

POLICY NUMBER: ISHNB001

IN THE EVENT OF HOSPITALIZATION, YOU MUST CALL GLOBAL EXCEL MANAGEMENT INC. (HEREINAFTER CALLED GLOBAL EXCEL)

 From Canada and U.S., call toll free **1-800-715-8833** From Mexico, call toll free **001-800-514-7798** From anywhere, call collect **+819-566-8839**

 Do not assume that someone will contact *Global Excel* on your behalf. It remains your responsibility to ensure that *Global Excel* has been contacted within 48 hours of admission. Failure to do so limits benefits to 70% of eligible expenses up to a maximum of \$10,000 (see SECTION VI - LIMITATIONS AND RESTRICTIONS).

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SECTION I

IMPORTANT NOTICES

- Throughout this certificate, words in italics have a specific meaning and are defined in Section IX - Definitions.
- This insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your certificate, as your coverage may be subject to certain limitations and exclusions.
- All amounts are in Canadian currency, unless indicated otherwise.
- This certificate contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.
- Pre-existing *medical* condition exclusions may apply to *medical* conditions and/or symptoms that existed prior to your trip. Refer to your certificate to determine how these exclusions may affect your coverage and how they relate to your departure date, date of purchase or effective date.
- This certificate contains clauses which may limit the amounts payable.

Please read this certificate carefully.

SECTION II

ELIGIBILITY

To be eligible for coverage under this plan, the applicant must:

- be admitted to, enrolled in and attending the University of New Brunswick; or
- be admitted to the pre-MBA program at the University of New Brunswick; and
- be 65 years of age or under; and
- not be eligible for a provincial or territorial health insurance plan in Canada.

The applicant's *Spouse* and/or *child(ren)* may be covered provided the appropriate premium has been paid.

Note: *Spouse* and/or *child(ren)* who arrive in New Brunswick at a date later than the *principal insured* and who apply 30 days or more after their arrival in New Brunswick are subject to a pre-existing medical condition exclusion and coverage for the *spouse* and/or *child(ren)* will begin on the date of application (see Section VI - Exclusions, #1).

SECTION III

INSURANCE AGREEMENT

- The Contract**
This contract offers coverage to a maximum of \$1 million per insured. This certificate, the application and the confirmation of insurance constitute your contract of insurance. When more than one certificate of this form is issued by the Insurer, and is in force with respect to you at the time of claim, only one such certificate, the earliest by effective date will apply.
- Premium Payable**
The Insurer hereby agrees to provide insurance in accordance with the terms and conditions of this certificate, provided the required premium is paid in full within 30 days of registration at the University of New Brunswick and the completed application is received.
Training program: A premium surcharge applies if your training program takes place in the United States and is longer than 15 days.
If the premium is calculated incorrectly, the insurer will:
 - charge and collect any underpayment; or
 - alter the certificate period to coincide with the premium paid.
- Your coverage will become effective on:**
 - The effective date shown on the application provided the insurance premium has been paid.
Exception: For new *principal insureds* and their *spouse* and/or *child(ren)*, if applicable, who are arriving in New Brunswick up to 15 days prior to the effective date, coverage commences on the date of arrival in New Brunswick, provided that the date of arrival is within 15 days of the effective date as shown on the application.
 - Coverage for a *spouse* and/or *child(ren)* of a *principal insured* who arrive in New Brunswick at a date later than the *principal insured* and who apply 30 days or more after their arrival date, coverage will commence on the date the application for the *spouse* and/or *child(ren)* is received and the premium is paid.
- Your coverage will terminate immediately on the earliest of the following dates:**
 - the date that the *principal insured* permanently leaves or graduates from the University of New Brunswick; or
 - the date that you become eligible for a provincial or territorial government health insurance in Canada; or
 - the termination date indicated on the application; or
 - the date you reach age 66; or
 - the date the you cease to be a *spouse* and/or *child* as defined in this certificate; or
 - the date that coincides with the 16th day of a stay outside the province of New Brunswick, unless attending a *training program* or visiting your *country of origin*; or
 - the date that coincides with the 91st day of a stay in your *country of origin*; or
 - notwithstanding paragraph g) above, the date that coincides with the 16th day of a stay in the United States, unless attending a *training program*

