



TD Insurance

Travel Medical Insurance
Annual Plan
Distribution Guide

Name of Insurance Product

Travel Medical Insurance Annual Plan Coverage

Type of Insurance Product

Group Travel Insurance

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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 Travel Medical Insurance underwritten by TD Life Insurance Company (“*We*”, “*Us*”, “*Our*”) under the *Group Policy* T1002 issued to The Toronto-Dominion Bank (the “Policyholder” or “TD Canada Trust”). 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 section “Definitions”.

Nature of the Coverage

Medical Emergency

We will pay a benefit if an *Insured Person* suffers a *Medical Emergency* during a *Covered Trip*.

Trip Cancellation

We will pay a benefit with respect to an *Insured Person* if he or she is required to cancel a *Covered Trip* as a result of a *Covered Cause for Cancellation* listed in the section “Description of Covered Risks and Benefits” of this Distribution Guide.

Trip Interruption

We will pay a benefit with respect to an *Insured Person* if he or she is prevented from continuing a *Covered Trip* as a result of a Covered Cause for 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 each type of insurance.

Benefits	Maximum Benefit Payable (per <i>Insured Person</i> per <i>Covered Trip</i>)
Medical Emergency Coverage and other benefits including: <ul style="list-style-type: none"> • Hospital Benefit • Physician's bills • Diagnostic services • Ambulance • Medical appliances • Emergency Return Home 	Up to \$2,000,000 per <i>Insured Person</i> per <i>Covered Trip</i> with no overall maximum per <i>Policy Year</i> .
Private duty nursing	Up to \$5,000
Accidental dental	Up to \$2,000
Bedside Companion Benefit	Round trip economy air fare and up to \$1,500 for meals and accommodation for a bedside companion.
Vehicle return	Up to \$1,000
Return of Deceased	Up to \$5,000
Trip Cancellation Coverage	For each Covered Trip: <ul style="list-style-type: none"> • \$1,000 per Insured Person; OR • The higher amount that is indicated on Your most recent Application or Letter of Confirmation. This amount cannot be more than \$3,000 . An overall maximum applies per Policy Year: <ul style="list-style-type: none"> • \$5,000 for all Insured Persons for all Covered Trips; or • The higher amount that is indicated on Your most recent Application or Letter of Confirmation. This amount cannot be more than \$15,000 .
Trip Interruption Coverage	• \$5,000 per Insured Person per Covered Trip.

Eligibility

Customers under the age of 85 can apply online by visiting our website at tdinsurance.com, over the telephone by calling our Administrator, or in-person at any of our TD Canada Trust Branches. Please refer to the following table for specific details.

Eligibility	In Person	Online	Over the Telephone with our Administrator
How to Apply	Any TD Canada Trust Branch	tdinsurance.com	Toll Free at 1-800-359-6704 from Canada or the United States Collect at 416-977-5040 from any other countries.
Customers under the age of 85	Yes	Yes	Yes

You can also apply for top-up coverage 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**.

There are three types of coverage available under the Annual Plan: *Single Coverage*, *Couple Coverage* and *Family Coverage*.

1. Single Coverage

You may apply for Single Coverage if:

- You are:
 - 18 to 84 years of age on the *Effective Date of Your Annual Plan*;
- a resident of Canada;
- covered under a Canadian provincial or territorial government health insurance plan;
- a TD Bank Group customer;
- physically present in Canada when You purchase the insurance coverage; **AND**
- You purchase the insurance no earlier than 240 days before the *Effective Date of Your Annual Plan*.

2. Couple Coverage

You may apply for Travel Medical Insurance on behalf of *Your Spouse* or any named travelling companion under the *Couple Coverage* if:

- You apply for *Couple Coverage*;
- You name *Your Spouse* or travelling companion in *Your Application*; **AND**
- *Your Spouse* or travelling companion meets the criteria of the *Single Coverage*, except that:
 - he or she is not required to be a TD Bank Group customer; **AND**
 - he or she may be under 18 years of age, if *Your travelling companion* is *Your Dependent Child(ren)*.

3. Family Coverage

You may apply for Travel Medical Insurance for *Your Spouse* and *Your Dependent Child(ren)* under the *Family Coverage* if:

- You apply for *Family Coverage*;
- You name *Your Spouse* and/or *Your Dependent Children* in *Your Application*; **AND**
- they meet the criteria of the *Single Coverage*, except that:
 - they are not required to be TD Bank Group customers; **AND**
 - *Your Dependent Children* may be under 18 years of age, but must be travelling with *You* or *Your Spouse*.

You may also apply for Travel Medical Insurance for a *Dependent Child* if:

- You apply for *Single Coverage*;
- You specify in *Your Application* that the *Certificate* is to cover the *Dependent Child* instead of *You*; **AND**
- *Your Dependent Child* meets the criteria of the *Single Coverage*, except that:
 - he or she is not required to be a TD Bank Group customer; **AND**
 - he or she may be under 18 years of age.

4. Top-Up Coverage

i. How to apply for a top-up of *Our* coverage

If *You* already have a TD Travel Medical Insurance Annual Plan, and *You* are planning a trip that will last more than 17 days, *You* can apply for top-up coverage, if each *Insured Person* meets the applicable eligibility criteria described in this section, except that:

- *You* do not have to be in Canada when *You* purchase this top-up coverage; and
- *You* can apply either before or after *You* depart on *Your* trip if:
 - no *Insured Person* has suffered a *Medical Emergency* before *You* apply for this top-up coverage; and
 - *You* apply before 11:59 p.m. ET on the 17th day of *Your* trip (Please note that the date of departure counts as one full day); and
 - the *Covered Trip* is from one day up to 212 days but not longer than the maximum number of days allowed under *Your GHIP* for travel outside of Canada.
- *You* pay the required premium for the top-up of coverage.

