



TD Insurance  
TD Trip Cancellation and Trip Interruption Insurance  
Distribution Guide

**Name of Insurance Product**

TD Trip Cancellation and Trip Interruption Insurance

**Type of Insurance Product**

Group Travel Insurance

**Name and Address of Insurers:**

TD Life Insurance Company  
P.O. Box 1  
Toronto Dominion Centre  
Toronto, Ontario M5K 1A2

Phone: 1-888-788-0839

TD Home and Auto Insurance Company  
2161 Yonge Street, 4<sup>th</sup> Floor  
Toronto (Ontario) M4S 3A6

Phone: 1-877-760-7899

**Name and Address of the Administrator:**

Allianz Global Assistance  
P.O. Box 277  
Waterloo, Ontario N2J 4A4

Phone: 1-800-293-4941

416-977-2039

Fax: 519-742-9471

**Name and Address of the Distributor:**

The Toronto-Dominion Bank  
1350, René-Lévesque Blvd., 12th Floor  
Montreal, Quebec H2Y 1S1

Phone: 1-888-983-7070

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**Responsibility of the Autorité des marchés financiers**

*The Autorité des marchés financiers does not express an opinion on the quality of the product offered in this guide. The Insurer alone is responsible for any discrepancies between the wording of the guide and the policy.*

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## INTRODUCTION

This Distribution Guide describes Trip Cancellation and Trip Interruption Insurance underwritten by TD Life Insurance Company ("TD Life") under Group Policy Number T1004 and TD Home and Auto Insurance Company ("TD Home & Auto") under Group Policy Number TGV007 (the "Group Policy" or "Group Policies") to The Toronto-Dominion Bank (the "Policyholder"). It will help *You* make a knowledgeable decision about the type of coverage that best suits *Your* needs without the presence of an insurance advisor.

All benefits under the *Certificate* are subject in every respect to the *Group Policy* which alone constitutes the agreement under which benefits will be provided. The principal provisions of the *Group Policy* affecting *Insured Persons* are summarized in the *Certificate*. The *Group Policy* is on file at the office of the *Policyholder* and upon request, *You* are entitled to examine and receive a copy of the *Group Policy*.

Terms in italic throughout this Distribution Guide are defined in the "Definition" section.

## DESCRIPTION OF THE PRODUCTS OFFERED

### NATURE OF THE COVERAGE

#### Trip Cancellation and Trip Interruption

We will pay a benefit with respect to an *Insured Person* if he or she is required to cancel or interrupt a *Covered Trip* as a result of a covered cause for cancellation or interruption listed in the section "Description of Covered Risks and Benefits" of this Distribution Guide.

### SUMMARY OF SPECIFIC FEATURES

The following tables illustrate the Maximum Benefits Payable for this insurance.

Benefit	Maximum Benefit Payable
Trip Cancellation Insurance (Before Departure)	Up to the <i>Amount of Coverage</i> purchased, to a maximum insurable amount of \$20,000 per <i>Insured Person</i> , per <i>Covered Trip</i> .
Trip Interruption Insurance (After Departure):	Unused portion of pre-paid travel arrangements, up to the <i>Amount of Coverage</i> purchased prior to departure, to a maximum insurable amount of \$20,000 per <i>Insured Person</i> , per <i>Covered Trip</i> .
Transportation	One-way economy class ticket.
Meals and Accommodation	Up to \$350 per day, per <i>Insured Person</i> , up to a maximum of \$700 per <i>Insured Person</i> , per <i>Covered Trip</i> .
Return of Deceased	Up to \$10,000 towards transportation or burial in the event of the death of an <i>Insured Person</i> .

### ELIGIBILITY

*You* can apply for insurance by calling *Our Administrator* and completing an *Application* by telephone. *You* can apply for an extension of insurance by calling *Our Administrator* at the 24 Hour Assistance line and completing an *Application* by telephone. The telephone number is **1-800-359-6704** from Canada or the United States, or from any other countries, *You* can call collect at **416-977-5040**. *You* can also apply for insurance online at [www.tdinsurance.com](http://www.tdinsurance.com).

### Eligibility for Trip Cancellation and Trip Interruption Coverage

To be eligible for Trip Cancellation and Trip Interruption, *You* must meet all of the following conditions:

*You* may apply for Trip Cancellation and Trip Interruption Insurance if:

- *You* are at least 18 years old on the *Effective Date of Your Certificate* as indicated on *Your* insurance application or most recent *Declaration of Coverage*;
  - If *You* are under 18 years old, a parent or guardian can provide authorization.
- *You* are a customer of the *Policyholder* or its affiliates/subsidiaries;
- *You* are a resident of Canada and are in Canada when *You* buy the coverage; and
- *You* purchase coverage for the full duration of *Your* trip up to a maximum of 365 days from the *Departure Date* as indicated on *Your* insurance application or most recent *Declaration of Coverage*.

If *You* fail to meet any of the conditions outlined above, *Your* insurance is void and our liability is limited to a refund of the premium paid.

## Eligibility to increase Trip Cancellation and Trip Interruption Benefits

If You decide to extend *Your Covered Trip*, any extension of *Your* coverage is subject to the following conditions:

- You must request the *Extension Period* by contacting *Our Administrator* before *Your Return Date*, and:
  - You have not had a *Medical Emergency Condition* under *Your* existing coverage or under any other travel insurance product You have with Us;
  - If You have had an *Medical Emergency Condition* under *Your* existing coverage or under any other travel insurance product You have with Us;
    - Any *Extension Period* is subject to approval by *Our Administrator*.
  - The extension of coverage will under no circumstances result in an *Extension Period* of more than 365 days after *Your Departure Date* from *Your Home*.

**Note:** The delay of a *Common Carrier* will result in an automatic extension of coverage up to a maximum of 72 hours or until You return to *Your Home*, whichever is earlier.

The terms, conditions and exclusions of the *Certificate* apply to You during the *Extension Period*.

## TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE COVERAGE PERIOD

### Trip Cancellation Coverage Period

- The Trip Cancellation Insurance *Coverage Period* begins on the *Effective Date* indicated on *Your* most recent *Declaration of Coverage*.
- The Trip Cancellation Insurance *Coverage Period* ends on the *Departure Date* stated on *Your* most recent *Declaration of Coverage*.

### Trip Interruption Coverage Period

- The Trip Interruption *Coverage Period* begins once You have departed from *Your Home* as indicated on *Your* travel invoice or ticket, provided that the *Covered Trip* is reserved or purchased with a travel supplier prior to *Your Departure Date*.
- The Trip Interruption *Coverage Period* ends on the earlier of:
  - The date You return to *Your Home*; or
  - *Midnight of Your Return Date*, as stated on *Your* most recent *Declaration of Coverage*.

## CONFIRMATION OF INSURANCE

You will have confirmation of insurance once:

- You receive a *Certificate Number*; **AND**
- *Our Administrator* sends a *Declaration of Coverage*.

## TERMINATION OF INSURANCE

Your Trip Cancellation and Trip Interruption Insurance will automatically terminate on the earliest of:

- The date the covered cause of cancellation occurred, if *Your Covered Trip* is cancelled before *Your Departure Date* from *Your Home*;
- The date You return to *Your Home*;
- *Midnight of Your Return Date*;
- 365 days after *Your Departure Date* from *Your Home*.

You may be eligible for a refund of *Your* Trip Cancellation and Trip Interruption Insurance premium if:

- *Your trip* is cancelled before You depart on *Your Covered Trip* and:
  - The supplier (e.g. tour operator, airline, etc.) cancels *Your Covered Trip* and all penalties are waived; or
  - The supplier (e.g. tour operator, airline, etc.) changes the travel dates and You are unable to travel on these dates and all penalties are waived; or
  - You cancel *Your Covered Trip* before any cancellation penalties are in effect.
- No refund of premium will be made in the event that a claim has been paid, incurred or reported or if You have already departed on *Your Covered Trip*.

## EXTENSION OF INSURANCE

If You decide to extend *Your Covered Trip* You must request the *Extension Period* by contacting *Our Administrator* before *Your Return Date*, and any extension of *Your* coverage is subject to the following conditions:

- You have not had a *Medical Emergency Condition* under *Your* existing coverage or under any other travel insurance product *You* have with *Us*;
- If *You* have had an *Medical Emergency Condition* under *Your* existing coverage or under any other travel insurance product *You* have with *Us*;
  - Any *Extension Period* is subject to approval by *Our Administrator*.
- The extension of coverage will under no circumstances result in an *Extension Period* of more than 365 days after *Your Departure Date* from *Your Home*.

**Note:** The delay of a *Common Carrier* will result in an automatic extension of coverage up to a maximum of 72 hours or until *You* return to *Your Home*, whichever is earlier.

The terms, conditions and exclusions of the *Certificate* apply to *You* during the *Extension Period*.

## DESCRIPTION OF COVERED RISKS AND BENEFITS

Trip Cancellation and Trip Interruption Insurance provides coverage for the following causes for Cancellation and Interruption. Below is a summary of what benefits are available to *You*.

**For a complete description of each benefit, please refer to Pages 9 - 10.**

What are the Covered Causes?	What benefits are <i>You</i> eligible for?		
	Trip Cancellation	Trip Interruption	Delayed Return
The <i>Medical Emergency Condition</i> of <i>You</i> or <i>Your Travelling Companion</i> .	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>
The admission to a <i>Hospital</i> following a <i>Medical Emergency Condition</i> of a member of <i>Your Immediate Family</i> (who is not at <i>Your</i> destination), <i>Your</i> business partner, <i>Key Employee</i> or <i>Caregiver</i> .	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	✗
A member of <i>Your Immediate Family</i> , <i>Your</i> business partner, <i>Key Employee</i> or <i>Caregiver</i> suffers a <i>Medical Emergency Condition</i> or dies.			
<i>Your</i> host at destination is admitted to a <i>Hospital</i> or dies following a <i>Medical Emergency Condition</i> .			
<i>Your Travelling Companion's Immediate Family Member</i> , business partner, <i>Key Employee</i> or <i>Caregiver</i> suffers a <i>Medical Emergency Condition</i> or dies.			
The <i>Medical Emergency Condition</i> or death of <i>Your Immediate Family Member</i> who is at <i>Your</i> destination.	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>
<i>Your</i> death.	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Return of deceased</li> </ul>	<ul style="list-style-type: none"> <li>• Return of deceased</li> </ul>
The death of <i>Your Travelling Companion</i> .	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>

