



VISA INFINITE* CASH BACK CARD
Certificate of Insurance and Statement of Services

TABLE OF CONTENTS

SUMMARY OF COVERAGES..... 2

CERTIFICATE OF INSURANCE

- Travel Emergency Medical Insurance 4
- Common Carrier Travel Accident Insurance..... 7
- Trip Cancellation and Trip Interruption/Delay Insurance 7
- Delayed Baggage Insurance..... 9
- Lost/Damaged Baggage Insurance.....10
- Auto Rental Collision/Loss Damage Insurance.....10
- Mobile Device Insurance.....12
- Purchase Protection and Extended Warranty Insurance13
- General Provisions and Statutory Conditions15

STATEMENT OF SERVICES

- Travel Assistance Service.....15
- Price Protection Service.....16

DEFINITIONS16

SUMMARY OF COVERAGE

The information below summarizes the insurance and services included with your Meridian Visa Infinite Cash Back Card. Coverage terms, conditions, limitations, and exclusions can be found in the Certificate of Insurance and Statement of Services that follow. All amounts indicated are in Canadian dollars.

COVERAGE	LIMITS
<p><u>Travel Emergency Medical Insurance</u> Provides coverage for the cardholder, cardholder's spouse, and eligible dependent children for certain expenses incurred as a result of a medical emergency while travelling outside of own province of residence.</p>	<ul style="list-style-type: none"> • Up to \$5 million per insured person per trip • 48-day coverage period for insured persons age 59 and under at departure date • 23-day coverage period for insured persons age 60 to 64 at departure date • 15-day coverage period for insured persons age 65 to 75 at departure date • There is no coverage for persons age 76 or over at departure date
<p><u>Common Carrier Travel Accident Insurance</u> Provides coverage for the cardholder, cardholder's spouse, and eligible dependent children in the event of bodily injury or death resulting from an accident while riding as a passenger on a common carrier.</p>	<ul style="list-style-type: none"> • Up to \$1 million per insured person per trip
<p><u>Trip Cancellation and Trip Interruption/Delay Insurance</u> Provides reimbursement for the cardholder, cardholder's spouse, and eligible dependent children for:</p> <ol style="list-style-type: none"> 1. any portion of prepaid eligible expenses which are not refundable or reimbursable if prior to the departure date the trip is cancelled or rescheduled as a result of a covered cause. 2. after departure, expenses incurred for travel arrangements due to the interruption or delay of a trip as a result of a covered reason. 3. reasonable and necessary living expenses if the interruption or delay of a trip is due to illness or accidental injury of an insured person. 	<ul style="list-style-type: none"> • Trip Cancellation: up to \$2,000 per insured person per trip. • Trip Interruption/Delay: <ul style="list-style-type: none"> ○ up to \$2,000 per insured per trip due to missed connection ○ unlimited coverage due to illness or accident ○ up to \$200 a day to a maximum of \$2,000 for all insured persons per trip for reasonable and necessary living expenses
<p><u>Delayed Baggage Insurance</u> Provides coverage if checked baggage is delayed for more than 6 hours from the time of arrival at the destination.</p>	<ul style="list-style-type: none"> • Up to \$500 per insured person per trip for replacement of toiletries and essential clothing purchased before checked baggage is recovered
<p><u>Lost/Damaged Baggage Insurance</u> Provides coverage if checked baggage is lost, stolen or damaged by the common carrier. Coverage is for the cost of repairing or replacing items of personal property.</p>	<ul style="list-style-type: none"> • Up to \$500 per item, and up to \$1,000 per insured person per trip. Maximum amount paid for replacement of passports, driver's licences, birth certificates, and consular visas combined is \$250, subject to the maximum payable per trip.

Summary of Coverage cont.

COVERAGE	LIMITS
<p><u>Auto Rental Collision/Loss Damage Insurance</u> Provides coverage for damage or theft of a rental car when the full cost of the rental is paid with your Meridian Visa and the rental agency's collision damage waiver or loss damage waiver is declined. The total rental period must not exceed 48 consecutive days.</p>	<ul style="list-style-type: none"> Covers rental cars with a maximum actual cash value on date of loss of \$65,000 Rental period of up to 48 consecutive days
<p><u>Mobile Device Insurance</u> Provides coverage for eligible mobile devices that are lost, stolen, accidentally damaged, or experiences a mechanical breakdown when:</p> <ol style="list-style-type: none"> the full purchase price is paid with your Meridian Visa and the device is activated with a Canadian wireless service provider; or you charge all monthly wireless service bill payments to your Meridian Visa account when you fund the full purchase price through a plan. 	<ul style="list-style-type: none"> Up to \$1,000 per occurrence Limit of 1 claim in any 12 consecutive month period and 2 claims in any 48 consecutive month period
<p><u>Purchase Protection and Extended Warranty Insurance</u> Purchase Protection provides coverage for 90 days on most new items of personal property purchased with your Meridian Visa if such item is lost, stolen, or damaged. Extended Warranty doubles the original manufacturer's warranty on eligible items purchased with your Meridian Visa, up to a maximum of 1 additional year.</p>	<ul style="list-style-type: none"> Purchase Protection is limited to the cost of repair or replacement of an eligible item, not exceeding the original purchase price, to a maximum of \$10,000 per item and a lifetime maximum of \$50,000 per account. Extended Warranty is limited to the cost of repair or replacement of an eligible item, not exceeding the original purchase price, to a maximum of \$10,000 per item and a lifetime maximum of \$50,000 per account.
<p><u>Travel Assistance Service</u> Provides 24/7 travel assistance to the cardholder when the unexpected happens, including pre-departure assistance, medical and legal assistance, and general travel services.</p>	<ul style="list-style-type: none"> Meridian Visa account must be in good standing and insurance in force Costs for services are charged to your Meridian Visa account or arranged through family and friends
<p><u>Price Protection Service</u> Provides reimbursement of the price difference on an eligible item of personal property purchased with your Meridian Visa if the same item is advertised in Canada at a lower price within 60 days of the purchase.</p>	<ul style="list-style-type: none"> Up to \$100 per item and a calendar year maximum of \$500 per account.

CERTIFICATE OF INSURANCE

IMPORTANT NOTICE - READ CAREFULLY BEFORE YOU TRAVEL

Your credit card includes travel coverage – what's next?

We want You to understand (and it is in Your best interests to know) what Your Certificate of Insurance includes, what it excludes, and what is limited (payable but with limits). Please take time to read through Your Certificate of Insurance before You travel. Refer to the Definitions section on page 16 for the meaning of all capitalized terms.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, you must meet all the eligibility requirements.
- This insurance contains limitations and exclusions (e.g.: medical conditions that are not stable, pregnancy, child born on trip, use of alcohol, high risk activities, etc.).
- This insurance may not cover claims related to Pre-Existing Conditions, whether disclosed or not.
- In the event of a claim, Your prior medical history may be reviewed.

IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS, CALL 1-800-316-7645.

This Certificate of Insurance contains a clause which may limit the amount payable. Additionally, this Certificate of Insurance contains a provision removing or restricting the right of the Insured Person to designate persons to whom or for whose benefit insurance.

This Certificate of Insurance contains information about Your insurance. Please read it carefully and keep it in a safe place. Refer to the Definitions section on page 16 and the paragraph below for the meanings of all capitalized terms.

The coverage outlined in this Certificate of Insurance is effective October 7, 2022 and is provided to eligible Cardholders to whom a Meridian Visa Infinite Cash Back Card has been issued by Meridian Credit Union Limited (hereinafter referred to as the "Policyholder"). Mobile Device, Purchase Protection, Extended Warranty, Auto Rental Collision Loss Damage, Trip Cancellation, Trip Interruption/Delay, Lost/Damaged Baggage, and Delayed Baggage Insurance are underwritten by American Bankers Insurance Company of Florida and Common Carrier Travel Accident and Travel Emergency Medical Insurance are underwritten by American Bankers Life Assurance Company of Florida (herein collectively referred to as the "Insurer") under Group Policy numbers **MCU102022** and **MCUL102022** (hereinafter collectively referred to as the "Policy"), issued by the Insurer to the Policyholder.

The terms, conditions and provisions of the Policy are summarized in this Certificate of Insurance, which is incorporated into and forms part of the Policy. All benefits are subject in every respect to the Policy, which alone constitutes the agreement under which benefits will be provided. The Cardholder or a person making a claim under this Certificate may request a copy of the Policy and/or a copy of the application for this insurance, if applicable, by writing to the Insurer at the address shown below.

Claim payment and administrative services under the Policy are arranged by the Insurer. The Insurer's Canadian head office is located at 5000 Yonge Street, Suite 2000, Toronto, Ontario M2N 7E9. The Insurer and its affiliates carry on business in Canada under the name of Assurant®.

In no event will a corporation, partnership or business entity be eligible for coverage provided by this Certificate of Insurance.

TRAVEL EMERGENCY MEDICAL INSURANCE

For this coverage, Insured Person means the Cardholder and, if accompanying the Cardholder on a Trip, the Cardholder's Spouse (who is a resident of Canada and covered by a GHIP) and eligible Dependent Children.

Table of Coverage

Maximum age:	75
Maximum number of days of coverage:	
• Insured Persons age 59 or under	48 days
• Insured Persons age 60 to 64	23 days
• Insured Persons age 65 to 75	15 days

Eligibility

To be eligible for Emergency Travel Medical Insurance, all Insured Persons must be residents of Canada, insured by their provincial or territorial GHIP for the entire duration of a covered Trip, and 75 years of age or under on the departure date of a Trip. For Dependent Children, see the definition for age limits. The Account must also be in Good Standing on the departure date of a Trip.

Benefits

Travel Emergency Medical Insurance automatically covers expenses in excess of any amount payable by or reimbursable under a GHIP or other insurance, which were incurred to obtain emergency medical treatment as a result of a Medical Emergency during a Trip, up to a maximum of \$5,000,000 per Insured Person per Trip.

Only expenses that are not reimbursed by a government agency or any other private insurance plan are covered. However, these amounts should not exceed the reasonable and customary charges usually made for such care or services in the region where they were provided.

Coverage Period

Only the maximum number of days of coverage of a Trip, as set out in the Table of Coverage above, are covered under Travel Emergency Medical Insurance, as determined by the originally scheduled departure and return dates.

