



**CANADIAN
MEMBER BENEFITS**

HANDBOOK

Revised June 2019

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DAN Member benefits are subject to change.
All dollar amounts shown are in U.S. funds.

If you need assistance,
do not hesitate to call the
DAN Emergency Hotline.

+1-919-684-9111

(Collect Calls Accepted)

Things to know when you call:

1. If the situation is life-threatening, call local EMS (911) first, then call DAN.*
2. When you call DAN, the medic handling your call may make an immediate recommendation, or they may ask to call you back after making arrangements at an appropriate medical facility. Either way, your call will be immediately tended.
3. If the DAN staffer needs to call you back, you will be asked to wait by the phone. The return call may take 30 minutes or longer, as several calls may be necessary to facilitate the assistance.

**If your situation is not an emergency requiring an immediate answer or assistance, please call the Medical Information Line at +1-919-684-2948.*

DAN is a NC nonprofit organization.

Know Your Membership!

Your DAN Membership offers you many benefits. Take some time to ensure you know them!

YOUR EXCLUSIVE DAN MEMBER BENEFITS INCLUDE:

- 24-Hour DAN *TravelAssist*® benefits (See Page 5 for details.)
- Access to the DAN Dive Accident Insurance Program and Travel Insurance
- *Alert Diver*, the dive industry's leading safety magazine
- AlertDiver.com (Available on select platforms)
- The DAN *Dive and Travel Medical Guide*
- Worldcue® Planner Travel Resource
- Free online training seminars
- Discount admission to selected events
- Associate ProMembership (dive professionals only)

Additional information on all DAN Membership benefits is available at DAN.org.

Automatic Renewal Program

You have the option to renew your annual DAN membership dues and optional dive accident insurance premiums through the Automatic Renewal Program. For more information or to enroll, please call Membership Services at 1-800-446-2671.

1-800-446-2671

Toll-free in the United States and Canada

DAN *TravelAssist*®

To access DAN *TravelAssist*, call the DAN Emergency Hotline:

+1-919-684-9111

(Collect Calls Accepted)

DAN Membership includes automatic enrollment in DAN *TravelAssist* and up to \$150,000 of evacuation assistance coverage. This benefit is effective for both diving and nondiving injuries. Your evacuation coverage begins when you travel at least 80 km from home and call DAN *TravelAssist* to arrange your evacuation. Other benefits include:

- Prescription assistance
- Medical messaging and monitoring
- 24-hour worldwide medical information and assistance
- Pre-trip information
- Return of travel companion and/or dependent children
- Emergency messaging
- Help with lost/stolen items
- Translator and interpreter referrals
- Insurance claims assistance
- Legal referrals and bail advances

IMPORTANT: DAN *TravelAssist* must arrange ALL evacuations. Emergency evacuation arrangements made directly by you may not be reimbursed by DAN *TravelAssist*.

The following few pages will outline all benefits associated with DAN *TravelAssist*.

If you have a Family Membership, all DAN *TravelAssist* benefits are available to each dependent listed on your membership application.

DAN TravelAssist Benefits

These benefits are available under both the Individual and Family membership programs. With an Individual membership, enrollment is automatic when the person becomes a member. With a Family membership, the primary member is automatically enrolled, and others who qualify as Family Members are enrolled when the primary Member adds his/her name to the list of Covered Family Members. Coverage is provided 24 hours per day, seven days per week to those traveling on a Trip at least 80 km from the person's permanent residence as listed in the DAN database. Benefits payable for expenses incurred for the DAN *TravelAssist* benefits will not exceed the maximum amounts shown below, or in the aggregate, more than \$150,000 per Member. All covered benefits must be arranged in advance by DAN *TravelAssist*. All travel arrangements must also be coordinated through DAN *TravelAssist*.

Medical Assistance

Emergency Evacuation and Repatriation. If a DAN Member or a Covered Family Member suffers a medical condition during the course of a Trip and such condition (as determined by DAN *TravelAssist* in consultation with the local attending Physician) requires an emergency evacuation, or medically necessary repatriation, benefits up to a maximum of \$150,000 (per person if a Family Membership) will be paid by DAN *TravelAssist* directly to the provider for Covered Expenses incurred for such evacuation or repatriation.

Emergency Evacuation means that, due to Medical Necessity, the Member or Covered Family Member requires immediate transportation from the place where such person has a medical emergency to the nearest appropriate medical facility where appropriate medical treatment can be obtained.

Emergency Evacuation does not include efforts to locate an injured person whose location is unknown, or efforts to rescue such persons from a dangerous situation or a location inaccessible by emergency services personnel. Emergency Evacuation may begin only after the injured person is made available at a location which can be reached by emergency medical services personnel.

Medical Necessity includes any situation where it is judged medically appropriate to move the Member to another location for a higher level of medical care. DAN *TravelAssist* will arrange details of the emergency evacuation, using the means best suited to do so, based on the seriousness of the Member's condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of Transportation and final destination will be based solely upon medical factors.

Transportation means any land, water or air conveyance required to transport the Member or Covered Family Member during an emergency evacuation or repatriation. Expenses for special transportation must be recommended by the attending Physician in conjunction with DAN *TravelAssist* or required by the standard regulation of the conveyance transporting the Member or Covered Family Member. Special transportation includes, but is not limited to, an air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by both the attending Physician and DAN *TravelAssist*.

Covered Expenses include any Transportation, medical treatment, medical service, or medical supply that (1) is necessarily incurred in connection with emergency evacuation or repatriation of the Member or Covered Family Member; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Member or Covered Family Member. All transportation arrangements made for evacuating or repatriating the Member or Covered Family Member must be by the most direct and economical conveyance, and arranged in advance by DAN *TravelAssist*. Covered expenses do not include amounts that are eligible for reimbursement under "Other Medical Expense Insurance."

DAN *TravelAssist* will not pay Transportation to transport the Member or Covered Family Member

to their place of permanent residence if there are closer medical facilities which are capable of attending to the Member's medical condition.

REPATRIATION means that due to Medical Necessity, the Member or Covered Family Member requires follow-up care or rehabilitation services for the Sickness or Injury, and is deemed medically fit to travel by commercial air or ground transportation to either:

1. the person's place of residence; or,
2. the region where the person is living and/or working at the time of the Sickness or Injury; or
3. a different medical facility for further care, treatment or evaluation.

Any Medically Necessary Repatriation shall be undertaken at the discretion of DAN *TravelAssist* in consultation with the Insured's treating Physician.

Prescription Assistance. If You require prescription medication or eyeglasses not available where You are staying, DAN *TravelAssist* will consult with the prescribing physician, and locate and arrange to send Your replacement medications and/or prescriptions when it's possible and legally permissible to do so. You are responsible for the cost of providing the medication or eyeglasses.

Medical Expense Advances. Hospital admission or discharge deposits will be advanced up to \$5,000 by DAN *TravelAssist* with an acceptable guarantee of reimbursement from either You or Your insurance.

Medical Monitoring. When DAN *TravelAssist* is notified of a Member's medical emergency, its staff will establish communication with the local attending medical provider and obtain as much information as possible about the situation and begin to monitor the Member's condition. Medical professionals will stay in regular communication with the local medical personnel and relay necessary information to the Member and his or her Family until the situation is resolved and the Member continues with his or her travels or returns to his or her primary residence as listed in the DAN database.

24-Hour Worldwide Medical Information and Assistance. A multilingual staff at DAN *TravelAssist*'s Emergency Assistance Center provides 24-hour assistance and consultation if You suffer a medical emergency while You're traveling. The staff will consult with those at the location of the emergency and will assist in determining the best course of action for the Member given the situation. When both possible and appropriate, an effort will be made to consult with the Member's family physician. DAN *TravelAssist* will then organize a response to the medical emergency, doing whatever is deemed medically appropriate, including but not limited to recommending or securing the availability of services of a local physician, arranging hospital admission, and in some cases, Medical Evacuation or Repatriation. DAN *TravelAssist* also handles nondiving-related medical referrals to physicians, hospitals and specialists as well as coordinating all aspects of emergency medical evacuation for You. DAN *TravelAssist* is not responsible for diagnosis or treatment.

Travel Assistance

Visit of Family Member or Friend. If a Member or Covered Family Member is traveling alone and is expected to require hospitalization for more than seven consecutive days, DAN *TravelAssist* will arrange and pay for economy round-trip airfare for a visitor chosen by the Member (or his or her Family) to travel to the site of hospitalization and return the visitor to his or her point of departure.

Return of Dependent Children. If a Member or Covered Family Member is traveling alone with his or her children, and becomes ill or injured and is unable to attend to the children's needs, DAN *TravelAssist* will arrange and pay for one-way economy airfare to return them to their place of residence. Qualified escorts will be provided at no charge, if necessary.

Return of Traveling Companion. If a Member's traveling companion loses previously made travel arrangements due to a delay caused by the Member's medical emergency, DAN *TravelAssist*

will arrange and pay for one-way economy airfare to return the companion to his or her original departure point.