		Accommodation	
Pregnancy and Adoption	Trip Cancellation	Trip Interruption	Delayed Return
	Please refer to Pages 9 - 10 for a complete description of each benefit.		
Complications of a pregnancy when they occur in the first 31 weeks of a pregnancy involving <i>You</i> , <i>Your Spouse</i> , or a member of <i>Your Immediate Family</i> .  <b>Limitation:</b> The confirmation of a multiple pregnancy or the confirmation of a pregnancy as a result of fertility treatment(s) are <u>not</u> considered complications of pregnancy.	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>
Complications of a pregnancy when they occur in the first 31 weeks of pregnancy involving <i>Your Travelling Companion</i> , or a member of the <i>Immediate Family of Your Travelling Companion or Travelling Companion's Spouse</i> .  <b>Limitation:</b> The confirmation of a multiple pregnancy or the confirmation of a pregnancy as a result of fertility treatment(s) are <u>not</u> considered complications of pregnancy.	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>
<i>Your</i> or <i>Your Spouse's</i> pregnancy being confirmed after <i>Your Effective Date</i> if <i>Your</i> departure from <i>Your Home</i> falls within 9 weeks before or after the expected delivery date.	✓	✗	✗
<i>Your Travelling Companion's</i> or <i>Your Travelling Companion's Spouse's</i> pregnancy being confirmed after <i>Your Effective Date</i> if <i>Your</i> departure from <i>Your Home</i> falls within 9 weeks before or after the expected delivery date.			
<i>Your</i> legal adoption of a child, when the actual date of that adoption is scheduled to take place after <i>Your Effective Date</i> of Insurance and before or after <i>Your Departure Date</i> .	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	✗
<i>Your Travelling Companion's</i> legal adoption of a child, when the actual date of that adoption is scheduled to take place after <i>Your Effective Date</i> of Insurance and before or after <i>Your Departure Date</i> .			
Travel Visas and Government Advisories	Trip Cancellation	Trip Interruption	Delayed Return
Please refer to Pages 9 - 10 for a complete description of each benefit.			
Department of Foreign Affairs, Trade and Development Canada (DFATD) issues a written formal Travel Warning during <i>Your Trip</i> , or, after <i>You</i> purchase <i>Your</i> insurance but before <i>Your Departure Date</i> , advising Canadians to avoid all or non-essential travel to a destination included in <i>Your Covered Trip</i> .	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	✗
<i>Your</i> travel visa is not issued or <i>Your</i> travel visa application is rejected for reasons beyond <i>Your</i> control.  <b>Limitation:</b> The non-issuance of an Immigration and/or Employment Visa is <u>not</u> covered. The non-issuance of a travel visa due to late visa application is not covered.	✓	✗	✗
<i>Your Travelling Companion's</i> travel visa is not			

issued or travel visa application is rejected for reasons beyond <i>Your Travelling Companion's</i> control.  <b>Limitation:</b> The non-issuance of an Immigration and/or Employment Visa is <u>not</u> covered. The non-issuance of a travel visa due to late visa application is not covered.			
<b>Causes relating to Employment</b>	<b>Trip Cancellation</b>	<b>Trip Interruption</b>	<b>Delayed Return</b>
	Please refer to Pages 9 - 10 for a complete description of each benefit.		
<i>You or Your Spouse</i> is transferred by the employer with whom <i>You or Your Spouse</i> is employed on <i>Your Effective Date</i> , which requires the relocation of <i>Your</i> principal residence.			
<i>You or Your Spouse</i> lose(s) a permanent job due to lay-off or dismissal without just cause.  <b>Limitation:</b> Loss of contract employment or self-employment is <u>not</u> covered.			
Cancellation of <i>Your or Your Travelling Companion's Business Meeting</i> beyond <i>Your or Your</i> employer's control or <i>Your Travelling Companion's</i> or <i>Your Travelling Companion's</i> employer's control.			
<i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	✗
A transfer by the employer with whom <i>Your Travelling Companion or Your Travelling Companion's Spouse</i> is employed on <i>Your Effective Date</i> , which requires the relocation of their principal residence.			
<i>Your Travelling Companion or Your Travelling Companion's Spouse</i> loses a permanent job due to lay-off or dismissal without just cause.  <b>Limitation:</b> Loss of contract employment or self-employment is <u>not</u> covered.			
<i>Your Travelling Companion</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.			
<b>Travel Delays</b>	<b>Trip Cancellation</b>	<b>Trip Interruption</b>	<b>Delayed Return</b>
	Please refer to Pages 9 - 10 for a complete description of each benefit.		
Delay of <i>Your</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>Covered Trip</i> , when <i>You</i> choose not to continue with <i>Your</i> travel arrangements.	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	✗
Delay of <i>Your Travelling Companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>Covered Trip</i> , when <i>You</i> choose not to continue with <i>Your</i> travel arrangements.			
Delay of <i>Your Travelling Companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>Covered Trip</i> , when <i>You</i> choose to continue with <i>Your</i> travel arrangements	✓	<ul style="list-style-type: none"> <li>• Cost of the next occupancy charge</li> </ul>	✗

Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing <i>You</i> to miss a connection or resulting in the interruption of <i>Your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	✘	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>
Delay of <i>Your</i> connecting <i>Common Carrier</i> , resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes, volcanic eruptions, loss or theft of <i>Your</i> passports, travel documents; causing <i>You</i> to miss a connection or resulting in the interruption of <i>Your</i> travel arrangements.			
<b>Other Risks</b>	<b>Trip Cancellation</b>	<b>Trip Interruption</b>	<b>Delayed Return</b>
Please refer to Pages 9 - 10 for a complete description of each benefit.			
An event completely independent of any intentional or negligent act that renders <i>Your</i> principal residence uninhabitable or the business that <i>You</i> own inoperative.	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	✘
<i>Your</i> , <i>Your Spouse</i> or <i>Your Dependent Child</i> being: a) Called for jury duty; b) Subpoenaed as a witness; or c) Required to appear as a party in a judicial proceeding, during <i>Your Covered Trip</i> .			
<i>Your</i> commercial accommodation at <i>Your Trip</i> destination is rendered uninhabitable due to a disaster or event independent of any intentional act of negligence.			
An event completely independent of any intentional or negligent act that renders <i>Your Travelling Companion's</i> principal residence uninhabitable or the business that he/she owns inoperative.	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	✘
<i>Your Travelling Companion</i> , <i>Your Travelling Companion's Spouse</i> or <i>Dependent Child</i> being: a) Called for jury duty; b) Subpoenaed as a witness; or c) Required to appear as a party in a judicial proceeding, during <i>Your Covered Trip</i> .			
The quarantine or hijacking of <i>You</i> , <i>Your Spouse</i> or <i>Your Dependent Child</i> .	✓	<ul style="list-style-type: none"> <li>• Unused portion of pre-paid travel arrangements</li> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Meals and Accommodation</li> </ul>
The quarantine or hijacking of <i>Your Travelling Companion</i> or <i>Your Travelling Companion's Spouse</i> or <i>Dependent Child</i> .			

