



**AIG Insurance Company of Canada**  
120 Bremner Boulevard, Suite 2200  
Toronto, ON M5J 0A8  
[www.aig.ca](http://www.aig.ca)

# Group Business Travel Accident & Medical Policy Schedule



## **POLICY TERMS & CONDITIONS**

This Group Business Travel Accident **Policy Schedule** is valid from **04.30.2025** and it overrides all previous **Policy Schedules** issued for this Group Business Travel Accident policy

## **SCOPE OF COVER**

This Group Business Travel Accident policy provides coverage for those perils listed in this **Policy Schedule**, up to the sum insured stated. The Group Business Travel Accident policy, this **Policy Schedule** and all attached memoranda and endorsements detail the entire cover provided and the terms and conditions applying to it.

## **INCLUDED BENEFIT**

In consideration of the payment of premiums by the Policyholder, the **Company** agrees to provide the insurance cover set out in this policy to persons within the Eligible(es) Class, subject at all times to the terms, provisions, exclusions and limitations of this Group Business Travel Accident policy.

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Authorized Representative

Issue Date:

June 4, 2025/SD Revised



## Declarations

DECLARATIONS	
<b>INSURER</b>	AIG Insurance Company of Canada (the Company)
<b>ASSISTANCE COMPANY</b>	Travel Guard <ul style="list-style-type: none"> <li>• U.S. and Canada toll free: 1 877 204-2017</li> <li>• Outside U.S. and Canada (collect): +1 715 295-9967</li> </ul>
<b>POLICY NUMBER</b>	BTA 9427924
<b>POLICYHOLDER</b>	Bank of Montreal
<b>ADDRESS OF THE POLICYHOLDER</b>	100 King Street West, Toronto on M5X 1A1
<b>ISSUE DATE</b>	April 24, 2025
<b>EFFECTIVE DATE</b>	12:01 a.m. local time at the Policyholder's address on the 30 <sup>th</sup> day of April 2025.
<b>EXPIRATION DATE</b>	12:01 a.m. local time at the Policyholder's address on the 30 <sup>th</sup> day of April 2026.
<b>PLAN</b>	GROUP BUSINESS TRAVEL ACCIDENT
<b>ELIGIBLE CLASSES</b>	<p><b>Insured members:</b></p> <ul style="list-style-type: none"> <li>• Canadian and non-Canadian domiciled individuals;</li> <li>• employed by the Policyholder or an affiliate thereof on a permanent, full-time and part-time basis or are a board member of the Policyholder; and</li> <li>• who are a member of one of the following classes</li> </ul> <p><b>Class I:</b> Executives of the Policyholder</p> <p><b>Class II:</b> International Executives of the Policyholder</p> <p><b>Class III:</b> All other Canadian permanent employees of the Policyholder</p> <p><b>Class IV:</b> All other International permanent employees of the Policyholder</p> <p><b>Class V:</b> All Canadian temporary employees of the Policyholder</p> <p><b>Class VI:</b> All International temporary employees of the Policyholder</p> <p><b>Class VII:</b> All non-employee directors of the Policyholder</p> <p><b>Class VIII:</b> Spouse while on business travel of the Policyholder</p> <p><b>Class IX:</b> Dependent Children while on business travel of the Policyholder</p> <p><b>Class X:</b> Guests of the Policyholder</p>



## DECLARATIONS

### TERMINATION OF COVERAGE

Insured Member: The earlier of:

- Retirement or age 70;
- The date they no longer belong to an Eligible Class; or
- The date they no longer meet the definition of **Insured Member**; or
- 12:01 am the date following the **Maximum Trip Duration** days listed in the **Policy Schedule Declarations** from the **Departure Date** (for Emergency Travel Benefits only); or
- the date the **Insured Person** returns to their province of residence (for Emergency Travel Benefits only); or
- The date the policy terminates.

Spouse: The earlier of:

- The date the employee's coverage terminates; or
- The date they no longer meet the definition of **Spouse** as defined in the policy

Dependent Children: The earlier of:

- The date the employee's coverage terminates; or
- The date they no longer meet the definition of **Dependent Children** as defined in the policy

### AGGREGATE LIMIT PER ACCIDENT

**\$10,000,000.00** for any one accident occurring while an **Insured Person** is travelling in, entering or exiting any **Aircraft**