Pre-Trip Information. Get information for each country to be visited concerning immunization requirements, appropriate pre-departure medical examinations and/or treatment, passport and visa requirements, and information as to weather or other travel hazards through DAN *TravelAssist*.

Repatriation of Remains. When we receive due proof that the Insured has died while on a Trip, we will pay the expenses incurred to move the body and return the mortal remains to the person's place of residence, as listed in the DAN database for burial. Covered expenses including, but are not limited to, expenses for embalming, cremation, necessary government authorizations, coffins, and transportation, up to the benefit limit shown in the Schedule. Expenses related to the use of an air ambulance for the Repatriation of Remains are expressly excluded.

Return of Vehicle. If the Member or Covered Family Member is hospitalized or has an emergency medical evacuation which prevents the return of the Member's vehicle to the rental agency or his or her current principal residence, DAN *TravelAssist* will aid in arranging the return of the unattended vehicle and will reimburse the cost of returning the unattended vehicle to the rental agency or the Member's current principal residence, up to \$1,000 per event.

Personal Assistance

Emergency Message Transmission. DAN *TravelAssist* will receive and relay emergency messages to and from Your Family and/or employer.

Emergency Cash Advances. When possible, DAN *TravelAssist* will provide You with a cash advance of up to \$250 in local monies for medical emergencies with an acceptable guarantee of reimbursement from either You or Your insurance.

Assistance With Recovering Lost or Stolen Items. When a Member has had luggage, documents, credit cards, or personal items lost or stolen, DAN *TravelAssist* will aid the Member in reporting the lost or stolen items to the

appropriate authorities; will provide direction for the replacement of passports; and will provide advice regarding how to recuperate lost or delayed luggage from a carrier. Direct cost of replacing the lost or stolen items are the responsibility of the Member.

General Assistance. DAN *TravelAssist* will provide advice regarding how to utilize services available in consulates and in government agencies and provided by translators and other service providers who assist with travel-related problems. You are responsible for the selection of these professionals and payment of any related fees.

Travel Assistance. When a Member needs travel assistance service in the event of an emergency, DAN *TravelAssist* will: (i) help coordinate emergency travel arrangements and hotel reservations; (ii) help replace lost or stolen airline tickets by arranging payment through the Member's credit card; and (iii) deliver replacement or prepaid tickets by express mail or directly to airline counters.

Insurance Claims Assistance. You can receive assistance in: (i) verifying your insurance coverage; (ii) guaranteeing payments to medical care providers; (iii) obtaining information for insurance claims for cases coordinated through DAN *TravelAssist*; and (iv) completing insurance and other medical claims forms. DAN *TravelAssist* will assist with Your eligible insurance claims until such claims have been settled or denied.

Legal Assistance

Legal Referrals. Referrals to local qualified attorneys are provided in the area in which You are traveling. Telephone interpretation can be provided when necessary. All expenses other than legal referrals are Your responsibility.

Bail Advances. Where permitted by law, You will be advanced up to \$5,000 in bail funds with an acceptable guarantee of reimbursement from either You or Your insurance.

Legal Assistance. If a Member is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him/her, DAN *TravelAssist* will provide the Member with the name of an attorney who can represent him/her in any necessary legal

matters. If the Member is in need of any other form of legal assistance, DAN *Travel/Assist* can arrange assistance from local attorneys, embassies or consulates.

Benefits, under DAN *Travel/Assist*, are not payable with respect to expenses incurred:

1. While traveling against the advice of a Physician;
2. For assistance or treatment which is compensable under "Other Medical Expense Insurance," travel insurance, the Workers' Compensation or Occupational Disease Act or Law, or any services, supplies or treatments provided under any federal, provincial or other governmental plan or law;
3. For services, supplies, or treatment, including any period of Hospital confinement that were not recommended, approved and certified as necessary and reasonable by a Physician, or any expense that is non-medical in nature;
4. For suicide or attempted suicide, while sane or insane, or self-inflicted injury;
5. Due to war or act of war, declared or undeclared;
6. For injury sustained while on full-time duty in the armed forces, National Guard or organized reserve corps of any country or international authority;
7. For Injury sustained while participating in professional sports or in club, interscholastic or intercollegiate sports (except scuba diving and Named Water Sports related);
8. For any nervous, emotional or mental disorder;
9. In connection with alcoholism, the consumption of alcoholic beverages, drug addiction, or use of any drug or narcotic agent, except as prescribed by a Physician;
10. As a result of, or in connection with, the commission of a felony offense; or
11. Treatment provided by any Family Member.

DAN *Travel/Assist* does not cover any medical treatment expenses for accidents or injuries of any nature other than those costs incurred during emergency evacuation or repatriation.

DAN *Travel/Assist* reserves the right to suspend services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbances, strikes, man-made catastrophe, acts of God, or refusal of authorities to permit DAN *Travel/Assist* to fully provide services. In the event a Member travels into an area in which any of the above situations arises, DAN *Travel/Assist* will attempt to provide its services to the best of its ability. The Member must realize that, due to political or socioeconomic conditions, there are some countries where longer time periods are required to safely perform a medical evacuation. It is the responsibility of the Member to inquire with DAN *Travel/Assist* whether a country is "open" for assistance prior to his or her departure.

All decisions as to the need for emergency evacuation and/or repatriation, the means and/or timing of any evacuation, the medical equipment and the medical personnel to be used and the final destination are medical decisions, which will be made by physicians designated by DAN *Travel/Assist*, in consultation with a local attending physician based on medical factors, and DAN *Travel/Assist* decisions shall be conclusive in determining the need for such services.

The final selection of the medical professional, medical facility or legal counsel is your choice alone. DAN *Travel/Assist* assumes no responsibility for any medical advice or legal counsel given by the medical professional and/or attorney, nor shall DAN *Travel/Assist* be liable for the negligence or other wrongful acts or omissions of any of the legal and/or healthcare professionals providing direct services pursuant to this Agreement.

The medical professionals, medical facilities, attorneys or other professionals (suggested or designated by DAN *Travel/Assist*) who provide services on behalf of DAN *Travel/Assist*, are not employees of DAN *Travel/Assist* or DAN and neither DAN *Travel/Assist* nor DAN shall be liable for their negligence or their other acts or omissions.

DAN *TravelAssist* will not be responsible for providing medical diagnosis or treatment. The final selection of the medical provider is the right and responsibility of the Member.

DAN *TravelAssist*, their agents and contractors shall be fully and completely subrogated to the rights of the Member against parties who may be liable to provide services or make a contribution, which is the subject of the services provided under this program. DAN *TravelAssist* is not responsible under this program to pay the cost of any services covered under any occupational benefits plan, health insurance, other insurance plan or public assistance program. In the event DAN *TravelAssist* provides services on behalf of, or to, a Member, the Member agrees to assign to DAN *TravelAssist* or their agents or contractors any rights of recovery under such plan(s). DAN *TravelAssist* retains the right to bill any other insurance carrier You may have.

Services not arranged for by DAN *TravelAssist* may not be reimbursed. You must call the DAN *TravelAssist* number on Your DAN Member card prior to making any arrangements to receive service or to have the included benefits provided without charge. Medical transportation services are only provided if authorized in advance by DAN *TravelAssist*.

DAN *TravelAssist* benefits are available up to a maximum of \$150,000 (per person if a Family Membership) and are subject to change without notice.

DAN *TravelAssist* services are provided under a service contract with Travel Guard. Canadian benefits are covered by insurance that is underwritten by AIG Insurance Company of Canada. Service fees and/or premiums for DAN *TravelAssist* are paid from DAN membership funds.

The underwriting risks, financial and contractual obligations and support functions associated with products issued by AIG Insurance Company of Canada are its responsibility.

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Insurance Programs

Canadian program is underwritten by
**AIG Insurance Company of Canada and is
 administered by RTM Benefit Partners, Inc.**

	Guardian Plan	Preferred Plan	Master Plan	
Medical Dive Accident Coverage	\$500,000 per occurrence	\$250,000 per occurrence	\$125,000 Lifetime max.	For in-water skin- and scuba-diving accidents
Decompression Illness Expense	Yes	Yes	Yes	
Other Dive Injury Med. Expense	Yes	Yes	Yes	
Snorkeling/Skin Diving	Yes	Yes	Yes	
Coinurance for Dive Accident Medical Coverage	100%	100%	100%	
Accidental Death and Dismemberment/Diving	\$30,000	\$15,000	\$15,000	Resulting from a covered diving accident or from a named water sport
Permanent and Total Disability	\$30,000	\$15,000	\$15,000	Resulting from a covered diving accident or from a named water sport
Extra Transportation	up to \$10,000	up to \$2,000	up to \$1,000	Resulting from a covered diving accident
Extra Accommodation	up to \$10,000	up to \$3,000	up to \$1,500	Resulting from a covered diving accident
Lost Diving Equipment	up to \$5,000	up to \$2,500	up to \$2,500	Resulting from a covered diving accident
Planned Max. Depth Covered	No Limit	No Limit	No Limit	Resulting from a covered diving accident
Medical Non-Dive Accidents Accident Coverage	\$20,000 Per occurrence	\$10,000 Lifetime max.	N/A	For eligible charges for treatment of non-diving injury outside home country. Guardian Plan — No deductible Preferred Plan — \$250 deductible.
Diving Vacation Cancellation	\$10,000 Per occurrence	\$10,000 Lifetime max.	N/A	Coverage for losses for dive trip canceled due to injury or illness before departure. Guardian Plan - No deductible Preferred Plan - \$250 deductible.
Diving Vacation Interruption	\$15,000 Per occurrence	\$5,000 Lifetime max.	N/A	Coverage for losses incurred for dive trip interrupted due to injury or illness after departure. Guardian Plan — No deductible Preferred Plan — \$250 deductible.



