

AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

OPTIONAL TRAVEL AND MEDICAL CERTIFICATE OF INSURANCE

HSBC Mastercard® Cardholders
Amended & Restated Effective March 1, 2019
Master Policy: HSBCT0805

Emergency Travel Medical Insurance under this Certificate of Insurance does not apply to travel in Cuba. This Certificate of Insurance contains a clause which may limit the amount payable.

This Certificate of Insurance contains information about your insurance. Please read it carefully and keep it in a safe place. You should carry this Certificate of Insurance with you when you travel.

The coverage outlined in this Certificate of Insurance is provided to eligible HSBC Mastercard Primary Cardholders who have applied and been accepted for this insurance and, where specified, certain other eligible persons such as their Spouses and Dependent Children. In no event will a corporation, partnership or business entity be eligible for the insurance coverage provided by this Certificate of Insurance.

Coverage is underwritten by American Bankers Life Assurance Company of Florida and American Bankers Insurance Company of Florida (individually or collectively the "Insurer", as appropriate) under Master Policy number HSBCT0805 (the "Policy") issued by the Insurer to HSBC Bank Canada (the "Policyholder"). Claims payment and administrative services under the Policy are arranged by the Insurer.

Only the Policyholder may determine who is a Primary Cardholder and whether an Account is in Good Standing, and consequently, whether the insurance pursuant to this Certificate has come into or is in force.

This Certificate of Insurance is designed to cover losses arising from sudden and unforeseeable circumstances and is composed of:

- Trip Cancellation, Trip Interruption and Baggage Delay or Loss Insurance which are underwritten by American Bankers Insurance Company of Florida; and
- Emergency Travel Medical Insurance which is underwritten by American Bankers Life Assurance Company of Florida.

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 Canadian head office of American Bankers Life Assurance Company of Florida and American Bankers Insurance Company of Florida is located at: 5000 Yonge Street, Suite 2000, Toronto, Ontario, M2N 7E9.

DEFINITIONS

Throughout this document, all capitalized terms have the specific meaning provided below:

Accident means a sudden, unexpected and unforeseeable cause of injury from an external source.

Accidental Bodily Injury means bodily injury caused directly by an Accident that:

- occurs while the insurance evidenced by this Certificate of Insurance is in force;
- results, within 365 days after the date of the Accident, directly in any of the losses to which the insurance applies; and
- is independent of any disease, bodily infirmity, bodily malfunction or any other cause.

Account means the Primary Cardholder's HSBC Mastercard account which is in Good Standing with the Policyholder.

Administrator means the Insurer and/or the service provider(s) arranged by the Insurer to provide claims payment and/or administrative services under the Policy.

Anniversary Date means one year from the Effective Date of coverage noted in the Letter of Confirmation sent to You upon Your enrolment. Coverage will be renewed automatically on the Anniversary Date unless written notice of cancellation is received by the Insurer or the Policyholder

and the annual premium will be charged to Your HSBC Mastercard Account for the subsequent 12-month period.

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

Dependent Children mean the Primary Cardholder's unmarried natural, adopted or step-children who are dependent on the Primary Cardholder for maintenance and support and who are:

- under 21 years of age; or
- 21 years of age or over and
 - mentally or physically challenged and incapable of self-support; or
 - in full time attendance at a recognized institution of higher learning and have not reached the age of 26.

Dollars and "\$" means Canadian dollars.

Effective Date means the date confirmed in Your Letter of Confirmation as the effective date of Your coverage under the Policy.

Eligible Expense means charges for any of the following travel arrangements which have been booked or reserved prior to departure on a Trip:

- cost of transportation by a Common Carrier;
- cost of hotel or similar accommodations; and
- cost of a package tour which has been sold as a unit and includes at least two of the following:
 - transportation by a Common Carrier;
 - car rental;
 - hotel or similar accommodation;
 - meals;
 - tickets or passes for sporting events or other entertainment, exhibition or comparable event; or
 - lessons or the services of a guide.

Emergency Medical Treatment means treatment necessary for the immediate relief of a Medical Emergency.

GHIP means the government health insurance plan of an Insured Person's province or territory of residence in Canada.

Good Standing means an Account to which the Primary Cardholder has not advised the Policyholder to close; for which the Policyholder has not suspended or revoked Account privileges and which is not closed.

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 Physicians 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 a home for the aged, or a health spa or a treatment centre for drug addiction or alcoholism.

HSBC Mastercard means a standard HSBC Mastercard card, an HSBC +Rewards Mastercard card, an HSBC Gold Mastercard card or an HSBC Advance Mastercard card issued by the Policyholder.