**Chart Legend:**

✓ : Eligible for benefit

✘ : Ineligible for benefit

**The Benefits Listed Above Include the following:**

**Trip Cancellation Insurance (Before *Departure Date*):**

If one of the covered causes listed in section 7 occurs before *You leave Home* and *You* are unable to travel:

- We will pay up to the *Amount of Coverage* for the prepaid, unused, and non-refundable travel arrangements that are non-transferrable to another travel date; or
- We will cover the cost of the next occupancy charge up to the *Amount of Coverage* (only applicable if *Your Travelling Companion* must cancel their trip due to a covered cause applicable to them).

**Trip Interruption Insurance (After *Departure Date*):**

If one of the covered causes listed in section 7 occurs after *You leave Home on Your Covered Trip*, We will pay, subject to pre-approval by *Our Administrator*:

- Up to the *Amount of Coverage* for the non-refundable, unused portion of *Your* prepaid travel arrangements, excluding the cost of prepaid transportation back to *Your Home*.
- **Transportation:**
  - The extra cost of *Your* one-way economy class transportation, subject to pre-approval by *Our Administrator*:
    - to rejoin a tour or group;
    - to *Your* next destination as stated in *Your* trip itinerary; or
    - to *Your Home*.
- **Fly to bedside or funeral:**
  - If *You* are required to interrupt *Your Covered Trip* to attend a funeral, or travel to the bedside of a hospitalized *Immediate Family Member*, business partner, *Key Employee* or *Caregiver*, *You* have the option to purchase a ticket to the destination where the death or hospitalization has occurred. *You* will be reimbursed for the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost effective route back to *Your Home*.

**Note:** Only available for use once during *Your Coverage Period* as indicated on *Your* most recent *Declaration of Coverage*.

**Exclusion:** The fly to bedside or funeral benefit replaces the option to obtain a return ticket to *Your Home*. Additionally, the meals and accommodation benefit below does not apply under this fly to bedside or funeral benefit.

**Note:** It is a condition of any transportation benefit under this *Certificate* that travel must be undertaken on the earliest of:

- The date when *Your* travel is medically possible; or
- Within 10 days following *Your* originally scheduled *Return Date* if *Your* delay is not the result of hospitalization.

• **Meals and Accommodation:**

- Up to \$350 per day to a maximum of \$700 per *Insured Person*, per *Covered Trip*, for *Your*:
  - Commercial accommodations and meals;
  - Essential telephone calls and internet usage fees;
  - Taxi fares (or rental car in lieu of taxi fares).

• **In the Event of a Delay of Connecting Common Carrier:**

- Up to \$350 per day to a maximum of \$700 per *Insured Person*, per *Covered Trip*, for *Your*:
  - Overnight commercial accommodations (if delayed for 6 hours or more and the delay occurs overnight);
  - Essential telephone calls and internet usage fees;
  - Taxi fares (or rental car in lieu of taxi fares).

**Exclusion:** This benefit can only be claimed if no other compensation was provided or offered by the delayed connecting *Common Carrier*.

**Note:** It is a condition of any Meals and Accommodation benefit under this Certificate that travel must be undertaken on the earliest of:

- The date when *Your* travel is medically possible; or
- Within 10 days following *Your* originally scheduled *Return Date* if *Your* delay is not the result of hospitalization.

#### Return of Deceased:

- In the event of *Your* death during the Trip Interruption Coverage period, *We* will pay, subject to pre-approval by *Our Administrator*, up to a maximum of \$10,000 towards:
    - The cost for preparation and transportation of *Your* remains from the place of death to *Your* Canadian city of residence.
- OR;
- The burial or the cremation of *Your* remains where *Your* death occurred **and** one roundtrip economy class common carrier ticket if:
    - An *Immediate Family Member* is required to identify or obtain release of the deceased; and
    - *Our Administrator* approves this transportation in advance

**Exclusion:** The cost of a burial casket or urn is not covered.

#### Terrorism Coverage

Any benefits payable pursuant to our Trip Cancellation & Trip Interruption Insurance shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *Us*, including these *Group Policies*. If total claims otherwise payable for a type of coverage under all travel policies issued by *Us*, resulting from one or more *Acts of Terrorism*, exceed this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a prorated basis so that the total amount paid in respect of all such claims shall be equal to the maximum aggregate payable limit.

The benefits payable, as described directly above, are in excess of all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only become available after all other sources are exhausted.

Coverage is only available for up to two (2) *Acts of Terrorism* within a calendar year and the maximum aggregate payable limit for each *Acts of Terrorism* is:

- Maximum aggregate for each Act of Terrorism:
  - \$10,000,000 within an inclusive fourteen day period
- Maximum aggregate per calendar year
  - \$20,000,000

If, in our judgment, the total of all payable claims under one or more *Acts of Terrorism* may exceed the applicable maximum aggregate payable limit, your prorated claim may be paid after the end of the calendar year in which you qualify for benefits.

#### EXCLUSIONS, RESTRICTIONS OR REDUCTIONS APPLICABLE TO ALL COVERAGE

For all benefits described within this *Certificate*, there is no coverage included for expenses of any kind caused directly or indirectly as a result of any of the following:

#### CAUTION

<b>Reasonably Foreseeable Circumstances</b>	<ul style="list-style-type: none"><li>– Any anticipated event, occurrence, circumstance, or <i>Medical Emergency Condition</i>, which <i>You</i> had knowledge of, on or before <i>Your Effective Date</i>, and which <i>You</i> knew might cause the cancellation, interruption or delay of <i>Your Covered Trip</i>.</li><li>– A <i>Covered Trip</i> the purpose of which is to visit or attend an ailing person, when the <i>Medical Emergency Condition</i> or death of that person is the cause of the claim.</li><li>– The scheduled change of a medical test or surgery that was originally scheduled before <i>Your Coverage Period</i>.</li></ul>
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<b>Non-Payment of Premium</b>	<ul style="list-style-type: none"> <li>– Pre-paid travel arrangements for which an insurance premium was not paid (i.e.: not forming part of the Amount of Coverage under this Certificate).</li> </ul>
<b>Intentionally Inflicted Injuries</b>	<ul style="list-style-type: none"> <li>– Intentionally inflicted injuries, including suicide or attempted suicide, committed while the <i>Insured Person</i> is either sane or insane</li> </ul>
<b>Crime</b>	<ul style="list-style-type: none"> <li>– Participation in a criminal act, including driving while impaired or over the legal limit.</li> </ul>
<b>Mental Disorders</b>	<ul style="list-style-type: none"> <li>– Any mental, nervous or emotional disorders, including any <i>Medical Emergency Condition</i> arising from these disorders.</li> </ul>
<b>Alcohol or Drug Abuse</b>	<ul style="list-style-type: none"> <li>– Any loss, injury or death related to the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant,</li> </ul>
<b>Pregnancy</b>	<ul style="list-style-type: none"> <li>– Routine pre-natal care, or pregnancy or childbirth within nine weeks of expected delivery date including: <ul style="list-style-type: none"> <li>– Any complication relating to pregnancy that occurs in the last nine weeks leading up to the expected delivery date, or after the expected delivery date.</li> <li>– Any child born during a <i>Covered Trip</i>.</li> </ul> </li> </ul>
<b>Elective Treatment</b>	<ul style="list-style-type: none"> <li>– Any non-emergency, experimental or elective treatment, including cosmetic surgery, chronic care or rehabilitation, and/or if the purpose of <i>Your Covered Trip</i> was to obtain such treatment whether or not it was authorized by a <i>Physician</i>.</li> <li>– Any <i>Treatment</i>, which medical evidence indicates that an <i>Insured Person</i> could have returned to his or her province or territory of residence to receive.</li> </ul>
<b>Travel Documents and Border Issues</b>	<ul style="list-style-type: none"> <li>– The non-issuance of a travel visa due to late visa application.</li> <li>– <i>Your</i> refused entry at customs, border crossing, or security checkpoint for any reason.</li> </ul>
<b>Hazardous Activities</b>	<ul style="list-style-type: none"> <li>– Participation in: <ul style="list-style-type: none"> <li>– Rock climbing or Mountaineering;</li> <li>– Any sports as a professional athlete (where the sport is <i>Your</i> main paid occupation);</li> <li>– Any competitive and motorized: sporting events, racing, or speed events;</li> <li>– Performing as a pilot or crew member of any aircraft.</li> </ul> </li> </ul>
<b>Radiation and Nuclear Contamination</b>	<ul style="list-style-type: none"> <li>– Ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.</li> </ul>
<b>War or Terrorism</b>	<ul style="list-style-type: none"> <li>– War (whether war be declared or not), hostilities, invasion or civil war.</li> <li>– Any loss as the sole result of the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.</li> <li>– Any loss resulting from an act of war or an <i>Act of Terrorism</i> when, before <i>Your Effective Date</i>, a written formal travel warning was issued by Department of Foreign Affairs, Trade and Development Canada (DFATD), advising Canadians to avoid all or non-essential travel to that country, region or city.</li> </ul>
<b>Travel Advisories</b>	<ul style="list-style-type: none"> <li>– Any <i>Medical Emergency Condition</i> <i>You</i> suffer or contract in a specific country, region or city for which Department of Foreign Affairs, Trade and Development Canada (DFATD), has issued a formal travel warning, before <i>Your Effective Date</i>, advising Canadians to avoid all or non-essential travel to that specific country, region or city.</li> <li>– <b>Note:</b> In this exclusion, "<i>Medical Emergency Condition</i>" is limited to the reason for which the formal Travel Warning was issued and includes complications arising from such <i>Medical Emergency Condition</i>.</li> </ul>
<b>Misrepresentation</b>	<ul style="list-style-type: none"> <li>– Misrepresentation regarding any medical condition for which <i>You</i> or an <i>Insured Person</i> gave <i>Us</i> or <i>Our Administrator</i> false or inaccurate information about diagnosis, hospitalizations, <i>Treatment</i>, prescriptions or medications.</li> <li>– This exclusion applies to <i>You</i>, <i>Your Spouse</i>, <i>Your Dependent Children</i> and <i>Your Travelling Companion</i>, their <i>Spouse</i> and <i>Dependent Children</i>, whether or not they are travelling with <i>You</i>. It also applies to <i>Your</i> parents and <i>Your</i> siblings and those of your <i>Travelling Companion</i>, who live in the same home, whether or not they are travelling with <i>You</i>.</li> </ul>
<b>Pre-Existing Condition</b>	<ul style="list-style-type: none"> <li>– We will not pay a benefit for <i>Treatment</i>, services or expenses that relate to or result from a <i>Pre-Existing Condition</i>, if at any time during the applicable <i>Pre-Existing Condition Period</i>, that <i>Pre-Existing Condition</i> was not <i>Stable</i>. This exclusion applies</li> </ul>

	<p>to <i>You</i> and the following persons who may or may not be travelling with <i>You</i>:</p> <ul style="list-style-type: none"> <li>- An <i>Immediate Family Member</i>;</li> <li>- A <i>Travelling Companion</i>; or</li> <li>- A <i>Travelling Companion's Immediate Family Member</i>.</li> </ul>
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**GENERAL CONDITIONS**

Unless otherwise expressly provided in this *Certificate* or in the *Group Policies*, the following general provisions apply to the benefits described in this *Certificate*:

**Validity of the Contract**

The insurance will be valid only when purchased and paid for in full before the *Effective Date* of the contract. The insurance must be purchased before the *Departure Date* and for the full duration of the *Covered Trip*, including the departure and return dates. When you have paid the appropriate premium and met the eligibility requirements, this *Certificate* along with your application forms part of your insurance contract and becomes a binding contract provided that you are issued a *Declaration of Coverage* upon which a contract *Certificate* number appears.

**Proof of Loss and Timely Reporting**

If you are making a claim, you must send *Our Administrator* the appropriate claim forms, together with written proof of loss (e.g.: original invoices and tickets, medical and/or death certificates as described in Section 10) as soon as possible. In every case, you must report your claim within one (1) year from the date of the accident or the date the claim arises.