Any top-up is subject to approval by *Our Administrator*.

ii. How to increase Annual Plan *Trip Cancellation Benefits*

If *You* have the Annual Plan and *You* want to increase the trip cancellation benefit from the standard coverage of \$1,000 per *Insured Person* per *Covered Trip* and \$5,000 total per Annual Plan *Certificate* per *Policy Year*, *You* can apply for the following increases if each *Insured Person* meets the applicable eligibility criteria described in this section. The higher limits available are:

- \$1,500 per *Insured Person* per *Covered Trip* with an overall maximum of \$7,500 for all *Insured Persons* and all *Covered Trips* per Policy;
- \$3,000 per *Insured Person* per *Covered Trip* with an overall maximum of \$15,000 for all *Insured Persons* and all *Covered Trips* per Policy.

NOTE: There will be an additional premium charged.

When is a Medical Questionnaire Required?

Customers who are 55 years of age or older, and applying for top-up coverage will need to answer some medical questions to determine if insurance can be provided. In these cases, the premium for top-up coverage will be based on the answers to the medical questions. Some applicants may not qualify for top-up coverage based on their responses to the medical questions.

Travel Medical Insurance *Effective Date*

If the following conditions have been met, *Your Certificate* takes effect on the *Effective Date* as set out in *Your Application* or, if applicable, *Your* most recent *Declaration of Coverage*:

- *You* have applied for insurance;
- all of the people to be insured meet the eligibility requirements;
- *You* have paid the required premium; **AND**
- *You* have confirmation that *Your* insurance has been issued, as explained in the section “Confirmation of Insurance” of this Distribution Guide.

Confirmation of Insurance

You will have confirmation of insurance once

- *You* receive a *Certificate Number*; **AND**
- *You* are provided a *Declaration of Coverage*.

Renewal and Expiry of Insurance

Your Annual Plan will automatically renew on the *Anniversary Date* if:

- *You* purchased *Your Annual Plan* online or by calling *Our Administrator*;
- We have a valid credit card on file when *Your Anniversary Date* occurs;
- no *Insured Person* under the *Certificate* is 85 years of age or older on the *Anniversary Date*; **AND**
- the renewal premium is received and accepted for the next *Policy Year* for the *Annual Plan*.

Otherwise, if *You* want to renew *Your Annual Plan*, *You* will need to contact *Our Administrator* before *Your Anniversary Date* to arrange for payment. *You* can contact *Our Administrator* from 8 a.m. to 9 p.m. ET on Monday to Saturday, toll-free at **1-800-293-4941** or **416-977-2039**.

If there have been any changes, We will send *You* a new *Certificate* that will describe the terms and conditions of insurance for the new *Policy Year* for the *Annual Plan*. Otherwise, *Your* most recent *Certificate* will continue to apply. If *You* wish to cancel *Your* insurance, *You* can do so as described in the section “Cancellation and Right to Examine/Rescind Coverage”.

Description of Covered Risks and Benefits

A. Medical Emergency Coverage

(i) Coverage Period

The *Coverage Period* for the *Annual Plan* begins when the *Insured Person* departs on a *Covered Trip* and ends on the earlier of:

- the date the *Insured Person* returns from the *Covered Trip*;
- at 11:59 p.m. on the 17th day of the *Covered Trip*, if the *Covered Trip* exceeds 17 days and *You* have not purchased top-up coverage for the *Covered Trip*.

The *Insured Person* will be required to provide evidence satisfactory to *Us* of the actual date of departure from the province or territory of residence. Proof of *Your* date of departure includes, but is not limited to:

- a flight itinerary;
- gas receipts; **OR**
- toll-road receipts;
- at 11:59 p.m. on the last day of the top-up coverage, as specified in the most recent *Declaration of Coverage*;
- the date the *Certificate* terminates;

If an *Insured Person* is suffering from a *Medical Emergency* on the date the *Medical Emergency Coverage Period* would otherwise end (for any reason except cancellation of the *Certificate*), then the *Medical Emergency Coverage Period* is automatically extended to 72 hours following the end of the *Medical Emergency* for:

- that *Insured Person*; **AND**
- any other *Insured Person* if:
 - that other *Insured Person* has extended his or her trip beyond the scheduled return date as a result of the first *Insured Person's Medical Emergency*; **AND**
 - *Our Administrator* has approved a Travelling Companion Benefit for that other *Insured Person*.

(ii) Covered Risk

We will pay a *Medical Emergency Benefit* if an *Insured Person* suffers a *Medical Emergency* during the *Medical Emergency Coverage Period* for a *Covered Trip*.

We will pay for the *Usual, Customary and Reasonable Charges* for *Eligible Medical Emergency Expenses* up to the *Maximum Benefit Payable* as described in the section "Summary of Specific Features", less any amounts payable or reimbursable under:

- a *GHIP*;
- any group or individual health plans; **OR**
- any insurance policies.

Eligible Medical Emergency Expenses means:

1. Hospital Accommodation.

2. Physicians' Bills.

3. Private Duty Nursing

- up to \$5,000 for services performed by a registered nurse including medically necessary nursing supplies.

4. Diagnostic Services

- Charges for diagnostic tests, laboratory tests and X-rays which are:
 - prescribed by the treating *Physician*; and
 - approved in advance by *Our Administrator* if the tests involve:
 - magnetic resonance imaging (MRI);
 - computerized axial tomography (CAT) scans;
 - sonograms;
 - ultrasounds; **OR**
 - any invasive diagnostic procedures including angioplasty.

