

IMPORTANT NOTICE

- StudentPlan insurance is designed to cover losses resulting from sudden, unexpected and unforeseen circumstances. It is important that you read and understand *your* policy as *your* coverage may be subject to certain exclusions or limitations.
- A pre-existing medical exclusion applies to medical conditions and/or symptoms that existed prior to *your* trip. Check the policy to see how this applies to *you*.
- In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.
- *Your* policy provides assistance for medical emergencies. If *you* experience a medical *emergency*, *you* must notify our assistance centre prior to *treatment*, where possible, and no later than twenty-four (24) hours after receiving medical *treatment* or being admitted to *hospital*. *Your* policy may limit benefits should *you* not contact the assistance centre.
- **This policy contains a provision removing or restricting the right of the insured to designate person to whom or for whose benefit insurance money is to be payable.**

**PLEASE READ YOUR POLICY CAREFULLY
AT THE TIME OF PURCHASE****EMERGENCY MEDICAL INSURANCE**

Group Medical Services (GMS) will pay the *reasonable and customary* charges up to a maximum amount payable of \$2,000,000 per calendar year, in the event that an unexpected medical *emergency* occurs outside of *your* province of residence or Canada.

1. **Hospitalization** – *Hospital* accommodations up to semi-private rooms and *hospital* services and supplies necessary for *emergency* care during hospitalization. One follow-up visit (excluding on-going *treatment*) is covered in situations where the medical process in dealing with an *emergency* requires such a follow-up visit. The follow-up visit must take place within fourteen (14) days of the initial *emergency*.
2. **Medical Services** – *Treatment* by a *physician* or *surgeon*.
3. **Diagnostic Services** – X-rays and other diagnostic tests. Magnetic resonance imaging, computerized axial tomography scans, sonograms, ultrasounds and biopsies are excluded, unless pre-authorized by GMS.
4. **Out-Patient Treatment** – Out-patient *emergency* room expenses.
5. **Prescription Drugs** – Drugs and medication obtained on the prescription of the attending *physician* and supplied by a licensed pharmacist, to a maximum of \$1,000 per person per calendar year. Refills of prescriptions, and any associated *physician's* expenses, are excluded from coverage.
6. **Road Ambulance** – Expenses for the use of a licensed road ambulance in an *emergency* situation that requires immediate transportation to the nearest *hospital* where adequate facilities are available.
7. **Air Ambulance** – Expenses for the use of an air ambulance or regularly scheduled airline to transport *you* back to *your* province of residence for further *in-hospital* *treatment*, upon the written recommendation of the attending *physician* and with prior GMS approval. This benefit excludes helicopter transports.
8. **Special Attendant** – One (1) round trip economy class airfare for a medical attendant, if medically necessary and pre-approved by GMS, to accompany *you* back to *your* province of residence. The attendant must not be a friend, relative, associate or other person who was travelling with *you* when the *emergency* occurred.
9. **Return of Family Member** – One (1) -way economy class airfare by the most direct route to the *departure* point, to a maximum of \$1,000, for the return of one covered, accompanying family member if GMS requires that *you* return to Canada or *your* province of residence for immediate medical *treatment* or in the event of *your* death. This benefit must be pre-approved by GMS.
10. **Paramedical Services** – Expenses, up to an aggregate maximum of \$300 per person, for the *emergency* services of an osteopath, physiotherapist, chiropractor, chiropodist and/or podiatrist.
11. **Health Practitioners** - \$300 per person per year for the services of a registered mental health professional.
12. **Accidental Dental** – Expenses for the repair or replacement of natural teeth or permanently attached artificial teeth necessitated by an *accidental* blow to the mouth, to a maximum of \$2,000 per person. Expenses for *treatment* of the relief of dental pain, to a maximum of \$250 for such *treatment*. This benefit excludes dental implants.

