



To: Plan Member

From: Group Benefits Solutions, Health Association Nova Scotia

Subject: **Emergency Travel Coverage, Policy #1JM45**

Members of the Health Association Nova Scotia Health Plan (and families for those with family coverage) are covered by Beneva (formerly SSQ)Insurance Company Inc. in case of a medical emergency on a trip outside your province of residence or outside Canada.

This coverage is provided by Beneva (formerly SSQ). It covers eligible emergency medical expenses and provides additional benefits when travelling outside your province of residence or outside Canada for 60 days or less per trip. Please see the attached policy information for further details on coverage.

For further details, please find the following information:

- Card (the contact information is also available on the reverse side of your extended health benefits card)
- Health – Emergency Travel Coverage Information
- Beneva Claim Form

You can also access this information by visiting www.healthassociation.ns.ca/benefits and selecting Emergency Travel from the right menu bar/

If you have questions or require assistance, please contact Group Benefits Solutions, Health Association Nova Scotia at 1 (866) 886-7246, or via email at benefits@healthassociation.ns.ca.



Emergency Travel Coverage

Emergency Travel (Out of Province and Out of Country) Coverage is insured by Beneva (formerly SSQ) Insurance Company in collaboration with AXA Assistance who are Beneva's Travel Assistance Provider. It is provided to those employees and family members insured under the HANS health programs (Medavie Blue Cross). For clarification, **this is for emergency medical**, it is not for trip cancellation.

Retired members and those covered under Survivor* benefits do not have this coverage.

This link will bring you to our **Emergency Travel Information Package** containing, a cover memo, the benefits information below which is on the HANS website, and the claim form.

Emergency Travel Coverage

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WHAT DOES THIS PLAN COVER?

This coverage applies 24 hours per day during the course of any trip outside your province of residence or outside Canada, for business or pleasure, subject to a maximum of 60 days per trip. This includes reimbursement of expenses when by reason of Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this policy. Beneva (formerly SSQ) Insurance Company will reimburse the reasonable and necessary charges in excess of those paid by MSI for services and supplies received by the Insured Person.

Except for individual limits stated for specific benefits, the maximum reimbursement for expenses incurred as a result of all Injuries caused by any one Accident or as the result of any one Sickness or Disease, will not exceed \$5,000,000.

The reverse side of your Health Benefit Card has your policy number and the telephone numbers to call in an emergency while travelling.

If after reading the following information, you have further questions regarding coverage, please contact Health Association Nova Scotia Toll-free at 1-866-886-7246.

DEFINITIONS

"Insured Person" means you or your insured dependents.

"Injury" means bodily injury caused by an Accident occurring while coverage is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently in all other causes in loss covered by the policy provided such injury is sustained and for which expenses are incurred during the course of a trip outside the province of residence. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal, physiological function and includes illness and infections, occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim and for which expenses are incurred during the course of a trip outside the province of residence.

"Disease" means any unhealthy condition of the body or any part thereof occurring while this policy is in force as to the Insured Person whose disease is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of residence.

“Trip” means travel, undertaken by the Insured Person, which commences on the date of departure from the Insured Person’s province of residence and continues until the return date to this province of Residence, subject to a maximum of 60 consecutive days.

“Residence” means the primary dwelling of which the Insured Person is an occupant and the premises on which it is situated.

“Hospital”, “Convalescent Hospital” or “Nursing Home”, means an institution licensed as a hospital or nursing home (if hospital or nursing home licensing is required where the institution is situated), which is open at all times for the care and treatment of sick and injured persons, has a staff of one or more Physicians available at all times and which continuously provides 24 hours nursing service by graduate registered Nurses. It provides organized facilities for diagnostic and surgery, is an active treatment hospital and not primarily a clinic, rest home or similar establishment. For the purposes of this definition, Physicians and Nurses will not exclude an Immediate Family Member.

“Physician” means a doctor or medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practise medicine by:

- a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing body, or
- a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

“Nurse” means a graduate registered nurse (R.N.) or nurse who is licensed to practice nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor an Immediate Family Member.