5. Ambulance

- Charges for an emergency ambulance service to the nearest approved *Hospital*.

6. Air Ambulance

- Charges for an emergency air ambulance, only if *Our Administrator*:
 - determines that the *Insured Person's* physical condition precludes the use of any other means of transportation;
 - makes the determination before the service is provided;
 - pre-approves this service; **AND**
 - arranges this service.

7. Prescriptions

- Reimbursement of prescription drugs that are required as part of emergency *Treatment*, excluding vitamins and patent, proprietary and experimental drugs.

8. Accidental Dental

- Up to a maximum of \$2,000 for a dental *Treatment* that is
 - required during the *Medical Emergency Coverage Period*; **AND**
 - necessitated by a blow to natural or permanently installed teeth which occurs during the *Medical Emergency Coverage Period*.*Treatment* for emergency relief of dental pain is covered up to a maximum of \$200.

9. Medical Appliance

- the cost of casts, crutches, trusses, braces, slings, splints, and/or the rental cost of a wheelchair or walker:
 - prescribed by a *Physician*; and
 - required because of a *Medical Emergency*.

10. Return Airfare

- The extra cost for a one-way economy fare plus, if required to accommodate a stretcher, a second one-way economy fare if:
 - as a result of a *Medical Emergency*, *Our Administrator* determines that an *Insured Person* should return to Canada for medical reasons; **AND**
 - *Our Administrator* approves the transportation in advance.This benefit will be reduced by any amount paid under a Trip Interruption Benefit to return the *Insured Person* to his or her point of departure.

11. Transportation to Bedside

- If an *Insured Person* is *Hospitalized* and is expected to remain *Hospitalized* for at least three consecutive days, the cost of one round-trip economy airfare from Canada if it is:
 - for the *Insured Person's* Spouse, parent, child, brother or sister; **AND**
 - approved in advance by *Our Administrator*.

12. Travelling Companion Benefit

- The cost of a single one-way economy airfare if:
 - an *Insured Person* suffers a covered *Medical Emergency*;
 - as a result, a travelling companion stays beyond his or her scheduled return date; **AND**
 - *Our Administrator* approves, in advance, the cost of a one-way economy airfare back to the travelling companion's place of departure.

This benefit will be reduced by any amount paid under a Trip Interruption Benefit to return the travelling companion to his or her point of departure if the travelling companion is also an *Insured Person* under the *Certificate*.

13. Bedside Companion Benefit

- Up to \$150 per day, to a maximum of \$1,500 for food and accommodation for a person if:
 - *Our Administrator* has approved transportation for the person under either a Transportation to Bedside Benefit or a Travelling Companion Benefit; **AND**
 - *Our Administrator* has approved the Bedside Companion Benefit in advance.

14. Vehicle Return

- Up to \$1,000 toward the cost of returning an *Insured Person's* vehicle to his or her home or, if applicable, the nearest appropriate vehicle rental agency if:
 - the *Insured Person* is unable to return the vehicle due to a covered *Medical Emergency*; **AND**
 - *Our Administrator* arranges for the return of the vehicle.

15. Return of Deceased

- Up to \$5,000 toward the cost of preparation and transportation home of a deceased *Insured Person* if death results from a covered *Medical Emergency*; **AND**
- One roundtrip economy airfare if:
 - an *Immediate Family Member* is required to identify or obtain release of the deceased; **AND**
 - *Our Administrator* approves this transportation in advance.

The cost of a burial casket or urn is not covered under this benefit.

(iii) Exclusions, Restrictions or Reductions specific to *Medical Emergency Coverage*

CAUTION

1. Failure to report

- A *Medical Emergency* must be reported to *Our Administrator* within 48 hours of admission to *Hospital*, or as soon as is reasonably possible.
- If the *Medical Emergency* is not reported as required, the maximum benefit payable with respect to the *Medical Emergency* will be reduced to 80% of the Eligible *Medical Emergency Expenses*, to a limit of \$30,000.

2. Pre-Existing Condition

Your *Pre-Existing Condition* exclusion is determined by Your age on the *Effective Date of Your Certificate*. Please refer to the following chart for specific details of the period within which a *Pre-Existing Condition* must be *Stable* in order to be eligible for coverage in the event of a claim.

Rate Category	Pre-Existing Condition exclusion that applies to You:
Customers under the age of 65	We will not pay for any <i>Medical Emergency</i> expenses or benefits incurred directly or indirectly as a result of <i>Your Medical Condition</i> or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before You depart on <i>Your Covered Trip</i> , <i>Your Medical Condition</i> or related condition has not been <i>Stable</i> .
Customers age 65 and Older	We will not pay for any <i>Medical Emergency</i> expenses or benefits incurred directly or indirectly as a result of <i>Your Medical Condition</i> or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before You depart on <i>Your Covered Trip</i> , <i>Your Medical Condition</i> or related condition has not been <i>Stable</i> .