## Declarations

<b>PREMIUM RATES AND PRINCIPAL SUMS</b>				
<b>Eligible Class</b>	<b>Estimated Number of Eligible Insured Employees or Insured Persons</b>	<b>Principal Sum</b>	<b>Rate per \$1,000 of Principal Sum</b>	<b>Type of Coverage</b>
Class I	197	300% of annual earnings, rounded to the next \$1,000, up to a maximum of CAD \$1,000,000.	CAD \$0.12/ /year	<b>Twenty-four (24) Hour Coverage</b>
Class II	95	300% of annual earnings, rounded to the next \$1,000, up to a maximum of USD \$1,000,000.	<b>AD&amp;D:</b> USD 0.12/year  <b>Medical:</b> USD \$0.70 per travel day	<b>Twenty-four (24) Hour Coverage</b>
Class III	36 148	300% of annual earnings, rounded to the next \$1,000, up to a maximum of CAD \$600,000.	CAD \$ 0.0009 /travel day	<b>Business Travel While on a Trip</b>
Class IV	20 474	300% of annual earnings, rounded to the next \$1,000, up to a maximum of USD \$600,000.	<b>AD&amp;D:</b> USD \$0.0009 /travel day  <b>Medical:</b> USD \$0.70 per travel day	<b>Business Travel While on a Trip</b>
Class V	212	CAD Flat \$100,000	CAD \$0.0009/travel day	<b>Business Travel While on a Trip</b>
Class VI	19	USD Flat \$100,000	<b>AD&amp;D:</b> USD \$0.0009/travel day  <b>Medical:</b> USD \$0.70 per travel day	<b>Business Travel While on a Trip</b>
Class VII	TBD	CAD Flat \$300,000	CAD \$0.0009/travel day	<b>Business Travel While on a Trip</b>
Class VIII	TBD	50% of employee's Principal Sum, min. CAD/USD \$50,000 up to max. CAD/USD \$300,000	CAD/USD Flat \$650.00 per year	<b>While on Business Travel with an insured employee</b>
Class IX	TBD	CAD/USD Flat \$25,000		
Class X	TBD	CAD/USD Flat \$150,000 or CAD/USD Flat \$300,000		<b>While travelling in, entering or exiting an owned aircraft</b>
<b>PREMIUM FREQUENCY</b>		ANNUALLY		



## PREMIUM RATES AND PRINCIPAL SUMS

<b>VOLUME OF INSURANCE</b>	[REDACTED]
<b>ANNUAL PREMIUM</b>	[REDACTED]
<b>AIRCRAFT COVERAGE</b>	Annual rate - \$0.02/\$1,000 of excess aggregate limit Flat amount of \$2,730/year
<b>DEPOSIT PREMIUM FOR WAR RISK COVERAGE</b>	Minimum and deposit premium of <b>\$5,000</b> to be adjusted at the rates in force at the time of coverage. <b>Principal Sum</b> reduced to the Maximum Amount Payable listed in the Schedule of Benefits for claims incurred in a <b>Designated War Risk Territory</b> .
<b>Additional Policy Provisions</b>	
<b>PRE-EXISTING CONDITION PERIOD</b>	90 days, applicable to Emergency Travel Benefits only



## Declarations

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### AIRCRAFT COVERAGE

EMPLOYED PILOTS, CREW AND COVERED AIRCRAFT	Annual Rate per \$1,000 of Principal Sum	Type of Coverage
Those Aircraft Leased or Chartered by the Policyholder from time to time.	\$0.02/\$1,000/year for excess aggregate limit of \$5,000,000.	Policyholder Aircraft Coverage
ANNUAL PREMIUM FOR AIRCRAFT COVERAGE	Flat amount of \$2,730. Excess premium: \$1,000.	
AGGREGATE LIMIT PER ANY ONE AIRCRAFT ACCIDENT	\$10,00,0000.00 any one accident occurring while an Insured Employee is travelling in, entering or exiting any <b>Owned/Leased/Chartered Aircraft</b>	

### POLICYHOLDER OWNED/LEASED/CHARTERED AIRCRAFT COVERAGE

Notwithstanding Section 10.3, Exclusion (g) (iii) and Exclusion (h) (i) of the Business Travel Accident policy, the **Company** will afford coverage hereunder to an **Insured Person** (other than to a pilot, operator or crew member) when such **Insured Person** is riding in or on or boarding or alighting from or being struck or run down by an **Aircraft** set out in the above **Declarations**.

Coverage shall not be afforded nor shall it come into effect unless the Policyholder has requested this coverage and it is described the above Aircraft Declarations. Further, coverage does not apply to any Aircraft not set out in the above Aircraft Declarations.



## Accidental Death & Dismemberment Schedule of Benefits

These benefits of the policy only apply if selected by the Policyholder (indicated by “Yes” in the Covered Benefit column) and the appropriate premium paid.