13. **Return of Remains** – When death results from a covered *emergency*, the expenses for either the preparation and transportation of the deceased to his/her province of residence, to a maximum of \$3,000 per person, or the expense of cremation or burial at the place of death, to a maximum of \$2,000.
14. **Family to Bedside** – One (1) round-trip, economy class airfare by the most direct route, up to a maximum of \$3,000, in the event *you* become hospitalized for at least three consecutive nights as a result of a covered *emergency*, and the attending *physician* advises the necessary attendance of one of *your* family members or a close friend. In addition, reimbursement of up to \$150 per day to a maximum of \$750 for reasonable expenses incurred by the transported person, once they arrive. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.
15. **Family Transportation** – One (1) round-trip, economy class airfare for an *immediate family member* plus up to \$300 for meals and accommodation, to an aggregate maximum of \$2,000 to identify the deceased.
16. **Coverage Continuation** – If coverage expires while hospitalized due to an *emergency*, coverage will continue for *you*, *your spouse* and any *dependants* travelling with *you*, up to seventy-two hours after discharge from *hospital*.
17. **Out of Pocket Expenses** – Reimbursement for *reasonable and customary* expenses, up to \$150 per day to a maximum of \$1,000, for accommodations, meals, necessary telephone calls and taxi or bus fares incurred by an accompanying family member in the event that *you* are hospitalized on the scheduled *return* date. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.
18. **Twenty-four (24) Hour Travel Assistance Services:**
 - a. Coordination of all medical care, transportation and repatriation;
 - b. Telephone interpretation services in most languages;
 - c. Monitor progress during *treatment* and recovery by managed care.

ELIGIBILITY

1. *You* must be fifty-four (54) years of age or under.
2. *You* must have valid provincial health coverage.
3. *You* must be enrolled in at least three (3) classes per semester or 60% of full course load for this plan to be valid.

EXCLUSIONS

The following expenses are not covered by the policy and no payment for these claims will be made:

1. Expenses incurred where *you* act against medical advice or the advice of GMS.
2. Expenses resulting from the regular care of a chronic condition.
3. Expenses incurred as a result of *non-adherence* with medical *treatment* prior to departure.
4. This policy does not provide coverage for any expenses related directly or indirectly as a result of *your* medical condition and/or related conditions and/or symptoms (whether or not the diagnosis has been determined) if at any time in the ninety (90) days preceding *your* *departure* date *your* medical conditions or related conditions and/or symptoms have not been *stable*.
5. When *you* travel to a country after such time that a travel advisory has been issued by the Canadian government recommending that Canadians do not travel to such country, or to specific regions within such country.
6. Expenses that are duplication of any service, allowance, or reimbursement supplied by an existing *government* plan or private plan.
7. Any *treatment*, hospitalization, or surgery (including elective, non-elective, personal comfort, dental or cosmetic) which is not considered to be an *emergency*, even if it is recommended by a *physician*.
8. *Treatment* at a diagnostic facility unless pre-approved by GMS.
9. *Emergency* air transportation or return to province of residence, which is not arranged and pre-approved by GMS.
10. Any advice, investigation, *treatment*, hospitalization or surgery, which is a continuation of, subsequent to, or a recurrence of an *emergency* medical *treatment* of a sickness or injury.
11. Drugs and medication which are commonly available without a prescription, not legally registered or approved in Canada, experimental drugs or preventative medicines or vaccines.
12. Any services or expenses incurred when a journey is undertaken for the purpose of obtaining medical or surgical diagnosis or *treatment*, or when any medical *treatment* is pre-scheduled prior to departure from *your* province of residence.
13. Expenses resulting when travel is booked or commenced contrary to medical advice.