Insurance Programs

*Canadian program is underwritten by
AIG Insurance Company of Canada and is
administered by RTM Benefit Partners, Inc.*

	Guardian Plan	Preferred Plan	Master Plan	
Additional Emergency Medical Transportation	\$100,000	N/A	N/A	Emergency Medical Evacuation to the nearest medical facility.
Home Country Medical Evacuation & Repatriation	\$50,000	N/A	N/A	For Medical Emergencies during a Diving Vacation, we will assist the Insured with being transported to the Hospital of the Insured's choosing located within the Insured's Home Country
Search & Rescue	\$50,000	N/A	N/A	Only accessible when Disappearance occurs while making a covered dive.
Medical Expenses for injuries from a Named Water Sport	\$30,000	N/A	N/A	Coverage for injuries incurred while Boating, Canoeing, Cruising, Kayaking, Row Boating, Sailing, Waterskiing, Wakeboarding, Wake Tubing, Surfing, Windsurfing, Kiteboarding, Kneeboarding, Bodyboarding, and Paddleboarding.

This chart is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations of the group policy. DAN coverage is secondary coverage. After any other coverage you may have, DAN pays up to 100 percent of usual and customary costs of all remaining eligible expenses. • Eligibility for DAN insurance includes any individual who is a DAN member and is a resident of Canada. Commercial Divers are

not covered for diving activities undertaken in their capacity as a commercial diver • Underwritten by AIG Insurance Company of Canada • You must be a DAN member to be eligible for DAN insurance. • Your membership and insurance are not activated until confirmation of valid payment has been received. Payment must accompany application. • Make check or money order payable to DAN.

Group Diving Accident Insurance

For Members of Divers Alert Network

DAN Dive Accident Insurance is underwritten by AIG Insurance Company of Canada, Group Policy No. SRG 9134763.

This plan is subject to the terms, conditions, exclusions and limitations of the group policy. Coverage may vary or may not be available in all provinces.

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by AIG Insurance Company of Canada are its responsibility. This section highlights your group diving accident insurance benefits from AIG Insurance Company of Canada. It does not constitute a contract of insurance. If there is a conflict between this material and the legal document, the provisions of the legal documents will govern.

Divers Alert Network is subject to the rules and regulations of the United States of America and must follow US State Department regulations. DAN cannot support insurance benefits in countries that are embargoed. Please contact the US State Department website for further details.

Schedule of Insurance

For persons eligible to be insured under Group Policy Numbers SRG SRG 9134763 issued to:

Divers Alert Network
Effective January 1, 2013

This Group Policy provides: Contributory Insurance for all Members.

Waiting Period: None (Not valid until payment is received)

Coverage Period: One Year

Classification of Eligible Persons

All dues-paying Members of DAN who are residents of Canada.

Classification of Eligible Dependents

An Eligible Person as described above who has elected DAN Family Membership may cover the following Eligible Dependents:

1. Spouse or Domestic Partner/Partner In A Civil Union of the Member; and
2. Unmarried dependent children at least 12 and under the age 18, or under 24 if a full-time student at an accredited school or college, who is not employed on a full-time basis and has the same permanent home address as the parent.

Benefits Under Diving Accident Medical Insurance

Guardian Insurance Plan

[All covered in-water skin- and scuba diving injuries]

Maximum Benefit Per Occurrence

Per Insured Person	\$500,000
Insured Percentage	100%*

Preferred Insurance Plan

[All covered in-water skin- and scuba diving injuries]

Maximum Benefit Per Occurrence

Per Insured Person	\$250,000
Insured Percentage	100%*

Master Insurance Plan

[All covered in-water skin- and scuba diving injuries]

Lifetime Maximum Benefit

Per Insured Person	\$125,000
Insured Percentage	100%*

* Of usual and customary covered charges

Definitions

Please note that there are also definitions within specific benefit sections that apply to that particular benefit.

ACCIDENT means a sudden, unforeseen and unexpected event that occurs without any intentional act or action by the Insured that causes or contributes to the sudden, unforeseen or unexpected event.

ARTERIAL GAS EMBOLISM (AGE) means signs and symptoms due to gas entering the arterial system as a result of overpressurization of gas-containing body structures during a Covered Dive.

COMMERCIAL DIVER means a diver who uses SCUBA or a surface supplied air source, other than Dive Professionals, who engages in diving activities as a business venture and receives compensation or some other form of consideration in exchange for the services rendered. Diving activities of Commercial Divers include, but are not limited to, construction, inspection, search and rescue, salvage, repair and gathering or fishing for seafood.

COMPANY means AIG Insurance Company of Canada, the underwriting company. For administrative purposes, the term “Company” may include its authorized administrator acting on its behalf.

CONTRIBUTORY means that the benefits provided require premium payment by the Insured Member.

COVERAGE means the insurance that an Insured Member has under the group Policy.

COVERED DIVE or COVERED DIVING

ACTIVITY means a recreational dive or diving while a scuba instructor, divemaster, underwater photographer, or while performing research under the auspices and following the diving safety guidelines of the Canadian Academy of Underwater Scientists (CAUS) or a group whose written diving research protocol meets or exceeds those of the CAUS. A dive begins upon entry into the water and ends upon exit from the water. A Covered Dive must begin while insurance is in force.

COVERED DIVING ACCIDENT means an Accident, DCI, or any Injury that results from a Covered Dive, regardless of the depth.

CUSTODIAL CARE means care:

1. provided primarily for the maintenance of the Insured; and
2. essentially designed to assist the Insured in the activities of daily living.

Custodial Care does not include care primarily provided for its therapeutic value in the treatment of Injury.

DECOMPRESSION ILLNESS (DCI) means Decompression Sickness (DCS) or Arterial Gas Embolism (AGE). Such illness must be a direct result of a Covered Dive that takes place while Insurance is in force.

DECOMPRESSION SICKNESS (DCS) means signs and symptoms due to gas in the tissues resulting from a Covered Dive.

DIVING EQUIPMENT means diving equipment that is worn on the diver’s person that is lost or damaged due to a Covered Diving Accident that requires urgent transportation or hospitalization. Diving Equipment does not include watches, their glasses or covers, torn straps or buckles, or photographic equipment of any kind.

DIVING VACATION means a Trip, the main purpose and intent of which is to engage in a Covered Diving Activity at a diving resort or diving facility which offers recreational scuba diving, where the Insured has either paid for or arranged diving activities in advance of embarking on the Trip.

ELECTIVE TREATMENT AND PROCEDURES means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the province or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

ELIGIBLE DEPENDENT means a dependent that satisfies the eligibility requirements. The class of Eligible Dependents is shown in the Eligibility provision.

Eligible Domestic Partner/Partner in a Civil Union

A same or an opposite sex partner who is recognized as a domestic partner/civil union partner in accordance with province or local law in the province in which they reside; or has met all of the following requirements for at least 12 consecutive months immediately preceding the effective date of coverage:

1. resides with You;
2. shares financial assets and obligations with You;
3. is not related by blood to You to a degree of closeness that would prohibit a legal marriage;
4. is at least the age of consent in the province in which they reside; and
5. neither you or your Domestic Partner/Partner in a Civil Union is married to anyone else, nor has any other Domestic Partner/Partner in a Civil Union.

The Company requires proof of the Domestic Partner/Partner in a Civil Union relationship in the form of a signed and completed Affidavit Declaration of Domestic Partnership.

If proof of domestic partnership, as described, is provided to the Company, references to spouse will read domestic partner/partner in a civil union as it applies, unless specifically stated otherwise.

ELIGIBLE PERSON means a person or dependent that satisfies the eligibility requirements for the Policyholder. The classes of Eligible Persons and Eligible Dependents are shown in the Eligibility and Individual Effective Date of Insurance provision.

EXTRA ACCOMMODATIONS means lodging or hotel room charges required because the Insured was delayed in returning home due to a Covered Diving Accident. Extra Accommodations include meals up to \$100 per day, but does not include hospital stays, transportation or incidentals.

