



AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200
Toronto, ON M5J 0A8
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

INCLUDED BENEFIT

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.

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.

Authorized Representative

Issue Date:

June 4, 2025/SD Revised



Declarations

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



DECLARATIONS	
TERMINATION OF COVERAGE	<p>Insured Member: The earlier of:</p> <ul style="list-style-type: none">• 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. <p>Spouse: The earlier of:</p> <ul style="list-style-type: none">• The date the employee's coverage terminates; or• The date they no longer meet the definition of Spouse as defined in the policy <p>Dependent Children: The earlier of:</p> <ul style="list-style-type: none">• 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	<p>\$10,000,000.00 for any one accident occurring while an Insured Person is travelling in, entering or exiting any Aircraft</p>



Declarations

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



PREMIUM RATES AND PRINCIPAL SUMS

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



Declarations

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 Owned/Leased/Chartered Aircraft	

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 Principal Sum per Table of Losses below
DISAPPEARANCE AND EXPOSURE	YES	Principal Sum
PERMANENT AND TOTAL DISABILITY	YES	Principal Sum
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 Principal Sum 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 Principal Sum
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
Loss		
Loss of Life		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%
Loss of Use		
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%
Paralysis		
Quadriplegia (total paralysis of both upper and lower limbs)	Two times the Principal Sum up to a maximum of \$1 million	
Paraplegia (total paralysis of both lower limbs)	Two times the Principal Sum up to a maximum of \$1 million	
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	Two times the Principal Sum up to a maximum of \$1 million	



Emergency Travel Benefits

Benefit	Maximum Amount Payable per Insured Person (CAD\$)
EMERGENCY TRAVEL BENEFITS (CLASSES II, IV & VI ONLY)	Overall Lifetime Maximum \$1,000,000
EMERGENCY TRAVEL BENEFIT LIMITATION (applicable to Complications of Pregnancy and Pre-Existing Condition)	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 Physician or legally qualified surgeon	
laboratory tests and X-ray examinations (not including MRI) ordered by a Physician or legally qualified surgeon for the purpose of diagnosis	
MRI, for diagnostic purposes when Medically Necessary	
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 Company	
the services of a Physician who is an anesthetist	
drugs or medicines that require a Physician or legally qualified surgeon's written prescription	
services of a chiropodist, chiropractor, osteopath, physiotherapist or podiatrist	\$300 for each practitioner
expenses for accidental Injury to natural and sound teeth (capped or crowned teeth are considered whole or sound natural teeth) which require Treatment by a legally qualified dentist or dental surgeon	\$2,000 for any one accident
out-patient services provided by a Hospital	
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

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: ahclaimscan@aig.com – 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) 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
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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)