However, for paragraphs f), g) and h) above, insurance will be reinstated on the date that you return to the province of New Brunswick provided your return is prior to the expiry date or termination date of insurance.
- Spouse and/or Child(ren) coverage will terminate immediately upon the first to occur of:**
 - the date that you cease to meet the eligibility requirements stated above for *spouse* and/or *child(ren)* coverage; or
 - the date the *principal insured's* coverage terminates; or
 - the date the policy is terminated.
- Automatic Extension of Coverage**
In the event an *insured* is hospitalized beyond the policy period, as outlined in Section III – INSURANCE AGREEMENT #4, insurance coverage under the policy will be automatically extended up to a maximum of 60 days without the requirement of payment of additional premium if the *insured* is hospitalized due to a covered *sickness* or *injury* on the date of coverage termination.
The coverage period will be automatically extended up to 72 hours if a late train, boat, bus, plane, or other vehicle in which the *insured* is a passenger causes the *insured* to miss their scheduled return to their *country of origin* or return to Canada, including by reason of inclement weather or if the vehicle in which the *insured* is travelling is involved in a traffic accident or mechanical breakdown.
Note: All claims incurred must be supported by documented proof of the event resulting in the *insured's* automatic extension. The policy does not cover costs associated with flight changes.
- Premium Refunds**
A pro rata refund for the unused portion of your premium may be granted if no claims have been paid or are pending during the policy period if:
 - the required visa necessary for admission to the University of New Brunswick has been refused; or
 - the *principal insured* permanently leaves the University of New Brunswick; or
 - you permanently return to your *country of origin*; or
 - you become eligible for a provincial or territorial government health insurance plan in Canada.
- Coverage Offered**
This insurance provides payment for the *reasonable and customary costs* incurred by the *insured* in case of *sickness* or *injury* occurring while in the province of New Brunswick and outside the province of New Brunswick if the *insured* is on a temporary visit or is the *principal insured* participating in a *training program*.
The Insurer will pay eligible expenses in excess of those reimbursable by any other insurance contract or health plan (group, individual or government) under which the *insured* is entitled to benefit, according to the following provisions:
 - For *insureds* in the province of New Brunswick, the Insurer will pay eligible expenses up to the amount shown in the schedule of fees set by the government health insurance plan in the province of New Brunswick for non-Canadian residents. (refer to Section IV, Benefits A)
 - For *principal insureds* participating in a *training program* outside the province of New Brunswick, the Insurer will pay eligible expenses up to *reasonable and customary costs*. (refer to Section IV, Benefits A and B)
 - For *insureds* who experience an emergency while on a temporary visit outside the province of New Brunswick, the Insurer will pay eligible expenses up to *reasonable and customary costs*. (refer to Section IV, Benefits B)

However, a *principal insured* who remains in Canada and has paid the applicable premium for May to August with the intent of returning to the University of New Brunswick the following September will continue to be eligible for benefits offered under the policy. Subject to all terms and conditions of the policy, the following benefits are payable to a maximum of the sum insured insofar as such services are *medically necessary*. Benefit limits are per *insured*, per period of 12 consecutive months.

SECTION IV

BENEFITS

 In order to be covered, many benefits listed in this section require prior approval of *Global Excel*.

Maximum Benefit: \$1,000,000 per insured

A – THE FOLLOWING BENEFITS ARE COVERED WHILE AN INSURED IS IN THE PROVINCE OF NEW BRUNSWICK OR WHILE THE PRINCIPAL INSURED IS PARTICIPATING IN A TRAINING PROGRAM OUTSIDE OF THE PROVINCE OF NEW BRUNSWICK

 Reimbursement: 75% Prescription drugs purchased out of hospital
100% All other eligible benefits

- Hospital Accommodation:**
 - Charges up to the ward rate or where *medically necessary*, up to the semi or private room rate, or intensive or coronary care unit, up to 60 days per *sickness* or *injury*.
Note: Where the *hospitalization* is required primarily for psychiatric treatment, benefits are payable up to a maximum of \$10,000.
 - Reasonable and customary* costs for treatment on an outpatient basis.
- Psychiatric Treatment:** The treatment by a psychiatrist for psychiatric disorders, including *in-patient* and outpatient services and treatment required as a result of attempted suicide, not to exceed a maximum of \$10,000.
- Wellness Benefits for Treatment of Mental, Nervous or Emotional Disorders:**
 - Psychologist, social worker, or counsellor services:** The services of a licensed psychologist, social worker or counsellor, up to a maximum of \$1,000 per policy year.