EXTRA TRANSPORTATION means transportation charges for a return home trip that was delayed due to a Covered Diving Accident. Extra Transportation charges do not include charges eligible for reimbursement.

FINANCIAL INSOLVENCY means the total ces-

sation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, or the total cessation or complete suspension of operations following the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services which is duly licensed in the province(s) of operation other than the Policyholder or the person, organization, agency or firm from whom the Insured Member directly purchased or paid for his or her Trip provided the Financial Insolvency occurs more than 15 days following the Insured Member's effective date for the Diving Vacation Cancellation Benefits. There is no coverage for the total cessation or complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.

HOME means the Insured's primary or secondary residence.

HOME COUNTRY means the country where the Insured's permanently resides. Such country must be declared in advance with us.

HYPERBARIC CHAMBER means a pressure vessel approved for recompression of diving accident victims and/or use of hyperbaric oxygen therapy, specifically for use for recompression of AGE or DCS.

INJURY means bodily harm or damage (not including mental or emotional harm/damages) due to a covered accident that is not contributed to by disease, illness, infection, bodily infirmity, or any other abnormal physical condition and that occurs while the injured person's coverage under the group policy is in force. All injuries sustained by one person in any one accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

INPATIENT means an Insured who is confined as a registered bed-patient in a Hospital for whom a room and board charge is made.

INSURANCE means the coverage that an Eligible Person has under the group Policy.

INSURED MEMBER means a member who has Coverage under the group Policy.

INSURED means an Eligible Person or Eligible Dependent who participates in a Trip, completes any required enrollment form, and pays any required premium.

INSURER means AIG Insurance Company of Canada and its authorized administrator acting on its behalf.

INTENSIVE CARE UNIT means a separate part of a Hospital that is reserved for critically and seriously ill patients who require highly skilled nursing care and constant or close and frequent audiovisual nursing observation. The Intensive Care Unit must provide its patients with:

1. room and board;
2. nursing care by Nurses who work only in the unit; and
3. special equipment and supplies that are primarily for use within the unit.

IN-WATER ACCIDENT means an Accident which occurs while the Insured is physically in the water and is not riding in, on, or in any other way tethered to or otherwise connected to a motorized or sailing marine vessel and not participating in a Named Water Sport (e.g. a power boat, sailboat, jet ski, etc.)

MEDICALLY NECESSARY or MEDICAL NECESSITY means services or supplies that the treating Physician determines to be:

1. appropriate and necessary for the symptoms, diagnosis or direct care and treatment of an Injury or Sickness; and,
2. provided for the symptoms, diagnosis or direct care and treatment of an Injury or Sickness; and,
3. within standards of good medical practice within the organized medical community; and,
4. not primarily for the convenience of the Insured's Physician or another provider; and,
5. the most appropriate supply or level of service that can safely be provided.

For Hospital stays, this means that acute care as an Inpatient is necessary due to the kind of services the Insured is receiving or the severity of

the Insured's condition and that Outpatient Treatment would not be adequate to effectively treat the Insured.

MEMBER means a person who has applied to Divers Alert Network, Inc. ("DAN") for membership, who has met any requirements or conditions of membership as may from time to time be established by DAN, and who has paid such annual or other periodic dues as are due to receive the privileges of membership.

MONTH(LY) means the period of time from the beginning of a number day of a Month through the end of the day just before the same numbered day of the following Month.

NON-CONTRIBUTORY means that no additional premium payment is required by the Insured Member for the benefit.

NURSE means a Registered Nurse (RN), Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) who is a licensed graduate. If covered nursing services are required outside the jurisdiction of Canada, Nurse means a healthcare practitioner providing nursing services who, is licensed or certified to provide such services in the country or district where the services are rendered.

OTHER MEDICAL EXPENSE INSURANCE means medical expense insurance provided by any other insurance such as Canadian provincial or territorial government or prepayment arrangements, regardless of whether the other insurance is provided on an individual, family, or group basis, or through an employer, union or membership in an association. If insurance is provided on a provision of service basis, then, for purposes of this definition, the amount shall be that which the services rendered would have cost in the absence of the insurance. Other Medical Expense Insurance shall also mean liability coverage, including automobile medical plans.

OUTPATIENT TREATMENT means Medically Necessary services and supplies provided to an Insured in a Physician's office or Outpatient department of a Hospital for which no room and board charge is made.

PHYSICIAN means a duly licensed health care provider in good standing acting within the scope of his license and rendering care or treatment to a Covered Person or a member of the Covered Person's Immediate Family or household including:

- a medical practitioner licensed to provide medical services and perform general surgery; or
- any other practitioner whose services, by law of the province where such services are performed, must be covered by the group policy. "Physician" will not include the Covered Person or his spouse, or his or his spouse's father, mother, son, daughter, brother, sister, or any person related to the Insured Member by blood, marriage or adoption, nor will it include a Traveling Companion or an employee, business partner or business affiliate of the Covered Person.

POLICY means the contract issued to the Policyholder providing the benefits specified herein.

POLICYHOLDER means the legal entity in whose name the group Policy is issued, as shown on the Benefit Schedule.

PRE-EXISTING CONDITION means an illness, disease, or other condition during the 180 day period immediately prior to the Insured Member's effective date:

1. received a recommendation for a diagnostic test, examination, or, medical treatment; or
2. took or received a prescription for drugs or medicine; or
3. a condition for which symptoms existed which would cause an ordinarily prudent person to seek diagnosis or treatment prior to embarking on a Diving Vacation.

Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the period before coverage is effective under the group Policy.

PRIOR PLAN means the Policyholder's group accident insurance plan in effect on the day before the effective date of this group policy no. SRG

9134763, underwritten by AIG Insurance Company of Canada. With respect to persons who were insured under the Prior Plan on the day before the effective date of their coverage under the group policy, the Incontestability provision of the General Provisions section will be deemed effective on the effective date of the person's insurance under the Prior Plan.

SCHEDULE means the Benefit Schedule.

SICKNESS means an illness or disease of the body which:

1. requires examination and treatment by a Physician, and commences while the insurance is in effect;
2. in those cases where the benefit is conditioned upon the Insured's inability to dive, in the opinion of a Physician would prevent the Insured from diving while on a Trip.

An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this insurance is not a sickness as defined herein and is not covered by the group Policy.

THIRD PARTY(IES) means anyone other than:

1. the Insured Member;
2. a person related to the Insured Member by blood, marriage or adoption;
3. the owners, shareholders, staff members or others who are associated with the business which provided the diving services which gave rise to the Accident.

TRAVELING COMPANION means a person whose name appears with the Insured Member on the same Trip arrangement and who, during the Trip, will accompany and/or share accommodations with the Insured Member in the same room, cabin, condominium unit, apartment unit, or other lodging.

TRIP (Not applicable to Dive Accidents or to Named Water Sports) means:

1. a period of round-trip travel that is at least eighty (80) kilometers from the Insured's primary place of residence;
2. the travel is not to obtain health care or medical treatment of any kind; and

3. the travel is not to a destination where the Insured maintains a home or residence.

USUAL AND CUSTOMARY CHARGE means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile and the Anesthesia Relative Value Guide.

WE, US, or OUR means the insurance company named in this Certificate.

YOU or YOUR means the Member named in the Schedule of Benefits.

Effective Date of Insurance

You will become an Insured Person when you have enrolled for insurance under the Group Policy, paid the premium when due, and been approved by AIG Insurance Company of Canada. An Eligible Dependent's insurance will become effective on Your effective date unless added at a later date as described below.

Additional Insured Persons: You may add other Eligible Dependents who become eligible after Your Insurance effective date by enrolling such dependent and paying the pro-rata premium due for the remaining Coverage Period. The Insurance will be effective on the date AIG Insurance Company of Canada approves the enrollment. Insurance will terminate with Your Insurance at midnight at the end of the Coverage Period.

Diving Accident Medical Insurance Covered Medical Charges

AIG Insurance Company of Canada will pay the benefits described below, subject to the terms and limitations.

Covered Charges means eligible charges that are for Medically Necessary services, supplies, care or treatment for a Covered Diving Accident. The Accident must occur while Insurance is in force. The expenses incurred as a result of the Accident must be incurred within 365 days of the Accident.

Such services, supplies, care or treatment must be prescribed, performed or ordered by a Physician. Charges for such services, supplies, care or treatment must be Usual and Customary. AIG Insurance Company of Canada will not pay for charges in excess of the maximum shown in the Schedule for the plan of insurance selected.