“Immediate Family Member” means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

“Travelling Companion” means a person who is sharing the same booked accommodation with the Insured Person.

“Emergency” means unexpected and not pre-planned.

“Airfare” means the regular fare charged for an economy class seat on a regular flight by a domestic or international scheduled air carrier, which holds an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such air carrier in the country of its certification.

“Regular Care and Attendance” means observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

“Fare” means the regular fare charged for:

1. an economy class seat on a regular flight by a domestic or international scheduled air carrier;
2. a coach seat on a passenger train;
3. a regular seat on a passenger bus or
4. an economy class seat on a boat.

where each of these carriers must then hold an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such carrier in the country of its certification.

“Accommodation” means lodging in the vicinity of the Hospital where the Insured Person is confined.

“Motorized Vehicle” means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

The word “province” will be construed as territory when either the Insured Person’s Residence is located or the treatment is rendered in a territory in Canada.

WHAT COVERAGE DOES THIS TRAVEL PLAN INCLUDE?

Medical Reimbursement Expense Benefit

When by reason of Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section; Beneva (formerly SSQ) Insurance Company will reimburse the reasonable and necessary charges in excess of those paid by MSI for services and supplies received by the Insured Person in accordance with the following:

Hospital

Hospital, Convalescent Hospital or Nursing home charges for room and board, up to and including the semi-private accommodation level, or private accommodation level when recommended by the attending Physician, subject to a maximum duration of 12 months.

Nursing

Expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of \$10,000 per Accident, Sickness or Disease.

Prescription Drugs

Charges for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician but excluding any charges made for the administration of injectable drugs, sera and vaccines.

Physiotherapy

Expenses charges for the services of a duly licensed or duly registered physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member.

Ambulance

Expenses for a licensed ground ambulance service or when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of \$25,000 per Accident, Sickness or Disease.

Other Medical Supplies and Services

1. expenses of an annual health examination, up to \$250 per person;
2. expenses of administration of vaccines, anti-toxins, injections for immunizing against diseases or poisons, up to \$125 per person;
3. blood plasma, whole blood or oxygen, including the administration thereof;
4. x-rays and laboratory examinations required for diagnostic purposes;
5. artificial limbs, eyes or other prosthetic appliances;
6. rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints) or orthopedic shoes as part of a brace, including any fee charges by a physician to a maximum of \$100 for designing, constructing, fitting, or applying such device; charges for orthopedic shoes are limited to \$50 per pair, and no more than two pairs per Insured Person will be paid for in any calendar year under this policy.

Miscellaneous

- expenses for medical care and treatment rendered or surgical procedure performed by a Physician;
- expenses for the services of a licensed anaesthetist when recommended by a Physician;
- chiropractic expenses, including radiological examinations, which mean fees charged by a licensed chiropractor for chiropractic treatment;

- expenses of a legally qualified dentist or dental surgeon for loss resulting from injury to natural teeth, including replacement of such teeth and x-rays incident to such injury, provided such treatment is rendered within 52 weeks of the date of the Accident and subject to a maximum of \$2,000 per Accident;
- expenses of a licensed ophthalmologist for test or examination to determine if the purchase or replacement of spectacles or contact lenses is required, subject to not more than one test or examination per insured person every two years;
- expenses incurred for the services of a registered psychologist;
- expenses of a legally licensed osteopath, including diagnostic x-rays and laboratory tests;
- expenses of a legally qualified chiropodist or podiatrist, including diagnostic x-rays and laboratory tests;
- expenses incurred for the rental of an iron lung and other durable medical and surgical equipment;

EXPENSES OF A TRAVELING COMPANION BENEFIT

Up to \$1,000 per trip (subject to a maximum of \$50 per day) for accommodation and meal costs of any person remaining with the Insured Person when the trip is delayed as a result of any injury or sickness to the Insured Person. The person remaining with the Insured Person must have been traveling with the latter and the return trip must have been avoidably delayed beyond the scheduled date.