NOTE	
<i>Stable</i>	<p>means that, for any <i>Medical Condition</i> or related condition, in the period applicable to your rate category, there has been:</p> <ul style="list-style-type: none"> ■ No new symptoms, or more frequent or severe symptoms; ■ No new test results showing a deterioration; ■ No <i>Hospitalizations</i>; ■ No new <i>Treatment</i>, medical management, or prescribed medication; ■ No change in <i>Treatment</i>, medical management, or prescribed medication; ■ No pending surgery, referrals to a specialist, or other <i>Treatment</i>. ■ The following exceptions are NOT considered unstable: <ul style="list-style-type: none"> ■ the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in your <i>Medical Condition</i>; ■ a change from a brand name medication to a generic brand medication of the same dosage.
<i>Minor Ailment</i>	<p>means any sickness or injury which does not require:</p> <ul style="list-style-type: none"> ■ the use of medication for a period of greater than 15 days; ■ more than one follow up visit to a <i>Physician, Hospitalization</i>, surgical intervention, or referral to a specialist; and ■ which ends at least 30 consecutive days prior to the departure date of the trip. <p>NOTE: a chronic condition or complications of a chronic condition are not considered a <i>Minor Ailment</i>.</p>

3. Reasonably Foreseeable Conditions

- No benefit will be payable with respect to a sickness, accidental injury or *Medical Emergency* that was reasonably foreseeable:
 - when the *Insured Person* departed on the *Covered Trip*; **OR**
 - if *You* purchased an extension of coverage after that departure date, on the date *You* purchased that additional insurance.

4. Medical Emergency occurring outside the Coverage Period

- No benefit will be payable with respect to a *Medical Emergency* that occurs before the *Coverage Period* begins or after it ends.
- For example, no benefits will be paid with respect to a *Medical Emergency* that occurs after 11:59 p.m. on the 17th day of a *Covered Trip*, if *You* have not purchased top-up coverage for that trip.

5. Failure to transfer to an appropriate Facility for Treatment

- *We*, in consultation with the *Insured Person's* treating *Physician*, reserve the right to transfer an *Insured Person* to an appropriate medical facility or to his or her province or territory of residence for further *Treatment*.
- Failure to comply with a transfer request will absolve *Us* of any liability to provide benefits for expenses incurred after the scheduled transfer date.

6. Recurrence

- A *Medical Emergency* is considered to have ended when medical evidence indicates that the *Insured Person* is able to return to his or her province or territory of residence. No benefits will be paid in connection with the condition that caused a *Medical Emergency* if they are incurred after that time.

7. Failure to obtain Advance Approval

- Where an *Eligible Expense* specifies that it must be approved in advance by *Our Administrator*, if advance approval is not obtained, no benefit will be payable for that expense.
- No benefit will be paid with respect to any surgery or invasive procedure that has not been approved in advance by *Our Administrator*, except in extreme circumstances where a request for prior approval would delay necessary surgery in a life-threatening medical crisis.

8. Non-Emergency Services

- No benefit will be payable with respect to non-emergency, experimental or elective services, including any *Treatment*, surgery or medication which medical evidence indicates that the *Insured Person* could have returned to Canada to receive.

9. All payments and any payment guarantees are subject to the terms and conditions of the *Certificate*, including limitations and exclusions.

10. If an advance payment is made for expenses and it is later discovered that they were not covered under the *Certificate*, then the *Insured Person* must reimburse *Us*.

NOTE: The day of departure counts as a full day for this purpose.

B. Trip Cancellation Coverage

(i) Coverage Period

The *Coverage Period* begins on the later of:

- the *Effective Date* of *Your Annual Plan*; **AND**
- the date the *Covered Trip* is booked.

The *Coverage Period* ends on the earlier of:

- the date the *Insured Person* departs on the *Covered Trip*; **AND**
- the date the *Certificate* terminates.

(ii) Covered Risk

If *You* have purchased the Annual Plan, We will pay a Trip Interruption Benefit with respect to an *Insured Person* if he or she is required to cancel a *Covered Trip* due to a Covered Cause for Cancellation.

Eligible Trip Cancellation Expenses means one of the following two options:

■ reimbursement for:

– the portion of the *Insured Person's* unused travel arrangements which were:

• paid in advance;

• forfeited as a result of a Covered Cause for Cancellation; **AND**

• non-refundable on the date the Covered Cause for Cancellation arose; **AND**

– the travel point administration cancellation fees that applied on the date the Covered Cause for Cancellation arose, where applicable.

There will be no reimbursement for the cost of any additional travel insurance.

OR

■ if the *Insured Person* misses the scheduled departure as a result of a Covered Cause for Cancellation, payment of reasonable transportation costs that are:

– required for the *Insured Person* to travel to the destination of the *Covered Trip* by the most direct route; **AND**

– approved in advance by *Our Administrator*.

Covered Causes for Cancellation means:

■ death of an *Insured Person*;

■ sudden and unexpected sickness, accidental injury or quarantine of an *Insured Person* if:

– it did not result from a *Pre-Existing Condition*;

– it prevents the *Insured Person* from starting the *Covered Trip*;

– a *Physician* certifies in writing:

• that he or she has advised the *Insured Person* to cancel the *Covered Trip*; OR

• that the sickness or injury made it impossible for the *Insured Person* to start the *Covered Trip*; and the medical reason for the decision; **AND**

– You provide the *Physician's* certification to *Our Administrator* before the scheduled departure date;

■ death of an *Immediate Family Member* of the *Insured Person*;

■ sudden and unexpected sickness, accidental injury or quarantine of an *Immediate Family Member* of the *Insured Person*;

OR

■ the sudden and unexpected death or *Hospitalization* of an *Insured Person's* host at the destination.

(iii) Exclusions, Restrictions or Reductions, specific to Trip Cancellation Coverage

CAUTION

1. Pre-Existing Condition

■ No benefit will be payable with respect to a medical condition of the *Insured Person* that relates to or results from a *Pre-Existing Condition*. See Section (iii) Exclusions, Restrictions or Reductions specific to *Medical Emergency Coverage*, 2. *Pre-Existing Condition*, for additional details of the *Stability* period that applies to *You*.

2. Reasonably Foreseeable Conditions

■ No benefit will be payable with respect to a sickness, accidental injury, or quarantine of the *Insured Person* that was reasonably foreseeable when the Trip Cancellation *Coverage Period* began.

