



SUMMARY

National Bank[®] Travel Insurance

All-inclusive

10 important facts you should know about travel insurance

Are you planning to take a trip soon? The right protection will help you travel with peace of mind.

Read this summary!

It summarizes the key points about All-inclusive travel insurance.

Understanding these points will help you determine if this insurance product meets your needs so you can make an informed decision about your enrollment.

This summary is an explanatory document; it is not a part of the insurance contract. Only the insurance certificate and the Conditions Summary constitute the insurance contract.



For all the coverage details, consult the insurance certificate, available at nbc-insurance.ca/documents.

Right of review

If you decide to cancel your insurance within the 10 days following your purchase, you are entitled to a full or partial refund of your premium.



Consult section A, article 9, of the insurance certificate for details.

For any questions regarding travel insurance, or if you wish to modify your coverage, contact our customer service at 1-877-871-7500 or 514-871-7500.



ASSISTANCE PROVIDER INFORMATION

› **CanAssistance Inc.**

1981 McGill College Ave., Suite 400
Montreal, Quebec H3A 2W9

Telephone

Canada and the U.S.: **1-844-783-7603**
Elsewhere (call collect): **514-394-0075**

INFORMATION ABOUT THE INSURER

› **National Bank Life Insurance Company**

800 Saint-Jacques Street, Office 16701
Montreal, Quebec H3C 1A3

Montreal: 514-871-7500

Toll-free: 1-877-871-7500

By email: insurance@nbc.ca

nbc-insurance.ca

Client number delivered by the Autorité des marchés financiers: 2000891377

To check the status of the insurer in the AMF registry: lautorite.qc.ca

DISTRIBUTOR INFORMATION

› **National Bank of Canada**

800 Saint-Jacques Street
Montreal, Quebec H3C 1A3

Montreal: 514-394-5555

Toll-free: 1-888-483-5628

nbc.ca

10 important facts you should know about travel insurance

1. All-inclusive travel insurance offers insurance coverage and assistance service in the event of unforeseen circumstances

Getting sick, suffering an accident or even losing an important object or document is never pleasant—even less so when these situations occur when you are far from home.

Coverage	When
Emergency medical care outside your province of residence	In the event of a medical emergency during a trip
Trip cancellation and interruption	In the event of trip cancellation or interruption or a delayed flight
Baggage coverage	In the event of delayed, lost, damaged or stolen baggage during a trip
Accidental death and dismemberment	In the event of death or the loss of or loss of use of a limb following an accident that occurs during a trip

All-inclusive travel insurance provides compensation when sudden and unplanned events (i.e., accidents or emergency situations) occur while you are travelling. You also benefit from assistance services at no additional cost.

You may purchase insurance for a single trip or choose the annual protection plan.

- › **Coverage for a single trip** provides coverage for the duration of a single trip, based on the departure and return dates.
- › **The annual coverage plan** covers all trips made in a year. The duration of each trip must respect the maximum duration indicated on the Conditions Summary.

2. You must meet certain eligibility criteria and medical requirements to apply for insurance

2.1 Eligibility

- › Be between 31 days and 74 years old inclusive at the date of departure for your trip;
- › Be a client of the Bank or one of its subsidiaries or affiliates, or be a family member of such a client;
- › Be living in Canada; and
- › Be covered by the public medical and hospital insurance plans for the services normally rendered in your province of residence at all times during your trip.

IMPORTANT: A child born to an insured person during a trip is covered only if the birth takes place during the first 32 weeks of pregnancy.

2.2 Medical requirements

You can be insured if:

- › no doctor has advised you not to travel;
- › you have not been diagnosed with a terminal medical condition;
- › you do not suffer from any kidney problem requiring dialysis;
- › you have never had cancer with metastases;
- › you have never received a transplant or you are not waiting to receive one, other than a corneal transplant; and
- › you have not received a prescription or used home oxygen in the 12 months before purchasing insurance.

What you should know concerning the annual coverage plan

- › You must meet all the eligibility criteria and medical requirements at the date of departure of each trip.
- › If your health condition changes between two trips, the exclusion for pre-existing medical conditions may apply to your situation, even if it did not apply during your previous trip.



Find all the eligibility criteria and medical requirements in the certificate in section A, article 4.

3. Travel insurance involves coverage exclusions, limitations and reductions

We may refuse to pay a claim because of the exclusions set out in the insurance certificate.

Please review them immediately. The details are summarized here.



