.
6. GMS, in consultation with the attending physician, reserves the right to transfer you to another hospital or medical facility capable of providing the necessary medical services, or to return you to Canada or your country of origin. Refusal to do so will absolve GMS of further liability.
7. GMS is not responsible for the availability, quality, results from any medical treatment or transportation or your failure to obtain medical treatment.
8. GMS is authorized to receive reports indicating diagnosis and services rendered to you from any physician, health care provider, other person, hospital or institution.
9. Any material misrepresentation, provision of incorrect information or non-disclosure of information, related to medical conditions, will result in non-payment of any related claims.
10. Benefits are payable only for amounts in excess of what would normally be payable under government plans as they exist as of the *effective date* of this policy. There is no coverage for any benefits of any nature which were provided by a government plan on the *effective date* of this policy regardless of whether such benefits continue to be provided by a government plan at the time the claim is made.
11. Coverage is not effective until GMS approves the application, and the appropriate premium has been paid.
12. All amounts stated in this policy are in Canadian funds.
13. Benefits payable do not include interest charges.

14. This policy shall be interpreted and construed in accordance with the laws of the Province of Saskatchewan (Canada) and the federal laws of Canada applicable therein, and the parties hereby attorn to the non-exclusive jurisdiction of the Courts of the Province of Saskatchewan.
15. If eligible expenses are paid due to the fault of a third party, *GMS* may take legal action against the person(s) at fault, in *your* name to recover these expenses. You agree to fully cooperate with *GMS* in any action that might be taken.
16. This policy is in excess only of all other insurance plans or amounts recoverable by any other party. If *GMS* pays eligible expenses to you and a third party makes payment for those same benefits, you are responsible for reimbursing *GMS* the amount previously paid by *GMS*.
17. In the event that you have concurrent insurance from another source(s) for benefits provided under this policy, benefits shall be coordinated as follows:
 - a. All benefits from any *government plan* shall be determined and recovered first;
 - b. *GMS* will pay eligible expenses only in excess of amounts covered by that of the other insurer(s) including but not limited to any employment related plan, extended health care plan, private or provincial vehicle insurance, credit card policy, or any other insurance, whether collectible or not;
 - c. However, if the other source(s) of coverage is also "excess only", all benefits shall be determined and recovered from benefit plans based on the following priority:
 - i. any plan not containing a coordination of benefits statement;
 - ii. any employment/retirement related plan; then
 - iii. any other plan, including *GMS*. In this case, the benefits shall be prorated according to the maximum amounts that would have been payable as the result of the benefit contained under the respective plans. You agree that prorated sharing is what was intended when this policy was entered into and that sharing on any other basis including on the basis of independent liability and/or equal sharing is not what was intended or agreed to.
18. If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this policy shall be coordinated so that the total payment from all coverage's shall not exceed the amount for which the claim is made.
19. Insurance is in effect only for those coverages and for the *sum insured* indicated on your application for which the premium has been paid. Benefits are payable in accordance with the classification of coverages and are limited to the *sum insured*.
20. If *GMS* determines that there is no coverage for a claim(s) under this policy all amounts advanced to you or on your behalf must be repaid by you to *GMS* on demand. In such circumstances any payment(s) made by *GMS* will not constitute an acceptance of coverage.
21. It is *your* responsibility to provide proof that the dates of travel are consistent with the terms of this policy.
22. *GMS* reserves the right to investigate or obtain a private opinion on any claim and to obtain any and all information relating to a claim.
23. This contract is void in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance.
24. By purchasing this policy you are authorizing:
 - a. any *physician*, health care provider, other person, *hospital* or institution to release to Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers (collectively "*GMS*") any information covering your medical history, symptoms, *treatment*, examination, diagnosis and/or services rendered to you;
 - b. *GMS* to collect, store and use any information which is provided or information obtained pursuant to clause (c);
 - c. *GMS* to obtain information from, or disclose information to: any *government plan*; the operator of any *hospital*, clinic or other health facility; a *physician* or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required. This information is intended for the purpose of administering the plan and communicating with you.
25. You agree to fully cooperate with *GMS* to provide the documentation and authorization required by *GMS* to administer your plan, including the assessment of your claim(s). Failure to provide the documentation and authorization, within the time periods specified in this policy will result in the non-payment of the claim(s).
26. Despite any other provision of this contract, the contract is subject to the statutory conditions in the insurance act respecting contracts of accident and sickness insurance of the Canadian province or territory where the policy was issued.
27. The application, this policy, any document attached to this policy when issued, and any amendments to the policy agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.
28. *GMS* shall be deemed not to have waived any condition of this policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by *GMS*.
29. No statement made by *GMS* or the *policyholder* at the time of application for this policy shall be used in defense of a claim under or to avoid this policy unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