- b) **Trauma Counselling:** The services of a licensed counsellor occurring within 90 days from the date of a covered loss during the coverage period, up to a maximum of six counselling sessions.
4. **Physician Charges:** *Medical treatment by a physician.*
5. **Annual Medical Examination:** One annual medical examination, including one preventative pap smear; to a maximum of \$250.
6. **Diagnostic Services:** Laboratory tests and X-rays prescribed by the attending *physician*.
Note: The policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
7. **Maternity:**
If the pregnancy began during the policy period or within 30 days prior to the effective date*, benefits are payable up to a maximum of \$20,000 for:
a) normal childbirth;
b) caesarian section; or
c) medical complications related to:
i. pregnancy; or
ii. childbirth; or
iii. involuntary interruption of the pregnancy;
Note: You may purchase coverage for the newborn child provided you submit a completed application and pay the appropriate premium.
*If this certificate is purchased prior to the expiry date of an existing International Student Health Insurance Policy for the University of New Brunswick already issued by RSA, to take effect on the day following such expiry date, you will remain eligible for this benefit provided there has been no lapse in coverage.
8. **Therapeutic Abortion:** The fees related to a therapeutic abortion performed by a licensed *physician* up to \$500.
9. **Prescription Drugs:** Unless hospitalized as an *in-patient*, covers 75% of expenses incurred for drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist, including the 'morning after pill'. Drugs, serums and injectables must be purchased within 30 days of prescription and must be prescribed and purchased for use during the coverage period. Prescription drugs required while an *in-patient* are covered at 100%.
Note: To file a claim, you must supply original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.
10. **Private Duty Nursing:** The professional services of a registered private nurse (other than by an *immediate family member*) provided when recommended by a *physician* and while hospitalized, to a maximum of 60 days per *sickness* or *injury*.
11. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service to the nearest *hospital*.
12. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel*, transportation to the nearest appropriate medical facility or to return you to your *country of origin* (see **Section V – Limitations and Restriction # 7**):
a) Air ambulance;
b) Transport on a licensed airline with an attendant (when required);
c) The fare for additional airline seats to accommodate a stretcher; or
d) Up to the cost of a one-way economy airfare.
13. **Family Transportation and Subsistence Allowance:** When approved in advance by *Global Excel*, the actual cost of a single round trip economy airfare and up to \$150 per day to a maximum of \$1,500 for the cost of meals and commercial accommodation, will be provided for one *immediate family member* if you sustain loss of life or are confined to a *hospital* as an *in-patient* for seven consecutive days. This benefit must not exceed an overall maximum of \$5,000 per 12 consecutive months. You will be required to provide certification from the attending *physician* that the situation was serious enough to warrant the visit. You must have no *immediate family member* within 500 kilometers of your location while you are outside your *country of origin*. This benefit does not apply in your *country of origin*.
14. **Preparation and Return of Remains:** In the event of death, up to a maximum benefit of \$10,000 towards the actual cost incurred for preparation of remains and homeward transportation of the deceased *insured* to his/her *country of origin*; or up to a maximum of \$4,000 for cremation and/or burial at the place of death of the *insured*. The cost of the casket or urn is not covered by this benefit.
- B – THE FOLLOWING EMERGENCY BENEFITS ARE COVERED WHILE AN INSURED IS TEMPORARILY OUTSIDE OF THE PROVINCE OF NEW BRUNSWICK ON A LEISURE TRIP, OR WHILE THE PRINCIPAL INSURED IS PARTICIPATING IN A TRAINING PROGRAM OUTSIDE OF THE PROVINCE OF NEW BRUNSWICK**

Reimbursement: 100% of all eligible benefits

Emergency Treatment Outside the Province: When recommended by a *physician*, *reasonable and customary costs* for immediate *medical treatment* of an *emergency* while an *insured* is temporarily away from the province of New Brunswick either on a leisure trip or while the *principal insured* is participating in a *training program*.

Coverage is limited to one *emergency* per diagnosis and related conditions during the travel period. (Refer to **Section III – Insurance Agreement, #4, for limitations on travel periods outside the province of New Brunswick**)

1. **Hospital Accommodation:**
Charges up to the ward rate or when *medically necessary*; up to the semi or private room rate or intensive or coronary care unit, up to 60 days per *sickness* or *injury*;
Note: Where the hospitalization is required primarily for psychiatric treatment, benefits are payable up to a maximum of \$10,000. *Reasonable and customary* costs for treatment on an outpatient basis.
2. **Psychiatric Treatment:** The treatment by a psychiatrist for psychiatric disorders, including *in-patient* and outpatient services and treatment required as a result of attempted suicide, not to exceed a maximum of \$10,000.