There is no coverage for that portion of a Trip which extends beyond maximum number of days. In the event of a claim, proof of scheduled Trip duration will be required.

Coverage begins at 12:01 a.m. on the date the Insured Person leaves on a Trip and ends on the earliest of:

1. the date the Insured Person reaches 76 years of age;
2. the date the Insured Person returns to their province or territory of residence in Canada;
3. the date the Account ceases to be in Good Standing;
4. the date the Insured Person has been absent for more than the maximum number of days of coverage (including the day of departure and day of return) from their province or territory of residence in Canada; and
5. the date the Insured Person ceases to be eligible for coverage (for Dependent Children, see the Definitions section for age limits).

No benefits will be paid for losses incurred after coverage has ended, unless otherwise specified or agreed.

Automatic Extension of Coverage

Coverage for all Insured Persons will be automatically extended beyond the maximum number of days of coverage for up to 72 hours:

1. following the end of a Medical Emergency;

2. if an Insured Person's return to their province or territory of residence in Canada is delayed as the result of the delayed departure of the Common Carrier on which the Insured Person is booked; or
3. the delay is due to an accident or the mechanical breakdown of a vehicle in which the Insured Person is travelling.

Care and services covered

Hospital services

Hospital room and board charges for semi-private accommodation (two-bed room) or, if the Insured Person's state of health requires it, private accommodation (one-bed room).

Medical care and services

The services of a Doctor, a surgeon, an anesthesiologist or a nurse practitioner.

Medical care and services prescribed by a Doctor

1. Laboratory tests and X-rays.
2. Private duty services provided by a nurse while confined to healthcare facility.
3. Prescription drugs. Drugs prescribed are limited to a 30-day supply, unless dispensed during Hospitalization. NOTE: Life-sustaining drugs taken on an on-going basis, such as insulin, nitroglycerine and vitamins are not covered.
4. The purchase or rental of crutches, canes, splints, or the rental of a wheelchair, a respirator or other medical or orthopedic appliances. The total rental cost of any of these items must not exceed the purchase price of the item.

Paramedical services

The services of a chiropractor (excluding X-rays), a podiatrist, or a physiotherapist who are members in good standing of their professional association.

These expenses are covered up to \$60 per treatment, for a maximum of \$300 for all services combined.

Dental services

Emergency treatment for the repair of damage resulting directly from an accidental blow to the mouth to natural healthy teeth. The maximum reimbursement is \$3,000.

Transportation expenses

1. Transportation to a facility where appropriate emergency medical treatment necessary due to a Medical Emergency.

To be eligible, the following expenses must first be approved and arranged by the Insurer:

2. Repatriation to the Insured Person's place of residence to receive appropriate emergency medical treatment as soon as the Insured Person's state of health permits. This care may include any medical consultation, examination, treatment or surgery, subject to the Exclusions and Limitations.
3. Repatriation to the Insured Person's place of residence if the Insured Person's Travelling Companion or a family member is repatriated. Expenses are covered if:
 - a) this Travelling Companion or family member is repatriated to receive appropriate care. This care may include any medical consultation, examination, treatment or surgery;
 - b) repatriation of this person prevents the Insured Person from returning to the point of departure by the means of transportation originally arranged for the Trip.
4. Round-trip economy transportation, as well as the usual fees and expenses of a qualified medical attendant. However, this person cannot be a family member, a friend or a Travelling Companion. This transportation will be covered only if the necessity is confirmed by the attending Doctor.
5. Transportation of a family member who must leave their province of residence to:
 - a) identify the Insured Person's body in the event of death; or
 - b) visit the Insured Person when staying at a healthcare facility during a Trip for more than 7 days.

The insurance covers the cost of round-trip economy transportation by the most direct route, provided that:

- a) necessity for such transportation is confirmed by the attending Doctor;
- b) the Insured Person is not already accompanied by a family member aged 18 or over.

The family member will also be entitled to receive up to \$500 for Living Expenses and will be insured under this Travel Emergency Medical Insurance coverage for the duration of the visit, up to 72 hours after the Insured Person is discharged from a healthcare facility.

6. The cost of returning the Insured Person's personal or rented vehicle, provided that:
 - a) a Doctor certifies that the Insured Person's health does not allow them to drive;
 - b) no family member accompanying the Insured Person or any Travelling Companion is able to do so;
 - c) this vehicle was used to reach the Insured Person's destination; and
 - d) the vehicle is in good mechanical condition to make the return trip.

The following expenses are eligible for the return of the Insured Person's vehicle: the cost of a professional vehicle transport agency or reasonable expenses incurred by an individual for gas, meals, lodging, and a one-way economy-class ticket. The maximum reimbursement for any one occurrence is \$2,000.

7. In the event of an Insured Person's death, the following expenses are covered:
 - a) repatriation of the body or ashes to the Insured Person's usual place of residence by the most direct route, to a maximum reimbursement of \$12,000 for transportation and for preparation of the body (including cremation, if applicable);
 - b) cremation or burial in the country where the death occurred to a maximum reimbursement of \$6,000.

The cost of the coffin or urn is not covered.

8. The cost of repatriating a cat or dog that is accompanying the Insured Person on a Trip back to the Insured Person's home if the Insured Person has to be repatriated for one of the reasons above, up to \$500.

Medical Emergency Procedures

*When a Medical Emergency occurs, You **MUST** contact the Insurer immediately following a Medical Emergency for prior approval BEFORE attending a medical facility. See the section entitled Limitations for further coverage limitations.*

24-hour assistance is available by calling **1-800-316-7645** from within Canada and the United States, or **613-634-6984** locally or collect from other countries. If calling the Insurer from somewhere in the world where a collect call is not possible, call direct and You will be reimbursed.

The Insurer will confirm coverage, provide directions to the Network facility or the nearest appropriate medical facility, provide the necessary authorization of payment of eligible expenses, and manage the Medical Emergency.

The Insurer will make every effort to pay or authorize payment of eligible expenses to Hospitals, Doctors, and other medical providers directly. If direct payment or payment authorization is not possible, an Insured Person may be required to make payments. In that event, the Insured Person will be reimbursed for eligible expenses on submission of a valid claim.

Limitations

The Insured Person will be responsible for payment of 30% of the first \$10,000 of Medical Emergency expenses incurred that would have otherwise been eligible for reimbursement, if an Insured Person or a person accompanying the Insured Person:

1. fails to notify the Insurer in advance of receiving medical treatment;

2. fails to notify the Insurer within 24 hours of a Medical Emergency if unable, under reasonable circumstances, to notify the Insurer in advance; or
3. fails to follow any instructions provided by the Insurer;

Benefits payable are further limited as follows:

1. In consultation with the attending Doctor, the Insurer reserves the right to transfer the Insured Person to an appropriate Network facility or to their province or territory of residence in Canada for medical treatment. Refusal to comply will absolve the Insurer of any liability for expenses incurred after the proposed transfer date.
2. Once a Medical Emergency ends, no further benefits are payable for that Medical Emergency or for any recurrence of the condition which caused the Medical Emergency.

The Insurer is not responsible for the availability or quality of the care or services received.

Exclusions

No benefits are payable for any expenses incurred directly or indirectly as a result of:

1. a Pre-existing Condition as defined in the Definitions section on page 16;
2. any expenses incurred for medical services that are not covered under the Insured Person's GHIP;
3. any expenses incurred for medical treatment during a Trip if the Insured Person's Doctor advised the Insured Person not to travel;
4. any expenses covered by a government agency or another insurer in accordance with the Coordination of Benefits provision described in the General Provisions section of this Certificate of Insurance;
5. any medical care of services received during a Trip if the reason for the Trip is to receive medical care or services, even if the Trip is taken on the recommendation of a Doctor;
6. any optional or non-emergency care, even if it is received as a result of a Medical Emergency, if such care can be obtained in the Insured Person's province without endangering the life of the Insured Person;
7. pregnancy, childbirth and/or related complications occurring within 60 days prior to the expected delivery date;
8. illness or accidental injury occurring while under the influence of illicit or unprescribed drugs;
9. illness or accidental injury occurring while abusing medication or alcohol. Abuse of medication means exceeding the dosage recommended by a health specialist or the manufacturer of the medication. Abuse of alcohol means the consumption of alcohol resulting in a blood alcohol level of more than 80 mgs of alcohol per 100 ml of blood;
10. self-inflicted injuries, suicide or any attempted suicide, whether or not whether or not the Insured Person is aware of their actions;
11. any Medical Emergency that occurs other than during a Trip;
12. illness or accidental injury occurring in a region or a country for which the Canadian government issued a travel advisory to "avoid non-essential travel" or "avoid all travel", unless the illness or accidental injury is unrelated to the reason for the travel advisory;
13. voluntary participation in riots or civil commotions;
14. participation in a criminal offence;
15. illness or accidental injury occurring while the Insured Person is participating in:
 - a) an activity for pay;
 - b) a sporting event for which the winners are awarded money;
 - c) any type of motor vehicle competition, including training, or any race;
 - d) amateur scuba diving, unless the Insured Person holds a basic scuba diving licence from a certified school; or
 - e) any non-standard sport or activity with a high level of stress and risk involved such as, but not limited to gliding, hang gliding or paragliding, climbing or mountaineering, parachuting, sky diving or bungee jumping, or any other similar activity.

The exclusion for races does not apply to non-contact amateur athletics that the insured is practicing for leisure or fitness purposes;

16. illness or accidental injury if the Insured Person was the driver, pilot, or a crew member, or a non-paying passenger travelling in a commercial vehicle. This exclusion will not apply if the aforementioned vehicle was used solely as a means of private transportation during the vacation and if the vehicle was a car or van (or truck) with a maximum load capacity of 1,000 kg; a road vehicle in which You are not travelling as a driver; or
17. treatments or surgery received for cosmetic purposes and related complications.

How To File a Claim

If the Insurer is notified in advance of medical treatment: If the Insurer authorizes Hospital or other medical payments on an Insured Person's behalf, the Insured Person must sign an authorization form allowing the Insurer to recover payments from their GHIP, other health plans or insurers and return it to the Insurer within 30 days. If an advance has been made for ineligible expenses, You will be required to reimburse the Insurer.

If the Insurer is not notified in advance of medical treatment: If eligible expenses are incurred for which payment has not been authorized in advance by the Insurer, they should be submitted to the Insurer with original receipts and payment statements. Benefits may be excluded or reduced where the Insurer has not been notified in advance of treatment (see the **Limitations** section for limitations on benefit payments).