14. Expenses relating to, pregnancy, childbirth, infertility, miscarriage, abortion or complications of any of these conditions.
15. Expenses related to HIV or AIDS.
16. Routine or general physical examinations, check-ups or services of a continued nature following emergency treatment of a sickness or injury.
17. Any treatment or surgery, which is considered by GMS to be experimental. GMS' opinion on the issue is final and binding.
18. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, or criminal-like or illegal activity; intentional self-injury, suicide or attempted suicide; the abuse of medication, drugs or alcohol; any participation in the armed forces; or any willful exposure to peril.
19. Expenses incurred as a result of a motor vehicle accident, unless such services are not covered by any other private or public vehicle insurance.
20. Expenses resulting from participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not limited to: parachuting, mountaineering, skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying or a flight accident unless riding as a passenger on a commercially licensed airline.
21. Expenses resulting from participation in sports sponsored and/or organized by a university or college, except where the required premiums for participation in such sports has been paid to and received by GMS.
22. Treatment or services that contravene or are prohibited by the provincial laws of your province of residence and the federal laws of Canada that apply in your province of residence.
23. Any persons holding a work visa from the country to which they are travelling; or for persons working in hazardous occupations.
- b. GMS will pay eligible expenses only in excess of amounts covered by that of the other insurer(s) including but not limited to any employment related plan, extended health care plan, private or provincial vehicle insurance, credit card policy, or any other insurance, whether collectible or not;
- c. However, if the other source(s) of coverage is also "excess only", all benefits shall be determined and recovered from benefit plans based on the following priority:
 - i. Any plan not containing a coordination of benefits statement;
 - ii. Any employment/retirement related plan; then
 - iii. Any other plan, including GMS. In this case, the benefits shall be prorated according to the maximum amounts that would have been payable as the result of the benefit contained under the respective plans. You agree that prorated sharing is what was intended when this policy was entered into and that sharing on any other basis including on the basis of independent liability and/or equal sharing is not what was intended or agreed to.
15. If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this policy shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.
16. As provided for under Section 102 of the Insurance Act you may, by contract or declaration, designate the insured, the insured's personal representative or a beneficiary as a person to whom insurance money is to be payable by providing written notice to GMS of such designation. Designations made through the insurance contract shall be deemed to be revocable and shall be in effect until you alter or revoke the designation in writing. GMS reserves the right to restrict or exclude your right to designate persons to whom insurance money is payable.
17. Should any changes in your health occur after the application date and prior to the effective date, GMS must be contacted and the application updated.
18. GMS, in consultation with the attending physician, reserves the right to transfer you to another hospital or medical facility capable of providing the necessary medical services or to return you to your province of residence. Refusal to do so will absolve GMS of further liability.
19. GMS is not responsible for the availability, quality, results of any medical treatment or transportation, or your failure to obtain medical treatment.
20. GMS is authorized to receive reports indicating diagnosis and services rendered to you from any physician, health care provider, other person, hospital or institution.
21. Any material misrepresentation, provision of incorrect information or non-disclosure of information, related to medical conditions, will result in non-payment of any claims and will void your coverage.
22. If GMS determines that there is no coverage for a claim(s) under this policy all amounts advanced to you or on your behalf must be repaid by you to GMS on demand. In such circumstances any payment(s) made by GMS will not constitute an acceptance of coverage.
23. It is your responsibility to provide proof that the dates of travel are consistent with the terms of this policy.
24. GMS reserves the right to investigate or obtain a private opinion on any claim and to obtain any and all information relating to a claim.
25. By purchasing this policy you are authorizing:
 - a. Any physician, health care provider, other person, hospital or institution to release to Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers (collectively "GMS") any information covering your medical history, symptoms, treatment, examination, diagnosis and/or services rendered to you;
 - b. GMS to collect, store and use any information which is provided or information obtained pursuant to clause (c);
 - c. GMS to obtain information from, or disclose information to: any government plan; the operator of any hospital, clinic or other health facility; a physician or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required. This information is intended for the purpose of administering the plan and communicating with you.