EVACUATION BENEFIT

If, as a result of Injury, Sickness or Disease, an Insured Person requires any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by Beneva (formerly SSQ) Insurance Company.
2. transportation to the Insured Person's province of Residence by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by Beneva (formerly SSQ) Insurance Company and the attending Physician certifies in writing that the Insured Person's medical condition after receiving treatment (including diagnostic testing) warrants the return to his province of Residence for further treatment or to recover.

3. transportation to the Insured Person's province of Residence in the event he is confined as inpatient in a hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

Beneva (formerly SSQ) Insurance Company will pay the reasonable and necessary transportation expenses actually incurred by the Insured Person including any related medical services and supplies.

The total maximum amount payable under this section will not exceed \$5,000,000 as the result of any one Accident, Sickness or Disease.

RETURN OF VEHICLE BENEFIT

If, as a result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person has become disabled and is unable to continue the Trip by means of driving the owned or rented Motorized Vehicle used as a conveyance during the Trip, this program will pay the reasonable and necessary expenses actually incurred for the return of such vehicle by a commercial agency to the Insured Person's normal place of Residence or the rental agency as the case may be.

The maximum amount payable under this section by Beneva (formerly SSQ) Insurance Company to or on behalf of any Insured Person will not exceed \$500 as the result of any one Accident, Sickness or Disease.

FAMILY TRANSPORTATION AND ACCOMMODATION BENEFIT

In the event of loss of life resulting from Injury, Sickness or Disease is sustained by the Insured Person or if the Insured Person is confined as an inpatient in a Hospital for at least four consecutive days and under the Regular Care and Attendance of a Physician, Beneva (formerly SSQ) Insurance Company will pay the reasonable and necessary expenses actually incurred by:

1. any other Insured Person or Travelling Companion who remained with such Insured Person during his hospitalization, thus preventing them from returning to their province of Residence on the original scheduled return date, provided the return Fare is non-changeable and non-refundable, for their board, Accommodation and transportation by the most direct route back to their normal place of Residence, subject to the cost of one way Fare; or

2. an Immediate Family Member or a family representative for board, Accommodation and one return Fare for transportation by the most direct route to and from the normal place of residence of the Immediate Family Member or family representative to the confined Insured Person, if such Insured Person had been travelling unaccompanied by a family member at the time he became hospitalized.

Reimbursement of transportation expenses under this section is limited to 75% of the cost of the Fare. If transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometre travelled.

EMERGENCY AIR TRANSPORTATION BENEFIT

If, as the result of Injury, Sickness or Disease:

- the attending Physician certifies in writing that the Insured Person's medical condition warrants immediate return to his province of Residence for treatment which is not available in the local Hospital in the vicinity where such Injury, Sickness or Disease occurred; or
- an Insured Person is confined as an inpatient in a hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable,
 - Beneva (formerly SSQ) Insurance Company will pay the reasonable and necessary expenses actually incurred for the transportation of the Insured Person by the most direct route to the air terminal nearest his normal place of Residence, subject to the cost of one-way Airfare, to a maximum amount of \$2,500.
- If, for medical reasons, the Insured Person requires stretcher accommodation on the return flight stated in paragraph "A" above, regardless if he has missed his original scheduled return flight, and such requirement is on written recommendation of the attending Physician, Beneva (formerly SSQ) Insurance Company will pay the Airfare expense for one additional seat, subject to a maximum of \$2,500.
- In the event the attending Physician further recommends in writing or the air carrier's rules and regulations require the presence of a medical attendant during the transportation of the Insured Person, regardless if he has missed his original scheduled return flight, Beneva (formerly SSQ) Insurance Company will pay the reasonable and necessary expenses actually incurred for the round trip Airfare for such medical attendant. Expenses will also include one day Accommodation and board for that day. The medical attendant must be qualified to work as such

in the place where the Insured Person received Emergency medical attention, does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member. All covered expenses incurred by such attendant are subject to a maximum of \$5,000.