Immediate Family Member means a Primary Cardholder's Spouse, child, parent, parent-in-law, sister or brother.

Immediate Relative means, in addition to an Immediate Family Member, a Primary Cardholder's stepbrother or stepsister, grandparent, grandchild, daughter-in-law, son-in-law, brother-in-law or sister-in-law.

Insured Person means a Primary Cardholder and, if specified, certain other eligible persons, as detailed in the applicable benefit. Insured Person may also be referred to as "You" and "Your".

Letter of Confirmation means the document mailed to the Primary Cardholder confirming Your enrolment for coverage under the Policy.

Medical Condition means any illness, injury or symptom, whether diagnosed or not.

Medical Emergency means any unforeseen illness or Accidental Bodily Injury which occurs during a Trip and which requires immediate medical care or treatment from a Physician. A Medical Emergency ends when the illness or Accidental Bodily 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.

Physician 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 marriage to the Insured Person to whom the service is rendered.

Pre-Existing Condition means any Medical Condition for which symptoms appeared, or for which an Insured Person sought the attention of a Physician, had investigated, diagnosed or treated, had treatment or further investigation recommended or for which medication was prescribed or altered, in the 180 days prior to the Trip date of departure. A Pre-Existing Condition does not include a Medical Condition which is controlled by the consistent use of medications prescribed by a Physician, provided that, during the 180-day period before the Insured Person's departure, there has been no other treatment or investigation recommended in respect of such Medical Condition and there has been no change in medication. A new medication or increase/decrease in dosage constitutes a change.

Primary Cardholder means the principal applicant for an Account who is a natural person, resident in Canada, to whom the Policyholder has issued an HSBC Mastercard.

Reasonable and Customary Charges mean charges which do not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charges are incurred, when furnishing comparable treatment, services or supplies for a similar Medical Emergency.

Rescheduling Expenses means the additional charges associated with Eligible Expenses, including administrative and change fees, which result from rescheduling a Trip, prior to departure, and which have been charged to the Account.

Spouse means the person who is lawfully married to the Primary Cardholder, or the person who has been living with the Primary Cardholder for at least one year and is publicly represented as the Primary Cardholder's Spouse.

Ticket means evidence of fare paid for travel on a Common Carrier, which has been charged to the Account.

Travel Companion is any person who travels with the Primary Cardholder or Spouse for the entire Trip and whose fare for transportation and/or accommodation was entirely prepaid at the same time as the Primary Cardholder or Spouse.

Trip means a scheduled period of time during which an Insured Person is away from his or her province or territory of residence in Canada. For *Emergency Travel Medical coverage*, Trip is limited to the first 17 days from the date of departure from the Insured Person's province or territory of residence in Canada.

EMERGENCY TRAVEL MEDICAL INSURANCE

For this coverage, Insured Person means the Primary Cardholder, Spouse and Dependent Children while travelling with the Primary Cardholder and/or Spouse.

Emergency Travel Medical Insurance under this Certificate of Insurance does not apply to travel in Cuba.

Coverage automatically applies to the first 17 days of a Trip, as determined by the departure date, as long as the Account is in Good Standing throughout the entire duration of a Trip to maintain coverage.

Eligibility

This insurance coverage is only available to Primary Cardholders under age sixty-five (65) and such Primary Cardholder's Spouse who is also under age sixty-five (65), as at the departure date of a Trip and Dependent Children. For Dependent Children, see the definition for age limits.

All Insured Persons must be permanent residents of Canada and covered by their provincial or territorial GHIP.

Period of Coverage

Coverage begins on the date You leave Your Canadian province or territory of residence on a Trip and terminates on the earliest of the following:

- i the date You return to Your Canadian province or territory of residence;
- ii the date the HSBC MasterCard Account is cancelled;
- iii the day before the Anniversary Date if the Primary Cardholder has elected not to renew coverage;
- iv the date the HSBC MasterCard Account is no longer in Good Standing;
- v the date You have been absent for more than 17 consecutive days from Your province or territory of residence in Canada; or
- vi the date You attain age 65* (for Dependent Children, see the definition for age limits).

*Coverage terminates for all Insured Persons on the date the Primary Cardholder attains age 65.

Automatic Extension

When You are hospitalized due to a Medical Emergency, subject to the eligibility requirement above, Your coverage will remain in force for as long as You are hospitalized plus a further period of three days following Your discharge from Hospital.

Also, Your Emergency Travel Medical Insurance coverage will be automatically extended for up to three (3) days if an Insured Person's return to his or her province or territory of residence in Canada is delayed solely as the result of:

- i. the delayed departure of a Common Carrier on which You are booked;
- ii. an accident or the mechanical breakdown of an Insured Person's personal vehicle; or
- iii. You must delay Your scheduled return due to a Medical Emergency of another Insured Person.