GENERAL CONDITIONS

1. You must purchase StudentPlan prior to leaving your province of residence in order for coverage to be effective.
2. Coverage is not effective until GMS approves the application, and the appropriate premium has been paid.
3. While pursuing your education outside of Canada, an unlimited number of trips can be taken outside of the country where your educational institution is located, provided that 60% of your time is spent in the country where your educational institution is located.
4. All amounts stated in this policy are in Canadian funds.
5. Benefits payable do not include interest charges.
6. Coverage will terminate upon the expiry date shown on the application, upon termination of full-time studies, upon fifteen (15) days written notice from the applicant, upon application for permanent residency in another country, upon cancellation of provincial health services coverage, or upon the date GMS returns you to your province of residence.
7. This policy shall be interpreted and construed in accordance with the laws of the Province of Saskatchewan (Canada) and the federal laws of Canada applicable therein, and the parties hereby attorn to the non-exclusive jurisdiction of the Courts of the Province of Saskatchewan.
8. GMS reserves the right to individually establish or amend premium rates, benefit provisions, and/or terms and conditions, upon application or renewal or with thirty (30) days notice.
9. If eligible expenses are paid due to the fault of a third party, GMS may take legal action against the person(s) at fault, in your name to recover these expenses. You agree to fully cooperate with GMS in any action that might be taken.
10. GMS reserves the right to negotiate amounts payable on your behalf with any service provider who renders services under your policy. Payments will be provided directly to the service provider. You may not claim or receive more than 100% of covered incurred expenses. Payment under this condition is subject to all other policy conditions and limitations.
11. Payment of any amount by GMS on your behalf does not constitute a guarantee that GMS will cover your expenses if GMS determines you have no coverage under this policy. You must repay, on demand, any amount paid or authorized by GMS on your behalf if GMS determines that the amount was not payable under the terms and conditions of your policy.
12. This policy is in excess only of all other insurance plans or amounts recoverable by any other party. If GMS pays eligible expenses to you and a third party makes payment for those same benefits, you are responsible for reimbursing GMS the amount previously paid by GMS.
13. This policy is in excess only of coverage normally provided by the educational facility being attended for expenses due to participation in a sport for which the applicant has received a scholarship or waiver of entrance fees, or in a competitive sport for which coverage is provided by the educational facility being attended or by the facility where the sport is played.
14. In the event that you have concurrent insurance from another source(s) for benefits provided under this policy, benefits shall be coordinated as follows:
 - a. All benefits from any government plan shall be determined and recovered first;

of the 10-day examination period will be refunded. This period of examination expires ten (10) days after you apply for your policy and have received a copy of the policy contract. Failure to return the policy will be considered an acceptance of all of its terms, conditions and limitations. All other requests for termination are subject to the conditions provided for in the policy statutory conditions.

30. 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 (BC, AB, MB, NS, PE – title of act may vary by jurisdiction), Limitations Act (SK, NF), Limitations Act 2002 (ON) or other applicable legislation.

STATUTORY CONDITIONS

1. The contract

- (1) The application, this policy, any document attached to this policy when issued, and any amendments to the contract agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver

- (2) The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of application

- (3) The insurer shall, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

2. Material facts

No statement made by the insured or person insured at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

5. Termination by insured

The insured may terminate this contract at any time by giving written notice of termination to the insurer by registered mail to its head office or chief agency in the province, or by delivery thereof to an authorized agent of the insurer in the province, and the insurer shall upon surrender of this policy refund the amount of premium paid in excess of the short rate premium calculated to the date of receipt of such notice according to the table in use by the insurer at the time of termination.

6. Termination by insurer

- (1) The insurer may terminate this contract at any time by giving written notice of termination to the insured and by refunding concurrently with the giving of notice the amount of premium paid in excess of the pro rata premium for the expired time.
- (2) The notice of termination may be delivered to the insured, or it may be sent by registered mail to the latest address of the insured on the records of the insurer.
- (3) The insurer may deliver notice of termination to the insured by personal delivery, regular post (notice by regular post not valid in AB, ON & BC) or registered mail. Where notice is delivered by:
- (i) personal delivery, 5 days' notice of termination shall be given which notice shall begin on the date of personal delivery;
 - (ii) regular post, 10 days' notice of termination shall be given which notice shall begin on the day following the date of mailing of notice; or
 - (iii) registered mail, 15 days' notice of termination shall be given which notice shall begin on the day following delivery of the registered letter to the insured's address.