The total maximum amount payable under this section by Beneva (formerly SSQ) Insurance Company to or on behalf of any Insured Person will not exceed \$10,000 as a result of any one Accident, Sickness or Disease.

RENTAL EXPENSE BENEFIT

If, as the result of Injury, Sickness or Disease, an Insured Person is confined as an inpatient in a Hospital and under the Regular Care and Attendance of a Physician, this program will pay the reasonable expenses actually incurred by the Insured Person for the rental of a telephone and / or television set up to a maximum of \$200 as a result of any one Accident, Sickness or Disease.

HOTEL CONVALESCENCE BENEFIT

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person, due to his medical condition, is prohibited from resuming any travel following discharge from the Hospital where the Insured Person was confined for a period of not less than 7 days, the program will pay the reasonable and necessary expenses actually incurred for board and Accommodation up to a maximum of \$1,000 as a result of any one Accident, Sickness or Disease.

MATERNITY EXPENSE BENEFIT

Expenses incurred for pregnancy (including complications) or childbirth (including caesarean section which is an abdominal operation of uterine pregnancy), Beneva (formerly SSQ) Insurance Company will reimburse the reasonable and necessary expenses actually incurred including Hospital nursery expenses subject to all limitations, exclusions and deductible amounts and other provisions of the policy.

REPATRIATION BENEFIT

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person more than 50 kilometres from the Insured Person's normal place of Residence, Beneva (formerly SSQ) Insurance Company will pay the reasonable and

necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to the 1st resting place (including but not limited to a funeral home or the place of interment) in the vicinity of the normal place of Residence of the deceased, including the charges for the preparation of the body for such transportation, subject to a maximum of \$25,000.

IS THERE A MAXIMUM LIMIT OF INDEMNITY UNDER THIS PLAN?

Yes. Except for individual limits stated for specific benefits, the maximum reimbursement for expenses incurred as a result of all Injuries caused by any one Accident or as the result of any one Sickness or Disease, will not exceed \$5,000,000.

The following benefits are excluded from the Maximum Limit of Indemnity:

- Nursing Services
- Licensed Ambulance Services
- Emergency Dental Treatment
- Evacuation Benefit
- Repatriation Benefit

ARE THERE LIMITATIONS AND EXCLUSIONS UNDER THIS PLAN?

Yes. This program does not cover loss (fatal or non-fatal) or expenses caused or resulting from:

1. suicide or intentionally self-inflicted Injury
2. war, whether declared or not;
3. perpetration of acts of terrorism or participation in a riot, insurrection or civil commotion;
4. active full-time, part-time or temporary service in the armed forces of any country;
5. a Trip undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation except as provided under the section entitled "Referral Outside Canada";
6. participation in any professional athletics; or
7. participation in acrobatic or stunt flying, mountaineering, hang gliding, scuba diving, any racing or speed contests.

This program does not cover any of the following supplies or services or costs thereof:

1. expenses covered under any governmental hospital, medical, dental, or health care plan insurance plan, whether payable or not, or expenses for which insurance is prohibited by law;
2. expenses which are reimbursed under the Policyholder's other group health and hospitalization insurance plan or under any other insurance policy;
3. medical examinations for the use of a third party, cosmetic surgery and dental services other than those required as a result of an Accident;
4. treatments, consultations and drugs related to artificial insemination or in vitro fertilization;
5. any benefits received or receivable from a Workers' Compensation Act;
6. charges for any experimental medical treatments;
7. services for which no charge would ordinarily be made if there were no insurance coverage;
8. expenses incurred for necessary treatment or surgery which medically could be delayed until the Insured Person has returned to his province of Residence; or
9. medical expenses for treatment or surgery which the Insured Person elects to have rendered or performed outside his province of Residence, following an Emergency treatment or diagnosis of a medical condition which (on medical evidence) would not prevent the Insured Person from returning to his province of Residence prior to such treatment or surgery, except as provided under the section entitled "Referral Outside Canada".