Benefit	Covered Benefit	Maximum Amount Payable per Insured Person per Accident (CAD\$)
ACCIDENTAL DEATH AND DISMEMBERMENT	YES	Percent of <b>Principal Sum</b> per <b>Table of Losses</b> below
DISAPPEARANCE AND EXPOSURE	YES	<b>Principal Sum</b>
PERMANENT AND TOTAL DISABILITY	YES	<b>Principal Sum</b>
REHABILITATION	YES	\$15,000
HOME ALTERATION AND VEHICLE MODIFICATION	YES	\$15,000
WORKPLACE MODIFICATION AND ACCOMMODATION	YES	\$5,000
PSYCHOLOGICAL THERAPY	YES	\$5,000
IN-HOSPITAL BENEFIT	YES	\$2,500/month
FAMILY TRANSPORTATION	YES	\$15,000
REPATRIATION BENEFIT	YES	\$15,000
IDENTIFICATION BENEFIT	YES	\$5,000
DAY CARE	YES	\$5,000
DEPENDENT CHILD EDUCATIONAL BENEFIT	YES	\$5,000
SPOUSAL EDUCATIONAL BENEFIT	YES	\$15,000
FUNERAL EXPENSE	YES	\$5,000
BEREAVEMENT BENEFIT	YES	\$1,000
SEAT BELT AND AIR BAG BENEFIT	YES	Additional 10% of <b>Principal Sum</b> to a maximum of \$50,000, for each Seat Belt and Air Bag
DISABILITY FITNESS BENEFIT	YES	\$5,000
PARENTAL CARE BENEFIT	YES	\$10,000
CARJACKING BENEFIT	YES	\$25,000
CRIMINAL ASSAULT BENEFIT	YES	Additional 10% of <b>Principal Sum</b>
COSMETIC DISFIGUREMENT	NO	
COMA BENEFIT	NO	
FRACTURE BENEFIT	YES	\$500
SURGICAL REATTACHMENT	NO	
ACCIDENTAL PARAMEDICAL EXPENSE	NO	
(a) Private Duty Nursing		
(b) Transportation Costs		
(c) Hospital Charges		
(d) Rental of Wheelchair, Iron Lung or Other Durable Equipment		
(e) Licensed physiotherapist, athletic therapist, sports therapist, kinesiologist or physical therapist		
(f) Prescription Drugs and Medicines		
(g) Hearing Aid, Crutches, Splints, Casts, Trusses and Braces		
(h) Licensed chiropractor, occupational therapist, osteopath or massage therapist		
ACCIDENTAL DENTAL EXPENSE	NO	



Benefit	Covered Benefit	Maximum Amount Payable per Insured Person per Accident (CAD\$)
WAR RISK COVERAGE	YES	\$500,000

## Table of Losses

TABLE OF LOSSES		Percentage Principal Sum Payable
<b>Loss</b>		
<b>Loss of Life</b>		100%
Loss of Both Hands or Both Feet		100%
Loss of Entire Sight of Both Eyes		100%
Loss of One Hand and One Foot		100%
Loss of One Hand and the Entire Sight of One Eye		100%
Loss of One Foot and the Entire Sight of One Eye		100%
Brain Death		100%
Loss of One Arm or One Leg		80%
Loss of One Hand or One Foot		75%
Loss of The Entire Sight of One Eye		75%
Loss of Thumb and Index Finger of the Same Hand		33.3%
Loss of Speech and Hearing		100%
Loss of Speech or Hearing		75%
Loss of Hearing in One Ear		66.7%
Loss of Four Fingers of One Hand		33.3%
Loss of All Toes of One Foot		25%
<b>Loss of Use</b>		
Loss of Use of Both Arms or Both Hands		100%
Loss of Use of One Hand or One Foot		75%
Loss of Use of One Arm or One Leg		80%
<b>Paralysis</b>		
Quadriplegia (total paralysis of both upper and lower limbs)	Two times the <b>Principal Sum</b> up to a maximum of \$1 million	
Paraplegia (total paralysis of both lower limbs)	Two times the <b>Principal Sum</b> up to a maximum of \$1 million	
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	Two times the <b>Principal Sum</b> up to a maximum of \$1 million	