WARNING – Exclusions, limitations and coverage reductions

No payments will be made in the following situations:

Regarding travel insurance in general

- › Misrepresentation of your health and medical information;
- › Misrepresentation of significant facts other than those related to your health and medical information;
- › Failure to comply with the requirement to be covered by a public health and hospitalization insurance plan.

Limitation

The payable benefit is reduced by any reimbursement made by another entity or insurer.

Regarding emergency medical care insurance and trip cancellation and interruption insurance

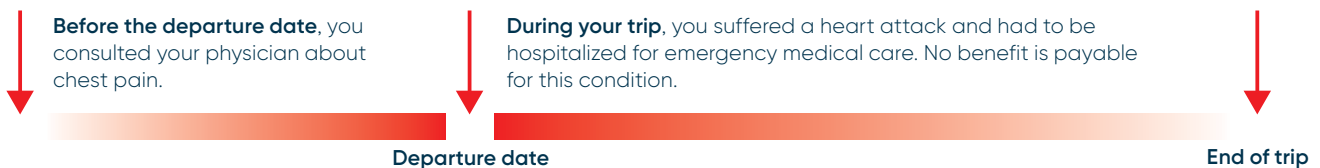
Pre-existing conditions

Any pre-existing medical condition that has not been stable in the 3 months prior to the date of departure (6 months prior if you are age 55 to 64 or 12 months prior if you are age 65 and over).

A medical condition is considered stable when all the following statements are true:

- › No new treatment has been prescribed or recommended, or the current treatment has not been changed or stopped;
- › No change has been made to a prescribed medication (increase or decrease in dosage or stopping the medication) or no other medication has been recommended or prescribed;
- › The medical condition did not worsen;
- › No new symptoms appeared or there was no worsening or increase in the frequency of existing symptoms;
- › There was no hospitalization or referral to a specialist;
- › There are no examinations, investigative medical tests or recommended treatments that have not been completed or for which results are pending;
- › There is no planned or pending treatment.

Example to illustrate the pre-existing conditions clause



Under age 55: During the 3 months before the departure date.

Age 55 to 64: During the 6 months before the departure date.

Age 65 and over: During the 12 months before the departure date.



Situations not covered

We do not pay any benefits if the medical condition is directly or indirectly related to one of the following causes:

1. Any symptom or condition for which:
 - › you did not seek medical advice when it would have been reasonable to do so; or
 - › diagnostic tests requested by a physician were not carried out; or
 - › the recommended medication or treatment was not followed; or
 - › you expected, prior to the date of departure, to require medical attention during the trip.
2. Pregnancy or childbirth, including complications, during the last 8 weeks before the expected delivery date;
3. Participation in one of the following activities:
 - › activity in which participants receive money,
 - › motor vehicle competition,
 - › speeding event,
 - › dangerous or non-routine activity, or one that is not routinely performed, or that carries a high risk of injury;
4. Abuse of drugs (prescribed or not) or alcohol;
5. Use of drugs or non-prescribed medication or any other form of addiction, including withdrawal effects;
6. Criminal act or attempt to commit a criminal act;
7. Travel for the purpose of obtaining medical advice or treatment;
8. Travel to a location for which the Canadian government has issued a warning, prior to your departure date, to avoid non-essential travel to the location;
9. Suicide, attempted suicide or self-inflicted injury;
10. Any of the following situations:
 - › Any act of war, whether declared or not;
 - › Voluntary participation in a riot or insurrection;
 - › Revolt, revolution, hijacking, kidnapping, terrorist act;
 - › Exposure to nuclear reaction or radiation, radioactive, biological or chemical contamination;
 - › Any participation in the armed forces.
11. Any mental, psychological, psychiatric or nervous problems, unless you have been hospitalized for this condition.

Travel against medical advice

We do not pay any benefits if a physician advises you not to travel.

Maximum benefits payable and global responsibility

In addition to the provisions set out in insurance certificate, the insurer's overall liability cannot exceed \$3,000,000 for all insureds, whether this liability is linked directly or indirectly to the same event that would affect several insureds during the same 3-month period.

The total amount payable for events affecting several insureds cannot exceed \$5,000,000 during a given calendar year.

Regarding emergency medical care insurance only

Medications or products not covered

We do not pay any benefits for medications prescribed before the trip departure or for medications or products available over the counter, even if prescribed.

Treatment without prior approval from the assistance provider

We do not pay any benefits if you undergo medical tests for investigative purposes, receive a treatment or undergo a surgical operation without receiving prior approval from the assistance provider.