The following limitations to the coverage provided under this policy will apply:

1. Coverage for each Trip begins when an Insured Person leaves the border of his province of Residence or if travelling by aircraft, when such aircraft takes off in his province of Residence, provided insurance is in force as to such Insured Person.
2. Coverage for each Trip terminates when an Insured Person crosses the border of his province of Residence when returning from a Trip or if travelling by aircraft, when such aircraft lands in his province of Residence or 60 days following the date of departure from his province of Residence, whichever is earlier.
3. All expenses must be incurred on a non-elective Emergency basis outside the Insured Person's province of Residence and are in excess of expenses payable under any individuals, group or governmental sponsored hospital or medical insurance plan.
4. In consultation with the attending Physician, Beneva (formerly SSQ) Insurance Company reserves the right to transfer an Insured Person to another Hospital or to return an Insured Person to his province of Residence for necessary treatment. In the event the Insured Person refuses to comply, Beneva (formerly

SSQ) Insurance Company will no longer be liable for further expenses incurred, which are relating for the condition causing the treatment, after the proposed transfer date.

DOES THE PLAN COVER REFERRAL SERVICES OUTSIDE CANADA?

Yes. When recommended by the attending physician and approved by MSI, Beneva (formerly SSQ) Insurance Company will pay for the following eligible benefits for which medical services are not available in Canada. Payment will be made at the reasonable and customary amount for charges in excess of provincial government health care allowances up to a lifetime maximum of \$500,000.

Hospital

All hospital charges for medically necessary services, less the amount allowed under the provincial government health care plan, such as:

- Hospital room accommodation
- Intensive care rooms
- Nursing services
- Operating and recovery rooms
- Diagnostic and laboratory services, including X-rays
- Oxygen and blood
- Prescription drugs, intravenous drugs
- Physiotherapy

Physicians and Surgeons

Customary charges of physicians and surgeons for services rendered, less the amount allowed under the provincial government health care plan.

Ambulance

Charges for licensed ambulance services required to transport a stretcher patient to and from the nearest hospital able to provide essential care. Charges for air transport are included to a maximum of up to 3 economy seats on a regularly scheduled flight.

Ambulance Attendant

Charges for travel expenses of an accompanying Registered Nurse or qualified medical attendant (not a relative) when medically necessary and approved by Beneva (formerly SSQ) Insurance Company.

ARE THERE LIMITATIONS AND EXCLUSIONS APPLICABLE TO REFERRAL SERVICES OUTSIDE CANADA?

- The referral outside Canada must be medically necessary and must not be for services available in Canada, as determined by Beneva (formerly SSQ) Insurance Company.
- The claim must have prior approval for payment from the appropriate provincial government health program and from Beneva (formerly SSQ) Insurance Company.
- Payment will be made for the reasonable and customary charges of the provider of the services or suppliers in the area in which the services are rendered.
- Payment will only be made for services and supplies rendered while the patient was under the active treatment of a licensed physician.
- Payment will not be made for treatment of any illness commencing within 12 months after the participant's effective date of group coverage, or for which the participant has received medical treatment or has been prescribed drugs 12 months prior to the effective date of this coverage.
- The services must not be experimental medical procedures or treatment methods not approved by the Canadian Medical Association.

WHAT IS THE BENEVA (FORMERLY SSQ) INSURANCE COMPANY PROGRAM AND WHAT DOES IT PROVIDE?

Beneva (formerly SSQ) Insurance Company is a worldwide medical assistance network for travelers. It provides services 24 hours a day, seven days a week. Telephone, telex and facsimile services are available for travelers in distress to call from anywhere in the world. This service is included in the plan. Among the many valuable services Beneva (formerly SSQ) Insurance Company offers are:

- Referrals to physicians and health facilities.
- Dispatch, if permissible by local laws, of replacement medication if lost, stolen or depleted
- Medical monitoring and evaluation during treatment and ongoing updates to family and/or employer.
- Arrangements for medical evacuation to the nearest facility capable of providing the required care.
- Special assistance on medically supervised emergency transportation.
- Handling arrangements in the event of the Member's death.
- Emergency message transmission between the Member and his family and/or employer.