1. **Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment:** *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the *insured* undergoing such surgery, procedure, testing or treatment. It remains your responsibility to inform your attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
2. **Failure to Notify Global Excel –** Failure to notify *Global Excel* within 48 hours of your admission to *hospital* limits benefits to 70% of all eligible expenses incurred to a maximum of \$10,000. Do not assume that someone will contact *Global Excel* on your behalf. It remains your responsibility to ensure that *Global Excel* has been contacted within 48 hours of admission. If it is not reasonably possible for you to contact *Global Excel* due to the nature of your *medical emergency*, you must have someone else call on your behalf. You will be responsible for payment of any remaining charges.
3. **Benefits Limited to Reasonable and Customary Costs –** If you pay eligible expenses directly to a health service provider, these services will be reimbursed to you on the basis of the *reasonable and customary costs* that would have been paid directly to the provider by the Insurer. Medical charges you pay may be higher than this amount, therefore you will be responsible for any difference between the amount you paid and the *reasonable and customary costs* reimbursed by the Insurer.
4. **Benefits Limited to Incurred Expenses –** If any of the benefits are duplicated under a similar benefit or under another insurance coverage in this certificate or another policy issued by the Insurer, the maximum you are entitled to is the largest amount specified under any one benefit or insurance coverage. The total amount paid to you from all sources cannot exceed the actual expense you incur.
5. **Availability and Quality of Care –** The Insurer or *Global Excel* shall not be held responsible for the availability or quality of any *medical treatment* (including the results thereof) or transportation, or your failure to obtain *medical treatment* while this coverage is in effect.
6. **Transfer or Medical Repatriation** (while on a temporary trip outside your province or territory of residence)
During an *emergency* (whether prior to admission, during a covered hospitalization or after your release from the *hospital*), the Insurer reserves the right to:

SECTION V

LIMITATIONS AND RESTRICTIONS (CONTINUED)

- a) transfer you to one of its preferred health care providers; and/or
- b) return you to your province or territory of residence or country of origin, for the medical treatment of your sickness or injury without danger to your life or health.

If you choose to decline the transfer or return when declared medically stable by the Insurer, the Insurer will be released from any liability for expenses incurred for such sickness or injury after the proposed date of transfer or return. *Global Excel* will make every provision for your medical condition when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the hospital.

7. **Repatriation in the event your medical condition requires complex, continuous and prolonged care**

The Insurer will reimburse the reasonable and customary costs to return you to your country of origin if your medical condition requires complex, continuous and prolonged care due to an eligible injury or sickness during the policy period. If you refuse the decision of the Insurer to repatriate you back to your country of origin, the Insurer will be released from any liability

for expenses incurred for such injury or sickness after the proposed date of repatriation.

If you return to the University of New Brunswick after you have been repatriated, upon return, whether during the same policy year or during any subsequent policy years, your coverage will be limited to the applicable individual benefit maximums, limitations and exclusions as outlined in the policy, to an overall policy year maximum of \$5,000 for all benefits related to the sickness, illness or injury for which you have been repatriated.

8. **Sanctions** – The insurer is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with economic, financial and trade sanctions (“Sanctions”) imposed by the European Union and the United Kingdom and the parties acknowledge that the insurer intends to adhere to the same standard.

The insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under the policy which would breach Sanctions imposed under the laws of Canada; or would breach Sanctions imposed by the European Union or the United Kingdom if provided under an insurance contract issued by an insurer in the United Kingdom.

SECTION VI

EXCLUSIONS

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Any sickness, injury or medical condition of a spouse and/or child(ren) that was not stable at any time during the 90 days prior to the effective date of coverage for the spouse and/or child(ren), if the spouse and/or child(ren) applied for insurance 30 days or more after their arrival date in New Brunswick and therefore have a different effective date than the principal insured.
2. Sickness or injury that is confining you to hospital on the effective date of the policy.
3. Chemotherapy and radiotherapy treatment unless approved in advance by *Global Excel*.
4. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescriptions resulting therefrom.
5. Flight accident (unless you are travelling as a fare-paying passenger on a commercial airline).
6. Medical examinations performed at the request of a third party (including medical examinations for immigration purposes).
7. Acupuncture, massage therapy, elective treatment or surgery, cosmetic or plastic surgery, whether or not for psychological reasons, unless required as the result of injury incurred while the policy is in force.
8. Dental treatment, oral surgery or any related procedures, except as otherwise specified under the “Treatment of Dental Accident” benefit and the “Emergency Relief of Dental Pain” benefit (see Section IV - Benefits, B – Benefit # 10 and # 11).
9. Pregnancy, childbirth, miscarriage, voluntary termination of pregnancy and any complications thereof, except as specified under the “Maternity” benefit and the “Therapeutic Abortion” benefit (see Section IV - Benefits, A – Benefit # 7 and # 8).
10. Your participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
11. Committing or attempting to commit an illegal act or a criminal act.
12. Suicide (including any attempt thereat) or self-inflicted injury, except as specifically provided under the “Psychiatric Treatment” benefit (Section IV - Benefits, A and B – Benefit # 2).
13. Medication, drugs or toxic substance abuse or overdose; alcohol abuse, alcoholism or an accident while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.
14. Drugs:
 - a) The purchase of drugs and medication (including vitamins) which are commonly available without a prescription, which are not legally registered and approved in Canada or which are not medically necessary (except the ‘morning after pill’).
 - b) Preventive medicines or vaccines.