7. Notice and proof of claim

- (1) The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall:
- (a) give written notice of claim to the insurer:
 - (i) by delivery thereof, or by sending it by registered mail to the head office or chief agency of the insurer in the province; or
 - (ii) by delivery thereof to an authorized agent of the insurer in the province;
not later than 30 days from the date a claim arises under the contract on account of an accident, sickness or disability;
 - (b) within 90 days from the date a claim arises under the contract on account of an accident, sickness or disability, furnish to the insurer such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the sickness or disability, and the loss occasioned thereby, the right of the claimant to receive payment, his age, and the age of the beneficiary if relevant; and
 - (c) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim may be made under the contract and as to the duration of such disability.

Failure to give notice of proof

- (2) Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the accident or the date a claim arises under the contract on account of sickness or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

8. Insurer to furnish forms for proof of claim

The insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

9. Rights of examination

As a condition precedent to recovery of insurance moneys under this contract:

- (a) the claimant shall afford to the insurer an opportunity to examine the person of the person insured when and so often as it reasonably requires while the claim hereunder is pending; and
- (b) in the case of death of the person insured, the insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

10. When moneys payable other than for loss of time

All moneys payable under this contract, other than benefits for loss of time, shall be paid by the insurer within 60 days after it has received proof of claim.

COVERAGE BEGINS AND ENDS

- 1. Coverage begins on the *effective date*.
- 2. Coverage ends on the end date as shown on *your application*.

CHANGES TO COVERAGE

- 1. For changes to travel dates, or the addition or deletion of any applicant, must be made prior to departure, by contacting *GMS*.
- 2. Coverage is limited to the maximum number of days noted by *your provincial health plan*.
- 3. You may purchase an extension to existing coverage, while you are outside your province of residence provided that *GMS* is notified two (2) working days prior to the expiration of *your existing coverage*. Extensions may be purchased in increments of four (4) to twelve (12) months. Payment must be made using a VISA or MasterCard credit card.

REQUESTING A REFUND

- 1. Refunds will be provided when the policy is terminated prior to the *departure date*.
- 2. Early return refunds are available for the unused portion of the premium provided that all persons are returning to *your province of residence* and no claims have been incurred under this policy. *GMS* must be contacted in person or by phone regarding the early return with subsequent written confirmation and proof of early return. No refunds are issued for partial months.
- 3. Request for an early return refund must be received by *GMS* no later than thirty (30) days from the date you return to *your province of residence*.
- 4. Refunds are subject to a \$20 administration fee and no refund will be issued for any amounts under \$5.
- 5. Those entitled to receive a refund will not be eligible for any claims reimbursement following refund payment.

MAKING A CLAIM

- 1. You, or someone on *your behalf*, must contact *GMS* prior to *treatment* whenever possible. Failure to contact *GMS* within twenty-four (24) hours of receiving medical treatment or admission to *hospital* will limit benefits otherwise payable, to 70% of eligible charges to a maximum of \$50,000.
- 2. A completed claim form must be submitted within ninety (90) days of the illness or injury.
- 3. In order to pay a claim, *GMS* will require the following documentation:
 - a. Original itemized receipts for all bills and invoices;
 - b. Proof of payment by *your* or any other benefit plan;
 - c. Medical records included completed diagnosis by the attending *physician*;
 - d. For dental claims, proof of the accident;
 - e. Proof of the travel dates including *your departure date and return date*;
 - f. *Your historical records*, if requested by *GMS*.

4. All documents for payment of eligible expenses must be received by *GMS* within thirty (30) days of *your* return home and no more than twelve (12) months from the date the last eligible expense was incurred.
5. *You* shall afford to *GMS* the opportunity to examine *you* when and as often as it reasonably requires while the claim hereunder is pending.
6. In the case of death, *GMS* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

DEFINITIONS

Some words in the policy have very specific meanings, which are set out in the Definitions section. These words appear in italics throughout the policy document.

Accidental: A happening due to external, sudden, fortuitous causes beyond *your* control.

Departure Point: The province, territory or country *you* depart from on the first day of *your* travel.

Dependant: Any unmarried child of *you* or *your spouse* (including step-child, adopted child or a child for whom *you* have been granted custody pursuant to an Order of the Court) who is chiefly *dependant* upon *you* or *your spouse* for support and maintenance, and is:

- a. Eighteen (18) years of age and under; or
- b. A developmentally or physically disabled child, regardless of age, if satisfactory proof of disability is received.

