NATIONAL BANK

Date: _____
YYYY MM DD

Name: _____

Address: _____

Congratulations! This document confirms your purchase of travel insurance.

You will find attached your Insurance and assistance card, your Conditions Summary and Your Recap of the information collected. The Travel Insurance Certificate have been emailed to you at EMAIL.

Read them carefully to confirm that:

- The information is accurate,
- You still meet the eligibility criteria before your departure,
- You understand the terms and conditions of your insurance and it meets your needs.

Insurance and assistance card

Detach it and bring it on your trip.

NATIONAL BANK

Travel insurance and assistance card

Certificate holder:

Certificate number:

Questions?

Contact our Customer Service Department:

1-866-229-0037

514-866-7418

Contact the assistance provider before incurring expense:

> **In case of emergency or accident, or**

> **if you need assistance**

From Canada or the United States

> **1-844-783-7603**

Elsewhere in the world (collect)

> **514-394-0075**

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CONDITIONS SUMMARY

Certificate No.

National Bank Life Insurance Company
Insurer

Insurance plan

CERTIFICATE HOLDER

Last Name | First Name | Date of birth (YYYY MM DD)

Address

INSURED PERSONS

Name | Province of residence | Date of birth (YYYY MM DD)

TRAVEL INFORMATION

Date of departure (YYYY MM DD) | Date of return (YYYY MM DD) | Cost of the trip

Coverage	Maximum insured amount	Effective date	Premium
Emergency medical care	**$5,000,000** per insured person and per trip	The moment you leave your province of residence	
Cancellation	**$2,500** per insured person and per trip	The later of the following dates: • the purchase date of the trip, or • the effective date indicated on the Coverage Summary	
Interruption	**$5,000** per insured person and per trip		
Baggages	**$1,500** per insured person and per trip	The moment you leave home	
Accidental death and dismemberment	For each accident, per insured person and per trip: Air transport: **$50 000** Public transport: **$50 000** Other accident: **$25 000**	The moment you leave your province of residence	
Travel assistance	Included		

Total premium _____

Taxes _____

Total _____

PAYMENT INFORMATION

You have authorized National Bank Life Insurance Company to charge the applicable premium for this travel insurance contract to your credit card.

You have confirmed that you have the right to authorize a payment on your credit card.

You have authorized National Bank Life Insurance Company to communicate to your financial institution: your name, address, payment information and the purpose and premium amount.

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RECAP OF THE INFORMATION COLLECTED

Eligibility

Are you a client of the Bank, one of its subsidiaries, its affiliated companies, or a family member of such a client? ☐ Yes ☐ No

Your personal information will be used to produce an automated decision further to your travel insurance application. If your insurance application is for more than one traveler, this question applies to every traveler.

Are you currently covered by the public health insurance plan of your province of residence? ☐ Yes ☐ No

To be eligible, the coverage must be valid for the duration of your trip.

Has a doctor advised you **NOT** to undertake the trip for which you are applying for insurance? ☐ Yes ☐ No

In the past 12 months, have you been prescribed or have you used oxygen therapy (home oxygen use) for a chronic lung condition? ☐ Yes ☐ No

Have you ever been diagnosed with a terminal illness? ☐ Yes ☐ No

In the last 24 months, have you ever had any cancer with metastasis (which includes positive lymph nodes), or undergone chemotherapy? ☐ Yes ☐ No

At the present time, do you have:

- Kidney problems that require dialysis? ☐ Yes ☐ No
- Heart failure? ☐ Yes ☐ No
- Liver cirrhosis? ☐ Yes ☐ No
- AIDS? ☐ Yes ☐ No

Have you been prescribed or do you take ENTRESTO (sacubitril/valsartan)? ☐ Yes ☐ No

Are you waiting for a transplant or have you ever received a transplant (excluding corneal transplants)? ☐ Yes ☐ No

Consents

Exclusions, limitations and reductions

Travel insurance involves coverage exclusions, limitations and reductions for which we may refuse to pay your claim. ☐ I understand

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

Emergency medical care Travel Insurance Certificate: Section A, article 4.3 and Section B, article 3.
All-inclusive Travel Insurance Certificate: Section A, article 4.3 and Section B, articles 1.3, 2.4, 3.3 and 4.3.

Please read the 3 following warnings:

WARNING – Exclusion for pre-existing conditions

If you were injured or ill in the 3, 6 or 12 months prior to your travel date of departure, the exclusion for pre-existing conditions may apply.

WARNING – Medical questionnaire

If you completed a medical questionnaire but your health status changes before your departure date, the exclusion for pre-existing medical conditions may still apply to your situation even if the medical condition was not present when you filled out the medical questionnaire.