Submitting Your Claim: To obtain a claim form, call the Insurer at **1-800-316-7645** from Canada and the United States or **613-634-6984** locally or collect from other countries.

You must submit the completed claim form and provide documentation to substantiate the claim, including the following:

1. the cause and nature of the Medical Condition requiring treatment;
2. original, itemized medical invoices;
3. original prescription receipts;
4. Your date of birth and the claimant's date of birth (proof of age may be required);
5. a photocopy of the Insured Person's GHIP (Health) card;
6. name, address and phone number of the Insured Person's employer;
7. proof of the Insured Person's departure and/or return date (i.e. copy of tickets, receipts, prepaid accommodation invoice and gas receipts);
8. name, address and policy numbers for all other insurance You and other Insured Persons may have;
9. signed authorization to obtain any further required information; and
10. any other information reasonably required by the Insurer to determine coverage eligibility.

Claims submitted with incomplete or insufficient documentation may not be paid.

COMMON CARRIER TRAVEL ACCIDENT INSURANCE

For this coverage, Insured Person means the Cardholder and, while travelling with the Cardholder, the Cardholder's Spouse and eligible Dependent Children.

Eligibility

The Insured Person is eligible for Common Carrier Travel Accident insurance coverage when the FULL cost of the Ticket is charged to Your Account.

Coverage

Benefits are payable when an Insured Person sustains a Loss as a result of an Accident when boarding, leaving, or occupying a Common Carrier while coverage is in force. Coverage is in force when an Insured Person uses a Common Carrier to:

1. travel directly to the point of departure terminal for the trip shown in the Ticket;
2. make the trip as shown on the Ticket; and
3. travel directly from the point of arrival terminal for the trip shown on the Ticket to the next destination.

Benefits are also payable when an Insured Person sustains a Loss at the departure or arrival terminal while awaiting to board a Common Carrier, or immediately after exiting a Common Carrier, for the trip shown in the Ticket.

Benefits

Benefits are payable to the Insured Person according to the following table:

Loss of:	Amount of Benefit
Life†	\$1,000,000
Use of two of the following limbs: foot, hand, or eye	\$750,000
Use of one of the following limbs: foot, hand, or eye	\$500,000
Use of one thumb and index finger of the same hand	\$250,000
Use of one finger or one toe	\$100,000

If the Insured Person dies within 52 weeks as a result of the Accident, only the Life benefit will be paid.

The maximum benefit payable is \$1,000,000 for Loss resulting from any one occurrence. If more than one Loss is sustained by an Insured Person, then the total benefit payable from one Accident is limited to the greatest amount payable for any one Loss sustained.

Disappearance

The Insured Person will be presumed dead if their body is not found within 52 weeks of the Accident or if, based on the circumstances surrounding the Insured Person's disappearance, it may be assumed beyond doubt that the Insured Person is dead.

Beneficiary

Loss of life benefits are paid to the Cardholder or to their legal heirs in accordance with laws governing inheritance in Canada as legislated by each province or territory. All other benefits are payable to the Cardholder.

End of Coverage

Common Carrier coverage ends on the earliest of:

1. the date the Account ceases to be in Good Standing; and
2. the date the Insured Person ceases to be eligible for coverage.

Exclusions

No benefits are payable for any expenses incurred directly or indirectly as a result of:

1. Accident occurring in a region or a country for which the Canadian government issued a travel advisory to "avoid non-essential travel" or "avoid all travel", unless the Accident is unrelated to the reason for the travel advisory;
2. Accident if the Insured Person was the driver, pilot, or a crew member, or a non-paying passenger travelling in a commercial vehicle;
3. the Insured Person's use of illicit or unprescribed drugs;
4. the Insured Person's abuse of medication or alcohol. Abuse of medication means exceeding the dosage recommended by a health specialist or the manufacturer of the medication. Abuse of alcohol means the consumption of alcohol resulting in a blood alcohol level of more than 80mg of alcohol per 100ml of blood;
5. self-inflicted injury, suicide or attempted suicide, whether intentional or not; or
6. the Insured Person's participation in a criminal offence.

How to File a Claim

In the event of a claim, contact the Insurer by calling **1-800-316-7645** from Canada and the United States or **613-634-6984** collect from elsewhere in the world, or file a claim online at cardbenefits.assurant.com.

TRIP CANCELLATION AND TRIP INTERRUPTION/DELAY INSURANCE

For this coverage, Insured Person means the Cardholder and, while travelling with the Cardholder, the Cardholder's Spouse and eligible Dependent Children.

Eligibility

An Insured Person is eligible for Trip Cancellation and Trip Interruption/Delay coverage when a full or partial payment of the cost of Eligible Expenses for a trip is charged to the Account.

Trip Cancellation Benefits

Occurring Prior to Departure

If an Insured Person is required to cancel a trip due to a covered cause as described in the section Covered Causes for Cancellation below, You will be reimbursed for any Eligible Expenses charged to Your Account which are not refundable or reimbursable in any manner (the Insurer considers travel credits a reimbursement), including other insurance or travel coverage. The amount payable is subject to a maximum of \$2,000 per Insured Person per trip.

If one of Your Travelling Companions must cancel for one of the reasons described under Covered Causes for Cancellation, and You decide to proceed with the trip as initially planned without the Travelling Companion, You will be reimbursed any additional charges incurred as a result.

You will be reimbursed half of the amount that would otherwise have been reimbursed if the cancellation is due to an act of terrorism occurring before the departure date.

If, prior to a scheduled departure, an Insured Person chooses to reschedule a trip due to a covered cause for cancellation as described in the section Covered Causes for Cancellation below, You will be reimbursed for any Rescheduling Expenses which are not refundable or reimbursable in any manner, including through Other Insurance. The amount payable is the lesser of the Rescheduling Expenses and the amount that would have been paid under this Certificate of Insurance if the trip had been cancelled outright. Your rescheduled trip will be considered a new trip and the Pre-existing Condition period will be measured from the date the new trip was booked.

Covered Causes for Cancellation
(Occurring after Your trip was booked)

For the causes mentioned in subsections "1" to "7", the illness or accidental injury must be serious enough to prevent the Insured Person from proceeding with the trip. In the case of a dispute, the Insurer also reserves the right to have the person in question examined by a Doctor of its choosing. The Covered Causes for Cancellation are as follows:

1. the Insured Person or a Family Member experiences an illness, accidental injury or dies.
2. Your Travelling Companion experiences an illness, accidental injury or dies, or is unable to take the trip due to one of the Covered Causes for Cancellation.
3. A Family Member of Your Travelling Companion experiences an illness, accidental injury or dies.
4. The person responsible for the care of the Insured Person's Dependent Children or the person for whom the Insured Person is the legal guardian experiences an illness, accidental injury or dies.
5. the Insured Person's business partner, a Key Employee or the host at destination experiences an illness, accidental injury or dies.
6. the Insured Person, Your Travelling Companion, or the spouse of Your Travelling Companion becomes pregnant:
 - a) after You booked Your trip; and
 - b) the scheduled return date occurs during the 60 days preceding the due date or any time following the due date.
7. The business meeting the Insured Person is scheduled to attend and for which the trip was booked, is cancelled because the person or main speaker with whom the Insured Person was scheduled to meet in person experiences an illness, accidental injury or dies. Reimbursement is limited to transportation expenses and a maximum of 3 days of accommodation that are nonrefundable or reimbursable in any manner.
8. the Insured Person or Your Travelling Companion receives notice of custody of a child, the effective date of which occurs during the trip.
9. the Insured Person or Your Travelling Companion is called upon to serve as a police officer, firefighter, or called upon to serve in the armed forces in active duty or as a reservist, or if the Insured Person is called upon to provide essential healthcare services.
10. the Insured Person is summoned for jury duty or are subpoenaed as a witness during the time the trip is scheduled to take place.
11. the Insured Person is quarantined or the plane aboard which the Insured Person is travelling is hijacked.
12. The person for who the Insured Person is the estate executor dies.
13. The Insured Person is required to move more than 160 kilometres from their place of residence in the 30 days prior to departure. This transfer is required by the employer for whom the Insured Person was working on the date the trip was booked.
14. A disaster causes significant damage to the Insured Person's main residence located in their province of residence or to the Insured Person's place of business.
15. A particular situation occurs in the destination country or region which prompts the Canadian government to issue a travel advisory to "avoid non-essential travel" or "avoid all travel" to that destination. This advisory must have been issued after the trip was booked.
16. Travel Service Supplier stops all service completely as a result of bankruptcy or insolvency. The Travel Service Supplier must have an office in Canada and hold all the licences and operating certificates required by the competent Canadian authorities.
17. The company the Insured Person works for shuts down operations (lock-out), declares bankruptcy or the Insured Person involuntarily loses their permanent employment, provided that:
 - a) at the time the trip was booked, the Insured Person had been actively working for the same employer for more than one year; and
 - b) the Insured Person had no reason to believe that they would lose their job.
18. Your cruise is cancelled prior to Your departure from Your province or territory of residence, due to a mechanical failure,

grounding or quarantining of the cruise ship or it is repositioned due to bad weather.

You MUST immediately notify the Insurer as soon as a Covered Cause for Cancellation arises by calling 1-800-316-7645 from within Canada and the United States, or 613-634-6984 collect from elsewhere in the world.

Trip Interruption/Delay Benefits

Trip Interruption/Delay Due to Missed Connection

1. You will be reimbursed the additional cost of a one-way, economy-class ticket by the most direct route to the scheduled destination up to a maximum of \$2,000 per Insured Person per trip, if You missed a connection due to any of the following reasons:
 - a) delay of the Common Carrier (plane, bus, train, boat, taxi or limousine), if the delay is caused by inclement weather, a natural disaster, or mechanical problems; or
 - b) delay of the Common Carrier or a vehicle if the delay is caused by a traffic accident or emergency road closure (in which case a police report is required).In all cases, the Insured Person must have planned to be at the point of departure at least 3 hours before the scheduled time of departure.
2. You will be reimbursed the additional cost of a one-way, economy-class ticket by a scheduled carrier (plane, boat, train, bus) by the most direct route to rejoin the Insured Person's group for the rest of the trip if the Insured Person's departure is delayed because the Insured Person or Your Travelling Companion experiences an illness or accidental injury.