3. Cancellation Penalties arising after Covered Cause for Cancellation

■ Benefits will be limited to cancellation penalties in effect on the date the Covered Cause for Cancellation arises, so it is important to cancel *Your* travel plans promptly.

4. Frequent Flyer Plan Points

■ No benefit will be payable in connection with the value of Frequent Flyer Plan Points that have been lost or wasted. However, TD Points earned with *Your* TD First Class Travel® *Visa Infinite** Card are eligible for benefits under the *Certificate*.

C. Trip Interruption Coverage

(i) Coverage Period

The *Coverage Period* begins on the later of:

- the *Effective Date* of *Your* Annual Plan;
- the date the *Insured Person* completes a portion of the *Covered Trip* as shown on his or her invoice or ticket.

The *Coverage Period* ends on the earlier of:

- the date the *Insured Person* is scheduled to return from the *Covered Trip*;
- at 11:59 p.m. on the 17th day of the *Covered Trip*, if the *Covered Trip* exceeds 17 days and *You* have not purchased top-up coverage;
- at 11:59 p.m. on the last day of *Your* top-up coverage, if the *Covered Trip* exceeds 17 days and *You* have purchased top-up coverage; **AND**
- the date the *Certificate* terminates.

(ii) Covered Risk

If *You* have purchased the Annual Plan, *We* will pay a Trip Interruption Benefit with respect to an *Insured Person* if he or she is prevented from continuing on a *Covered Trip* as a result of a Covered Cause for Interruption:

Eligible Trip Interruption Expenses means:

- if the *Insured Person* must terminate the *Covered Trip* as a result of a Covered Cause for Interruption, the lesser of :
 - the cost of a one-way economy airfare to the point of departure, if *Our Administrator* approves this transportation in advance; **OR**
 - the fee charged by the airline to change the *Insured Person's* date of return;
- if the *Insured Person* is delayed in reaching the next destination of his or her *Covered Trip* as a result of a Covered Cause for Interruption, payment of reasonable additional transportation costs that are:
 - required for the *Insured Person* to rejoin a tour group by the most direct route; **AND**
 - approved in advance by *Our Administrator*; **AND**
- the portion of any unused land arrangements which were:
 - part of the *Insured Person's* *Covered Trip*;
 - paid prior to the *Insured Person's* date of departure; and
 - non-refundable on the date the Covered Cause for Interruption occurred.

Covered Causes for Interruption means:

- death of an *Insured Person*;
- accidental injury or sickness of an *Insured Person* if:
 - it does not result from a Pre-Existing Condition; **AND**
 - in the opinion of *Our Administrator*.
 - it requires immediate medical attention; and either:
 - it prevents the *Insured Person* from continuing with the *Covered Trip*; **OR**
 - the *Insured Person* will be delayed in reaching the next destination of the *Covered Trip*;
- death of an Immediate Family Member of the *Insured Person*;
- sudden and unexpected sickness or accidental injury of an Immediate Family Member which requires an overnight stay in a *Hospital*.

(iii) Exclusions, Restrictions or Reductions, specific to Trip Interruption Coverage

CAUTION

1. Pre-Existing Conditions

■ No benefit will be payable with respect to a medical condition of the *Insured Person* that relates to or results from a Pre-Existing Condition. See Section (iii) Exclusions, Restrictions or Reductions specific to *Medical Emergency* Coverage, 2. *Pre-Existing Condition*, for additional details of the *Stability* period that applies to *You*.

2. Reasonably Foreseeable Conditions

■ No benefit will be payable with respect to a sickness or accidental injury of the *Insured Person* that was reasonably foreseeable:

- when the *Insured Person* departed on the Covered Trip; **OR**
- if *You* purchased top-up coverage after that departure date, on the date *You* purchased it.

3. Interruption occurring outside the Coverage Period

■ No benefit will be payable with respect to an interruption that occurs before the Coverage Period begins or after it ends.

For example, no benefits will be paid with respect to an Interruption that occurs after 11:59 p.m. on the 17th day of a *Covered Trip*, if *You* have not purchased top-up coverage for that trip.

NOTE: The day of departure counts as a full day for this purpose

4. Sums that become non-refundable after the Covered Cause for Interruption occurs

■ Only the sums that are non-refundable on the day the Covered Cause for Interruption occurs shall be eligible for the purposes of this claim, so it is important to call *Our Administrator* immediately to discuss alternate arrangements.

5. Frequent Flyer Plan Points

■ No benefit will be payable in connection with the value of Frequent Flyer Plan Points that have been lost or wasted. However, TD Points earned with *Your* TD First Class Travel *Visa Infinite** Card are eligible for benefits under the *Certificate*.

6. Unused Return Travel

■ No benefit will be payable in connection with the cost of prepaid unused return travel.

Exclusions, Restrictions or Reductions Applicable to all Coverage

CAUTION

Please see the relevant coverage section for details of specific exclusions, restrictions or reductions that apply to a particular coverage. In addition for all coverages:

1. No benefit will be payable in connection with *Treatment, services or expenses related to or resulting from:*

■ Pregnancy

- a pregnancy or childbirth within nine weeks of expected delivery date;
- 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;
- any child born during the *Covered Trip* in question;

■ Intentional self-inflicted injury

– intentional self-inflicted injury, suicide or attempted suicide (whether or not the *Insured Person* is aware of the result of their actions), regardless of the *Insured Persons* state of mind.