REQUESTING A REFUND

Daily Immigrants & Visitors Option

1. A full refund is available if the entire *trip* is cancelled prior to the *effective date* of coverage.
2. A partial refund is available if:
 - a. you return to your *country of origin* and a minimum of thirty (30) days remains unused on the policy;
 - b. you become eligible and covered under a provincial or territorial *Government plan* during the *period of coverage*; or
 - c. you have a minimum of thirty (30) days unused on the policy as a result of your death.
3. No refunds are available if claims have been incurred under this insurance plan.
4. No refunds will be issued for amounts under \$5.00.

Annual Immigrants & Visitors Option

1. A full refund is available if the entire *trip* is cancelled prior to the *effective date* of coverage.
2. A partial refund is available if:
 - a. you have a minimum of thirty (30) days unused on the policy as a result of your death; or
 - b. you become eligible and covered under a provincial or territorial *Government plan* during the *period of coverage*.
3. Supporting documentation may be requested when applying for a refund.
4. No refunds are available if claims have been incurred under this insurance plan.
5. No refunds will be issued for amounts under \$5.00.

CHANGES TO COVERAGE

1. You may change your *effective date* of coverage by contacting *GMS* in writing, prior the *effective date* of your policy.
2. If you decide to extend your trip and need an extension of your coverage, *GMS* may approve your request subject to the following conditions:
 - a. your request for an extension must be made directly to *GMS* forty-eight (48) hours prior to the *expiry date* of the existing coverage;
 - b. you have not required medical services in excess of \$500 during your *period of coverage*;
 - c. your total *period of coverage* (including all extensions approved or requested) will not continue beyond the maximum number of days allowed as noted in Eligibility item 5. Your maximum total number of days is three hundred and sixty-five (365);
 - d. payment must be made using a Visa or MasterCard credit card.
3. Upgrades to the *sum insured* are available provided you have not required medical services in excess of \$500 during your *period of coverage*. There will be a forty-eight (48) hour waiting period after the request is approved by *GMS*, for the upgraded *sum insured* to be available.
4. Newborns are eligible for coverage under this plan forty-eight (48) hours after release from *hospital*. You must add the newborn to your application and pay the appropriate premium.

MAKING A CLAIM

1. You, or someone on your behalf, must contact *GMS* prior to *treatment* whenever possible. Failure to contact *GMS* within twenty-four (24) hours of receiving medical *treatment* or admission to *hospital* will limit benefits otherwise payable to 70% of eligible charges to a maximum of the *sum insured*.
2. A completed claim form must be submitted within ninety (90) days of the illness or injury.
3. In order to pay a claim, *GMS* will require the following documentation:
 - a. original itemized receipts for all bills and invoices;
 - b. proof of payment by your or any other benefit plan;
 - c. medical records, including a completed diagnosis by the attending *physician*;
 - d. for dental claims, proof of the accident;
 - e. proof of the travel dates including your *departure date* and *return date* and Visa documentation where applicable;
 - f. your historical records, if requested by *GMS*.
4. All documents for payment of eligible expenses must be received by *GMS* within thirty (30) days of your return home and no more than twelve (12) months from the date the last eligible expense was incurred.
5. Any action brought against *GMS* to recover on this policy must be brought within twelve (12) months from the date the claim form was first submitted.
6. You shall afford to *GMS* the opportunity to examine you when and as often as it reasonably requires while the claim hereunder is pending.
7. In the case of death, *GMS* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.
8. The costs associated with the administration and consultation with *GMS'* assistance firm which necessitate the need to set up a case file will be considered a claim occurrence, regardless of whether payment is made by *GMS* for any emergency medical expenses.

DEFINITIONS

Accidental: A happening due to external, sudden, fortuitous causes beyond your control.

Application Date: The date that the application is received at GMS' head office or the office of an authorized agent. Coverage will not be effective until GMS has approved the application and received the appropriate premium.

Country of Origin: The country in which you maintain a permanent residence prior to entry into Canada.