Additionally, You will be eligible for reimbursement of reasonable and necessary Living Expenses of up to \$200 per day to a maximum of \$2,000 for all Insured Persons per trip.

Expenses which are refundable or reimbursable in any manner by the Travel Service Supplier (the Insurer considers travel credits a reimbursement), will not be eligible for reimbursement.

Trip Interruption/Delay Due to Illness or Accident

Early Return

If an Insured Person experiences an illness or accidental injury while on a trip and is required to return early as a result, You will be reimbursed the additional cost of a one-way, economy-class ticket by the most direct route for the return trip to the point of departure and any unused portion of the land arrangements of the trip (hotel reservations, car rentals, etc.) charged to the Account.

Expenses which are refundable or reimbursable in any manner by the Travel Service Supplier (the Insurer considers travel credits a reimbursement), will not be eligible for reimbursement.

Delayed Return

If an Insured Person experiences an illness or accidental injury while on a trip and is required to delay the return, You will be reimbursed the additional cost of a one-way, economy-class ticket by the most direct route for the return trip to the point of departure upon submitting proof.

You will be eligible for reimbursement of reasonable and necessary Living Expenses of up to \$200 per day to a maximum of \$2,000 for all Insured Persons per trip. Expenses which are refundable or reimbursable in any manner by the Travel Service Supplier (the Insurer considers travel credits a reimbursement), will not be eligible for reimbursement.

You MUST immediately notify the Insurer as soon as a cause for Trip Interruption/Delay arises by calling 1-800-316-7645 from within Canada and the United States, or 613-634-6984 collect from elsewhere in the world. There is no maximum benefit for Trip Interruption/Delay due to Illness or Accident.

End of Coverage

Trip Cancellation and Trip Interruption/Delay ends on the earliest of:

1. the date the Covered Cause for Cancellation occurs prior to departure, for Trip Cancellation;
2. the actual date the Insured Person returns to their province of residence, whether by their own volition or as a result of repatriation;
3. the date the Account ceases to be in Good Standing; and
4. the date the Insured Person ceases to be eligible for coverage.

Exclusions

No benefits are payable for any expenses incurred directly or indirectly as a result of:

1. any Pre-Existing condition as defined in the Definitions section on page 16;
2. any medical care or services received during a trip if the reason for the trip is to receive medical care or services, even if the trip is taken on the recommendation of a Doctor;
3. pregnancy, childbirth and/or related complications occurring within 60 days prior to the expected delivery date;
4. participation in a riot or in a criminal offence;
5. illness or accidental injury occurring while under the influence of illicit or unprescribed drugs;
6. illness or accidental injury occurring while abusing medication or alcohol. Abuse of medication means exceeding the dosage recommended by a health specialist or the manufacturer of the medication. Abuse of alcohol means the consumption of alcohol resulting in a blood alcohol level of more than 80 mgs of alcohol per 100 ml of blood;
7. self-inflicted injuries, suicide or any attempted suicide, whether or not the Insured Person is aware of their actions;
8. illness or accidental injury occurring in a region or a country for which the Canadian government issued a travel advisory to "avoid non-essential travel" or "avoid all travel", unless the illness, accidental injury, or event is unrelated to the reason for the travel advisory;
9. illness or accidental injury occurring while the Insured Person is participating in:
 - a) an activity for pay;
 - b) a sporting event for which the winners are awarded money;
 - c) any type of motor vehicle competition, including training, or any race;
 - d) amateur scuba diving, unless the Insured Person holds a basic scuba diving licence from a certified school;
 - e) any non-standard sport or activity with a high level of stress and risk involved such as, but not limited to, gliding, hang gliding or paragliding, climbing or mountaineering, parachuting, sky diving or bungee jumping, or any other similar activity.The exclusion for races does not apply to non-contact amateur athletics that the Insured Person is practicing for leisure or fitness purposes;
10. illness or accidental injury while travelling aboard an aircraft that is not considered a Common Carrier;
11. cancellation during the trip of an excursion, outing or activity lasting one day or less that does not end the trip before the planned return date;
12. illness or accidental injury if the Insured Person was the driver, pilot, or a crew member, or a non-paying passenger travelling in a commercial vehicle. This exclusion will not apply if the aforementioned vehicle was used solely as a means of private transportation during the vacation and if the vehicle was a car or van (or truck) with a maximum load capacity of 1,000 kg; a road vehicle in which You are not travelling as a driver; or
13. an Insured Person's refusal of treatment prescribed by a Doctor.

How to File a Claim

You must notify the Insurer by calling **1-800-316-7645** from within Canada and the United States or **613-634-6984** collect from elsewhere in the world to initiate Your claim with a representative. The representative will provide You with a claim form or You may also access a claim form and submit the required documentation online at **cardbenefits.assurant.com**. You will be required to submit a

completed claim form and provide documentation to substantiate Your claim, including, but not limited to, the following:

1. original Tickets (including any unused coupons), original vouchers, original itinerary, invoices, and receipts;
2. Your Account monthly statement and any other documentation necessary to confirm that the costs of Eligible Expenses were charged to Your Account;
3. proof satisfactory to the Insurer that the cancellation or interruption of the trip resulted from a covered cause for cancellation or interruption. If cancellation or interruption is due to a Medical Emergency, You must provide a medical certificate from the attending Doctor. The medical certificate must indicate the complete diagnosis and specify the exact reasons why the trip had to be cancelled or interrupted;
4. name, address and phone number of the Insured Person's employer;
5. name, address and policy numbers for all other insurance coverage You and/or the Insured Person may have, including health insurance and credit card coverage (whether group or individual). Claims submitted with incomplete or insufficient documentation may not be paid; and
6. any other information reasonably required by the Insurer to determine eligibility.

DELAYED BAGGAGE INSURANCE

For this coverage, Insured Person means the Cardholder and, while travelling with the Cardholder, the Cardholder's Spouse and eligible Dependent Children.

Eligibility

An Insured Person is eligible for Delayed Baggage Insurance coverage when the FULL cost of the Ticket for a Trip is charged to the Account.

Benefits

This coverage reimburses an Insured Person for the cost of replacing toiletries and essential clothing when the delivery of checked baggage is delayed for more than 6 hours. The toiletries and essential clothing must be purchased before the checked baggage is recovered and before the Insured Person returns to the point of departure in their province of residence. The maximum benefit payable is \$500 per Insured Person per Trip.

If the delayed baggage is subsequently considered lost or stolen, any reimbursement amounts received by the Insured Person for the delayed baggage will be deducted from the maximum amount of insurance payable under the Lost/Damaged Baggage Insurance coverage.

Exclusions

The following are not covered:

1. expenses incurred after the delayed baggage is returned to the Insured Person;
2. baggage not checked with the Common Carrier;
3. dentures, hearing aids, artificial limbs, contact lenses, eyeglasses (prescription or sunglasses) or their accessories, money, tickets, bonds, securities and documents.

End of Coverage

Delayed Baggage Insurance coverage ends on the earliest of:

1. at midnight on the actual date the Insured Person returns to their province or territory of residence
2. the date the Account ceases to be in Good Standing; and
3. the date the Insured Person ceases to be eligible for coverage.

How to File a Claim

In the event of a claim, contact the Insurer by calling **1-800-316-7645** from Canada and the United States or **613-634-6984** collect from elsewhere in the world, or file a claim online at **cardbenefits.assurant.com**.

You MUST keep ORIGINAL copies of all documents required to file a valid claim. You must submit a completed claim form and include the following:

1. itemized original receipts for actual expenses incurred;
2. copy of the baggage claim ticket;
3. copy of Account statement showing the charge for the Ticket;
4. verification from Common Carrier of the delay, including reason for the delay; and
5. any other information reasonably required by the Insurer to determine eligibility.

The Insurer may demand to see any damaged property or items in order to assess the damage.

LOST/DAMAGED BAGGAGE INSURANCE

For this coverage, Insured Person means the Cardholder and, while travelling with the Cardholder, the Cardholder's Spouse and eligible Dependent Children.

Eligibility

An Insured Person is eligible for Lost/Damaged Baggage Insurance coverage when the FULL cost of Ticket for a Trip is charged to the Account.

Benefits

This coverage reimburses an Insured Person for the cost of repairing or replacing items of Personal Property when such items were lost, stolen or damaged by the Common Carrier. The maximum benefit payable is \$500 per item up to \$1,000 per Insured Person per Trip.

For replacement of passports, driver's licences, birth certificates, and consular visas, the maximum payable combined is \$250, subject to the maximum benefit payable per Trip.

The Insurer reserves the right to elect to repair or replace damaged or stolen property by items similar in nature and quality. Further, the Insurer is liable only for the actual value of the property at the time the covered loss or damage occurred.

Exclusions

The following are not covered:

1. animals, bicycles (except as checked baggage on a common carrier), trailers, boats, motors, aircraft (including unmanned aircraft systems) or their accessories, furniture and other furnishings, dentures, hearing aids, artificial limbs, contact lenses, eyeglasses (prescription or sunglasses) or their accessories, money, tickets, bonds, securities and documents, perishable items, professional supplies or property used for an occupation, antiques and collectors' items, or illegally acquired, held, stored or transported property;
2. damage caused by normal wear and tear, voluntary damage, gradual deterioration, insects, vermin, manufacturing defects, repairs or treatments, radiation or radioactive contamination;
3. damage to fragile or brittle items;
4. loss, theft, or damage occurring in a region or a country for which the Canadian government issued a travel advisory to "avoid non-essential travel" or "avoid all travel", unless the illness, accidental injury, or event is unrelated to the reason for the travel advisory;
5. loss, theft, or damage occurring while the Insured Person participated in a riot or in a criminal offence;
6. theft resulting from Your own oversight or carelessness; or
7. damage or theft of an item insured under a contract issued by another insurer in accordance with the Coordination of Benefits provisions under the General Provisions of this Certificate of Insurance, or for which You can request compensation from the Common Carrier.

End of Coverage

Lost/Damage Baggage coverage ends on the earliest of:

1. the date the Account ceases to be in Good Standing; and
2. the date the Insured Person ceases to be eligible for coverage.

How to File a Claim

In the event of a claim, contact the Insurer by calling **1-800-316-7645** from Canada and the United States or **613-634-6984** collect from elsewhere in the world, or file a claim online at cardbenefits.assurant.com.