Benefits

In the event of a Medical Emergency, the Reasonable and Customary Charges incurred for the Emergency Medical Treatment will be paid by the Insurer, less any amounts payable by or reimbursable under GHIP, any group or individual health insurance plans or any other policy or compensation plan.

Benefits are limited to a maximum of \$1,000,000 per Insured Person, subject to the Limitations and Exclusions below.

The following expenses for Emergency Medical Treatment are eligible for reimbursement.

Emergency Hospital, Ambulance and Medical Expenses

Hospital room and board charges, up to semi-private or the equivalent. If medically required, expenses for treatment in an intensive or coronary care unit are covered:

- i Physician charges;
- ii. use of an operating room, anesthesia and surgical dressings;
- iii. the cost of licensed ambulance service
- iv. emergency room charges;
- v. prescription drugs and medication; and
- vi. the cost for rental or purchase of minor medical appliances such as wheelchairs and crutches.

Diagnostic Services, including laboratory tests, x-rays when prescribed by a Physician. NOTE: magnetic resonance imaging (MRI), computerized axial tomography (CAT scans), sonograms and ultrasound must be authorized in advance by the Administrator.

Private Duty Nursing Expenses

Benefits are payable to a maximum of \$5,000 per Insured Person for the professional services performed by a registered nurse (not related to You by blood or marriage) during hospitalization, when medically necessary and prescribed by a Physician. This includes medically necessary nursing supplies.

Emergency Air Transportation or Evacuation

The following are covered expenses provided they are approved and arranged in advance by the Administrator:

- i. air ambulance to the nearest appropriate medical facility or to a Canadian Hospital;
- ii. transport on a licensed airline for emergency return to the Insured Person's province or territory of residence in Canada for immediate medical attention; and
- iii. a medical attendant to accompany You on the flight back to Canada.

Other Professional Services

Where the professional services of a physiotherapist or podiatrist are medically necessary as a result of a Medical Emergency, coverage will be provided to a maximum of \$150 per Insured Person per discipline.

Emergency Dental Expenses

Covers the cost of repair or replacement of natural teeth or permanently attached artificial teeth required as the result of an accidental blow to the mouth, to a maximum of \$2,000 per Insured Person. To be eligible for coverage, dental treatment must take place during Your Trip. Treatment for the emergency relief of dental pain is covered to a maximum of \$150 per Insured Person.

Transportation to Bedside

Coverage includes one round trip economy airfare by the most direct route from Canada, plus lodging and meals up to a maximum of \$250, for one Immediate Relative to:

- i. be with an Insured Person who is travelling alone and has been confined to a Hospital. The Insured Person must be expected to be an inpatient for at least seven days outside their home province or territory and have verification from the attending Physician that the situation is serious enough to require the visit; or
- ii. identify a deceased Insured Person prior to release of the body, where necessary.

This benefit must be pre-approved by the Administrator.

Return of Deceased

In the event of the death of an Insured Person while on a Trip, this insurance covers up to \$3,000 for the preparation (including cremation) and transportation of the Insured Person's remains (excluding the cost of a burial coffin or urn) to his/her province or territory of residence in Canada.

Additional Hotel and Meal Expenses

If Your return to Canada is delayed due to a Medical Emergency, this insurance covers the cost for hotel and meal expenses incurred after Your planned return date up to \$200 a day to a maximum of 10 days per Account. To receive reimbursement, original receipts must be submitted.

Return of Vehicle

Vehicle return is covered to a maximum of \$1,000 to return an Insured Person's vehicle to his or her place of residence in Canada, or in the case of a rented vehicle, to the nearest appropriate rental location, when the Insured Person is unable to return the vehicle as a result of a Medical Emergency or death. Eligible for reimbursement is the cost of the return performed by a professional agency only, or the following necessary and reasonable expenses incurred by an individual returning the vehicle on behalf of the Insured Person: fuel, meals, overnight accommodation, one-way economy airfare. To receive reimbursement, original receipts must be submitted. Any other expenses are not covered. Expenses incurred by anyone travelling with the person returning the vehicle are not covered.

This benefit will only be payable when the return of the vehicle is pre-approved and/or arranged by the Administrator and the vehicle is returned to Your normal place of residence or the nearest appropriate rental agency within 30 days of Your return to Canada.