■ Failure to take Medication

– failure to take medication as prescribed by the *Insured Person's Physician*;

■ Alcohol or Drug abuse

– abuse of medication or alcohol or any use of illicit drugs;

■ Crime

– participation in a criminal offence;

■ Professional Sports or Racing

– participation in professional sports or any organized racing or speed contests;

■ War or Terrorism

– any act of war, whether declared or not, hostile or warlike action in time of peace or war, insurrection, rebellion, revolution, civil war, hijacking or terrorism;

■ Mental Disorders

– any mental, nervous or emotional problems, including any *Medical Emergency* arising from these problems;

■ Hazardous Activities

– recreational scuba diving (unless the *Insured Person* holds a basic scuba designation from a certified school or licensing body), mountaineering, bungee-jumping, parachuting, parasailing, cave exploration, hang-gliding, skydiving .or any airborne activity in any aircraft other than a passenger aircraft that holds a valid certificate of airworthiness;

■ Travel Advisories

– travel in a country if the Canadian government had issued a travel advisory for that country that was in effect immediately before the Coverage Period for the benefit in question began.

2. **Your Certificate is null and void and no benefit will be payable under it for Misrepresentation**

– any medical condition for which *You* or an *Insured Person* provided *Our Administrator* or *Us* with false or inaccurate information regarding *Hospitalizations*, *Treatment* or medications;

3. **General Conditions**

■ Examination

– During the processing of a claim, *We* shall have the right and opportunity, at *Our* own expense, to review all medical records related to the claim; and
– examine the *Insured Person* medically when and as often as may be reasonably required.

■ Subrogation

– *We* shall have full rights of subrogation, including the right to proceed at *Our* own expense in the *Insured Person's* name against third parties who may be responsible for a claim arising or providing indemnity or benefits similar to the benefits under the *Certificate*.
– *You* and the *Insured Person* shall give *Us* all such assistance as is reasonably required to secure *Our* rights and remedies, including the execution of all documents necessary to enable *Us* to bring suit in *Your* name or the name of the *Insured Person*, as applicable.

■ Other Insurance

– The total benefits payable under all insurance, whether insured by *Us* or otherwise, with respect to a claim, cannot exceed the actual expenses incurred in connection with the claim. If a person who is insured under the *Certificate* is also insured under any other insurance certificate or policy, *We* will coordinate payment of benefits with the insurer of that other insurance.

■ 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* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation.

■ False Claim

– If *You* or an *Insured Person* make a claim knowing it to be false or fraudulent in any respect, neither *You* nor the *Insured Person* will be entitled to the benefits of this coverage, nor to the payment of any claim under the *Group Policy*.

■ Currency

– All amounts shown are in Canadian Currency.

■ Access to Medical Care

– TD Life, TD Canada Trust, *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*.

Premiums

Premiums will be based on:

- the age of the oldest person to be insured under the *Certificate* as of:
 - the *Effective Date* of *Your Certificate*; **OR**
 - the *Anniversary Date* on which *Your Certificate* is renewed, if applicable; **AND**
- *Our* then-current premium tables for the requested type of insurance.

NOTE: The day of departure counts as a full day for this purpose.

End of the Insurance Coverage

■ *Your Certificate* will terminate on *Your Anniversary Date*, unless *Your* coverage is renewed.

NOTE: If any *Insured Person* is suffering from a *Medical Emergency* on the date when *Your Certificate* would otherwise terminate, for any reason other than cancellation, then the *Certificate* is automatically extended until 72 hours following the end of the *Medical Emergency*.

Cancellation and Right to Examine/Rescind Coverage

All requests for cancellation of the Annual Plan must be made to *Our Administrator*, in writing or by phone. The following table explains how and when cancellations may take place.

Plan Type	How To Cancel	When Can You Cancel	Premium Refund/Fees
Annual Plan	<ul style="list-style-type: none"> • by phone – cancellation will be effective on the date of <i>Your</i> call; or • by written, mailed request – cancellation will be effective on the post-marked date of <i>Your</i> request. 	No later than ten (10) days from the date <i>You</i> receive <i>Your Certificate</i> , replacement <i>Certificate</i> or renewal notice.	Full refund

Other Information

In order to obtain further information regarding Travel Medical 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 tdinsurance.com/travel

Proof of Loss or Claim

Submission of a Claim – Claim Notification

What to do in case of an Emergency

All emergencies must be reported to *Our Administrator* immediately. This includes:

- *Medical Emergencies*; **AND**
- any covered emergencies that may require:
 - a Trip Cancellation; **OR**
 - a Trip Interruption.

If *You* do not contact *Our Administrator* promptly, benefits may be limited or excluded.

In the case of a *Medical Emergency*

You must call *Our Administrator* immediately, or as soon as is reasonably possible. Otherwise, benefits will be limited as described in section “Exclusions Restrictions or Reductions specific to *Medical Emergency Coverage*” in the section “Description of Covered Risks and Benefits” of this Distribution Guide. Some expenses will only be covered if *Our Administrator* approves them in advance.

Our Administrator will verify whether coverage is in effect and, if so, will direct the *Insured Person* to the nearest appropriate medical facility. *Our Administrator* will pay, or arrange payment to, the provider of medical services wherever possible, and manage the *Insured Person's Medical Emergency* from the initial report through its conclusion.

If a direct payment is not possible, the *Insured Person* may be asked to pay for services. Upon submission and approval of a claim, the *Insured Person* will be reimbursed for any such *Eligible Expenses* so paid, as described under this Distribution Guide.

In the case of a Trip Cancellation

It is important to call *Our Administrator* immediately at the 24-Hour Emergency Assistance number found in the section “How to contact *Our Administrator*”.

The amount payable under the Trip Cancellation Insurance is limited to *Your* travel supplier’s cancellation penalties in effect on the date the Covered Cause for Cancellation occurs, so it is important to cancel *Your* Annual Plan promptly, within one business day.