You MUST keep ORIGINAL copies of all documents required to file a valid claim. Where a claim is due to, or suspected to be caused by, fraud, malicious acts, burglary, robbery, theft or attempt thereof, you MUST give immediate notice to the police or other authorities having jurisdiction.

You must submit a completed claim form containing the time, place, cause and amount of loss and include the following:

1. copy of the Ticket;
2. copy of the baggage claim ticket;
3. copy of Account statement showing the charge for the Trip;
4. written statement from the Common Carrier confirming:
 - a) the date, time and details of the loss; and
 - b) payout documentation including a copy of the cheque, claim form, and a list of items lost and their value; and
5. any other information reasonably required by the Insurer to determine eligibility.

AUTO RENTAL COLLISION/LOSS DAMAGE INSURANCE

For this coverage, Insured Person means the Cardholder and any other person who holds a valid driver's licence and has the Cardholder's express permission to operate the rental vehicle. This includes drivers not listed on the rental contract, provided they would otherwise qualify under the rental contract.

Eligibility

You are eligible for Auto Rental Collision/Loss Damage coverage when You rent most private passenger vehicles for a period NOT to exceed forty-eight (48) consecutive days, provided that:

1. You initiate the rental transaction by booking or reserving the vehicle rental with Your Meridian Visa and by providing Your Meridian Visa as payment guarantee prior to the time You take possession of the vehicle;
2. You decline the rental agency's collision damage waiver (CDW) or loss damage waiver (LDW), or similar provision; and
3. You rent the vehicle in Your name and charge the entire cost of the rental vehicle to Your Account.

Rental vehicles which are part of a Car Sharing program are eligible for this Auto Rental Collision/Loss Damage coverage if the entire cost of the rental vehicle has been charged to Your Account and all other eligibility requirements were met.

"Free Rentals" are also eligible for benefits when received as the result of a promotion conditioned on Your making previous rentals, if each such previous rental met the eligibility requirements of this Certificate of Insurance.

Benefits

Subject to the terms, exclusions and limits of liability set out in this Certificate of Insurance, You are provided with protection against losses arising from the contractual liability assumed when renting and operating a rental vehicle as You would have if You accepted the rental agency's collision or loss damage waiver (or similar provision) up to the actual cash value of the damaged or stolen rental vehicle as well as any reasonable, valid and documented Loss of Use, reasonable and customary towing charges and administration charges resulting from damage or theft occurring while the rental vehicle is rented in Your name.

Benefits are limited to one vehicle rental during any one period. If during the same period more than one vehicle is rented by the Cardholder, only the first rental will be eligible for these benefits. In some jurisdictions the law requires the rental agencies to include

CDW/LDW in the price of the vehicle rental. In these locations, Auto Rental Collision/ Loss Damage benefits under the Policy will only provide coverage for any deductible that may apply, provided all the requirements outlined in this Certificate of Insurance have been met and You have waived the rental agency's deductible waiver.

No CDW/LDW premiums charged by the rental agencies will be reimbursed under the Policy.

Rental vehicles which are part of pre-paid travel packages are eligible for benefits if the total travel package was charged to Your Account and all other requirements herein are met.

This coverage is available on a 24-hour basis anywhere in the world, except where prohibited by law, or where the coverage is in violation of the terms of the rental contract in the jurisdiction in which it was formed. (See the section "Know Before You Go" for tips on how to avoid having use of this coverage challenged.)

This coverage does not provide any form of third-party automobile property damage or personal injury liability insurance.

Important: Check with Your personal insurer and the rental agency to ensure that Insured Persons have adequate personal property, personal injury and third-party liability coverages. The Policy only covers loss or damage to a rental vehicle, as stipulated herein.

Know Before You Go

While Auto Rental Collision/Loss Damage benefits provide coverage on a worldwide basis (except where prohibited by law), and the coverage is well received by car rental merchants, there is no guarantee that this coverage will be accepted at every car rental facility. Some rental agencies may resist Your declining their CDW/LDW coverage. They may try to encourage You to take their coverage. If You refuse, they may insist You provide a deposit.

Before booking a vehicle, confirm that the rental agency will accept this Auto Rental Collision/Loss Damage insurance without requiring a deposit. If they won't, find one that will, and try to get written confirmation. If booking Your trip through a travel agency let them know You want to take advantage of this Auto Rental Collision/Loss Damage insurance and have them confirm the rental agency's willingness to accept this coverage.

You will not be compensated for any payment You may have to make to obtain the rental agency's CDW/LDW.

Check the rental vehicle carefully for scratches, dents and windshield chips, and point out any damage to the agency representative before You take possession of the vehicle. Have them note the damage on the rental agreement (and take a copy with You) or ask for another vehicle.

If the vehicle sustains damage of any kind, immediately phone the Insurer at one of the numbers provided below. Advise the rental agency that You have reported the claim and provide the Insurer's address and phone number. ***Do not sign a blank sales draft to cover the damage and loss of use charges.***

Coverage Period

Insurance coverage begins as soon as the Insured Person takes control of the vehicle, and ends at the earliest of:

1. the time the rental agency assumes control of the rental vehicle, whether it be at its place of business or elsewhere;
2. the date the Account ceases to be in Good Standing; and
3. the date the Insured Person ceases to be eligible for coverage.

Types of Vehicles Covered

The types of rental vehicles covered include cars, sport utility vehicles, and mini-vans (as defined below).

Mini-vans are covered provided they are:

1. for private passenger use with seating for no more than eight (8) occupants including the driver; and
2. not to be used for hire by others.

Types of Vehicles NOT Covered

Vehicles which belong to the following categories are NOT covered:

1. any vehicle with an actual cash value of over \$65,000, excluding taxes, at the time and place of loss based on the Canadian Black Book or equivalent vehicle valuation guide in the jurisdiction of the rental vehicle;

2. luxury, specialty or exotic vehicles;
3. vans (other than mini-vans as defined above);
4. trucks, pick-up trucks or any vehicle that can be reconfigured into a pick-up truck;
5. campers or trailers or recreational vehicles;
6. off-road vehicles;
7. motorcycles, mopeds or motorbikes;
8. customized vehicles;
9. antique vehicles;
10. leased vehicles; and
11. tax-free car.

An antique vehicle is one which is over twenty (20) years old or its model has not been manufactured for ten (10) years or more. Limousines that have been stretched or altered from the original factory design are excluded. However, standard production models of these vehicles that are not used as limousines are not excluded.

A tax-free car is a package that provides tourists with a short-term (seventeen (17) days to six (6) months), tax-free vehicle lease agreement with a guaranteed buyback.

Limitations and Exclusions

Auto Rental Collision/Loss Damage benefits do not cover any loss caused or contributed to by:

1. operation of the rental vehicle in violation of the law or any terms and conditions of the rental agreement/contract;
2. operation of the vehicle by any driver not so authorized;
3. operation of the vehicle by any driver not in possession of a driver's licence that is valid in the rental jurisdiction;
4. operation of the vehicle on other than regularly maintained roads;
5. alcohol intoxication where the driver's blood alcohol concentration is equal to or over the blood alcohol concentration limit for impaired driving under the Criminal Code of Canada or the jurisdiction in which the vehicle rental occurred, if lower, or the driver is charged for impaired driving;
6. use of narcotics by the driver;
7. nuclear reaction, radiation or radioactive contamination;
8. damage to tires unless in conjunction with an insured cause;
9. and tear, gradual deterioration, mechanical or electrical breakdown or failure of vehicle;
10. any damage caused by moving or transporting cargo;
11. insects or vermin, inherent vice or damage;
12. hostile or warlike action, insurrection, rebellion, revolution or civil war;
13. seizure or destruction under quarantine or customs regulations or confiscation by any government or public authority;
14. transporting contraband or illegal trade;
15. transportation of property or passengers for hire; or
16. any dishonest, fraudulent or criminal act committed or attempted by the Cardholder and/or any authorized driver.

Benefits DO NOT include coverage for:

1. vehicles rented for a period that exceeds forty-eight (48) consecutive days*, whether or not under one or more consecutive rental agreements;
2. a replacement vehicle for which Your personal auto insurance, car dealer, repair shop, or other party is covering all or part of the rental cost;
3. loss or theft of personal belongings in the vehicle, including cellular telephones, portable computers, electronic and communication devices;
4. expenses assumed, waived or paid or payable by the rental agency or its insurer;
5. third party liability (injury to anyone or anything inside or outside the vehicle); or
6. any amount payable by Your employer or employer's insurance coverage, if the rental vehicle was for business purposes.

* If the rental period exceeds forty-eight (48) days, no coverage will be provided even for the first forty-eight (48) days of the rental period. Coverage may not be extended for more than forty-eight (48) days by

renewing or taking out a new rental agreement with the same or another rental agency for the same or another vehicle.

How To File a Claim

You MUST notify the Insurer within 48 hours of the damage or theft having occurred by calling **1-800-316-7645** from Canada and the United States, or **613-634-6984** locally or collect from elsewhere in the world, to initiate Your claim with a representative. The representative will provide You with a claim form or You may also access a claim form and submit the required documentation online at **cardbenefits.assurant.com**. Failure to report a loss within 48 hours may result in denial of the claim or reduction of Your benefit.

A police report is required if a loss is reasonably expected to exceed \$1,000.

You will be required to submit a completed claim form including the following documentation:

1. a copy of the driver's licence of the Insured Person who was driving the vehicle at time of the accident;
2. a copy of the loss/damage report You completed with the rental agency;
3. a copy of the police report (required when the loss is reasonably expected to exceed \$1,000);
4. a copy of Your sales receipt, and the statement of Account showing the rental charge;
5. the front and back of the original opened and closed out rental agreement;
6. a copy of the itemized repair estimate, final itemized repair bill and parts invoices;
7. original receipt(s) for any repairs for which You may have paid;
8. if Loss of Use is charged, a copy of the rental agency's complete daily utilization log from the date the vehicle was not available for rental, to the date the vehicle became available to rent; and
9. any other information reasonably required by the Insurer to determined eligibility.

Claims submitted with incomplete or insufficient documentation may not be paid.

MOBILE DEVICE INSURANCE

Mobile Device Insurance is available only to the Cardholder. No other person or entity shall have any right, remedy or claim, legal or equitable to the benefits.