Limitations and Exclusions

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

- i. a Medical Emergency while an Insured Person is travelling in Cuba;
- ii. any Pre-Existing Condition;
- iii. The continued treatment, recurrence or complication of a Medical Condition following emergency treatment of that Medical Condition during the Trip, if the medical advisors of the Administrator determine that the Insured Person is able to return to Canada and the Insured Person chooses not to return.
- iv. A Medical Condition for which the Insured Person delayed or refused further treatment or investigation which was recommended by a Physician before the departure date.
- v. surgery, including but not limited to angioplasty and/or cardiac surgery, and any associated diagnostic charges, which are not approved by the Administrator prior to being performed, except in extreme circumstances where surgery is performed on an emergency basis immediately following admission to a Hospital;
- vi. invasive procedures and any of the following procedures which are not authorized in advance by the Administrator, including any associated charges, MRI (Magnetic Resonance Imaging); CAT (Computer Axial Tomography) scans; sonograms; ultrasounds; biopsies;
- vii. treatment not performed by or under the supervision of a Physician or dentist;

- viii. pregnancy, miscarriage, childbirth or complications of any of these conditions occurring within eight weeks of the expected date of birth.
- ix. riot or civil disorder; committing or attempting to commit a criminal offence.
- x. intentional self-injury; suicide or attempted suicide; abuse of medication; any Accident while under the influence of illicit drugs or alcohol where the concentration of alcohol in the Insured Person's blood exceeds 80 milligrams of alcohol in 100 milliliters of blood;
- xi. the Insured Person voluntarily and knowingly exposing himself/herself to risk from: an act of war whether declared or undeclared; rebellion; revolution; hijacking or terrorism; and any service in the armed forces;
- xii. drugs and medication which are commonly available without a prescription or which are not legally registered and approved in Canada.
- xiii. prescription refills;
- xiv. replacement of lost or damaged eyeglasses, contact lenses, or hearing aids;
- xv. participation in professional or dangerous sports, including, but not limited to any speed contest, SCUBA diving, unless the Insured Person holds a basic SCUBA designation from a certified school or other licensing body, hang-gliding, sky diving, parachuting, bungee jumping, parasailing, spelunking, mountaineering, rock climbing or a flight accident, except as a passenger in a commercially licensed airline;
- xvi. any treatment or surgery where the Insured Person can return to his/her province or territory of residence for such treatment, without adversely affecting his/her Medical Condition;
- xvii. any treatment or surgery during a Trip when the Trip is undertaken for the purpose of securing or with the intent of receiving medical or Hospital services, whether or not such Trip is on the advice of a Physician;
- xviii. any Trip commenced or continued against the advice of the Insured Person's Physician; or
- xix. regular care of a chronic condition; elective treatment; cosmetic treatment or any treatment or surgery that is not required for relief of acute and emergent pain or suffering.

Any portion of benefits that require prior authorization and arrangements by the Administrator will not be paid if such benefits were not pre-authorized and arranged by the Administrator, except in extreme circumstances where a request for prior approval would delay medical treatment in a life-threatening Medical Emergency.

Emergency Travel Medical insurance coverage pays for covered expenses in excess of Your GHIP and any other insurance or compensation plan. After payment of Your covered expenses, the Administrator will seek reimbursement from Your GHIP. Benefits payable under any other insurance plan under which You may have coverage will be coordinated by the Administrator in accordance with current guidelines, including those issued by the Canadian Life & Health Insurance Association. Payment under the Policy and any other plan shall not exceed 100% of the eligible expenses incurred. The Insurer/Administrator is authorized to receive in Your name and endorse and negotiate on Your behalf these eligible payments.

In consultation with the Insured Person's attending Physician, the Insurer/Administrator reserves the right to transfer the Insured Person to one of the Administrator's preferred medical service providers or to the Insured Person's province or territory of residence in Canada. Refusal to comply by the Insured Person will absolve the Insurer and the Administrator of any liability for expenses incurred after the proposed transfer date.

The Insurer, the Administrator and the Policyholder are not responsible for the availability, quality or results of any medical treatment or transportation, or the failure of an Insured Person to obtain medical treatment.

What should I do in the event of a Medical Emergency?

When a Medical Emergency occurs, You must contact the Administrator without delay. Call **1-800-668-8680** from within Canada and the United States or **416-977-6066** collect from elsewhere in the world. If calling from somewhere in the world where a collect call is not possible, call direct and you will be reimbursed. The Administrator is available 24 hours a day, every day.

The Administrator will confirm coverage, provide direction to the preferred medical service provider or the nearest appropriate medical facility, provide the necessary authorization of payment of eligible expenses and manage the Medical Emergency.

The Administrator will make every effort to pay or authorize payment of eligible expenses to Hospitals, Physicians, 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.