WARNING – False declaration

If you make a false declaration, we may refuse your claim and cancel your insurance coverage.
As with any insurance product, you must always provide accurate information about your health condition, trip details and any other information we deem necessary.
We will refuse your claim if we obtain, as part of a claim or at any other time during the duration of the insurance, any information that differs from the information you previously provided. We may also cancel your insurance.

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To determine eligibility for insurance, verify your identity, process the insurance application, conduct the necessary investigations, administer your file and process any claims, the insurer, its reinsurers and the assistance provider must be able to collect, use and disclose personal information about the insured persons, including information on their health status. For the same purposes, the insurer will disclose your information to its reinsurers and the assistance provider CanAssistance Inc., which offers assistance services to travellers covered by this insurance.

☐ I confirm

The Privacy Policy of National Bank and its subsidiaries, available at https://www.nbc.ca/privacy-policy.html, sets out the other purposes for which the insurer collects your personal information, the other parties it may be disclosed to, how it is stored, what your options and rights are, and how to manage your consent.

The insurer will establish an insurance file that includes all information concerning your insurance application and any claims made thereunder. Your file will be kept in the insurer's offices. Each insured person will be entitled to access the personal information contained in their file and have it corrected, if necessary. For more information about your right to access your information, see the Privacy Policy.

Your personal information will be kept by the insurer for a reasonable period of time following the end of the business relationship to comply with legal obligations.

If you have any questions, you can contact the Chief Privacy Officer at confidentiality@nbc.ca.

I confirm that each insured person has agreed to allow the insurer, its reinsurers and the assistance provider (CanAssistance Inc.) to collect the necessary information about them and their health status from any physician, hospital, clinic or insurance company, or any other organization or institution having such information.

Upon acceptance of your insurance application, do you agree to be bound by all of the terms and conditions of the insurance certificate? ☐ Yes ☐ No

Do you declare that all information provided to the insurer and its reinsurers is accurate? ☐ Yes ☐ No

Do you understand that this consent is valid as of today and will remain so for the time period permitted by law? ☐ Yes ☐ No

I confirm it is my wish that this conditions summary and the insurance certificate and all related documents be drawn up in English. *Je confirme ma volonté que ce résumé des conditions et le certificat d'assurance ainsi que tous les documents s'y rattachant soient rédigés en anglais.*

The French version of this conditions summary and the insurance certificate is available here: assurances-bnc.ca/documentation.html, under the Travel insurance - Group insurance section. I confirm having received this version. *La version française du résumé des conditions et du certificat d'assurance est disponible ici : assurances-bnc.ca/documentation.html sous la section Assurance voyage - Collective. Je confirme avoir reçu cette version.*

- Résumé des conditions
- Certificat d'assurance voyage soins Médicaux d'urgence
- Certificat d'assurance voyage Tout inclus

I consent to promotional offers and solutions tailored to my needs ☐ Yes ☐ No

What is the consent 'Promotional offers and solutions tailored to your needs'

By authorizing National Bank and its subsidiaries to use your information, you will benefit from solutions tailored to your needs during key moments in your life. We can also provide better rewards for your continued loyalty.

Benefits:

- Benefit from solutions tailored to your situation
- Receive the latest updates and offers on products and services that correspond to your needs
- Let us reward your loyalty with exclusive offers
- Enjoy an optimized experience on our digital platforms

Full version:

As a National Bank client, you have provided us with personal and business information.

We also have information about the products and services you have with National Bank, the transactions you make, and your interactions with us.

By allowing National Bank to use this data, you will receive personalized communications and offers tailored to your needs during key moments in your life. We will also be able to better anticipate your needs and potential challenges. This will provide you with a more personalized experience at National Bank.

Note that the Canadian Anti-Spam Act (CASL) and the National Do Not Call List (DNCL) are always respected.

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I consent to an optimized experience between National Bank and its subsidiaries ☐ Yes ☐ No

What is the consent 'Optimized experience between National Bank and its subsidiaries'

By allowing National Bank and its subsidiaries to have a global view of your financial data, you will benefit from promotional offers tailored to your needs. We will also be able to process your requests more quickly.

Benefits:

- Enjoy discounts on certain fees and other promotional offers
- Save time by providing your personal information only once
- Benefit from better support
- Receive offers more tailored to your needs

Full version:

As a financial group, we give you the option to share financial data collected by other organizations (such as bank and investment account details and balances) with National Bank and its subsidiaries. You will enjoy an optimized service through better coordination and communication of your information.

For example, you will save time with automatic entry of your information, including your account numbers. You can also receive financial advice during key moments in your life and be eligible for promotional rates.

If you have a joint account, your decision to share your financial data between National Bank and its subsidiaries is yours and separate from the decision of the joint account holder. Note that the promotional offers you receive may differ from the initial services offered.

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