Eligibility

You are eligible for Mobile Device Insurance coverage when You purchase a Mobile Device anywhere in the world, and You:

1. charge the Purchase Price to Your Account. If the Mobile Device is equipped with cellular data technology, You must also activate Your Mobile Device with a Provider; or
2. fund the Purchase Price through a Plan and charge all the monthly wireless bill payments to Your Account for the duration of Plan.

Coverage period

Coverage for Your Mobile Device will take effect on the later of:

1. ninety (90) days from the date of purchase of Your Mobile Device; and
2. the date the second consecutive monthly wireless bill payment is charged to Your Account.

Coverage for Your Mobile Device ends on the earliest of:

1. two (2) years from the date of purchase;
2. the date ONE monthly wireless bill payment was not charged to Your Account, if You are funding the cost of Your Mobile Device through a Plan;
3. the date the Account is cancelled, closed or ceases to be in Good Standing; and
4. the date the Cardholder ceases to be eligible for coverage.

Benefits

If a Mobile Device is lost, stolen or suffers a mechanical breakdown or Accidental Damage, upon approval, and as directed, by the Insurer, You can proceed with the repair or replacement of Your Mobile Device. You will then be reimbursed the repair or replacement cost, not exceeding the depreciated value† of Your Mobile Device at time of loss, less the applicable deductible††, to a maximum of \$1,000, subject to the Limitations and Exclusions below.

Reimbursement will be issued only upon the Insurer receiving evidence that the Mobile Device was repaired or replaced, and the cost of repair or replacement has been charged to the Account. A replacement Mobile Device must be of the same make and model as the original Mobile Device, or in the event the same make and model is not available, of like kind and quality with comparable features and functionality as the original Mobile Device.

† The depreciated value of Your Mobile Device at date of loss is calculated by deducting from the Purchase Price of Your Mobile Device the depreciation cost of two percent (2%) for each completed month from the date of purchase.

†† The amount of the deductible is based on the Purchase Price of Your Mobile Device less any applicable taxes, as determined from the following table:

Purchase Price Less Tax	Deductible Amount
\$0.00 - \$200.00	\$25
\$200.01 - \$400.00	\$50
\$400.01 - \$600.00	\$75
\$600.01 and greater	\$100

For example, if You purchase a new Mobile Device for a total Purchase Price of \$800 (\$700 + \$100 in applicable taxes) on May 1, and file a claim on January 21 of the following year, the maximum reimbursement will be calculated as follows:

1. We calculate the depreciated value of Your Mobile Device:

Purchase Price	\$800
Less depreciation cost	<u>-\$128</u> (2% X 8 months X \$800)
Depreciated value	\$672

2. We then apply the deductible applicable to the Purchase Price less taxes (\$800 - \$100 = \$700) as set out in the table above, to determine the maximum amount of reimbursement available to You:

Depreciated value	\$672
Less applicable deductible	<u>-\$100</u>
Maximum reimbursement	\$572

In the event You file a repair claim and the total cost of repair is \$500, including applicable taxes, upon approval of Your claim, the maximum reimbursement available to You is \$500.

In the event Your Mobile Device is lost or stolen and, upon approval of Your claim, You purchase a replacement Mobile Device for a price of \$800 including applicable taxes, the maximum reimbursement available to You will be \$572.

All claims are subject to the terms, conditions, and Limitations and Exclusions set out in this Certificate of Insurance. For details on how to file Your claim, please refer to the How to Claim section.

Limitations And Exclusions

This coverage complements but does not replace the manufacturer's warranty or warranty obligations; however, this coverage provides certain additional benefits for which the manufacturer may not provide coverage. Parts and services covered by the manufacturer's warranty

and warranty obligations are the responsibility of the manufacturer only.

Mobile Device Insurance is in excess of any other applicable valid insurance, indemnity, warranty or protection available to You.

The maximum number of claims under Your Account is limited to one (1) claim in any twelve (12) consecutive month period and two (2) claims in any forty-eight (48) consecutive month period.

Mobile Device Insurance does not cover the following:

1. accessories, whether included with Your Mobile Device in the original manufacturer's package or purchased separately;
2. batteries;
3. Mobile Devices purchased for resale, professional or commercial use;
4. used or previously owned Mobile Devices;
5. refurbished Mobile Devices;
6. Mobile Devices that have been modified from their original state;
7. Mobile Devices being shipped, until received and accepted by You in new and undamaged condition; and
8. Mobile Devices stolen from baggage unless such baggage is hand carried under the personal supervision of the Cardholder or such Cardholder's Travelling Companion with the Cardholder's knowledge.

This Policy does not provide benefits for:

1. losses or damage resulting directly or indirectly from:
 - a) fraud, misuse or lack of care, improper installation, hostilities of any kind (including war, invasion, rebellion or insurrection), confiscation by authorities, risks of contra band, illegal activities, normal wear or tear, flood, earthquake, radioactive contamination, Mysterious Disappearance or inherent product defects;
 - b) power surges, artificially generated electrical currents or electrical irregularities;
 - c) any occurrence that results in catastrophic damage beyond repair;
 - d) cosmetic damage that does not affect functionality;
 - e) software, cellular/wireless service provider or network issues; or
 - f) any illegal activity committed by the Cardholder; and
2. incidental and consequential damages including bodily injury, loss of use, property, punitive and exemplary damages and legal fees.

Gifts

Mobile Devices that You give as gifts are covered provided the eligibility requirements are met. In the event of a claim, You, not the recipient of the gift, must make the claim for benefits.

How To Claim

PRIOR to proceeding with any action or repair services or replacement of the Mobile Device, You must first obtain the Insurer's approval. Failure to do so will make Your claim ineligible.

Immediately after a loss or an occurrence which may lead to a loss covered under Mobile Device Insurance occurs, but in no event later than fourteen (14) days from the date of loss, You must contact the Insurer by calling **1-800-316-7645** to obtain a claim form, or file a claim online at **cardbenefits.assurant.com**.

In the event of loss or theft, You must notify Your Provider to suspend Your wireless services within forty-eight (48) hours of the date of loss. In addition, in the event of theft, You must also notify the police within seven (7) days of the date of loss.

You must submit a completed claim form containing the time, place, cause and amount of loss, and provide documentation to substantiate the claim including the following:

1. the original sales receipt or similar document detailing the date of purchase, description of Your Mobile Device, and any pay upfront amounts and trade-in credits;

2. a copy of Your Wireless Service Agreement or similar documents indicating the date, a description of Your Mobile Device and the non-subsidized retail cost of Your Mobile Device;
3. the date and time You notified Your Provider of loss or theft;
4. a copy of the original manufacturer's warranty (for mechanical failure claims) may be required;
5. a copy of the written repair estimate (for mechanical failure and Accidental Damage claims);
6. if You purchased Your Mobile Device outright, Your Account statement showing the Purchase Price;
7. if Your Mobile Device was funded through a Plan, Your credit card statements for up to 12 months immediately preceding the date of loss showing Your monthly wireless bill charged to Your Account;
8. a copy of any document detailing any other insurance or protection and reimbursements received for this occurrence;
9. a police report, fire loss report, or other report of the occurrence, from the location where Your Mobile Device was lost, stolen, or damaged; and
10. any other information the Insurer may reasonably require to determine coverage eligibility.

You must obtain a written estimate of the cost to repair Your Mobile Device by a repair facility authorized by the original manufacturer. At the sole discretion of the Insurer, You may be required to send, at Your own expense, the damaged item on which a claim is based to the Insurer in order to support Your claim.

PURCHASE PROTECTION AND EXTENDED WARRANTY INSURANCE

Purchase Protection and Extended Warranty Insurance are available only to the Cardholder. No other person or entity shall have any right, remedy or claim, legal or equitable to the benefits.

Purchase Protection

Benefits

Purchase Protection coverage protects most new items of Personal Property purchased anywhere in the world by insuring them for 90 days from the date of purchase in the event of loss, theft or damage when the FULL cost of such items is charged to Your Account, subject to the Limitations and Exclusions below.

If a covered item is lost, stolen or damaged, upon approval, and as directed by the Insurer, You can proceed with the repair or replacement of the covered item. You will then be reimbursed the repair or replacement cost, not exceeding the covered item's original price charged to the Account to a maximum of \$10,000 per covered item and a lifetime maximum of \$50,000 per Account, subject to the Limitation and Exclusions below.

Reimbursement will be issued upon the Insurer receiving evidence that the covered item was repaired or replaced, and the cost of repair or replacement has been charged to the Account. If the replacing the covered item, the replacement MUST be an identical item. If an identical item is not readily available, the replacement item must be of like kind and quality with comparable features as the original covered item.

Items of Personal Property that You give as gifts are covered provided the eligibility requirements are met. In the event of a claim, You, not the recipient of the gift, must make the claim for benefits.

Limitations and Exclusions

Purchase Protection coverage is in excess of any other applicable valid insurance, indemnity, warranty or protection available to You in respect of the item(s) subject to the claim.

Purchase Protection does not cover the following items:

1. travellers cheques, cash, any other negotiable instruments of any kind, bullion, rare or precious coins, stamps or documents or tickets of any kind;
2. animals or living plants;

3. golf balls or other sports equipment lost or damaged during the course of normal use;
4. mail order items until received and accepted by You in new and undamaged condition;
5. automobiles, motorboats, airplanes, motorcycles, motorscooters, snowblowers, riding lawnmowers, golf carts, lawn tractors or any other motorized vehicles including motorized wheelchairs (except for miniature electrically powered vehicles intended for recreational use by children), and any of their respective parts or accessories;
6. unmanned or remotely operated aircraft systems such as, but not limited to, drones;
7. perishables such as food, liquor and goods consumed in use;
8. jewellery, gems, watches and furs transported/stored in baggage that is not under the personal supervision of the Cardholder or the Cardholder's Travelling Companion;
9. used or previously owned or refurbished items;
10. one-of-a-kind items, antiques, collectibles, and fine arts; and
11. items purchased by a business and/or used for a business or commercial purpose or commercial gain.

Purchase Protection does not provide benefits for:

1. losses resulting directly or indirectly from:
 - a) fraud, misuse or lack of care, improper installation, hostilities of any kind (including war, invasion, rebellion or insurrection), confiscation by authorities, risks of contraband, illegal activities, normal wear or tear, flood, earthquake, radioactive contamination, Mysterious Disappearance or inherent product defects; or
 - b) theft or intentional or criminal acts by the Cardholder; and
2. incidental and consequential damages including bodily injury, property, punitive and exemplary damages and legal fees.

