

Visitor Insurance Policy Receipt

This policy is underwritten by Industrial Alliance Insurance and Financial Services Inc.

Policy Number: HMCVTC20230318-247397		Issue Date: 2023-06-08	
Name:	SACHIN KANWAR	Age:	28 (1994-12-15)
Address:	35 CASTLEBAY STREET	Phone:	(1)226-606-6157
	Kitchener ON N2R0G8 CANADA	Country of origin:	India
Email:	sachinjagdeepkanwar@gmail.com		
Beneficiary:	HARDEEP KANWAR	Relationship:	UNCLE
Coverage Details: Single. Pre-existing conditions are not covered.			
	Effective Date	Termination Date	Duration
	2023-06-08	2023-09-07	92 days
	Coverage	Deductible	Co-Insurance
Health Insurance	\$ 25,000	\$ 0	0
Insured declares being vaccinated for Covid-19	\$ 25,000	\$ 0	0
Cost Details:			
			Payment: \$ 150.88
Payment Details :			
Date	Paid by	Comments	Service Fee Billed Insurance Premium Billed Amount Received
2023-06-08	credit card		\$150.88 \$150.88

Exclusion Notice: There is no medical declaration attached to this certificate. There is no coverage under this insurance policy for pre-existing medical conditions that existed prior to the effective date of this policy. Policy Limitations and Exclusions apply.

If You have been diagnosed with diabetes, losses or expenses incurred for or as the result of Treatment for heart or stroke conditions will not be covered.

Policy Rider No. 2 Amending HMC Policies Covering Travel Insurance Inside of Canada

Up to \$ 25, 000 Regarding losses related to COVID-19

Insuring Agreement:

You have confirmed that you are fully vaccinated against COVID-19. If you completed an application for insurance and paid for this coverage, we will pay up to a maximum of \$25, 000 for the following:

Benefits for losses related to COVID-19:

We will pay up to \$25, 000 if you have been diagnosed with COVID-19 for losses related to the following:

- 1) Testing and diagnostic services for COVID-19;
- 2) Emergency medical care including, hospital and physician charges

There is no waiting period if coverage begins on the first day of the insured's current stay in Canada or it is an extension of an existing policy which was purchased before the previous policy expires. There is no waiting period if this policy is an extension of another policy because there is no gap in coverage. If the client is in Canada and there is a gap in coverage prior to the purchase of an HMC policy the waiting period will apply. If the client has been in Canada without insurance prior to the effective date of this policy then losses related to COVID-19 will be covered after a 21 day waiting period. Losses related to COVID-19 are excluded during the 21 day waiting period to ensure individuals were not infected prior to the Effective date. Losses related to COVID-19 are excluded if the client was infected prior to the Effective date of the policy.

Conditions Specific to this Rider:

You must call Ardent Assistance immediately if you develop symptoms (a limitation applies if you do not call).

This Rider is attached to and forms part of this policy issued by Industrial Alliance Insurance and Financial Services Inc., but the same shall not be binding on us unless you completed an application for insurance and paid for this coverage and this rider was delivered with a policy receipt issued by the duly authorized representative of Industrial Alliance Insurance and Financial Services Inc.

This Rider takes effect on the effective date shown on the policy receipt issued for the above mentioned policy and it expires concurrently with the above mentioned policy. It is subject to all of the provisions, terms, conditions, limitations and exclusions of the above mentioned policy which remain unchanged.

This Rider is issued on behalf of Industrial Alliance Insurance and Financial Services Inc.

You must meet the Eligibility Requirements set out below to be eligible for coverage under this policy. You are eligible for coverage if:

- 1) You are at least 15 days old and You are age 89 or under and not insured or eligible for benefits under a Canadian Government Health Insurance Plan; and
- 2) You are currently in good health, You do not have any recent signs or symptoms that are undiagnosed, You have you have not been hospitalized for a sickness in the last six months, and You have not been treated for anemia requiring iron supplements or blood transfusion in the past 12 months. and You know of no reason why You would require Treatment during Your Policy Period; and
- 3) You are not residing in a nursing home, rest home, convalescent home, rehabilitation centre or home for the aged or required assistance with any activities of daily living (bathing, eating, using a toilet, taking medication(s) or getting into or out of a chair or bed) where you reside in Canada; and
- 4) In the 12 months prior to the effective date you have not:
 - i) been prescribed home oxygen or prednisone for a lung condition or a heart condition or had Pulmonary Fibrosis or Cystic Fibrosis;
 - ii) used nitroglycerine in any form (spray, patch or pill) for a heart condition for the relief of angina or chest pain, or have a heart condition with an ejection fraction of LESS THAN 40%;
 - iii) had any aneurysm that is not surgically repaired;
- 5) You have not had a Bone Marrow transplant, stem cell transplant or an organ transplant except a cornea transplant.

I have read the Eligibility Requirements above. I understand them, and declare that I am eligible. I acknowledge that any policy and coverage provided to me on the basis of the answers given will be deemed null and void if any answer is not correct.



I confirm I am eligible.

I declare that I am currently in good health and that the information provided is complete and true to the best of My knowledge. I understand that the Application for Insurance and the Insurance Policy Receipt form part of the Insurance Agreement provided by us.

I acknowledge that if at the time of claim it is discovered that any question is not answered truthfully, accurately, and completely, it will result in the non-payment of any claim and my policy will be null and void and my premium will be refunded.

I acknowledge that my pre-existing conditions are not covered.

I hereby authorize any medical facility, insurance company, organization or person that has any records or knowledge of My health and/or that of My family members, to give to the Insurer and all its authorized representatives, including without limitation the policy administrator, any information regarding My health, medical history, treatment and claim at the time of adjudication or during underwriting.

I specifically authorize the Insurer to coordinate benefits with all other insurance programs that will provide health insurance benefits for me. I further authorize the Insurer to subrogate and claim over against any party that may be liable for benefits or expenses that it has paid on my behalf. A copy or facsimile of this authorization shall be deemed as valid as the original.



I certify that the above information is correct.

Contractual Obligations

You must contact your advisor for any change in your travel plan/early return.

It is your responsibility to be aware of the Government of Canada travel advisories at www.travel.gc.ca prior to any departure from Canada and at all times while you are travelling outside of Canada. COVID-19 coverage is provided if the Government of Canada travel advisories are at Level 1, 2 or 3.

In the event that the travel advisory changes to 'Avoid all travel' (Level 4) while you are outside of Canada, you must return to Canada within 10 days of the advisory being issued. Should you not return to Canada, your COVID-19 coverage will be terminated.

Coverage: Coverage is provided in Canada only. Coverage for short trip outside of Canada is available if you ask your agent.

Assistance: In an emergency, you must call the Assistance Centre at the number on the wallet card.

Benefits and Deductible: \$25,000 coverage per person insured - all benefits are outlined in your policy - \$0 deductible applies.

Eligibility: You must meet the eligibility requirements stated in your policy as of the effective date.

Warning: this policy does not cover all risks - limitations and exclusions apply.

In the event of a claim: You must notify the Assistance Centre at: collect: 905-830-0387 within 24 hours of any medical or dental treatment. This is a requirement to allow us to manage claims. Failure to do so will result in a Managed Care Penalty where You will be responsible for a share of any eligible expenses incurred.

Wallet Card

<p>Travel Medical Insurance</p> <p>FOR EMERGENCY ASSISTANCE CALL: toll-free USA/Canada: 1-866-209-4203 collect: 905-830-0387</p> <p>NAME: SACHIN KANWAR (Single. Pre-existing conditions are not covered.) POLICY No: HMCVTC20230318-247397</p> <p>FROM/TO: 2023-06-08/2023-09-07</p> <p>For information on your policy: (855) 500-5041</p>	<p>If you require emergency treatment or care you must call our Assistance Centre,</p> <p>CCMP</p> <p>at 1-866-209-4203 or 905-830-0387 to notify them of a potential claim.</p> <p>If it is not medically possible for you to call, please have someone call on your behalf.</p> <p>The product is underwritten by: Industrial Alliance Insurance and Financial Services Inc.</p> <p>The product is administered by: Travel Insurance Specialists (TIS)</p>
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Please cut-out and carry the Wallet Card with you.