In order to benefit from payment assistance and other services, You must notify the Administrator as soon as You need medical treatment or as soon as reasonably possible, but no later than 24 hours after being admitted to a Hospital. If You do not notify the Administrator at the earliest stage in Your claim, You may receive inappropriate or unnecessary medical treatment which may not be covered by this insurance.

Note: Benefits may be excluded or reduced where the Administrator has not been contacted in advance of treatment as noted above.

How to Claim

In the event of a claim, contact the Administrator at **1-800-668-8680** from within Canada and the United States or **416-977-6066** collect from elsewhere in the world.

If the Administrator authorizes Hospital or other medical payments on an Insured Person's behalf, You must sign an authorization form allowing the Administrator to recover payments from Your GHIP, other health plans or insurers and return it to the Administrator within 30 days. If an advance has been made for expenses later determined to be ineligible, You will be required to reimburse the Administrator. If eligible expenses are incurred for which payment has not been pre-authorized by the Administrator, they should be submitted to the Administrator with original receipts and payment statements.

When making a claim, evidence of Your departure date, Your scheduled return date, and actual return date to Your province or territory of residence in Canada will be required. You will be required to submit a completed claim form and provide documentation to substantiate the claim, including the following:

- i. the cause or nature of the Medical Condition requiring treatment;
- ii. itemized medical invoices and receipts;
- iii. original prescription receipts;
- iv. the Primary Cardholder's date of birth and the Insured Person's date of birth (proof of age may be required);
- v. a photocopy of the Insured Person's GHIP card;
- vi. name, address, and telephone number of employer;
- vii. proof of Your departure and return dates (i.e. copy of tickets, receipts, accommodation invoice, gas receipts);
- viii. name, address and policy numbers for all other insurance coverage the Insured Person may have, including group and individual insurance, credit card coverage and any other reimbursement plans; and
- ix. signed authorization to obtain any further required information.

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

TRIP CANCELLATION (PRIOR TO DEPARTURE)

For this coverage, the Insured Person means the Primary Cardholder, Spouse and Dependent Children while travelling with the Primary Cardholder and/or Spouse.

Coverage applies when at least 75% of Eligible Expenses for a Trip are charged to the Account.

Coverage begins at the time of purchase of Your prepaid Trip and before any cancellation penalties have been incurred and ends at the time of Your scheduled departure.

Should You have to cancel a Trip before Your scheduled departure date due to one of the following Covered Causes for Cancellation, You must cancel Your Trip and notify the Administrator within 48 hours of the event which caused You to cancel Your Trip. You will be reimbursed for any Eligible Expenses which are not refundable or reimbursable up to a maximum of \$2,000 per Account. Failure to notify the Administrator within forty-eight (48) hours may reduce the amount payable.

You will be reimbursed for any Rescheduling Expenses which are not refundable or reimbursable in any manner if, prior to Your scheduled departure, an Insured Person chooses to reschedule a Trip due to one of the following Covered Causes for Cancellation. 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 under this Certificate of Insurance.

Benefits

Trip Cancellation benefits are payable when a covered event listed below occurs before Your scheduled departure.

Covered Causes for Cancellation - Medical

- i. death of an Insured Person or an Immediate Relative or Travel Companion or a Travel Companion's immediate relative;
- ii. Accidental Bodily Injury, or sudden and unexpected illness or quarantine of You, a Travel Companion, an Immediate Relative or a Travel Companion's immediate relative which requires the care and attendance of a Physician and the Physician must recommend cancellation of the Trip;
- iii. Accidental Bodily Injury, or sudden and unexpected illness or death of a caregiver with whom You have contracted to care for a Dependent Child in Your absence which requires the care and attendance of a Physician and the Physician must recommend cancellation of the Trip;
- iv. complications of Your pregnancy within the first 28 weeks of pregnancy or complications following the normal full-term birth of a child;
- v. side effects and/or adverse reactions to vaccinations required for Your Trip;
- vi. hospitalization or death of the host at Your principal destination.