- c) Acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products.
- d) All types of contraceptives (except the ‘morning after pill’), pregnancy tests, fertility drugs or testing.
- e) Pharmaceutical products and drugs covered by another organization.
15. Participation:
 - a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one’s main paid occupation);
 - b) in any motorized race or motorized speed contest;
 - c) in scuba diving (unless you hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountaineering, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
16. Renal dialysis or organ transplants.
17. Rehabilitation and convalescent homes or holidays for recuperative purposes.
18. Non-compliance with any prescribed medical therapy or medical treatment (as determined by the Insurer) or failure to carry out a physician’s instructions.
19. Treatment or surgery during your stay when your visit is undertaken for the purpose of securing or with the intent of receiving medical or hospital services, whether or not such visit is taken on the advice of a physician or surgeon.
20. Emergency air transportation unless approved and arranged in advance by *Global Excel*.
21. Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charge.
22. Any sickness, injury or medical condition you suffer or contract, or any loss you incur in a specific country, region or area for which the Government of Canada, including Foreign Affairs, Trade and Development Canada, has issued a travel advisory or formal notice, before your departure date, advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area. If the travel advisory or formal notice is issued after your departure date, your coverage under the policy in that specific country, region or area will be limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary for you to safely evacuate the country, region or area.
23. Any administrative fees or charges above those specified in this certificate.
24. Self exposure to exceptional risk, hazardous pursuits or occupations.

SECTION VII

INTERNATIONAL ASSISTANCE SERVICE

Global Excel answers questions 24 hours a day, 7 days a week.

1. **Emergency Call Centre** – No matter where you are, professional assistance personnel are ready to take your call. From Canada and the U.S., call toll free 1-800-715-8833; from Mexico, call toll free 001-800-514-7798; from anywhere, call collect +819-566-8839.
2. **Benefit Information** – Explanation of your certificate is available to you and to the medical providers who are treating you.
3. **Case Management** – *Global Excel’s* experienced and professional team, available 24 hours a day, will monitor the services given in the event of an emergency.

4. **Interpretation Service** – *Global Excel* can connect you to a foreign language interpreter when required for emergency services.
5. **Direct Billing** – Whenever possible, *Global Excel* will instruct the hospital or clinic to bill them directly.
6. **Claims Information** – *Global Excel* will answer any questions you have about the eligibility of your claim, the standard verification procedures and the way that the policy benefits are administered.

SECTION VIII

DEFINITIONS

Certain italicized terms used in this certificate are defined in this section.

“**Accident**” means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury.

“**Child(ren)**” means an unmarried natural, adopted or stepchild of the insured person or his or her eligible spouse who is, at the date of purchase, dependent on the insured person or his or her eligible spouse for support and is:

- a) 21 years of age and under; or
- b) A full-time student who is under 26 years of age; or
- c) Of any age with a permanent physical impairment or a permanent mental disability.

“**Country of origin**” means the country for which you hold a passport. Where you hold more than one passport, the country of origin will be taken to mean the country that you have declared on the application form.

“**Elective treatment**” means any treatment that is not medically necessary.

“**Emergency**” means that you require immediate medical treatment for the relief of acute pain or suffering resulting from an unexpected and unforeseen sickness or injury occurring while on a temporary trip outside the province of New Brunswick and that such medical treatment cannot be delayed until your return to the province of New Brunswick.

“**Global Excel**” means *Global Excel Management Inc.* the company appointed by the Insurer to provide medical assistance and claims services.

“**Hospital**” means an institution which is designated as a hospital by law; which is continuously staffed by one or more physicians at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and/or medical and surgical treatment of sickness and injury in the acute phase, or active treatment of chronic sickness; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

“**Immediate family member**” means your mother, father, sibling, child, spouse, legal guardian, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law and sister-in-law.