After the *Insured Person* has cancelled his or her travel arrangements with the travel supplier, *You* will need to follow the instructions as indicated in the section “How to Make a Claim” of this Distribution Guide.

In the case of a Trip Interruption

You must call *Our Administrator* immediately at the 24-Hour Emergency Assistance number found in the section “How to contact *Our Administrator*”.

Some expenses are only covered if they are 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* as soon as possible, but no later than within one day, to discuss alternate travel arrangements.

How to Make a Claim

In the case of a *Medical Emergency*

To make an *Emergency Medical* claim, *We* will need documentation to substantiate the claim, including but not limited to the following:

- proof of payment by *You* and by any other benefit plan;
- the original itemized receipts for all bills and invoices;
- proof of travel (including departure and return dates);
- medical records including complete diagnosis by the attending *Physician* or documentation by the *Hospital*, which must support that the *Treatment* was medically necessary;
- proof of the accident if *You* are submitting a claim for dental expenses resulting from a *Medical Emergency*; and
- *Your* historical medical records (if *We* determine applicable).

If *You* did not report the claim immediately as required:

If an *Insured Person* incurs Eligible *Medical Emergency* Expenses without contacting *Our Administrator* for assistance and claim management, then he or she must first submit receipts and other proof to:

- *GHIP*;
- then to any group or individual health plans and/or insurers.

Any Eligible *Medical Emergency* Expenses that are not covered by such *GHIP*, plans or insurance should then be submitted to *Our Administrator* with proof of claim, receipts and payment statements. In this case, claims forms can be obtained from *Our Administrator's* customer service representatives at the number set out in the section "How to contact *Our Administrator*".

The *Insured Person* will also be required to provide evidence of his or her actual departure date from his or her province or territory of residence. Proof of *Your* departure date includes but is not limited to;

- a flight itinerary;
- gas receipts; **OR**
- toll-road receipts.

If *You* did report the claim immediately as required:

If *Hospital* or other medical charges have been arranged for or paid by *Our Administrator* on behalf of an *Insured Person*, then *You* and, if applicable, the *Insured Person* must sign an authorization form allowing *Our Administrator* to recover these charges:

- from the *Insured Person's GHIP*;
- from any health plan or other insurance;
- through subrogation rights against any responsible third party.

If *Our Administrator* has paid for *Eligible Expenses* covered under another insurance or another plan, *You* and, if applicable, the *Insured Person* must assist *Our Administrator* in obtaining reimbursement, where necessary.

The *Insured Person* will also be required to:

- provide evidence of his or her actual departure date from his or her province or territory of residence;
- confirm the dates of any return travel (including any interruption in a *Covered Trip*) to his or her province or territory of residence, if requested.

In the case of a *Trip Cancellation* or *Trip Interruption*

Once the *Insured Person* has cancelled his or her travel arrangements with the travel supplier, call *Our Administrator* at the customer service phone number found in the section "How to contact *Our Administrator*" to obtain a claim form. *You* will be required to submit a completed claim form and provide documentation to substantiate the claim, including the following:

- original invoice, original tickets (including any unused coupons), original vouchers, and original itinerary;
- proof that cancellation or interruption resulted from a Covered Cause for Cancellation or Covered Cause for Interruption, as applicable. This may include:
 - a medical certificate;
 - a *Physician's* written statement; **OR**
 - a death certificate; **AND**
- a signed Release of Medical Information authorization form to allow *Us* to obtain any further information required to complete the claim review.

The *Insured Person* will also be required to provide evidence of his or her actual departure date from his or her province or territory of residence.

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*.

To make an *Emergency Medical* claim, *We* will need:

- proof of payment by *You* and by any other benefit plan;
- the original itemized receipts for all bills and invoices;
- proof of travel (including departure and return dates);
- medical records including complete diagnosis by the attending *Physician* or documentation by the *Hospital*, which must support that the *Treatment* was medically necessary;
- proof of the accident if *You* are submitting a claim for dental expenses resulting from a *Medical Emergency*; and
- *Your* historical medical records (if *We* determine applicable).

How to Contact *Our Administrator*

24-Hour Emergency Assistance number

To report a *Medical Emergency*, or to make arrangements with respect to Trip Interruption or Trip Cancellation, *You* can call *Our Administrator* 24 hours a day, seven days a week at:

From the U.S. or Canada **1-800-359-6704**

From elsewhere, call collect, **416-977-5040**

You can also call this number to apply for top-up coverage.

Customer Service

To purchase insurance, or to increase the amount of benefit available for Trip Cancellation Insurance under *Your* Annual Plan, *You* can call *Our Administrator*:

- from 8 a.m. to 9 p.m. ET on Monday to Saturday, toll-free at **1-800-293-4941** or **416-977-2039**.

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, toll-free at 1-800-293-4941 or 416-977-2039 or mail *Your* request to:

Re: TD Insurance Travel Medical Insurance

Allianz Global Assistance

P.O. Box 277

Waterloo, Ontario N2J 4A4

Fax: 519-742-9471

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

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

Definitions

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

Administrator means the company *We* select to provide medical and claims assistance, claims payment, administrative and adjudication services under the Group Policy.

Anniversary Date for the Annual Plan means:

- the date one year from *Your Effective Date*; **AND**
- subsequent anniversaries of *Your Effective Date*, as applicable, if *You* renew *Your Certificate*.

Application means:

- the series of questions that form *Your* application and are submitted on *Your* behalf when *You* apply at a TD Canada Trust branch, or by telephone; or
- the enrollment page that *You* complete online; or
- the series of medical questions that form part of *Your Application* if *You* apply online or by telephone and *Your* answers to those questions.