Covered Causes for Cancellation – Non-Medical

- i. an enforceable call of an Insured Person to jury duty or sudden and unexpected subpoena of an Insured Person to appear as witness in a court of law during the Trip;
- ii. a natural disaster renders Your principal residence uninhabitable;
- iii. a call to service of the Insured Person by government with respect to reservists, military, police, or fire personnel;
- iv. refusal of Your visa application for the destination country, provided that documentation shows You are eligible to apply, that refusal is not due to late application, and that the application is not a subsequent attempt for a visa that had been previously refused;
- v. involuntary loss of the Primary Cardholder or Spouse's principal employment, provided a letter of termination is produced, and provided You had no knowledge of this loss at the time of Trip payment;
- vi. a written formal notice issued by the Department of Foreign Affairs Trade and Development of the Canadian Government, advising Canadians not to travel to a country, region or city for which a Ticket had originally been issued for a period that includes an Insured Person's Trip;
- vii. default whereby a contracted travel supplier stops all service completely as a result of bankruptcy or insolvency;
- viii. weather conditions delay Your connecting scheduled carrier for 30% or more of the total duration of the Trip and You elect not to continue with the Trip;
- ix. a delay causing You to miss a connection for a Common Carrier or You miss the scheduled departure as ticketed including the following:
 - a delay of an Insured Person's Common Carrier resulting from mechanical failure;
 - a traffic accident or an emergency police-directed road closure (must be substantiated by a police report); or
 - weather conditions

The benefit under this Covered Cause of Cancellation is the Insured Person's one-way economy fare via the most cost-effective route to the Insured Person's next destination. The outright cancellation of a flight is not considered a delay.

Limitations and Exclusions

Trip Cancellation insurance does not cover, provide services or pay claims resulting from:

- i. any reason other than those listed under Covered Causes for Cancellation;
- ii. pregnancy, miscarriage, childbirth and/or complications occurring within eight weeks of expected delivery date;
- iii. riot or civil disorder; committing or attempting to commit a criminal offence;
- iv. intentionally self-inflicted injuries, suicide or attempted suicide;
- v. abuse of medication, alcohol or other toxic substances;
- vi. illness or any injury while under the influence of illicit drugs or alcohol where the concentration of alcohol in the Insured Person's blood exceeds 80 milligrams of alcohol in 100 milliliters of blood;
- vii. the Insured Person voluntarily and knowingly exposing himself/herself to risk from:
 - a) an act of war whether declared or undeclared;
 - b) rebellion; revolution; hijacking or terrorism; and
 - c) any service in the armed forces;

- viii. participation in professional or dangerous sports, including, but not limited to any speed contest, SCUBA diving, unless the Insured Person holds a basic SCUBA designation from a certified school or other licensing body, hang-gliding, sky diving, parachuting, bungee jumping, parasailing, spelunking, mountaineering, rock climbing or a flight accident, except as a passenger in a commercially licensed airline;
- ix. any Trip commenced against the advice of the Insured Person's Physician;
- x. failure of any travel supplier through which You contract for services if this supplier was, at the time of booking, in bankruptcy, insolvency or receivership; or in the case of U.S. Air Carriers, under Chapter 11 in the U.S. Bankruptcy Code. No protection is provided for failure of travel agents, agencies or brokers; or
- xi. non-presentation of required travel documents, i.e., visa, passport, inoculation vaccination reports.

How to Claim

When a Covered Cause for Cancellation occurs, the Primary Cardholder must call the Administrator at **1-800-668-8680** from within Canada and the United States or **416-977-6066** collect from elsewhere in the world within 48 hours.

See claim procedures under the General Provisions and Statutory Conditions section of this Certificate of Insurance for more details.

TRIP INTERRUPTION (AFTER TRIP DEPARTURE)

For this coverage, Insured Person means the Primary Cardholder, Spouse and/or Dependent Children while travelling with the Primary Cardholder and/or Spouse.

Coverage applies when at least 75% of Eligible Expenses for a Trip are charged to the Account.

Eligibility

If, while an Insured Person is on a covered Trip, a Covered Cause for Trip Interruption occurs, Trip Interruption benefits will be paid.

Benefits

Should You have to change Your scheduled return date to a later date as a result of one of the Covered Causes listed below, You will be reimbursed up to a maximum of \$2,000 per Account, for the lesser of the additional charges paid by You for a change in ticketing, or the cost of a one-way economy fare to return to Your departure point or to get to the next destination point.

The amount payable excludes the cost of pre-paid unused return transportation and is subject to the maximum listed above.

Please note: This coverage will only cover any excess cost (i.e. the administration charges to cancel or change the itinerary) over and above the travel rewards provided by any reward or frequent flyer plan. The value of the loss of reward or frequent flyer plan points are not covered.

Covered Causes for Trip Interruption

Trip Interruption benefits are payable when a covered event listed below occurs after Your scheduled departure date and before Your scheduled return date.

- i. death of an Insured Person or an Immediate Relative or Travel Companion or a Travel Companion's immediate relative;
- ii. Accidental Bodily Injury, or sudden and unexpected illness or quarantine of You, a Travel Companion, an Immediate Relative or a Travel Companion's immediate relative which requires the care and attendance of a Physician and the Physician must recommend interruption of the Trip.

Limitations and Exclusions

The same limitations and exclusions apply as outlined under the Trip Cancellation benefit, above.