Extended Warranty

Benefits

Extended Warranty coverage provides You with double the period of repair services otherwise provided by the Original Manufacturer's Warranty, to a maximum of 1 additional year, on most new items of Personal Property purchased anywhere in the world when the FULL cost of such items is charged to the Account, subject to the Limitations and Exclusions below.

Coverage is limited to personal items with an Original Manufacturer Warranty of five (5) years or less. Extended Warranty benefits apply to any parts and/or labour cost resulting from mechanical breakdown or failure of a covered item, or any other obligations that was specifically covered under the terms of the Original Manufacturer's Warranty.

Upon approval, and as directed by the Insurer, You can proceed with the repair or replacement of the covered item. You will then be reimbursed the repair or replacement cost, not exceeding the covered items original price charged to the Account to a maximum of \$10,000 per covered item and a lifetime maximum of \$50,000 per Account.

Reimbursement will be issued upon the Insurer receiving evidence that the covered item was repaired or replaced, and the cost of the repair or replacement has been charged to the Account. If replacing the covered item, the replacement MUST be an identical item. If an identical item is not readily available, the replacement item must be of like kind and quality with comparable features as the original covered item.

Limitations And Exclusions

Extended Warranty coverage is in excess of all other applicable valid insurance, indemnity, warranty or protection available to You in respect of the item(s) subject to the claim.

Extended Warranty does not cover the following items:

1. items purchased with an Original Manufacturer's Warranty of more than five (5) years;
2. automobiles, motorboats, airplanes, motorcycles, motor scooters, snowblowers, riding lawnmowers, golf carts, lawn tractors or any other motorized vehicles including motorized wheelchairs (except

for miniature electrically powered vehicles intended for recreational use by children) and any of their respective parts or accessories;

3. unmanned aircraft systems; and
4. items purchased by a business and/or used for business or commercial purpose or commercial gain.

Extended Warranty does not provide benefits for losses resulting directly or indirectly from any incidental and consequential damages including bodily injury, property, punitive and exemplary damages and legal fees.

The Extended Warranty coverage ends automatically upon the date when the original manufacturer ceases to carry on business for any reason whatsoever.

General Provisions for Purchase Protection and Extended Warranty

Gifts

Items of Personal Property that You give as gifts are covered provided the eligibility requirements are met. In the event of a claim, You, not the recipient of the gift, must make the claim for benefits.

Pair Or Set

Claims for items belonging to and purchased as a pair or set will be paid for at the original price charged to the Account of the pair or set provided that the parts of the pair or set are unusable individually and cannot be replaced individually. Where parts of the pair or set are usable individually, liability will be limited to payment equal to the proportionate part of the original price charged to the Account.

How To File a Claim for Purchase Protection and Extended Warranty

Immediately after learning of a loss or an occurrence and PRIOR to proceeding with any action, repair services, or replacement of the covered item, You must notify the Insurer by calling **1 800-316-7645** to obtain a claim form, or file a claim online at **cardbenefits.assurant.com**.

You MUST keep ORIGINAL copies of all documents required to file a valid claim. Where a claim is due to, or suspected to be caused by, fraud, malicious acts, burglary, robbery, theft or attempt thereof, you MUST give immediate notice to the police or other authorities having jurisdiction.

You must submit a completed claim form containing date, time, place, cause and amount of loss and include the following:

1. Account statement showing Your name, account number, and charge for the covered item;
2. original vendor's sales receipt showing the vendor information, date, description of item purchased, and total cost;
3. a copy of the Original Manufacturer's Warranty (for Extended Warranty claims);
4. a copy of the written repair estimate (for Purchase Protection damage and Extended Warranty claims);
5. photographs of the damaged item (for Purchase Protection claims);
6. copy of the police report (for Purchase Protection theft claims);
7. copy of a loss report or other report of the occurrence, issued at the location where the covered item was lost, stolen, or damaged (for Purchase Protection claims);
8. copy of Your homeowner's or renter's insurance policy or any document detailing other insurance or protection and/or reimbursements received for the occurrence; and
9. any other information reasonably required by the Insurer to determine coverage eligibility.

You are responsible for any charges incurred for the completion of all forms and the provision of all required documentation.

At the sole discretion of the Insurer, You may be required to send, at Your own expense, the damaged item on which a claim is based to the Insurer in order to support Your claim.

GENERAL PROVISIONS AND STATUTORY CONDITIONS

Notice and Proof of Claim

Written notice and proof of claim must be given to the Insurer as soon as reasonably possible after the occurrence or commencement of any loss covered under the Policy, but in all events, provided within ninety (90) days of the date of such loss. Written notice given by or on behalf of the claimant to the Insurer, with information sufficient to identify the Cardholder, shall be deemed notice of claim to the Insurer.

Failure to furnish proof of claim within the time prescribed herein does not invalidate the claim if proof is given or furnished as soon as reasonably possible, and in no event later than one (1) year from the date a claim arises hereunder, if it is shown that it was not reasonably possible to furnish proof within the time so prescribed. If the notice or proof is given or furnished after one (1) year, Your claim may not be paid.

Payment of Claim

Benefits payable under the Policy will be paid upon receipt of full written proof, as determined by the Insurer. Payment made in good faith in respect of a claim will discharge the Insurer to the extent of that claim.

No person or entity other than the Cardholder shall have any right, remedy or claim, legal or equitable, to the benefits with the exception of Common Carrier Accident Travel insurance where loss of life will be payable in accordance with the Beneficiary provision.

Other Insurance

Insurance benefits are in excess of all other applicable valid insurance, indemnity, warranty or protection available to You in respect of any loss subject of a claim. The Insurer will be liable only for the amount of loss or damage over the amount covered under such other insurance, indemnity, warranty or protection and for the amount of any applicable deductible, and only if all such other coverage has been claimed under and exhausted, and further subject to the terms, exclusions and limits of liability set out in this Certificate of Insurance. This coverage will not apply as contributing insurance notwithstanding any provision in any other insurance, indemnity or protection policies or contracts.

Coordination of Benefits

The Insurer takes into account any benefits and reimbursements that can be obtained from other organizations (private or public), so that the amounts paid to the Cardholder do not exceed the expenses actually incurred. The benefits and reimbursements that can be obtained from another organization include those that would have been paid by this organization if a proper claim had been submitted to it.

The order of payment of benefits is established as follows:

1. an organization that does not have a coordination of benefits provision becomes the first payer of Your benefits; or
2. Your benefits or reimbursements will be divided proportionally between the organizations, based on the amounts that should have been paid by each of them.

Due Diligence

You shall use due diligence and do all things reasonable to avoid or diminish any loss or damage to property protected by the Policy.

Subrogation

Following payment of Your claim under the Policy, the Insurer shall be subrogated to the extent of the amount of such payment, to all of the rights and remedies You have against any party in respect of such claim, and shall be entitled, at its own expense, to sue in Your name. You shall give the Insurer all such assistance as is reasonably required to secure the Insurer's rights and remedies, including the execution of all documents necessary to enable the Insurer to bring suit in Your name.

Termination of Insurance

Coverage in respect of a Cardholder ends on the earliest of the following events:

1. the date Your Account is cancelled, closed or ceases to be in Good Standing;
2. the date the Cardholder ceases to be eligible for coverage; and
3. the date the Policy terminates.

No benefits will be paid under this Policy for loss or damage occurring after the coverage has terminated, unless otherwise specified or agreed.

False Claim

If You make a claim knowing it to be false or fraudulent in any respect, You will not be entitled to the benefit of coverage under the Policy, nor to the payment of any claim made under the Policy.

Legal Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act, Limitations Act*, or other applicable legislation in the Cardholder's province or territory.

If You Have a Concern or Complaint

If you have a concern or complaint about Your coverage, please call the Insurer at 1-800-316-7645. The Insurer will do its best to resolve Your concern or complaint. If for some reason the Insurer is unable to do so to Your satisfaction, You may pursue the concern or complaint in writing to an independent external organization. You may obtain detailed information for the Insurer's resolution process and the external recourse either by calling the Insurer at the number listed in this section or at: assurant.ca/customer-assistance.

Privacy

The Insurer may collect, use, and share personal information provided by You to the Insurer, and obtained from others with Your consent, or as required or permitted by law. The Insurer may use the information to serve You as a customer and communicate with You. The Insurer may process and store Your information in another country, which may be subject to access by government authorities under applicable laws of that country. You may obtain a copy of the Insurer's privacy policy by calling 1-888-778-8023 or from their website: assurant.ca/privacy-policy. If You have any questions or concerns regarding the privacy policy or Your options for refusing or withdrawing this consent, You may call the Insurer at the number listed in this section.

- End of Certificate of Insurance -

STATEMENT OF SERVICES

Travel Assistance Services and Price Protection Service are services only, not insurance. These services are provided by Assurant Services Canada Inc. ("Assurant") and available only to the Cardholder. Please refer to the Definitions section on page 16 for the meaning of all capitalized terms.

TRAVEL ASSISTANCE SERVICE

Travel Assistance Service is available to You while your insurance is in force. Any costs incurred for or in connection with Travel Assistance Services will be charged to Your Account (subject to credit availability). If not chargeable, payment for such costs will be arranged (where reasonably possible) through Your family and friends.

To take advantage of any of the services described below, You may simply call **1-800-316-7645** from within Canada and the United States or **613-634-6984** collect from elsewhere in the world.

- 24-hour toll-free telephone assistance.
- Referral to physicians or healthcare facilities.
- Assistance with admission to healthcare facilities.
- Transportation if you require emergency care.

- Repatriation to your city of residence, as soon as your state of health permits it.
- Repatriation of a travelling companion, your spouse or your dependent children.
- Settlement of formalities in the event of death.
- Any necessary arrangements to send for a family member (when prescribed by the physician); these services are available only if you are confined to a healthcare facility for at least 7 days and you are not accompanied by a person aged 18 or over.
- Transmission of messages to your close friends or family in the event of an emergency.
- Assistance in replacing lost or stolen tickets, identification papers or official documents required to continue the trip.
- Assistance in finding lost or stolen baggage.
- Assistance in the case of language barriers.
- Information prior to departure concerning passports, visas and vaccinations required in the country of destination.
- Assistance in case of accidents and legal problems.