**Failure to provide the applicable documentation may invalidate your claim.**

**Review and Medical Examination**

When a claim is being processed, we will have the right and the opportunity, at our own expense, to review all medical records related to the claim and to examine the *Insured Person* medically when and as often as may be reasonably required.

**Benefit Payments**

This *Certificate* contains provisions removing or restricting the right of the *Insured Person* to designate to whom or for whose benefit insurance money is payable. We will only pay the expenses covered under this *Certificate* to the *Insured Person* or to the provider of the service(s), as determined by *Us*. This means that under the *Group Policy*, neither *You* nor any *Insured Person* has the right to choose a beneficiary who will receive any benefits payable under this *Certificate*. Benefits are payable to *You* or, on *Your* behalf, to *Your* service provider.

**Subrogation**

There may be circumstances where another person or entity should have paid *You* for a loss but instead we paid *You* for the loss. If this occurs, *You* agree to co-operate with *Us* so *We* may demand payment from the person or entity who should have paid *You* for the loss. This may include:  
 Transferring to *Us* the debt or obligation owing to *You* from the other person or entity.  
 Permitting *Us* to bring a lawsuit in *Your* name.  
 If *You* receive funds from the other person or entity:  
*You* will hold it in trust for *Us*;  
 Acting so as not to prejudice any of *Our* rights to collect payment from the other person or entity.  
*We* will pay the costs for the actions *We* take.

**Recovery**

In the event that *You* are found to be ineligible for coverage, or that a claim is found to be invalid, or benefits are reduced in accordance with any policy exclusion or term or condition, *We* have the right to collect from *You* any amount which *We* have paid on *Your* behalf to service providers or other parties.

**Other Insurance**

If *You* or an *Insured Person* have other insurance in addition to this *Certificate* with *Us*, the total benefits payable under all *Your* insurance, including this *Certificate*, cannot be more than the actual expenses for a claim and the maximum *You* are entitled to is the largest amount specified for the benefit in any one policy.

If *You* or an *Insured Person* have other insurance in force for the same Coverage Period, in addition to this *Certificate*, with another insurer, the total benefits payable under all *Your* insurance, including this *Certificate*, cannot be more than the actual expenses for a claim. *We* will coordinate payment of benefits with the other insurer to a maximum of the largest amount specified for the benefit by each insurer.

The plans outlined in this policy are second payor coverages and all other sources of coverage or recovery must be exhausted before any payments will be made under this *Certificate*.

### **Legal Action Limitation Period**

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 or other applicable legislation. All actions or proceedings against us must be brought in the province or territory in which *You were a resident at the Effective Date* of this *Certificate* and will be governed by the laws of that province or territory, without reference to its conflicts of law rules.

### **Misrepresentation**

This *Certificate* is voidable by *Us* in the case of fraud or attempted fraud, or if *You* conceal or misrepresent any material fact in *Your* application for this *Certificate* or in *Your* application or for any *Extension Period* of this *Certificate*. In such case, *You* will not be entitled to the benefits of this coverage, nor to the payment of any claim under the *Certificate*.

### **Currency**

All amounts shown are in Canadian currency. If currency conversion is necessary, *We* will use the exchange rate on the date the last service was rendered to *You*. This insurance will not pay for any interest.

### **Access to Medical Care**

TD Life, TD Home & Auto, the Policyholder, *Our Administrator* and their affiliates are not responsible for the availability, quality or results of any medical *Treatment* or transport, or for the failure of any *Insured Person* to obtain medical *Treatment*.

### **Group Policies**

All benefits under this *Certificate* are subject in every respect to the *Group Policy*, which alone constitutes the agreement under which benefits will be provided. The principal provisions of the *Group Policy* affecting *Insured Persons* are summarized in this *Certificate*. The *Group Policy* is on file at the office of the *Policyholder* and upon request, *You* may receive and review a copy of the *Group Policy*.

### **Relationship between *Us* and the *Policyholder***

TD Life and TD Home & Auto are affiliated with The Toronto-Dominion Bank.

## **PREMIUMS**

The premium will be based on:

- the age of the *Insured Person(s)*; and
- the *Amount of Coverage* purchased to a maximum insurable amount of \$20,000 per *Insured Person*, per *Covered Trip*.

## **OTHER INFORMATION**

In order to obtain further information regarding Trip Cancellation and Trip Interruption Insurance, *You* may:

- contact *Our Administrator's* customer service. Please refer to the section "How to Contact *Our Administrator*" of this Distribution Guide for additional information; **OR**
- refer to the *Certificate* of Insurance of Travel Medical Insurance which can be viewed online at [www.tdinsurance.com/travel](http://www.tdinsurance.com/travel)

## **PROOF OF LOSS OR CLAIM – SUBMISSION OF A CLAIM – CLAIM NOTIFICATION**

### **Trip Cancellation Insurance**

After the *Insured Person* has cancelled his or her travel arrangements with the travel supplier, the *Insured Person* will need to follow the instructions under Section 10.

It is important to call *Our Administrator* immediately or within 24 hours at the emergency assistance number found in Section 11.

The amount payable under Trip Cancellation Insurance coverage is limited to the cancellation penalties in effect on the date the covered cause for cancellation occurs, so it's important to cancel the *Insured Person's* plans immediately but no later than within 24 hours of cancellation with *Your* travel agent or travel supplier.

## **Trip Interruption Insurance**

The Insured Person must call Our Administrator immediately at the 24 Hour Emergency Assistance number found in Section 11. Some expenses are only covered if they're approved in advance by Our Administrator. All transportation expenses must be pre-approved.

Only the expenses that are non-refundable on the day the covered cause for interruption occurs are eligible for reimbursement, so contact Our Administrator immediately but no later than within 24 hours to discuss alternate travel arrangements.