Eligible charges include:

1. Charges for up to seven (7) Hyperbaric Chamber Treatments per Covered Diving Accident. If more than seven (7) treatments are recommended by the treating physician, YOU MUST contact DAN, AIG Insurance Company of Canada of Canada, or its agent National Baromedical Services, Inc. (NBS) for precertification. Phone 1-800-292-8381 or +1-803-434-2967 (Collect Calls Accepted)
2. Physician's Charges for Hyperbaric Chamber Treatment, medical care and surgical operations;
3. Ambulance charges for transportation by a professional ground, air or marine ambulance service to the nearest Hospital or Hyperbaric Chamber where appropriate care or treatment can be given. Eligible charges do not include charges covered under the DAN *TravelAssist* benefit. All transportation involving air or marine ambulance service must be arranged and approved in advance by DAN *TravelAssist* to be eligible for reimbursement;
4. Hospital charges for:
 - a. Room and board;
 - b. General nursing care, including Hyperbaric Chamber treatment;
 - c. Other Inpatient and Outpatient services and supplies. These do not include charges for professional services; and
 - d. Confinement in an Intensive Care Unit as long as such confinement is ordered by a Physician and due to an Injury that requires special medical and nursing treatment, not generally provided to other Inpatients in the Hospital.

The **Daily Hospital Allowance**, payable for room and board for each day of Hospital confinement is the average semiprivate room rate

- for the Hospital where confined. If the Hospital (where confined) has only private rooms, the Daily Hospital Allowance will be 80 percent of the private room rate. The Daily Intensive Care Unit Allowance payable for room and board for each day of confinement in an Intensive Care Unit is two times the Daily Hospital Allowance;
5. Medical Supply Charges for oxygen;
 6. Other eligible charges including:
 - a. Ambulatory surgical charges for necessary services and supplies if:
 1. The charges are due to surgery;
 2. Benefits for these charges would have been payable if the surgery had been done in a Hospital; and
 3. Such surgery is performed in an ambulatory surgical center that is operating within the scope of its license to perform such surgery;
 - b. Surgeon's charges for the performance of surgical procedures;
 - c. Anesthesia charges and its administration when these are not covered as Hospital charges;
 - d. Nursing, Physiotherapy, and Occupational Therapy charges for:
 1. Private duty nursing care by a Nurse;
 2. Treatment by a licensed physiotherapist;
 3. Treatment by a licensed occupational therapist;
 - e. Radiological and Laboratory Charges for X-rays, radiological treatment, and diagnostic laboratory tests;
 - f. Chiropractic services payable at \$35 per visit by an Insured person for up to 10 visits in a Covered Period to a maximum of \$350 per Insured person per such Covered Period.
 - g. Medical Supply Charges for:
 1. Casts, splints, trusses, braces, crutches, and surgical dressing; and

2. Artificial eyes and limbs for the initial replacement of natural eyes and limbs severed while an Insured person; and
3. Rental of manually operated wheel-chairs and hospital beds, oxygen equipment and other durable medical equipment that is used solely by the Insured person for the treatment of the Injury. AIG Insurance Company of Canada may, at its discretion, approve purchase of such items.

Nondiving Accident Medical Insurance

(Available with the Guardian and Preferred Plans)

If an Insured person incurs charges for treatment of Injury due to a nondiving Accident that occurs outside his or her Home Country, and is at least 80 km from the primary residence, AIG Insurance Company of Canada will pay the benefits described below subject to the terms and limitations.

Covered Charges means eligible charges that are for Medically Necessary services, supplies, care, or treatment for such Injury. The Accident must occur while Coverage is in force and while the Insured person is on a Trip that is more than 80 km from his or her primary residence and for recreational purposes only. The charge incurred as a result of the Accident must be incurred within 365 days of the Accident.

Such services, supplies, care or treatment must be prescribed, performed or ordered by a Physician and include medical, surgical, and emergency dental care, professional nursing, hospital, X-ray, ground ambulance services and prosthetic devices. Charges for such services, supplies, care or treatment must be Usual and Customary. AIG Insurance Company of Canada will not pay for charges in excess of the maximum shown in the Schedule.

Medical Expenses for Injuries from a Named Water Sport

(Available only under the Guardian Plan)

When we receive due proof that the Insured has incurred charges for treatment of Injury due to an Accident involving a Named Water Sport, we will

pay the Covered Charges described below subject to the terms and limitations. Covered Charges means eligible charges that are for Medically Necessary services, supplies, care or treatment for such Injury. The Accident must occur while:

1. coverage is in force; and,
2. the Insured is on a Trip exclusively for recreational purposes;

The charges incurred as a result of the Accident must be incurred within 365 days of the Accident.

Medical services, supplies, care or treatment must be prescribed, performed or ordered by a Physician and include medical, surgical, and emergency dental care, professional nursing, hospital, X-ray, ground ambulance services and prosthetic devices. Charges for such services, supplies, care or treatment must be Usual and Customary and we will not pay for charges in excess of the maximum benefit shown in the Schedule.

NAMED WATER SPORTS means

1. Boating is a leisurely activity which involves the act of operating or riding in or on a boat, which is docked or on the water, for the pleasure of the travel itself. Includes: Canoeing, Cruising, Kayaking, Row boating and Sailing (as defined below), but excludes Fishing.

Canoeing is an outdoor activity that involves a special kind of canoe. Open canoes may be “poled” (punted), sailed, “lined” and “tracked” (using ropes) or even “gunnel-pumped”.

Cruising is a leisurely activity which includes a cruising sailboat. Such boats possess the functionality and amenities of a second home, making extended voyages feasible and comfortable. Cruising does not include a Cruise Ship.

Kayaking is a sport or activity where people use kayaks to paddle across the water. The various types of kayaking are defined by the type of waterway that is maneuvered across in the kayak. There is typical kayaking that is done in canals, rivers, streams, and other mainly stagnant waterways. Whitewater kayaking involves taking a kayak down rapids. Ocean kayaking involves

paddling in ocean waters and can include trips that last for days at a time.

Row boating is a sport or activity using a row boat. A row boat can be any boat designed to be powered by oars.

Sailing is the act of operating or riding in or on a boat whose primary means of propulsion is the wind filling sails on the boat.

2. Behind the Boat Water Sports (does not include Parasailing)

A. Waterskiing is the act of standing on two skis, one ski (slalom skiing) or bare feet while moving across the surface of water. Participants hold onto a tow rope or cable and are pulled by a boat, other watercraft (such as a personal watercraft) or mechanical device such as a winch. Participants may start in the water or out of water, as on a dock or beach.

B. Wakeboarding is the act of standing on a wakeboard, attached to the feet with bindings, while moving across the surface of water. Participants hold onto a tow rope and are pulled by a boat, other watercraft (such as a personal watercraft) or mechanical device such as a winch. Participants may start in the water or out of water, as on a dock or beach. Wake skating is a variant of wakeboarding in which the board does not have bindings.

C. Wake Tubing is the act of riding in an inner tube or other inflatable object towed behind a boat or other watercraft (such as a personal watercraft) or by a mechanical device such as a winch. Participants may start in the water or out of water, as on a dock or beach.

3. Surfing is the act of riding breaking waves using a surfboard. A participant generally sits on the floating board until a suitable breaking wave is identified. At that point the participant begins to paddle using his arms and attempts to stand up on the board. Skurfing is a variant in which a surfboard is towed behind a boat, other watercraft (such as a personal watercraft) or a mechanical device such as a winch.

A. Windsurfing, sailboarding or board sailing

is the act of standing on a windsurfer (windsurf board) and using the attached sail to harness wind power for propulsion and direction.

B. Kiteboarding or kitesurfing is the use of a kiteboard (similar to a wakeboard), which may or may not be attached to the feet with foot-straps or bindings, in conjunction with a kite (usually attached to the body with a harness) to move across the surface of water in a standing position. The participant controls the kite with his hands, using it to harness wind power for propulsion.

This coverage does not include **Snow Kiting or training for Kiteboarding without use of the board.**

C. Kneeboarding is the act of kneeling on a kneeboard while moving across the surface of water. Participants hold onto a tow rope and are pulled by a boat, other watercraft (such as a personal watercraft) or mechanical device such as a winch. Participants may start in the water or out of water, as on a dock or beach.

4. Bodyboarding is the act of riding breaking waves using a bodyboard. Participants generally hold onto the board and ride it in a prone or kneeling position. Participants may wear fins.

5. Paddleboarding refers to the act of kneeling on a surfboard or paddleboard and paddling using the arms in a swimming-like motion. Paddleboarding also refers to stand-up paddle surfing (SUP) or stand-up paddleboarding, which is the act of standing upright on a surfboard or paddleboard and using a long single-bladed paddle for propulsion and direction.

Accidental Death and Dismemberment Benefit for Covered Diving and Named Water Sport Accidents

AIG Insurance Company of Canada will pay the benefit listed in the following table when we received due proof that the Insured has sustained a Loss stated therein resulting from a Covered Diving Accident or Named Water Sport Accident. Such Loss must occur within 365 days of the Covered Diving Accident or Named Water Sport Accident. The benefit payable for such Loss shall be the amount stated opposite

such Loss. If more than one Loss is sustained as the result of one Covered Diving Accident or Named Water Sport Accident, only one amount, the largest, will be payable. The Principal Sum is shown in the Certificate Schedule.