How to Claim

When a claim occurs, the Primary Cardholder must call the Administrator at **1-800-668-8680** from within Canada and the United States or **416-977-6066** collect from elsewhere in the world. They will assist the Primary Cardholder with making the necessary arrangements to return. Failure to notify the Administrator within 48 hours may reduce the amount payable.

BAGGAGE DELAY OR LOSS

For this coverage, Insured Person means the Primary Cardholder, Spouse and Dependent Children while travelling with the Primary Cardholder and/or Spouse.

Coverage applies when at least 75% of Eligible Expenses for a Trip are charged to the Account.

Benefits

Baggage Delay insurance provides a reimbursement to the Primary Cardholder if any Insured Person's accompanying checked-in baggage is not delivered within 12 hours of his/her arrival at the scheduled destination point, for immediate necessary and reasonable expenses incurred with respect to necessities to a maximum of \$200 per Trip provided that:

- i. such baggage was in the custody of a scheduled airline or Common Carrier; and
- ii. such baggage was not delayed when the Insured Person returned to the original point of departure.

Baggage Loss insurance covers the actual cash value for direct physical loss or damage of baggage and personal property contained therein when an Insured Person's baggage is checked with an airline or Common Carrier or carried by the Insured Person on a Common Carrier up to a total loss of \$750 per Insured Person for:

- i. Loss or damage of baggage and/or personal property worn or used by You and accompanying You during the Trip. Coverage is limited to \$500 per item.
- ii. Theft, burglary, fire or transportation hazards to baggage and/or personal property worn or used by You during the Trip. Coverage is limited to \$500 per item.
- iii. Loss or damage to camera equipment during the Trip. Camera equipment is collectively considered one item. Coverage is limited to \$500 per item.
- iv. Loss or damage to jewellery during the Trip. Jewellery is collectively considered one item. Coverage is limited to \$500 per item.

Payment is based on the actual replacement cost of any lost or stolen article provided the article is actually replaced. Otherwise, payment is based on the actual cash value of the article at the time of loss.

Limitations and Exclusions

Baggage Delay or Loss insurance does not cover, provide service or pay claims resulting from:

- i. Loss or damage caused by normal wear and tear, gradual deterioration, moths, or vermin;
- ii. Loss or damage to animals, automobiles, (including equipment and contents), trailers, motorcycles, bicycles, boats, motors, other conveyances or their accessories, souvenirs, fragile or collectible items, household effects and furnishings, contact lenses, non-prescription sunglasses, artificial teeth and prostheses, medical equipment and appliances, money; securities, tickets, documents, any property pertaining to a business, profession or occupation; personal computers, software or cellular phones;
- iii. Loss or damage to jewellery or camera equipment stored in baggage, unless such baggage is hand carried under the personal supervision of the Primary Cardholder or Spouse or Travelling Companion with the Primary Cardholder's knowledge;
- iv. Loss, damage or delay of items due to radiation, confiscation by any government authority, war (declared or undeclared) risks, or contraband or illegal transportation or trade.
- v. Loss, damage or delay incurred while You are performing a negligent act(s) or criminal act(s).

Baggage Delay or Loss insurance coverage is in excess of all other applicable valid insurance, indemnity, reimbursement or protection available to You in respect of the claim. The Insurer will be liable only for the amount of loss or damage over the amount covered under such other insurance, indemnity, reimbursement or protection and for the amount of any applicable deductible, only if all such other coverage has been claimed under and exhausted and 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.

When the protected item is part of a pair or set, You will receive no more than the value of the particular part or parts lost or damaged regardless of any special value that the item may have as part of an aggregate purchase price of such pair or set. The Administrator, on behalf of the Insurer, reserves the right to repair or replace any damaged or lost property with other of like quality and value, and to require submission of property for appraisal of damage, the cost of which is the responsibility of the insured.

How to Claim

In the event of a claim, contact the Administrator at **1-800-668-8680** from within Canada and the United States or **416-977-6066** collect from elsewhere in the world.

GENERAL PROVISIONS AND STATUTORY CONDITIONS

Unless otherwise expressly provided herein or in the Policy, the following general provisions apply to the benefits described in this Certificate of Insurance.

Cancellation and Premium Refund Procedures

Full premiums are refundable if notice of cancellation is received by the Insurer or HSBC in writing within 30 days of the Effective Date or within 30 days of the date of the Account statement on which the premium for Your renewal of this coverage is shown, provided You have not commenced a Trip at any time between Your Effective/Anniversary Date and the date of cancellation.