## **HOW TO MAKE A CLAIM**

Once the *Insured Person* has cancelled his or her trip with the travel supplier, call *Our Administrator*, toll-free at **1-800-359-6704** (from Canada or the U.S.) or **416-977-5040**, collect (from other countries).

*Our Administrator* will provide *You* with a claim form that *You* must complete and submit with documentation to support the claim, including the following where applicable:

- ✓ A medical document, fully completed by the legally qualified *Physician* in active personal attendance and in the locality where the *Medical Emergency Condition* occurred, stating the reason why travel was not recommended, the diagnosis and all dates of *Treatment*.
- ✓ Written evidence of the covered cause of cancellation, interruption or delay.
- ✓ Travel supplier or tour operator terms and conditions detailing any cancellation penalties or reimbursement for unused travel arrangements.
- ✓ Complete original unused transportation tickets and vouchers.
- ✓ Reports from the police or local authorities documenting the cause of the missed connection.
- ✓ All receipts for the prepaid land arrangements as detailed in *Your* travel documents or itinerary prior to departure.
- ✓ All receipts for subsistence allowance expenses as approved by *Our Administrator*.
- ✓ Original passenger receipts for new tickets.
- ✓ Detailed invoices and/or receipts from the service provider(s).
- ✓ Any receipts for or proof of refund already obtained from travel suppliers or tour operators.
- ✓ The *Insured Person* will also be required to provide evidence of his or her actual or planned *Departure Date* from his or her province or territory of residence.
- ✓ Where the claim relates to a *Medical Emergency Condition*, a signed "Release of Medical Information" authorization to allow *Us* to obtain any further information required to complete the claim review.

**Note:** Failure to complete the required claim and authorization form in full will delay the assessment of *Your* claim and may result in the invalidation of *Your* claim.

## **DEADLINE TO SUBMIT A CLAIM**

The appropriate claim forms, together with written proof of loss, must be furnished as soon as reasonably possible, but in all events within one (1) year from the date of the accident or the date a claim arises under the *Certificate*.

## **HOW TO CONTACT OUR ADMINISTRATOR**

### **24 Hour Emergency Assistance Number**

To enquire about these benefits, or to make arrangements with respect to Trip Cancellation and Trip Interruption Insurance, the *Insured Person* can call *Our Administrator* twenty-four hours a day, seven days a week at:

From the U.S.A. or Canada **1-866-374-1129**

From elsewhere, call collect **(416) 977-4425**

### **Customer Service**

To get a claim form, cancel *Your* insurance or for general inquiries, call *Our Administrator* from 8 a.m. to 9 p.m. ET, Monday to Saturday at:

From the U.S.A. or Canada **1-800-293-4941**

From elsewhere, call collect **(416) 977-2039**

## **INSURER'S REPLY**

We will notify *You* of a decision to approve *Your* claim approximately 60 business days after receiving all documents and information required upon which to make a decision.

Once the required proof has been received and the claim has been approved, payment will be made by the Insurer within 30 days.

We will inform *You* of the claim denial and the reasons for such denial approximately within 60 business days after receiving all documents and information required upon which to make a decision.

## APPEAL OF AN INSURER'S DECISION AND RECOURSE

If *Your* claim is refused, *You* can appeal this decision by submitting new information to the Insurer. *You* may also consult the Autorité des marchés financiers or *Your* own legal advisor.

## SIMILAR PRODUCTS

Other travel insurance products may be offered by other insurance companies.

## REFERRAL TO THE AUTORITÉ DES MARCHÉS FINANCIERS

For more information about the Insurer's obligation and the distributor's obligation to *You*, the customer, *You* can contact the Autorité des marchés financiers at:

### Autorité des marchés financiers

Place de la Cité, Tour Cominar

2640 Laurier Blvd., 4th Floor

Quebec, Quebec G1V 5C1

Telephone Numbers

Toll free: 1-877-525-0337

Quebec: 418-525-0337

Montreal: 514-395-0337

Fax: 418-525-9512

Email: [information@lautorite.qc.ca](mailto:information@lautorite.qc.ca)

Internet: <http://www.lautorite.qc.ca>

## DEFINITIONS

Defined terms are presented in the *Italic* format throughout this Distribution Guide.

**Administrator** means the service provider arranged by TD Life and TD Home & Auto to provide claims payment and administrative services under the *Certificate*.

**Amount of Coverage** means the insurable amount of Trip Cancellation and Trip Interruption Insurance that *You* purchase under this *Certificate*. This is the maximum amount of money that *You* may be eligible to receive in the event of an approved claim for Trip Cancellation or Trip Interruption of a *Covered Trip*.

**Business Meeting** means a meeting, tradeshow, training course, or convention scheduled before *Your Effective Date* between companies with unrelated ownership, pertaining to *Your* full-time occupation or profession and that is the sole purpose of *Your* trip. Legal proceedings are not considered to be a *Business Meeting*.

**Caregiver** means the permanent, full-time person entrusted with the well-being of *your Dependent Child or Children* and whose absence cannot reasonably be replaced.

**Certificate** means this Certificate of Insurance.

**Certificate Number** means the unique identifier that *You* receive when *You* buy this insurance online or by telephone.

**Change in Medication** means the medication dosage or frequency has been reduced, increased, stopped and/or new medication(s) has/have been prescribed.

**Exceptions:** A change from a brand name medication to a generic brand medication of the same dosage does not constitute a *Change in Medication*.

**Common Carrier** means any land, air or water conveyance (e.g. passenger plane, ferry, cruise ship, bus, limousine, taxi or train) which is licensed to carry passengers without discrimination and for hire, excluding courtesy transportation provided without a specific charge.

**Coverage Period** means the period of time during which a covered event must occur for a benefit to be payable as detailed in Section 6.

**Covered Trip** means a trip:

- Made by an *Insured Person*;
- Outside the *Insured Person's* province or territory of residence;
- That does not extend to or past:
  - The date the *Insured Person* no longer meets the eligibility requirements set out in Section 3;
  - The date coverage terminates as described in Section 4.
- That was booked or reserved prior to departure from *Your Home*.