Failure to contact the assistance provider

We may reject your claim if you have not submitted the fees to the assistance provider in advance for approval.

Regarding trip cancellation and interruption insurance only

1. Primary or secondary purpose of the trip is to visit someone who is sick or injured and the trip cancellation, interruption or extension is due to a change in the health condition of this person.
2. Deadlines have not been respected for:
 - › notifying the assistance provider,
 - › notifying the travel agency or travel provider, or
 - › submitting the claim form or required proof to the assistance provider.
3. The insurance was taken out or the trip purchased when it was reasonably possible to foresee an event preventing the trip from being completed as planned.
4. Inability to obtain desired accommodation on your part.
5. Financial difficulties on your part.
6. Aversion to travel or air transportation on your part.



Acts of terrorism limitation

All benefits are reduced by 50% if the event that leads to an accepted claim was the direct or indirect result of an act of terrorism.

The total benefits payable related to an act of terrorism or a series of act of terrorism occurring within a period of 72 hours cannot exceed \$5,000,000 for all insureds.

The total benefits payable during a given calendar year is \$10,000,000.

Baggage

Limitation according to item category

1. Any items made of gold, silver or platinum, as well as watches are collectively considered as one item.
2. All electronic items are considered as one item.
3. All photography equipment is also considered as one item.

The maximum benefit payable for all items in these three categories is \$500 per insured.

Example

Julie's baggage is lost during her return trip. In addition to her clothing, Julie's suitcase also contained gold jewelry, a game console purchased for her nephew and a video camera.

These articles belong to three different categories, each of which is limited to \$250 ($\$250 \times 3 = \750).

We will pay Julie a benefit of \$500 because the maximum benefit payable for all items from these categories is limited to this amount.

Items not covered

1. Automotive vehicles, as well as their parts and accessories, and bicycles (unless checked as baggage with the carrier);
2. Furniture and accessories;
3. Glasses, contact lenses, dental prosthetics or devices, orthotics and artificial limbs;
4. Documents of title or negotiable instruments (gift cards, cash, etc.);
5. Professional or commercial property or equipment;
6. Antiques or collectibles;
7. Perfumes or cosmetics;
8. Animals, living plants or perishable products and consumables;
9. Any item not customarily stored in baggage.

Damage to fragile items is not covered except in the case of fire or vandalism.

Circumstances not covered

1. Fraud, confiscation by authorities, contraband or illegal activities;
2. Damage caused by normal wear and tear;
3. Damage caused by insects or animals;
4. Mysterious disappearance, except in cases where baggage was checked with a carrier;
5. Earthquake, nuclear contamination or flood;
6. Any event resulting from negligence on the part of the insured or on the part of a travel companion (e.g., theft of baggage left in an unlocked vehicle or residence) or if you have not taken reasonable measures to reclaim your baggage after noticing it was lost;
7. One of the following circumstances:
 - › war, declared or not;
 - › voluntary participation in a riot or insurrection;
 - › any participation in the armed forces.

Accidental death and dismemberment

Circumstances not covered

We do not pay any benefit if the accident resulting in death or dismemberment is directly or indirectly related to:

1. a suicide, attempted suicide or self-inflicted injury, regardless of mental state;
2. one of the following circumstances:
 - › war, declared or undeclared;
 - › voluntary participation in a riot or insurrection;
 - › revolt;
 - › revolution;
 - › hijacking;
 - › kidnapping;
 - › act of terrorism;
 - › exposure to nuclear reaction or radiation;
 - › radioactive, biological or chemical contamination;
 - › any participation in the armed forces;
3. an injury you suffer while travelling on board a carrier other than as a passenger;
4. participation in an athletic or high-risk activity:
 - › any athletic activity for which you are compensated;
 - › any sporting event for which the winners receive cash prizes;
5. any extreme sport or high-risk activity including, but not limited to:
 - › hang-gliding and paragliding;
 - › parachuting and sky diving;
 - › bungee jumping;



- › rock climbing or mountain climbing (grade 4 or 5 on YDS);
 - › freestyle skiing;
 - › kitesurfing;
 - › scuba diving activity outside the limits of your certification or below 30 metres;
 - › any combat sport;
 - › any speeding competition or event, including training;
 - › any risky activity requiring the use of a motorized vehicle on land, in the water or in the air, including training taking place on approved circuits or elsewhere;
 - › any sport or activity for which you have to sign a liability waiver;
6. abuse of medication (exceeding the recommended dosage), prescribed or not, or alcohol abuse (blood alcohol level over 80 milligrams per 100 millilitres of blood);
 7. use or abuse of drugs or non-prescription medication or any form of addiction or alcoholism, including the effects of withdrawal;
 8. participation in a criminal act or an attempted criminal act;
 9. travelling to a place for which the government of Canada has issued, before your date of departure, a travel advisory to avoid all trips or any non-essential trip there.