Travel Assistance Services may not be available in countries of political unrest and such countries may from time to time be determined to be unsafe and/or inaccessible.

PRICE PROTECTION SERVICE

Price Protection Service is only available to the Cardholder. No other person or entity will have any right, remedy or claim, legal or equitable, to Price Protection payments.

Services

Price Protection Service is in effect for 60 days from the date of purchase of most new items of Personal Property purchased in Canada and charged in full to the Account, subject to the Limitations and Exclusions below. If, within 60 days of the purchase of an eligible item, You find an identical item with the same brand, model number (where applicable) and attributes (benefits, features, functions and uses) offered for retail sale in Canada (in Canadian dollars) at a price lower than the price You paid, Assurant will, subject to the Limitations and Exclusions below, pay You the price difference. This payment is based on the price of the item before applicable taxes, manufacturer's rebate, store rebates, and shipping and installation charges.

No Price Protection Service payments will be made for price differences of less than \$10 per item and the maximum payment amount will be \$100 per item up to a total maximum of \$500 per Account per calendar year. The Price Protection Service will apply to a maximum of 3 identical items during the 60-day period. No item can be submitted for Price Protection payment more than once during the 60-day period.

Limitations and Exclusions

Price Protection Service is not available in respect of the following:

1. travellers cheques, cash (whether paper or coin), bullion, precious metals, tickets, documents, stamps, negotiable instruments or property of a similar nature;
2. animals, living plants or perishables such as food, liquor and/or goods consumed in use;
3. computers (including hardware, software, printers and scanners), cellular phones, personal digital assistants (PDA) or any similar electronic device;
4. automobiles, motorboats, airplanes, motorcycles, motorscooters, riding lawn mowers, golf carts, lawn tractors, or any other motorized vehicles (except for miniature electrically powered vehicles intended for recreational use by children), or any of their respective parts, fuels or accessories;
5. one-of-a-kind items;
6. used or previously owned or refurbished items, including antiques, collectibles and fine art;
7. items purchased and/or used by or for a business or for commercial gain; or
8. services related to items purchased including insurance, duty, delivery and transportation costs.

Price Protection Service does not apply if the retailer makes a price adjustment and/or refunds the difference between the original and lower price. Price comparisons with liquidated merchandise, grey market (Internet) items and gift card or savings card incentives issued by a retailer are not eligible for Price Protection Service. Price comparisons with items offered for sale on a website outside of Canada or for which an international shipping fee must also be paid are not eligible for Price Protection Service.

You are only eligible for Price Protection Service if the Account is in Good Standing at the time of Your request.

Gifts

Eligible items that You give as gifts are covered. In the event a price difference is discovered, You, not the recipient of the gift, must make the request for Price Protection Service.

How to Request Price Protection Service

You must keep original receipts and other documents described herein to file a valid request.

You must notify Assurant by calling **1 800-316-7645** as soon as You discover the advertised price difference. Assurant will send You the applicable request form. Your failure to provide the completed request form and proof supporting Your request under items (i) – (iii) below within 120 days from the date of purchase may result in non-payment of the related request.

You must complete and sign the request form and include the following:

1. the customer copy of the original vendor's sales receipt;
2. the Account statement showing the charge; and
3. a dated advertisement/flyer to prove that the identical item was offered in Canada at the reduced price within 60 days of the date of Your purchase.

A request for payment will be paid upon receipt of full written proof, as determined by Assurant.

- End of Statement of Services -

DEFINITIONS

The following words or phrases have the meanings set forth below:

Accident means a sudden and unforeseen event due to an external cause resulting in bodily injury or death.

Accidental Damage means damage caused by an unexpected and unintentional external event, such as drops, cracks and spills that occur during normal daily usage of the Mobile Device as the manufacturer intended.

Account means Your Meridian Visa Account, which must be in Good Standing with the Policyholder.

Car Sharing means a car rental club which gives its members 24 hour access to its own fleet of cars parked in a convenient location, and does not include online marketplace services which facilitate the rental of privately owned cars, or other similar online services.

Cardholder means a person to whom a Meridian Visa has been issued or any additional Cardholder who is authorized to use the card, and whose name is embossed on the card. Cardholder may also be referred to as "You" and "Your".

Common Carrier means any land, water or air conveyance which is licensed to carry passengers without discrimination and for hire, excluding courtesy transportation provided without a specific charge by the Travel Service Supplier.

Dependent Children means Your or Your Spouse's unmarried children or grandchildren who are over 15 days old and either under 18 years of age, or under 24 years of age and in full-time attendance at an

educational institution recognized by the applicable competent authorities. Dependent Child(ren) also includes children 21 years of age or over who are permanently mentally or physically challenged and incapable of self-support. In the case of a grandchild, the child must be under Your direct responsibility while travelling with You and the child's parents must not accompany You .

Doctor means a physician or surgeon who is registered or licensed to practice medicine in the jurisdiction where the medical treatment or service is provided, and who is not related by blood or by marriage to the Insured Person to whom the service is rendered.

Dollars and \$ mean Canadian dollars.

Eligible Expenses means any prepaid travel expenses purchased through a Travel Service Supplier, that are not reimbursed by the Travel Service Supplier (the Insurer considers travel credits a reimbursement).

Family Member means a spouse, child, parent, parent-in law, sibling, grandparent, grandchild, sibling-in law, child-in-law, uncle, aunt, nephew and niece.

GHIP means the Government Health Insurance Plan of an Insured Person's province or territory of residence in Canada.

Good Standing means that the Meridian Visa card has been activated and, with respect to an Account, that the Cardholder has not advised the Policyholder to close it, or the Policyholder has not suspended or revoked credit privileges or otherwise closed such Account.

Hospital means an institution which is licensed to provide, on an inpatient basis, medical care and treatment of sick and injured persons through medical, diagnostic and major surgical facilities, under the supervision of a staff of Doctors and with 24-hour-a-day service. Hospital does not include any institution or part of an institution which is licensed or used principally as a clinic, a continued care or extended care facility, a convalescent home, a rest home, a nursing home or home for the aged, a health spa or a treatment centre for drug addiction or alcoholism.

Hospitalization means a stay in a Hospital for a Medical Emergency and medical treatment which cannot be postponed.

Insured Person means eligible persons as outlined under each coverage.

Key Employee means an employee who is critical to the success of a company or institution and whose absence would jeopardize the main operations of the business.

Living Expenses mean expenses for room and board, childcare expenses for Dependent Children not accompanying the Insured Person, as well as certain telephone charges and taxi fares.

Loss of Use means the amount charged by a rental agency to compensate it when a rental vehicle is unavailable for rental while undergoing repairs for damage incurred during the rental period.

Medical Emergency means an unforeseen illness or accidental injury which occurs during a trip and which requires immediate medical care or treatment from a Doctor. A Medical Emergency ends when the illness or accidental injury has been treated such that the Insured Person's condition has stabilized. Treatment provided when medical evidence indicates that an Insured Person could delay treatment or return to Canada for such treatment, is not considered a Medical Emergency and is not covered.

Meridian Visa means a Meridian Visa Infinite Cash Back credit card issued by the Policyholder.

Minor Ailment means a medical condition that ends at least 30 days prior to the departure date of a trip and does not require:

1. prescription medication for a period greater than 21 days; or
2. more than one follow-up visit to a Doctor; or
3. Hospitalization; or
4. surgical intervention; or
5. referral to a specialist.

Mobile Device means a new or, if purchased directly from an original equipment manufacturer or Provider, a refurbished cellular phone, smartphone or tablet (portable single-panel touchscreen computer), which has Internet-based and/or wireless communication capabilities, and which has not been purchased by a business and/or used for business or for commercial purposes.

Mysterious Disappearance means an article of Personal Property cannot be located and the circumstances of its disappearance cannot be explained or do not lend themselves to a reasonable inference that a theft occurred.

Network means a network of preferred medical providers, such as Hospitals and Doctors, who provide emergency medical treatment as a result of a Medical Emergency under the Policy.

Original Manufacturer's warranty means an express written warranty valid in Canada and issued by the original manufacturer of the Personal Property or gifts, excluding any extended warranty offered by the manufacturer or any third party.

Personal Property means an item of personal property for personal use.

Plan means a fixed-term contract offered by a Provider.

Pre-Existing Condition means any disease, illness or injury (including symptoms of undiagnosed conditions) which is not considered Stable or a Minor Ailment, as defined herein, and for which an Insured Person sought the attention of a Doctor:

1. in the 3 months prior to the date the trip was booked for Trip Cancellation and Trip Interruption/Delay or the date of departure for Travel Emergency Medical Insurance, in the case where the Insured Person is age 54 or under; or
2. in the 6 months prior to the date the trip was booked for Trip Cancellation and Trip Interruption/Delay or the date of departure for Travel Emergency Medical Insurance, in the case where the Insured Person is age 55 or over.

Provider means a Canadian provider of wireless services.

Purchase Price means the full cost of a Mobile Device, including any applicable taxes and less any costs or fees associated with the Mobile Device purchased such as insurance premiums, customs duty, delivery and transportation costs or similar costs or fees.

Rescheduling Expenses mean the additional charges associated with Eligible Expenses, including administrative and change fees, which result from having to reschedule travel prior to departure, and which have been charged to Your Account

Spouse means the person who is legally married to the Cardholder or the person who has been living with the Cardholder for a continuous period of at least 1 year and is publicly represented as the Cardholder's spouse.

Stable means that the Insured Person was not hospitalized, and the treatment and dosage of medication was not changed (other than decreased). In the case of someone taking Coumadin or medication for diabetes, a stable dosage is not a factor that is considered.

Ticket means evidence of fare paid for travel on a Common Carrier which have been charged in full to the Account.

Travelling Companion means a person with whom You have planned the trip and with whom You have made travel arrangements. In the event that several people are travelling together, only three (3) insureds can submit claims for an event

affecting the same Travelling Companion, regardless of how many travel insurance contracts they are covered by.

Travel Service Supplier means any travel agency, travel wholesaler, charter tour operator, cruise line, Common Carrier or lodgings authorized or accredited to operate such a business or provide these types of services.

Trip means a scheduled period of time during which an Insured Person is away from their province or territory of residence in Canada, as determined by the departure and return dates. For Travel Emergency Medical Insurance coverage, Trip is limited to the number of days specified in the Table of Coverage measured from the date of departure from the Insured Person's province or territory of residence in Canada.

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