The *Application* which is used to determine *Your* eligibility for insurance, also includes the questions asked and answers given in connection with requests to extend a *Coverage Period* or increase coverage. The *Application* forms part of *Your* insurance contract and is used to process *Your* request for insurance.

Certificate means the Certificate of Insurance.

Certificate Holder means the TD Bank Group customer who has applied, and has been accepted for, either Single, Couple or Family Coverage under the Annual Plan.

Certificate Number means the unique identifier that *You* receive when *You* buy this insurance.

Couple Coverage means coverage under the *Certificate* for *You* and one named travelling companion.

Coverage Period means any seventeen (17) day period falling within *Your Policy Year* which starts from the day *You* depart on *Your Covered Trip* and ends on the earlier of the seventeenth (17th) day of *Your Covered Trip* or the day *You* actually return from that *Covered Trip*. In the event of a *Medical Emergency*, *Your Coverage Period* will be extended up to 72 hours immediately following the end of the *Medical Emergency*.

Covered Trip means a trip

- made by an *Insured Person* outside the *Insured Person's* province or territory of residence;
- that lasts no longer than 17 consecutive days; **AND**
- that begins and ends while the Annual Plan is in effect.

Declaration of Coverage means the document *You* receive when *You* enroll in the branch, online or by telephone, for coverage under the *Group Policy*. It includes *Your Certificate Number* and confirms the coverage *You* have purchased.

Dependent Child(ren) means *Your* natural, adopted or step-children who are:

- unmarried;
- dependant 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
 - mentally or physically handicapped.

NOTE: A *Dependent Child* **does not include** a child who is born while the child's mother is outside of her province or territory of residence during the *Covered Trip*, and as such, the child will not be insured with respect to that trip.

Effective Date means the date *Your Certificate* takes effect and is the date shown in *Your Application* or *Your* most recent *Declaration of Coverage*.

Family Coverage means coverage under the *Certificate* for *You*, *Your Spouse* and *Your Dependent Child(ren)*, if any.

Government Health Insurance Plan ("GHIP") means a Canadian provincial or territorial government health insurance plan.

Hospital means a facility that is licensed by the appropriate authority as a *Hospital* where in-patients receive emergency medical care and diagnostic and surgical services under the supervision of a staff of *Physicians* with 24-hour care by registered nurses

NOTE: A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction center, a convalescent, rest or nursing home, a retirement home, or health spa is not a *Hospital*

Hospitalized or **Hospitalization** means to be an inpatient in a *Hospital*.

Immediate Family Member means an *Insured Person's*:

- Spouse, parents, step-parent, grandparents, natural or adopted children, step-children or legal ward, grandchildren, brothers, sisters, step-brothers, step-sisters, aunts, uncles, nieces, nephews; and
- mother-in-law, father-in-law, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law; and
- the Insured Person's Spouse's grandparents, brothers-in-law and sisters-in-law.

Insured Person means a person:

- who is eligible to be insured under the *Certificate*;
- who was named in the *Application*;
- for whom the required premium has been paid; **AND**
- on whom insurance has been issued under the *Certificate*.

Medical Condition means any injury, illness, disease or symptom; complication of pregnancy within the first thirty-one (31) weeks of pregnancy; a mental or emotional disorder, including acute psychosis that requires admission to a *Hospital*.

Medical Emergency means any any unforeseen illness or accidental bodily injury occurring during a *Covered Trip* that requires immediate emergency medical *Treatment* by a *Physician*.

Minor Ailment means any sickness or injury which does not require:

- the use of medication for a period of greater than 15 days;
- more than one follow up visit to a *Physician*, *Hospitalization*, surgical intervention, or referral to a specialist; and
- which ends at least 30 consecutive days prior to the departure date of the trip.

NOTE: a chronic condition or complications of a chronic condition are not considered a *Minor Ailment*.

Physician means a doctor 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 *You* or related by blood or marriage to any *Insured Person* under the *Certificate*.

Policy Year means the period beginning on *Your Effective Date* and ending with the *Anniversary Date* one (1) year later and, if *You* renew *Your Annual Plan*, subsequent one (1) year periods, as applicable.

Pre-Existing Condition means a *Medical Condition* that existed before *Your Effective Date* or the 1st day of *Your Coverage Period* for a *Covered Trip*.

Single Coverage means coverage on a single person who is either:

- *You*; **OR**
- if specified in the *Application*, *Your Dependent Child(ren)* who is under 18 years of age.

Spouse means:

- the person to whom the *Insured Person* is legally married; **OR**
- if there is no such person, the person whom the *Insured Person* has lived with for at least one year and publicly represented as his or her domestic partner.

Stable means that for any *Medical Condition* or related condition, in the period applicable to your rate category, there has been:

- No new symptoms, or more frequent or severe symptoms;
- No new test results showing a deterioration;
- No *Hospitalizations*;
- No new *Treatment*, no medical management, no new prescribed medication;
- No change in *Treatment*, no change in medical management, no change in prescribed medication;
- No pending surgery, referrals to a specialist, or other *Treatment*.
- The following exceptions are NOT considered unstable:
 - the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in your medical condition;
 - a change from a brand name medication to a generic brand medication of the same dosage.

Travelling Companion means any person who travels with *You* during the *Covered Trip* and who is sharing transportation and/or accommodation with *You*.

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

Usual, Customary and Reasonable Charges means charges that do not exceed the general level of charges made by other providers of similar standing in the geographical area where charges are incurred for comparable *Treatment*, services or supplies for a similar *Medical Emergency*.

You, Your and Yours 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*.

We, Us, Our and Ours mean TD Life Insurance Company.

This is the end of the Distribution Guide.



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