## Emergency Travel Benefits

Benefit	Maximum Amount Payable per Insured Person (CAD\$)
EMERGENCY TRAVEL BENEFITS ( <b>CLASSES II, IV &amp; VI ONLY</b> )	Overall Lifetime Maximum \$1,000,000
EMERGENCY TRAVEL BENEFIT LIMITATION (applicable to <b>Complications of Pregnancy and Pre-Existing Condition</b> )	Complications of Pregnancy: \$2,000 Pre-Existing Condition: \$1,000
COVERAGE TYPE	Classes II, IV & VI only: Excess Coverage
MAXIMUM TRIP DURATION	60 Days per Trip
EMERGENCY HOSPITAL CONFINEMENT	Included in Overall Maximum
EMERGENCY MEDICAL AND THERAPEUTIC SERVICES	Included in Overall Maximum where applicable sub limits are noted below
the services of a <b>Physician</b> or legally qualified surgeon	
laboratory tests and X-ray examinations (not including MRI) ordered by a <b>Physician</b> or legally qualified surgeon for the purpose of diagnosis	
MRI, for diagnostic purposes when <b>Medically Necessary</b>	
the services of a registered graduate nurse	
rental of crutches or a hospital type bed, or the cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by the <b>Company</b>	
the services of a <b>Physician</b> who is an anesthetist	
drugs or medicines that require a <b>Physician</b> or legally qualified surgeon's written prescription	
services of a chiropodist, chiropractor, osteopath, physiotherapist or podiatrist	\$300 for each practitioner
expenses for accidental <b>Injury</b> to natural and sound teeth (capped or crowned teeth are considered whole or sound natural teeth) which require <b>Treatment</b> by a legally qualified dentist or dental surgeon	\$2,000 for any one accident
out-patient services provided by a <b>Hospital</b>	
GROUND TRANSPORTATION BENEFIT	\$5,000
EMERGENCY AIR TRANSPORTATION BENEFIT	\$200,000

## Optional Add-On Benefits

Benefit	Covered Benefit	Maximum Amount Payable per Insured Person (CAD\$)
SECURITY EVACUATION	YES	See Rider 1



## How to Claim

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### Accidental Death & Dismemberment

In the event of a claim, the claims department should be advised as soon as possible. You will be provided with the appropriate claim form.

The following documents are required in order to adjudicate an accidental dismemberment or loss of use claim:

- Claimant's Statement to be completed, dated and signed by the claimant
- Physician's Statement to be completed, dated and signed by the attending physician
- Employer's Statement to be completed by the employer or Benefit Plan Administrator

The following documents are required in order to adjudicate an accidental death claim:

- Claimant's Statement to be completed, dated and signed by the designated beneficiary or the executor of the estate if there is no designated beneficiary
- Death certificate (an original Provincial Death Certificate may be requested if required)
- Physician's Statement to be completed, dated and signed by the attending physician (A Coroner's Report can replace the physician's statement)
- Employer's Statement to be completed by the employer or Benefit Plan Administrator
  - We require a copy of the Beneficiary Designation or if no Beneficiary, Proof of Executor

Claims Department	Phone (English): (416) 596-4005 Phone (English/French): 1 877 317-8060 E-mail: <a href="mailto:ahclaimscan@aig.com">ahclaimscan@aig.com</a> – for new claims only
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### Emergency Travel

#### Minor Expenses

For expenses associated with minor medical emergencies (less than \$250) claim form to be obtained from AIG. The claimant will need to submit the following documents to AIG by either email ([ahclaimscan@aig.com](mailto:ahclaimscan@aig.com)) or mail:

- completed claim form,
- proof of travel documents,
- all invoices and/or receipts for expenses incurred and/or
- a copy of your Explanation of Benefits Statement from your other insurance carrier (if applicable) and copy of all medical reports from the attending physician or hospital.

### AIG Insurance Company of Canada

120 Bremner Boulevard, Suite 2200  
Toronto, ON M5J 0A8

#### Major Expenses

For major emergencies that require hospitalization or day surgery, Travel Guard will coordinate services between the Provider and the Company to insure direct billing of your expenses.



**In an emergency here is what to do**

In the event of a medical emergency, the Insured Person or someone acting on their behalf must call Travel Guard immediately.

Telephone the Travel Guard at the numbers listed below.

Travel Guard

U.S. and Canada toll free: 1 877 204-2017

U.S. and Canada (collect): +1 715 295-9967

*AIG is a proud member of THiA; and our collective goal is to ensure every claim submitted has the opportunity to be paid. The industry has come together and designed the Bill of Rights and Responsibilities to deliver a clear statement as to what you can expect from your travel insurance. The Travel Insurance Bill of Rights and Responsibilities builds upon the following golden rules of travel insurance:*

- *Know your health*
- *Know your trip*
- *Know your policy*
- *Know your rights*

For more information, go to [www.thiaonline.com/Travel\\_Insurance\\_Bill\\_of\\_Rights\\_and\\_Responsibilities.html](http://www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html)