Departure Date: The day you leave your country of origin, or departure point.

Departure Point: The province, territory or country you depart from on the first day of your intended travel period.

Dependant: Any unmarried child of you or your spouse (including step-child, adopted child, or a child for whom you have been granted custody pursuant to an Order of the Court) who is chiefly dependent upon you or your spouse for support and maintenance, and is eighteen (18) years of age and under.

Effective Date: Is the later of the following:

- the date on which GMS has accepted your application and your payment has been received by GMS;
- the date chosen by you as indicated on your application subject to GMS' acceptance of your application and receipt of your payment;
- the date you arrive in Canada from your country of origin.

Emergency: A sudden or urgent happening that arose during your trip and requires immediate action. An emergency no longer exists when the medical evidence indicates that no further treatment is required at your destination, or indicates you are able to return to your country of origin for further treatment.

Expiry Date: The date on which your coverage ends under our insurance.

GMS: Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers.

Government Plan: Any plan of insurance provided by or under the administrative control of any government or agency in accordance with any law (other than the Unemployment Insurance Act of Canada) or any plan providing insurance coverage regulated by any government.

Heart Disease: Any disease of the heart including, but not limited to; angina, irregular heartbeat, heart attack, congestive heart failure, ischemic heart disease, valvular heart disease, and cardiomyopathy.

Hospital: An institution licensed as a hospital which is primarily engaged in providing medical, diagnostic and surgical services for the care and treatment of sick or injured persons on an in-patient basis, and, which has a laboratory, a registered graduate nurse and physician always on duty and an operating room where surgical operations are performed by a legally licensed medical physician(s). In no event shall the term "hospital" or "general active treatment hospital" mean any hospital or institution or part of such hospital or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home for the aged, health spa or treatment centre for drug addiction or alcoholism.

Immediate Family Member: Your legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, grandparent, grandchild, in-law, or natural or adopted child.

Period of Coverage: The number of days of coverage for which a premium has been paid and for the dates indicated on your application.

Physician: A duly qualified doctor of medicine, who is not an immediate family member, and is entitled under the laws of the Province, State or Country where the services are rendered to prescribe drugs and administer medical treatment. A physician does not include a naturopath, herbalist, or homeopath.

Policyholder: The person who has applied and paid the premiums to GMS for a plan and whose application has been approved by GMS.

Reasonable and Customary: Charges that are reasonably comparable to those normally charged for that service in the particular area where the service is received.

Return Date: The date on which you are scheduled to return to your departure point, as shown on your application.

Spouse: The person to whom you are legally married or with whom you have resided for at least twelve (12) months and whom you present publicly as your spouse.

Stable: Any medical condition or related medical condition for which:

- there have been no new symptoms, more frequent or more severe symptoms;
- there has been no change in treatment or change in medications;
- there has been no deterioration of your medical condition;
- there has been no hospitalization or referrals to a specialist including initial follow-up visits, tests or investigations booked in conjunction with a medical condition/symptom;
- there is no further testing, treatment or investigation booked or results pending;
- you have not experienced a symptom that remains undiagnosed;
- no further medical treatment after departure would be anticipated.

Sum Insured: The maximum sum payable, which you selected at the time of purchase and premium payment for, or which applies automatically to, a given insurance coverage.

Surgeon: A physician who practices surgery.

Treatment: Any medical, therapeutic or diagnostic measure prescribed or recommended by a physician in any form including prescription medication, investigative testing, hospitalization, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem.

You or Your: The eligible person(s) named in the application attached to and forming part of the policy, who have paid the required premiums for the covered period stated in the application and meet all the Conditions of the policy.

**For medical emergencies and assistance,
we're available 24-hours a day, 7 days a week.**

toll-free 1.800.459.6604

(within Canada & USA)

collect 905.762.5196

(from all other locations)

Always call GMS travel assistance before you seek medical attention to ensure the best possible medical care and coverage of your expenses. Our 24-hour travel assistance centre is available to help you obtain medical treatment, coordinate medical care and transportation, verify coverage and provide foreign language support.



Group Medical Services

2055 Albert Street PO Box 1949 Regina, SK S4P 0E3

toll-free 1.800.667.3699 email info@gms.ca

www.gms.ca

Products available for purchase in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Nova Scotia and Newfoundland

Group Medical Services is the operating name of GMS Insurance Inc. in provinces outside of Saskatchewan.