TABLE OF LOSSES

For Loss of:	Chartis will pay:
Life.....	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot	One-Half the Principal Sum
Sight of One Eye	One-Half the Principal Sum

The term “**Loss**” as used herein means:

1. with regard to hand and foot, actual severance through or above the wrist or ankle joint; and,
2. with regard to eyes, the entire and irrecoverable loss of sight.

Loss of life must be evidenced by a death certificate or such other proof or documentation acceptable to us. The benefit for the death of the Insured will be paid to the estate of the Insured Member. The beneficiary for loss of life for a spouse or dependent shall be the Insured Member.

Permanent Total Disability Benefit for Covered Diving Accidents and Named Water Sport Accidents

When AIG Insurance Company of Canada receives due proof that the Insured, who is over 21 years of old, is permanently and totally disabled, we will pay the Principal Sum shown in the Certificate Schedule. The Permanent and Total Disability must result from a Covered Diving Accident or a Named Water Sport Accident that occurs while Coverage is in force and must be evidenced by a report from a Physician acceptable to us.

The loss must:

1. Occur within 365 days of the date of the Covered Diving Accident or Named Water Sport Accident;
2. Continue without interruption for at least one year; and
3. Must reasonably be expected to continue without interruption until the Insured Person's death.

Any amount otherwise payable under this benefit will be less any amount paid or payable under the Accidental Death and Dismemberment Benefit provided the loss is due to the same Accident.

For purposes of this benefit only, the phrase **"PERMANENT TOTAL DISABILITY"** means that an Insured Member, due to a Covered Diving Accident or Named Water Sport Accident, is unable to perform substantial and material duties of any occupation, if employed, or if retired, all of the normal activities for a person of like age and sex in good health.

Diving Vacation Cancellation and Diving Vacation Interruption Benefit

(Available with the Guardian and Preferred Plans)

***This benefit does not provide coverage for cancellation due to unforeseen events other than a sickness or injury that impairs your ability to dive.

Guardian Plan

Diving Vacation Cancellation: If prior to the time and date of departure for a Diving Vacation, the Insured Member or his/her Traveling Companion has suffered a **Sickness or Injury** that would substantially impair the Insured Member's or his/her Traveling Companion's ability to dive and requires the cancellation of the Diving Vacation, we will pay up to the benefit limit for Covered Losses that the Insured Member or his/her Traveling Companion incurs as a result of such cancellation. The benefit is \$10,000 per occurrence for the Guardian Plan.

Covered Losses include any penalties, or forfeited nonrefundable, unused prepayments or deposits for diving, accommodations, meals or transportation incurred as the result of cancellation of the Diving Vacation.

Preferred Plan

Diving Vacation Cancellation: If prior to the time and date of departure for a Diving Vacation, the Insured Member has suffered a **Sickness or Injury** that would substantially impair his/her ability to dive and requires the cancellation of the Diving Vacation, we will pay up to the benefit limit for Covered Losses that the Insured Member incurs as a result of such cancellation. The lifetime maximum benefit is \$10,000.

Covered Losses include forfeited, published, nonrefundable payments incurred as the result of cancellation penalties imposed by tour operators, common carriers and hotels; and unused, nonrefundable arrangements **with the exception of unused airfare.**

Diving Vacation Interruption:

Guardian Plan

****This benefit does not provide coverage for interruption due to unforeseen events other than a sickness or injury that impairs your ability to dive.

If, after the scheduled departure date for a Diving Vacation, the Insured or his/her Traveling Companion has suffered a **Sickness or Injury** that would substantially impair the Insured's or his/her Traveling Companion's ability to dive and requires the interruption of the Diving Vacation, we will pay up to the benefit limit for Covered Losses that the Insured or his/her Traveling Companion incurs as a result of such interruption. The benefit \$15,000 per occurrence for the Guardian Plan.

Covered Losses include any penalties, or forfeited nonrefundable, unused prepayments or deposits for diving, accommodations, meals or transportation incurred as the result of interruption of the Diving Vacation. If the Sickness or Injury is such that the Trip can continue but the Insured Member or his/her Traveling Companion is prevented from continuing Covered Diving

Activities, we will pay benefits for lost diving days. The benefit is payable on the number of diving days lost until the end of the scheduled Trip. The daily benefit is the lesser of \$500 or the non-refundable portion of the diving arrangements. If diving was purchased as part of a package, the daily benefit is the lesser of \$500 or the difference between the daily rate for divers and non-divers. To be eligible for this benefit, the payments or deposits for the diving arrangements must be made prior to the onset of the Sickness or Injury which prevents the Insured or his/her Traveling Companion from becoming unable to dive.

Preferred Plan

Diving Vacation Interruption: If, after the scheduled departure date for a Diving Vacation, the Insured has suffered a **Sickness or Injury** that would substantially impair his/her ability to dive and requires the interruption of the Diving Vacation, we will pay up to the benefit limit for Covered Losses that the Insured incurs as a result of such interruption. The lifetime maximum benefit is \$5,000.

Covered Losses include:

If an Insured Person is prevented from continuing covered diving activities on the written advice of the attending Physician, AIG Insurance Company of Canada will pay benefits for lost diving days. The benefit is figured on the days lost until the end of the scheduled Trip. The daily benefit is the lesser of \$100 or the nonrefundable portion of the diving arrangements. If diving was purchased as part of a package, the daily benefit is the lesser of \$100 or the difference between the daily rate for divers and nondivers.

If an Insured Person is interrupted in the course of a Trip due to Sickness or Injury, You must call AIG Insurance Company of Canada or its agent prior to making any additional accommodation or transportation arrangements.

In the event of a loss under this benefit, an Insured Person must provide AIG Insurance Company of Canada with documentation of the cancellation or interruption and proof of the expenses incurred. You must provide proof of payment of the trip satisfactory to AIG Insurance Company of Canada. Unused tickets (air, rail, cruise, etc.) which

have residual value are not a covered loss. In order to make a claim under the Extra Transportation benefit, the Insured Person must provide evidence of the additional amount paid by providing copies of unused tickets and evidence of the residual value of such tickets and any additional payment. For more details about Extra Accommodations or Extra Transportation, please see Page 44.

Definitions

For purposes of this benefit, the following definitions are added and apply specifically to the Diving Vacation Cancellation and Diving Vacation Interruption benefit:

Common Carrier means a vehicle or service to carry passengers for hire on a regularly scheduled basis.

Injury means accidental bodily injury of an Insured Person that:

1. Is direct and independent of all other causes;
2. Occurs while the Coverage is in force;
3. Is not otherwise excluded under the Group Policy; and
4. In the opinion of a physician or qualified dive medical professional, would prevent the Insured person from diving while on a Trip. Such physician or qualified dive medical professional must not be related to the Insured person by blood or marriage.

Pre-Existing Condition means a condition for which medical treatment or advice was given within 180 days of an Insured person's Coverage Effective Date shown in the Schedule.

Sickness means illness, sickness or disease that:

1. Manifests itself while an Insured person's Coverage is in force,
2. Is not otherwise excluded under the Group Policy;
3. Is not related to a Pre-existing Condition; and

4. In the opinion of a physician or qualified dive medical professional, would prevent the Insured person from diving while on a Trip. Such physician or qualified dive medical professional must not be related to the Insured person by blood or marriage.

Trip means:

1. A period of round-trip travel away from your home country to a destination that is at least 80 km from an Insured person's primary place of residence.
2. The main purpose and intent of the Trip is to engage in a covered diving activity; and
3. Is not to obtain health care or treatment of any kind.

Loss of Diving Equipment

If Diving Equipment is lost or unintentionally damaged due to a Covered Diving Accident, AIG Insurance Company of Canada will pay for the real value of the equipment at the time of the loss or damage. If any item that was lost or damaged is part of an assembly of items, then the benefit is limited to the part that was lost or damaged.

At AIG Insurance Company of Canada's option, the lost or damaged item may be repaired or replaced in lieu of a cash payment. AIG Insurance Company of Canada may require You to provide it with the damaged equipment. The maximum benefit is \$2,500 for the Master Plan and Preferred Plan and the maximum benefit is \$5,000 for the Guardian Plan.

Diving Equipment means diving equipment that is worn on the diver's person that is "cut loose" and is lost or damaged in an attempt to rescue the diver as a result of an Injury or DCI that requires urgent transportation or hospitalization. Diving Equipment does not include watches, their glasses or covers, torn straps or buckles, or photographic equipment of any kind.

Extra Transportation Benefit

If an Insured person is prevented from using the originally purchased ticket due to a delay that resulted from the written advice of the attending

Physician concerning a covered diving condition, AIG Insurance Company of Canada will pay an Extra Transport benefit for the return trip. The benefit payable is equal to the difference between the new ticket (in the same class of service as the original ticket) and the remaining value of the old ticket for up to a maximum benefit of \$1,000 for the Master Plan, \$2,000 for the Preferred Plan, and \$10,000 for the Guardian Plan.