HSBC Credit Card Services
PO Box 20, Station M
Montreal, QC H1V 3L6
Telephone: 1-866-406-HSBC (4722)

You may cancel coverage at any other time by calling to HSBC at the telephone number shown above or by writing to the Insurer at the Canadian Head office address shown in this Certificate of Insurance or to HSBC at the address shown above. Unless otherwise provided by applicable law, cancellation will be effective on the date Your notice of cancellation is received by the Insurer or HSBC. You will receive a pro rata refund of unused premium.

In the event that You do cancel coverage, You will not be eligible to re-enrol in Travel and Medical Insurance for a period of 12 months following the date the Insurer or HSBC receives your notice of cancellation.

Notice and Proof of Claim

Immediately after learning of a loss, or an occurrence which may lead to a loss under any of these insurance benefits, notify the Administrator. You will then be sent a claim form.

Written notice of claim must be given to the Administrator as soon as reasonably possible after the occurrence or commencement of any loss covered by the Policy, but in all events must be provided no later than 90 days from the date of loss. Written notice given by or on behalf of the claimant or the beneficiary to the Administrator with information sufficient to identify You, shall be deemed notice of claim.

The appropriate completed claim forms, together with written proof of loss, must be delivered as soon as reasonably possible.

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

Examination and Autopsy

The Insurer at its own expense shall have the right and opportunity to examine the person of any Insured Person whose injury is the basis of a claim hereunder when and so often as may be reasonably required during pendency of a claim hereunder, and also the right and opportunity to make an autopsy in case of death, where it is not forbidden by law.

Payment of Claims

Benefits payable under the Policy will be paid upon receipt of full written proof of loss, as determined by the Insurer.

Any other accrued benefits unpaid at the Insured Person's death may, at the option of the Insurer, be paid either to such person's beneficiary or to the Primary Cardholder in whose name the Account is maintained.

Copy of the Policy

You or a person making a claim under this Certificate of Insurance may request a copy of the Policy and/or a copy of your application for this insurance (if applicable) by writing at the address shown below:

Assurant
Canadian Head office
5000 Yonge Street, Suite 2000
Toronto, Ontario M2N 7E9

Termination of Insurance

Coverage for Insured Persons ends on the earliest of:

- i. the date the Account is cancelled, closed or ceases to be in Good Standing;
- ii. the date the Insured Person ceases to be eligible for coverage;
- iii. the date the Policy terminates; and
- iv. the date the Primary Cardholder's notice of cancellation is received by the Insurer or HSBC.

No losses incurred after the Policy termination date will be paid, unless otherwise specified.

Subrogation

Following payment of an Insured Person's claim for loss or damage, the Insurer shall be subrogated to the extent of the amount of such payment, to all of the rights and remedies of the Insured Person against any party in respect of such loss or damage and shall be entitled at its own expense to sue in the name of the Insured Person. The Insured Person shall give the Insurer all such assistance as is reasonably required to secure its rights and remedies, including the execution of all documents necessary to enable the Insurer to bring suit in the name of the Insured Person.

Due Diligence

The Insured Person shall use diligence and do all things reasonable to avoid or diminish any loss of or damage to property protected by the Policy.

False Claim

If You make a claim knowing it to be false or fraudulent in any respect, You shall no longer be entitled to this insurance, nor to the payment of any claim 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 Insured Person'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 1-800-668-8680. 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 also obtain detailed information for the Insurer's resolution process and the external recourse either by calling the Insurer at the number listed above or at: www.assurantsolutions.ca/consumer-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: www.assurantsolutions.ca/privacy. 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 above.

TRAVEL ASSISTANCE SERVICES

You do not need to use Your HSBC Mastercard to be eligible for the following services.

Travel Assistance Services are services only, not insurance benefits. Any costs incurred for or in connection with such services will be charged to the Account (subject to credit availability). If not chargeable, payment for such costs will be arranged (where reasonably possible) through family and friends.

These services are provided to the Primary Cardholder, and/or Spouse on a 24-hour, 7 day a week basis. To take advantage of any of the services described below, simply call the Administrator **1-800-668-8680** from within Canada and the United States or 416-977-6066 collect from elsewhere in the world.

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.

Emergency Message Centre

In case of a Medical Emergency, the Administrator can help to relay

important messages to or from Your family, business or Physician.

Payment Assistance

If confirmation of Emergency Travel Medical Insurance coverage is not available or not accepted by a Hospital or medical provider, the Administrator can assist in arranging and coordinating payment wherever possible.

Medical Assistance and Consultation

You will be directed to the nearest appropriate medical facility wherever possible. It is recommended that you contact the Administrator for this assistance prior to seeking treatment for any Medical Emergency.

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