Coverage limitation due to age

For insured persons age 65 and older, benefits are limited to 50% of the amounts provided in the event of accidental death and 25% of the amounts provided for the loss or loss of use of one or more limbs.

Maximum benefits payable and global responsibility

The maximum benefit for a single accident is limited to:

- › \$50,000 for air transportation,
- › \$50,000 for other carriers,
- › \$25,000 for any other accident.

The total benefits payable for the same accident cannot exceed \$10,000,000 for all insureds. The benefit paid to each insured person may be reduced so the maximum amounts are not exceeded.



Avoid unpleasant surprises. Before leaving, review the following articles in the certificate to confirm that you are covered and that this travel insurance works for your situation:

- › Section A, article 4.3
- › Section B, articles 1.3, 2.4, 3.3 and 4.3.

4. You must pay the insurance premium when you sign up for the insurance

You must pay the total premium when you sign up for the insurance; this is one of the conditions that must be met to be insured during your trip.

5. The insurance premium you pay takes several factors into account

The premium is the amount you must pay in order to be insured.

Depending on the coverage, the following information is used to calculate the insurance premium:

- › age of insured persons;
- › the number of travellers to cover;
- › duration of coverage;
- › option chosen (emergency medical care or all-inclusive);
- › the type of plan (single trip or annual protection plan)

If you opt for all-inclusive coverage, we will first calculate the premium for each coverage and then add them to get the total premium.

Coverage	Premium calculation based on:
Urgent medical care outside of the province of residence	Age and duration of trip
Accidental death and dismemberment	Duration of trip
Baggage	
Trip cancellation and interruption	Age and insured amount

Visit nbc.ca to find out applicable tax rates for the insurance premium based on your province of residence.

6. Duration of insurance

Start

COVERAGE	START
Emergency medical care outside of the province of residence	The moment you leave your province of residence.
Accidental death and dismemberment	
Trip cancellation and interruption	The latest of the following dates: <ul style="list-style-type: none"> › the date the trip is booked, or › the start date indicated on the Conditions Summary.
Baggage	The moment you leave your residence.

End

The insurance ends on the first of the following events:

SINGLE TRIP AND ANNUAL COVERAGE PLAN (including the extension of coverage)

- › The moment you return to your province of residence.
- › The moment your trip is cancelled before the date of departure.
- › 11:59 p.m. (according to your time zone) on the expected date of return or on the termination date (annual coverage plan), unless you benefit from automatic coverage extension, as explained in article 6 of section A of the certificate.
- › Before the date of departure, if you no longer meet the eligibility criteria and medical requirements outlined in article 4 of section A of the certificate.
- › The moment you cancel your insurance.

- › **You can extend your coverage, free of charge, in certain emergency situations:** hospitalization, trip postponed by the carrier or by you in the event of an accident or illness.
- › **You must notify the assistance provider when you believe an extension will be necessary.** We may also ask you to provide proof to justify your request if it is an urgent situation. Exclusions may apply.
- › **You can also extend your coverages, for a new premium, to enjoy your trip a little longer,** whatever the reason—pleasure, business, or any other non-urgent reason. Extensions may be declined or exclusions may apply.



Consult section A, articles 6 and 8, of the insurance certificate for all the details concerning insurance duration and extension.

7. You may cancel your insurance at any time and, in some circumstances, receive a refund for the premium

You may receive a full or partial refund if you cancel your insurance as follows, if you have not made any valid claims. Administrative fees may apply.

Before your departure date AND within 10 days of purchasing the insurance

You have 10 days to read and review your certificate and determine whether the coverage fully meets your needs.

We will refund the full premium if you decide to cancel your insurance within these 10 days.

Before your departure date AND more than 10 days after purchasing the insurance (single trip only)

If you cancel before your departure date, we will refund the premium.

On your scheduled departure date OR after (single trip only)

You may terminate your insurance contract if your trip is cancelled or if all insured persons have returned to their location of departure before the scheduled return date. We will refund the premium for the unused period of insurance.