Extra Transport means transport charges for a return home trip that was delayed due to an injury or DCI. Such delay must be recommended by a physician. Extra Transport charges do not include charges eligible for reimbursement under the Emergency Evacuation Benefit.

Extra Accommodation Benefit

If an Insured person is delayed in returning home that resulted from the written advice of the attending Physician concerning a covered diving condition, AIG Insurance Company of Canada will pay benefits for Extra Accommodation. Benefits payable are equal to the actual expenses incurred up to \$200 per day up to a maximum of \$1,500 for Master Plan and \$3,000 for the Preferred Plan. For the Guardian Plan, it is \$250 per day up to a maximum of \$10,000 for the covered condition.

Benefits begin on the first day following the original date the Insured person was scheduled to return home. The Insured must provide bills or receipts of actual expenses.

Extra Accommodations means lodging and hotel room charges required because an Insured person was delayed in returning home due to an injury or DCI. Such delay must be recommended by a physician. For the Guardian Plan only, Extra Accommodations includes meals up to \$100 per day, but does not include hospital stays, transportation, or incidentals.

Additional Emergency Medical Transportation (Available only under the Guardian Plan)

Under the Guardian Plan, when we receive due proof that the Insured has suffered a medical emergency during the course of a Trip and such condition requires Emergency Evacuation or Medically Necessary Repatriation, if the Covered

Expenses exceed the benefit limit for Emergency Medical Transportation under the Non-Contributory Benefit(s) Schedule, AIG Insurance Company of Canada will pay any Covered Expenses in excess of the Non-Contributory Benefit limit as Additional Emergency Medical Transportation up to the benefit limit set forth in the Contributory Benefits Schedule.

Medical Evacuation to Home Country

(Available only under the Guardian Plan)

When we receive due proof that the Insured has suffered a medical emergency during the course of a Diving Vacation and such condition requires Inpatient hospitalization, AIG Insurance Company of Canada will pay the Covered Expenses up to the benefit limit for transporting the Insured to the Hospital of the Insured's choosing located within the Insured's Home Country.

AIG Insurance Company of Canada, in consultation with the treating Physician and the Policyholder, reserve the right to determine, in our discretion:

1. whether an Insured's condition is sufficiently serious to warrant medical Transportation;
2. whether an Insured's condition is sufficiently stable to allow Transportation without exposing the Insured to additional Injury or an exasperation of their condition; and,
3. the mode of Transportation.

The Insured shall be entitled to use this benefit only once during any twelve 12 month period.

Search and Rescue Benefit

(Available only under the Guardian Plan)

When AIG Insurance Company of Canada receives due proof that the Insured disappeared while making a Covered Dive and the Coast Guard, local Police, or other National or International service responsible for safety at sea undertake a search in an effort to save the life of the Insured, we will provide reimbursement for the expenses of the search and rescue effort up to the benefit limit. Reimbursement shall be limited to expenses incurred by organizations which are specially trained and approved to undertake

search and rescue operations. No benefits are payable for expenses for which an Insured is not required to pay or charges made only because insurance exists.

Personal Liability Resulting From A Diving Accident Benefit

(Available only under the Guardian Plan)

Subject to the terms and limitations contained herein, we will indemnify the Insured against all sums up to the benefit limit that the Insured shall become legally liable to pay to Third Parties as a result of the Insured suffering from a Dive Accident, or causing an Accident while engaged in a Covered Dive which results in an Injury to Third Parties or causing an Accident which results in damage to the Third Parties' property.

In the event circumstances arise which could subject the Insured Member to civil liability, the Insured Member shall immediately advise the Policyholder, or such party as may from time to time be designated by the Policyholder, of the claim and send any notification of the claim or intent to make a claim, be it verbally or by letter, fax, service of a law suit, or by any form of electronic correspondence, to the Policyholder or such designated party.

In addition to other exclusions/limitations which may apply to this Benefit, no coverage is provided for:

1. any claim that is the result of engaging in professional teaching or supervision of diving activities;
2. any death or injury to family members, or owners, shareholders, staff members or others who are associated with the business which provided the diving services which gave rise to the Accident; or,
3. any loss of or damage to property owned by or in the care, custody or control of family members, or owners, shareholders, staff members or others who are associated with the business which provided the diving services which gave rise to the Accident.

GENERAL EXCLUSIONS

The following exclusion applies to the Accidental Death and Dismemberment coverage:

- (1) We will not pay for loss caused by or resulting from Sickness of any kind.

The following exclusion applies to the Accident Medical Insurance, Permanent and Total Disability From A Covered Diving Accident Only, Diving Vacation Cancellation, and Diving Vacation Interruption,

- (2) We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the group Policy, including death that results there from.

The following exclusion applies to all coverage[s]:

- (3) We will not pay for any loss under the group Policy, caused by, or resulting from:
- a) suicide, attempted suicide, or intentionally self-inflicted injury of the Insured Eligible Person, Insured Member, Traveling Companion, or Domestic Partner booked to travel with the Insured Eligible Person Insured Member, while sane or insane;
 - b) mental, nervous, or psychological disorders;
 - c) being under the influence of drugs or intoxicants, unless prescribed by a Physician;
 - d) normal pregnancy or resulting childbirth or elective abortion;
 - e) participation as a professional in athletics;
 - f) participation in organized amateur and interscholastic athletic or sports competition or events;
 - g) riding or driving in any motor competition;
 - h) declared or undeclared war, or any act of war;
 - i) civil disorder;
 - j) service in the armed forces of any country;
 - k) nuclear reaction, radiation or radioactive contamination;
 - l) operating or learning to operate any aircraft, as pilot or crew;
 - m) mountain climbing, bungee cord jumping snow skiing, skydiving, parachuting, hang gliding, parasailing, or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
 - n) any unlawful criminal acts, committed by the Insured Eligible Person Insured Member, a Traveling Companion (whether insured or not) Domestic Partner traveling with the Insured Eligible Person, Insured Member;
 - o) any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
 - p) a loss or damage caused by detention, confiscation or destruction by customs;
 - q) Elective Treatment and Procedures;
 - r) medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
 - s) Financial Insolvency of the person, organization or firm from whom the Insured directly purchased or paid for his/her Trip, Financial Insolvency which occurred before the Insured's effective date for the Diving Vacation Cancellation Benefits, or Financial Insolvency which occurs within 7 days following the Insured's effective date for the Diving Vacation Cancellation Benefits;
 - t) bankruptcy, Financial Insolvency, default or failure to supply services by a travel supplier;
 - u) business, contractual or educational obligations of the Insured, Domestic Partner or Traveling Companion;
 - v) failure of any tour operator, Air Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements other than Financial Insolvency;
 - w) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the group Policy is not in effect for the Insured.

Exclusions on Covered Medical Expenses for Covered Diving, Non-Diving and Named Water Sports Accidents

Under this Benefit, no benefits are payable for:

1. charges related to chronic or Pre-existing Conditions;
 2. services or supplies for which an Insured is not required to pay or charges made only because insurance exists;
 3. an Accident for which expenses are compensable under Other Medical Expense Insurance, the Workers' Compensation or Occupational Disease Act or Law of any province, or any services, supplies or treatments provided under any federal, provincial or other governmental plan or law;
 4. charges related to any act due to war, declared or not;
 5. Custodial Care;
 6. drugs and medicine that may be obtained without written prescription and/or not furnished by and administered during a Hospital confinement as an Inpatient;
 7. charges that are more than the Usual and Customary Charges for the services and supplies furnished;
 8. Hospital services and supplies when confinement is solely for diagnostic testing purposes;
 9. nervous, emotional or mental disorders;
 10. an Accident that occurs after alcohol and/or drug use unless such drug use was prescribed by a Physician;
 11. medical exams not required for treatment of injuries from the Accident;
 12. routine eye or hearing exams, eye refractions, eye glasses, contact lens, hearing aids or any type of external appliances used to improve visual or hearing acuity and their fittings;
 13. cosmetic or reconstructive procedures, and any related services or supplies, which alter appearance but do not restore or improve impaired physical functions;
 14. in connection with competitions or record setting or breaking attempts;
 15. care, treatment, services or supplies:
 - a. not prescribed by a Physician;
 - b. not Medically Necessary;
 - c. that are considered experimental in Canada or provided mainly for the purpose of medical or other research;
 - d. received from a Nurse which do not require the skill and training of a Nurse;
 - e. received in a Hospital owned or operated by the Canadian government or any of its agencies;
 - f. to the extent that benefits are payable under other provisions of the group Policy;
 - g. provided or paid for by a governmental plan or law not restricted to the government's civilian employees and their dependents; or ordered by a family member.
16. Undertaking a dive, a Repetitive Dive Series, a scuba diving activity, a snorkeling activity, or breathhold diving activity as part of preparation for or participation in a contest, competition, record attempt, trial or experiment related to achieving depth or endurance records on compressed gas or breathhold.