- Assistance in replacing travel documents while travelling, i.e., passports, credit cards.
- Contact information for embassies and consulates worldwide.
- Arrangements for an initial legal consultation if the Member experiences a civil or criminal problem in a foreign country.
- Emergency telephone translation services or referrals to interpreter services.
- Assistance in making travel arrangements for a family member chosen by the Member to join the Member at the place where the Member is hospitalized.
- Return to home travel arrangements for dependent children who are left unattended.
- Assistance in replacing tickets, identification papers or other official documents in the event of loss, theft or early return.
- Pre-trip information such as information on passports, visas, required vaccinations and any restrictions that apply to each country the Member is visiting.
- Assistance in finding lost or stolen luggage.

HOW DO I CLAIM BENEFITS FOR ELIGIBLE EXPENSES INCURRED OUTSIDE CANADA?

Prior to departure on a trip, please obtain a claim form from your employer. A separate travel assistance card is no longer required. For your convenience, your Emergency Travel policy number and telephone numbers to call in an emergency while travelling are on the reverse of our health benefit card.

If expenses are incurred while travelling, please make sure the claim form is completed by yourself, and authorized by your employer.

Please send claims directly to Beneva who will arrange for any coordination required with a Provincial Health Program.

If Beneva (formerly SSQ) Insurance Company is the only payer of incurred expenses, please submit original receipts or invoices when filing your claim. Quote plan number #1JM45.

In the case of a claim, written notice of injury or sickness must be provided to Beneva (formerly SSQ) Insurance Company within 30 days after the date of the Accident or onset of a sickness, and written proof of loss must be furnished to them within 90 days after the date of such loss.

Failure to furnish such notice or proof within such time shall not invalidate, nor reduce, any claim if it can be shown not to have been reasonably possible to furnish such notice or proof, and that such notice or proof was furnished as soon as was reasonably possible, but in no event later than one year after the date of the Accident or sickness.

WHEN DOES MY EMERGENCY TRAVEL END?

Your coverage will end on the earliest of the following dates:

- the date this plan is terminated,
- the date you are no longer considered an employee.

Coverage for any dependent will end on the earlier of the following dates:

- the date you are no longer covered under this plan, and
- the date the dependent ceases to be an eligible dependent.

**In the event of your death, please note Health coverage for surviving spouse and dependents, that is "Survivor Benefits" does not include the emergency travel benefit.*

FYI's

Emergency Travel Coverage Under HANS Health Programs - travelling to CUBA after May 1, 2010 from the insurance company.

Members of the Health Association Nova Scotia Extended Health Plan are covered by Beneva (formerly SSQ) Insurance Company in case of a medical emergency outside Canada. Effective May 1, 2010 Cuba has made it mandatory for visitors to have health insurance coverage from providers who have been approved by the Cuban government. The below information has been provided by Beneva (formerly SSQ) Insurance Company.

Effective May 1, 2010 Cuba has made it mandatory for visitors to have health insurance coverage from providers who have been approved by the Cuban government.

To meet this requirement, travelers are required to have travel insurance which covers medical expenses. The insurance should be taken out in Canada and persons traveling to Cuba who do not have medical insurance will be required to purchase a Cuban medical insurance policy upon arrival.

Although the Cuban government has not indicated the exact documents required for proof of insurance, based on recent discussions with the Canadian Consulate, we understand that the following documents will be acceptable:

- A valid Canadian passport
- Your provincial health care card
- Your Health Benefit Card
- Your Travel Insurance booklet (this page from our website is sufficient)

Beneva (formerly SSQ) Insurance Company - GESA Assistance in Mexico, is the provider of emergency assistance benefit for Cuba and is listed as an approved carrier through Mexico.

Emergency Travel Coverage Under HANS Health Programs - COVID-19 UPDATE from the insurance company.