For more information, see the certificate at section A, article 9.

8. There is a maximum amount payable for each type of coverage

The amount payable for a claim cannot exceed the maximum for each type of coverage:

Coverage	Maximum
Emergency medical care outside of your province of residence	\$5,000,000
Accidental death and dismemberment	\$50,000
Trip cancellation	\$2,500
Trip interruption	\$5,000
Baggage protection	\$1,500

There is also a maximum amount based on the type of fees disbursed (e.g., incidental expenses following a hospitalization, up to \$50 per day of hospitalization).



For more detailed information, see section B, articles 1.2, 2.3, 2.4 e) and f), 3.2, 4.2 and 4.3 b) and c). of the insurance certificate.

9. If you make a false declaration, we may refuse your claim and cancel your insurance coverage

You must always provide accurate information about your health condition, trip details and any other information we deem necessary.

If we obtain information at the time of a claim or at any other time during the term of the insurance that differs from the information you provided, **we may deny your claim and cancel your insurance** retroactive to the effective date.



Consult section A, article 4.3 of the insurance certificate for more details.

10. How to file a claim and applicable timeframes

Insurance can give you peace of mind should the unexpected occur. Here's how to file an insurance claim.

- 1. Contact the assistance provider as soon as possible** to confirm your coverage before you incur any expenses at **1-844-783-7603** or **514-394-0075** (collect calls accepted).

The assistance provider will open a file in your name and send you the form to fill out.

- 2. Complete and sign the forms**, collect the documents required to assess the claim, where necessary, and send them to:

CanAssistance inc.

1981 McGill College Avenue, Suite 400
Montreal, QC H3A 2W9

You must provide the assistance provider with the documents in the year following the event that gave rise to the claim.

- 3. We will notify you of our decision following review of your application** and, if applicable, we will pay the benefit.

The regular timeframe to process a claim is approximately 60 days following the receipt of all the necessary documents.



For more details about claims and payment of benefits, consult section A, articles 10 and 11, of the insurance certificate.

Don't agree with a decision regarding your claim?

Contact us:

National Bank Life Insurance Company

800 Saint-Jacques Street, Office 16701
Montreal, Quebec H3C 1A3
Phone: 1-877-871-7500
Email: insurance@nbc.ca

If we were not able to process your complaint within a period of 14 days, it will automatically be handled by the National Bank Client Complaint Appeal Office. If you received a response within the 14-day period but you remain dissatisfied, you may contact the Client Complaint Appeal Office:

Telephone: 514-394-8655 or 1-888-300-9004
Website: nbc.ca
Email: complaintappeal@nbc.ca

If you are still not satisfied and want to continue with the process, you may at your discretion:

- > Request a review of your file;
- > Consult your legal advisor;
- > Contact one of the following organizations:

Autorité des marchés financiers (AMF)

Place de la Cité, Cominar Tower
2640 Laurier Boulevard, 4th Floor
Quebec, QC G1V 5C1
Phone

Quebec City: 418-525-0337

Montreal: 514-395-0337

Elsewhere in Quebec: 1-877-525-0337

Fax: 1-877-285-4378

Website: lautorite.qc.ca

OmbudService for Life & Health Insurance (OLHI)

Toll-free number

Canada: 1-888-295-8112

Toronto: 416-777-9002

Website: olhi.ca

For applicable limitation periods, consult your provincial regulatory body or your legal advisor.



The client experience is our top priority

We're here to listen and help.

If you have any questions, call the assistance provider at **1-844-783-7603** or **514-394-0075**, or you can visit our website nbc-insurance.ca/your-opinion to learn about our complaint management process, make a complaint and consult our complaints policy.

Notice given by a distributor

Section 440 of the *Act respecting the distribution of financial products and services* (chapter D-9.2)

The Act respecting the distribution of financial products and services gives you important rights.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is

possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

Notice of rescission of an insurance contract

Send to:

National Bank Life Insurance
800 Saint-Jacques Street, Office 16701
Montreal, Quebec H3C 1A3

Date: _____ (date of sending of notice)

Pursuant to section 441 of the *Act respecting the distribution of financial products and services*,

I hereby rescind insurance contract no.: _____ (number of contract, if indicated)

Entered into on: _____ (date of signature of contract)

In: _____ (place of signature of contract)

(name of client)

(signature of client)



Insurer: National Bank Life Insurance Company.

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