Emergency Medical Transportation Exclusions on Covered Expenses

No benefits are payable:

1. for chronic or Pre-existing Conditions;
2. while traveling against the advice of a Physician;
3. for treatment which is compensable under Other Medical Expense Insurance, the Workers' Compensation or Occupational Disease Act or Law, or any services, supplies or treatments provided under any federal, provincial or other governmental plan or law;
4. for services, supplies, or treatment, including any period of Hospital confinement that were not recommended, approved and certified as necessary and reasonable by a Physician or any expense that is non-medical in nature;
5. for suicide or attempted suicide, while sane or insane, or self-inflicted injury;
6. due to war or act of war, declared or undeclared, or service in the armed forces, National Guard or organized reserve corps of any country or international authority;

7. for Injury sustained while participating (i) in professional sports; (ii) in dangerous or high risk sports; or (iii) in club, interscholastic or intercollegiate sports;
8. for expenses arising from pregnancy;
9. in connection with competitions or record setting/breaking attempts;
10. for any nervous, emotional or mental disorder;
11. in connection with the use of alcohol or drugs, or use of any drug or narcotic agent, except as prescribed by a Physician;
12. as a result or in connection with the commission of a crime; or
13. where services were provided by a family member.

The Company shall not be obligated to provide transport services to an Insured if, in its discretion:

1. the Insured is located in a region that is not safely accessible by the company providing the Transportation services;
2. the Insured has a contagious infectious disease;
3. the Insured's primary diagnosis is psychiatric in nature;
4. the Insured was on an organ transplant list at the time he or she embarked on his or her trip and such transport is related to such transplant;
5. the Insured requires hospitalization due to a Pre-existing Condition;
6. the Insured cannot be transported safely;
7. the Insured has been exposed to nuclear reaction or radioactive contamination; or,
8. the Insured is traveling for the purpose of obtaining medical treatment.

Claims Provisions

Notice of Claim: AIG Insurance Company of Canada must be given written notice of a claim within 180 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to the Company or to its authorized agent. Notice should include the Insured's name and enough information to identify him/her.

Claim Forms: When AIG Insurance Company of Canada or its agent, National Baromedical Services Inc. (NBS) receives the notice of claim, they will send You forms to be used in filing proof of claim. If National Baromedical Services Inc. does not send these forms within 30 days, You can meet the proof of loss requirements by sending National Baromedical Services Inc. a written statement of the occurrence, nature and extent of the loss within the time stated in the Proof of Loss provision.

Proof Of Loss: Written Proof of Loss must be sent to the Company within 180 days after the date the loss occurs. The Company will not reduce or deny a claim if it was not reasonably possible to give written Proof of Loss within the time allowed. In any event, the Insured must give the Company written Proof of Loss within 12 months after the date the loss occurs unless the Insured is legally incapacitated.

Payment Of Claims Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Covered Person suffering the loss.

Benefits for loss of life will be paid to the Insured's Beneficiary. In the absence of such designation benefits shall be paid to the Estate of the Insured person. All other benefits are paid directly to the Insured, unless otherwise directed. Any accrued benefits unpaid at the Insured's death will be paid to his/her beneficiary or to his/her estate, if there is no beneficiary designation.

Payment To A Minor Or Incompetent

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$3,000 may be made, at the option of the Company, to any relative by blood or connection by marriage of the payee, who, in the opinion of the Company, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Physical Examination and Autopsy: AIG Insurance Company of Canada has the right to physically examine a claimant as often as needed while a claim is pending. AIG Insurance Company of Canada may choose the Physician. AIG Insurance Company of Canada also has the right to have an autopsy performed in the case of death, unless prohibited by law. This is at the expense of AIG Insurance Company of Canada.

Legal Actions: No legal action may be brought to recover on the group Policy within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of the group Policy is less than allowed by the laws of the province where the Insured lives, the limit is extended to meet the minimum time allowed by such law.

Right to Recovery: If payments for claims made by AIG Insurance Company of Canada are more than the amount payable under the Group Policy, AIG Insurance Company of Canada may recover the overpayment. AIG Insurance Company of Canada may seek recovery from one or more of any Member(s) to or for whom benefits were paid, any other insurers, any Hospital or other healthcare institution, Physician or provider of medical care, or any other organization. AIG Insurance Company of Canada is entitled to deduct the amount of any such overpayments from future claims payable to the Member.

Subrogation: If an Insured person is Injured or becomes ill through the act or omission of another person and if benefits are paid under the Group Policy due to that Injury or illness, then to the extent an Insured person recovers for the same Injury or illness from a third party, its insurer, or the Insured person's uninsured motorist insurance, AIG Insurance Company of Canada will be entitled to a refund of all benefits that it has paid as a result of the Injury or illness. AIG Insurance Company of Canada may assert a lien upon any recovery that the Insured person receives, whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. AIG Insurance Company of Canada seeks to have the right to recover the full amount of benefits paid under this Group Policy for the Injury or illness, and the

amount shall be deducted from any recovery made by the Insured person. AIG Insurance Company of Canada is not responsible for the Insured person's attorney's fees or other costs. Upon request, the Insured person must complete any required subrogation forms and return them to AIG Insurance Company of Canada. The Insured person must cooperate fully with AIG Insurance Company of Canada in asserting its right to recover. The Insured person will be personally liable for reimbursement to AIG Insurance Company of Canada to the extent of any recovery obtained by the Insured person from any third party should AIG Insurance Company of Canada assert a valid lien. If it is necessary for AIG Insurance Company of Canada to institute legal action against the Insured person to recover under this provision, the Insured person will be liable for all costs of collection, including reasonable attorney's fees.

AIG Insurance Company of Canada shall not, under this Subrogation provision, be entitled to a refund of any benefit it has paid as an Accidental Death and Dismemberment benefit or a Permanent Total Disability benefit.

Excess Coverage: With regard to the benefits provided under DAN *TravelAssist*[®], this Policy is excess over any other travel insurance policy or tour operator waiver that an Insured person may have in effect at the time of the cancellation or interruption.

Assignment/Change of Beneficiary: You assign Your interest in the Group Policy or change the beneficiary by giving AIG Insurance Company of Canada written notice at its Administrative Office. The change of assignment will not be effective until AIG Insurance Company of Canada receives written notice. The beneficiary's consent is not required to make any change of beneficiary or to assign Your rights unless such Member named an irrevocable beneficiary and expressly stated that it could not be changed. AIG Insurance Company of Canada assumes no responsibility for the validity of any assignment.

Termination: Termination of Insurance under this Group Policy by the Policyholder or by AIG Insurance Company of Canada will be without prejudice to any claim originating prior to the date of termination. Coverage terminates at the end of the Coverage Period.

Extended Benefits

If the Group Policy terminates while an Insured person is Totally Disabled, benefits will be extended for charges incurred after the date of termination. These extended benefits are subject to the same terms that would have applied if the Group Policy had remained in force. These extended benefits are payable only for charges incurred:

1. For treatment of the specific Covered Diving Accident or Named Water Sport Accident that caused the Total Disability;
2. While such person remains so Totally Disabled; and
3. During the first 12 consecutive Months after the Group Policy terminates.

For the purposes of this extension of benefits, Total Disability means that an Insured person cannot perform the usual activities of a person of like age and sex with like occupation or retired status.

Filing a Claim

1. For any claim questions, or to request a claim form, contact:

National Baromedical Services Inc.

Attn: DAN Claims
PO Box 8833
Columbia, SC 29202 USA
Phone: 1-800-292-8381 or +1-803-434-2967
Fax: +1-888-972-4573
Email: danclaims@baromedical.com

2. Complete the claim form in full. Please answer all questions completely. If you don't, the claim may have to be returned to you and delay settlement of your claim. Be sure to sign the claim form.
3. Ask the hospital and/or doctor to complete the reverse side of the form and return it to you. (The provider can attach an itemized bill instead.)
4. Attach any other bills, documents or statements that apply to the claim. It is important that they contain the right information.
5. Make copies of your forms and bills for your records — your originals will not be returned.
6. If you received a payment from any other Insurance, you must send the Explanation of Benefits with your bills before your claim can be settled.
7. Please forward your package to:

National Baromedical Services Inc.

Attn: DAN Claims
PO Box 8833
Columbia, SC 29202 USA
Phone: 1-800-292-8381 or +1-803-434-2967
Fax: +1-888-972-4573
Email: danclaims@baromedical.com



The DAN Foundation (Divers Alert Network)
6 West Colony Place
Durham, NC 27705 USA

DAN.org

Phone: +1-919-684-2948

Facsimile: +1-919-490-6630

DAN Toll Free: 1-800-446-2671

DAN Emergency Hotline: +1-919-684-9111

DAN Medical Information: +1-919-684-2948 ext 6222