**Declaration of Coverage** means the document *Our Administrator* sends to *You* when *You* enroll, online or by phone, for coverage under the *Group Policy*. It includes *Your Certificate Number* and confirms the coverage *You* have purchased.

**Departure Date** means the date *You* leave *Home*, as shown on *Your* trip itinerary.

**Dependent Child or Children** means *Your* children who are:

- *Your* natural, adopted or step children and who are:
  - Unmarried;
  - Dependent on *You* for maintenance and support; and
  - Who are:
    - Under 22 years of age; or
    - Under 26 years of age and attending an institution of higher learning, full-time, in Canada; or
    - Any age and mentally or physically handicapped.

**Dollars** and **\$** mean Canadian dollars.

**Effective Date** means the date and time the required premium is paid and the *Certificate* takes effect as shown on *Your* insurance application or most recent Declaration of Coverage.

**Extension Period** means the additional period of coverage which *You* purchase by contacting *Our Administrator* as described in Section 5.

**Group Policy or Group Policies** means TD Life Insurance Company ("TD Life") under Group Policy Number TI004 and TD Home and Auto Insurance Company ("TD Home & Auto") under Group Policy Number TGV007.

**Home** means:

- *Your* Canadian province or territory of residence, if you requested coverage to start when you depart on *Your Covered Trip*; or
- The place you leave from on the first day of coverage and are scheduled or ticketed to return to on the last day of coverage, in the case of Trip Interruption.

**Hospital** means an institution that is accredited and licensed by the appropriate authority as a *Hospital* to *Treat* patients on an in-patient, out-patient and emergency basis; or the nearest medical facility that has been approved in advance by *Our Administrator*.

**Exceptions:** *Hospital* does not include chronic care, convalescent, rehabilitation or nursing home facilities.

**Immediate Family Member** means *Your Spouse*, parents, step parent, grandparents, *Dependent Children*, step sisters, step brothers, grandchildren, brothers, brothers-in-law, sisters, sisters-in-law, aunts, uncles, nieces or nephews, sons-in-law or daughters-in-law, and the *Insured Person's Spouse's* parents, grandparents, brothers, brothers-in-law, sisters, and sisters-in-law.

**Insured Person(s)** means a person who is eligible to be insured under this *Certificate* as described in Section 3.

**Insured Risk** means a covered cause for cancellation or interruption as described in Section 7 of this *Certificate*.

**Key Employee** means a business partner, or an employee who is critical to the ongoing affairs of *Your* business during the trip.

**Exceptions:** This applies exclusively to self-employed individuals.

**Medical Emergency Condition** means an irregularity in the health of an *Insured Person* which required or requires medical advice, consultation, investigation, *Treatment*, care, service or diagnosis by a *Physician*.

**Mountaineering** means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment.

**Physician** means a physician or surgeon who is registered or licensed to practice medicine in the jurisdiction where he or she provides medical advice or *Treatment* and who is not related by blood or marriage to any *Insured Person* under this *Certificate*.

**Pre-Existing Condition** means a *Medical Emergency Condition*:

- For which symptoms appeared in the *Pre-Existing Condition Period*;
- Which was investigated, diagnosed or *Treated* during the *Pre-Existing Condition Period*; or
- For which further investigation was recommended or prescribed, or for which a change in *Treatment* was recommended (including a *Change in Medication* or its dosage) during the *Pre-Existing Condition Period*.

**Pre-Existing Condition Period:** means the period of time (outlined below) that ends immediately before the *Coverage Period* with respect to any benefit under this *Certificate* as follows:

- *Insured Person(s)* under 65 years of age – 90 days immediately before the beginning of the *Coverage Period*; and
- *Insured Person(s)* 65 years of age or older – 180 days immediately before the beginning of the *Coverage Period*.

**Policyholder** means The Toronto-Dominion Bank.

**Return Date** the date on which *You* are scheduled to return to *Your Home*. This date is shown on *Your* insurance application or most recent *Declaration of Coverage*.

**Spouse** means:

- The person who the *Insured Person* is legally married to; or
- The person the *Insured Person* has lived with for at least one (1) year and publicly refers to as his or her domestic

partner.

**Stable** means the *Medical Emergency Condition* is not worsening and there has been no alteration in any medication for the condition or its usage or dosage, nor any *Treatment* prescribed or recommended by a *Physician* or received within the period specified in this *Certificate*.

**Terrorism or Act(s) of Terrorism:** means any activity occurring within an inclusive fourteen day period, with the exception of an act of war against persons, organizations, property (whether tangible or intangible), or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- Use, or a threat to use, force or violence; or
- Commission of, or a threat to commit, a dangerous act; or
- Commission of, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system;

and the effect or intention of the above is to:

- Intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest Against its conduct or policies;
- Intimidate, coerce or instill fear in the civilian population or any segment thereof;
- Disrupt any segment of the economy; or
- Further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

**Travelling Companion** means someone who shares trip arrangements and accommodations with you.

**Exceptions:** No more than three (3) individuals (including *You*) will be considered travel companions on any one trip.

**Treated or Treatment** means any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *Physician*, including but not limited to prescribed or un-prescribed medication, investigative testing and surgery. The term "treatment" does not include the unaltered use of prescribed medication for a *Medical Emergency Condition* which is *Stable*.

**Trip** means the period of time between *Your Effective Date* of insurance and *Return Date* shown on *Your* most recent *Declaration of Coverage*.

**We, Us** and **Our** mean:

- TD Life with respect to the medically covered causes for Trip Cancellation and Trip Interruption Insurance; and
- TD Home & Auto with respect to the non-medically covered causes for Trip Cancellation and Trip Interruption Insurance.

**You** and **Your** means the person(s) named as the *Insured Person(s)* on *Your* most recent *Declaration of Coverage*, for which insurance coverage was applied and the appropriate premium has been received by *Us*.

**This is the end of the Distribution Guide.**