Effective Date: is the later of the following:

- a. the date on which *GMS* has accepted *your* application and *your* payment has been received by *GMS*;
- b. the date chosen by *you* as indicated on *your* application subject to *GMS'* acceptance of *your* application and receipt of *your* payment;
- c. the date *you* leave *your* province of residence in route to *your* educational institution.

Emergency: A sudden and urgent happening requiring immediate action.

Expiry Date: The date on which *your* coverage ends under our Insurance.

GMS: Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers.

Government Plan: Any plan of insurance provided by or under the administrative control of any government or agency in accordance with any law (other than The Unemployment Insurance Act of Canada) or any plan providing insurance coverage regulated by any government.

Hospital: An institution licensed as a *hospital* which is primarily engaged in providing medical diagnostic and surgical services for the care and *treatment* of sick or injured persons on an in-patient basis, and, which has a laboratory, a registered graduate nurse and a *physician* always on duty and an operating room where surgical operations are performed by a legally licensed medical *physician*(s). In no event shall the term "hospital" or "general active *treatment* hospital" mean any *hospital* or institution or part of such *hospital* or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home for the aged, health spa or *treatment* centre for drug addiction or alcoholism.

Immediate Family Member: *Your* legal or common-law *spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, grandparent, grandchild, in-law or natural or adopted child.

Non-adherence: The failure or refusal of a patient to cooperate by carrying out that portion of the medical care plan under his or her control.

Physician: A duly qualified doctor of medicine, who is not a member of *your* family, and is entitled under the laws of the Province, State or Country where the services are rendered to prescribe drugs and administer medical *treatment*. A *physician* does not include a naturopath, herbalist or homeopath.

Policyholder: The person who has applied and paid the premiums to *GMS* for a plan and whose application has been approved by *GMS*.

Reasonable and Customary: Charges that are reasonably comparable to those normally charged for that service in the particular area where the service is received.

Return Date: The date on which *you* are scheduled to return to *your departure point*, as shown on *your* application.

Spouse: The person to whom *you* are legally married or with whom *you* have resided for at least twelve (12) months and whom *you* present publicly as *your spouse*.

Stable: Any medical condition or related medical condition for which:

- a. there have been no new symptoms, more frequent or more severe symptoms;
- b. there has been no change in *treatment* or change in medication;
- c. there has been no deterioration of *your* medical condition;
- d. there has been no hospitalization or referrals to a specialist including initial follow-up visits, tests or investigations booked in conjunction with a medical condition/symptom;
- e. there is no further testing, *treatment* or investigation booked or results pending;
- f. *you* have not experienced a symptom that remains undiagnosed;
- g. no further medical *treatment* after departure would be anticipated.

Surgeon: A *physician* who practices surgery.

Treatment: Any medical, therapeutic or diagnostic measure prescribed or recommended by a *physician* in any form including prescription medication, investigative testing, hospitalization, surgery or other prescribed or recommended *treatment* directly referable to the condition, symptom or problem.

You or Your: The eligible person(s) named on the application and who have paid the appropriate premium.

**For medical emergencies and assistance,
we're available 24-hours a day, 7 days a week.**

toll-free 1.800.459.6604

(within Canada & USA)

collect 905.762.5196

(from all other locations)

Always call *GMS* travel assistance before *you* seek medical attention to ensure the best possible medical care and coverage of *your* expenses. Our 24-hour travel assistance centre is available to help *you* obtain medical *treatment*, coordinate medical care and transportation, verify coverage and provide foreign language support.



Group Medical Services

2055 Albert Street PO Box 1949 Regina, SK S4P 0E3

toll-free 1.800.667.3699 email info@gms.ca

www.gms.ca

Products available for purchase in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Nova Scotia and Newfoundland

Group Medical Services is the operating name of *GMS* Insurance Inc. in provinces outside of Saskatchewan.

Page 4 of 4
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