We do recommend caution against non-essential travel outside of Canada per the Government's guidance. Travel advisories are located at <https://travel.gc.ca/travelling/advisories>

Travel Advisory levels can be found at <https://travel.gc.ca/travelling/health-safety/travel-health-notices>

You will not be covered for expenses incurred in a location for which Government of Canada issued an advisory to avoid all travel as well as expenses incurred during cruise ship travel while the Government of Canada issued an advisory to avoid all cruise ship travel. If the Insured Person is already present at the location in question or on a cruise ship at the time the advisory is issued, they must comply with the advisory within 14 days following its issuance. If the Insured Person does not comply with the advisory within 14 days following its issuance, no expenses incurred by the Insured Person will be eligible after this deadline.

Health Association Nova Scotia reserves the right to review the employee benefits program and to modify, amend, discontinue, and/or make exceptions to the program. All information is subject to change. This document provides information around the key benefits available to you under the Health Association Nova Scotia Single Group Benefits Plan. In the case of a discrepancy, the contracts will prevail.

Instructions

Complete the form

1. Attach original invoices, payment receipts and any pertinent medical reports to the form. They will not be returned.
2. Attach a void cheque if you would like the benefits to be deposited in a Canadian bank account.

Submit the form

1. By email: travel.claims.sp@beneva.ca
2. By fax: 1 855 690-9895
3. By mail: Specialized Products, 1225 rue Saint-Charles Ouest, bureau 200, Longueuil QC J4K 0B9

Customer service

1. 1 855 395-2520 (voicemail)
2. By email: travel.claims.sp@beneva.ca

1. Plan member's information

Certificate No.	Policy/Group No.	Email	
_____	_____	_____	
Last name	First name	Date of birth	Sex at birth: <input type="checkbox"/> F <input type="checkbox"/> M
_____	_____	Y Y Y Y M M D D	
Address			
_____	_____	_____	_____
City	Province	Postal code	Telephone
Employment status: <input type="checkbox"/> Active <input type="checkbox"/> Retired			

2. Information about the person concerned by the claim, if applicable (one form per insured)

Last name	First name	Date of birth	Sex at birth: <input type="checkbox"/> F <input type="checkbox"/> M
_____	_____	Y Y Y Y M M D D	
Relationship to the plan member: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent child			
Does the person live at the same address as the plan member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the person a full-time university or CEGEP student? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. Other health insurance coverage

Private plan Are you or your family members covered under another private health insurance plan? Yes No
If so → Name of insurer: _____

Provincial plan Are you or your family members covered under a provincial health insurance plan? Yes No
If so → Provincial plan identification number: _____

4. Information about the claim – Illness

Date the symptoms appeared: Y | Y | Y | Y | M | M | D | D

Diagnosis: _____

Briefly and clearly describe the symptoms that necessitated medical care. _____

Have you ever experienced this illness or similar problems in the past? Yes No

If so → Date:

Provide details: _____

Were you hospitalized for this health condition? Yes No

If so → Name and address of the hospital: _____

Hospitalization dates: to

5. Information about the claim – Injury following accident

Date of the accident:

Type of accident: Motor vehicle Work related injury Other, specify: _____

Briefly and clearly describe the accident. _____

6. Information about your trip

Departure date from province: Return date:

City and country where medical care was received: _____

Reason for travel: Vacation Work Education Other, specify: _____

7. Your family physician's information

Last name _____ First name _____ Telephone _____

Name of medical facility (ex: hospital, clinic, doctor's office): _____

Address: _____

8. List of expenses claimed

Service date	Patient's name	Care or services claimed	Service provider's name	Amount claimed	Country and currency	Amount paid by another plan, if applicable
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9. Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Privacy statement located at beneva.ca.

10. Declaration

I consent to Beneva Inc. collecting, using and disclosing any personal information that is necessary for managing my claim. This information may be disclosed to any group insurance policyholder, healthcare professional or intervening party in the health field as well as any service provider (travel assistance service, IT services, etc.) I declare that the information provided is true, accurate and complete to the best of my knowledge. I am authorized by my spouse and my dependents impacted by this form to disclose and receive information regarding them.

X

Signature

| Y | Y | Y | Y | M | M | D | D |

Date