“**Injury**” means an unexpected and unforeseen harm to the body caused by an accident, that requires medical care or treatment and that occurs while this coverage is in effect.

“**In-patient**” means a patient who occupies a hospital bed for more than 24 hours for medical treatment and for which admission was recommended by a physician when medically necessary.

“**Medical Treatment**” means any reasonable procedure, which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

“**Medically necessary**” in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b) is not experimental or investigative in nature; and
- c) cannot be omitted without adversely affecting your condition or quality of medical care; and
- d) cannot be delayed until you return to the province of New Brunswick (while on a temporary visit outside the province of New Brunswick).

“**Physician**” means a medical practitioner whose legal and professional standing within his/her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he/she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than yourself or an immediate family member.

“**Principal insured**” means an eligible student who has arrived in Canada, who is admitted to, enrolled in and attending the University of New Brunswick, and who is not eligible for a provincial or territorial government health insurance plan in Canada.

“**Reasonable and customary costs**” means costs that are incurred for eligible medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar sickness or injury.

“**Sickness**” means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a physician for the purpose of medical treatment.

"Spouse" means the person, aged 65 or under, to whom *principal insured* is legally married or with whom the *principal insured* has been residing in a conjugal relationship.

"Stable" means any medical condition for which all the following statements are true:

- There has been no new diagnosis, treatment or prescribed medication;
- There has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.
Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);
- There have been no new symptoms, more frequent symptoms or more severe symptoms;

- There have been no test results showing deterioration;
- There has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting results of further investigations for that medical condition.

"Training program" means any activity formally recognized by the University of New Brunswick that is required by the *principal insured's* study program to obtain their degree.

"You", "Your", "Yourself" and "Insured" means the *principal insured* and, when the appropriate premium has been paid for family coverage as indicated on the confirmation of insurance, his or her eligible *spouse* and/or *children*.

SECTION IX

CLAIMS PROCEDURES

1. **You are responsible for providing all the documents outlined below and for any charges levied for these documents.**

- Any notice of claim or correspondence concerning a claim must include *your* certificate number, the patient's name and date of birth.
- Submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, the date(s) and type of treatment, and the name of the medical facility and/or *physician*. Only original bills will be considered for payment. Photocopies, facsimile transmissions or carbon copies are not acceptable.
- Receipts for prescription drugs must indicate the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and the total cost.
- If *you* refuse or fail to sign the medical authorization form or refuse to provide any information pertinent to *your* claim, it may result in a delay in processing *your* claim.

2. **Payment of Benefits**

All payments under the policy are payable to *you* or on *your* behalf. Benefits for loss of life are paid to *your* estate unless a beneficiary is designated in writing to *Global Excel* or the *Insurer*. Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. No sum payable shall bear interest.

3. **All pertinent documents should be sent to:**

Global Excel Management Inc.
73 Queen St. Sherbrooke, Québec J1M 0C9



Tel: 1-866-336-9224 (toll free) or 819-566-8986 (collect) during business hours (EST).
Website: www.globalexcel.com

SECTION X

GENERAL PROVISIONS

- Subrogation** – If *you* suffer a loss covered under the policy, the Insurer is granted the right from *you* to take action to enforce all *your* rights, powers, privileges and remedies upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to *you*, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in *your* name, and *you* will attend at the place of loss to assist in the action. If *you* institute a demand or action for a covered loss *you* shall immediately notify the Insurer so that the Insurer may safeguard its rights. *You* shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.
- Other Insurance** – This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your country of origin* that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment-related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less.
- Misrepresentation and Non-disclosure** – The entire coverage under the policy shall be void if the Insurer determines whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning *your* certificate or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insureds* under this contract of insurance.
- Applicable Law** – This contract of insurance is governed by the laws of the province or territory where the policy was issued. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the province or territory where the policy was issued.

- Limitation Periods** – 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 (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

- Important Notice About Your Personal Information** – Royal & Sun Alliance Insurance Company of Canada ("we", "us") collect, use and disclose, personal information (including to and from *your* agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from policyholders, *insureds* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or travelling companions when a policyholder, *insured* or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health Insurers and family members and friends of policyholders, *insureds* or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsatravelinsurance.com.

SECTION XI

IDENTIFICATION OF INSURER

In conjunction with:

International Student Health Insurance for the University of New Brunswick is underwritten by Royal & Sun Alliance Insurance Company of Canada.



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