

May 1, 2010

Ministry of Justice  
Calle O No. 216, Vedado, La Habana  
República de Cuba

**Re:** Confirmation of Travel Insurance Policy Issued By a Recognized Foreign Insurance Entity

To Whom It May Concern:

This letter is in regards to the Republic of Cuba's requirement that all travellers, foreigners and Cuban overseas residents must possess a travel insurance policy covering medical expenses that has been issued by an insurance entity recognized in Cuba.

Please accept this letter as confirmation that the Canadian resident in possession of this letter, together with a copy of their travel insurance policy documentation, has a travel insurance policy which is administered and assisted by Mondial Assistance (formerly World Access Canada), a provider which is recognized by the Republic of Cuba's government.

Each traveller is required to meet the terms, conditions and eligibility requirements of their travel insurance policy in order for coverage to be in effect.

Mondial Assistance, which is the world's largest travel insurance and assistance company, has a long-standing contractual agreement with and is a trusted partner of the Cuban assistance company ASISTUR.

If you have questions or to verify Mondial Assistance's partnership with ASISTUR, please contact:

**ASISTUR**

Prado No. 208 entre Trocadero y Colón, Habana Vieja, La Habana  
Telf:(53 7) 866 4499  
Fax :(53 7) 866 8087

Sincerely,



William Breckles  
President and Chief Executive Officer  
Mondial Assistance Canada



# Benefits Online

## for represented employees and retirees

### Illness or injury outside my province of residence

#### What does the Health Care Plan cover?

The Health Care Plan covers 100% of [reasonable and customary](#) charges for emergency health care you need:

- outside your province of residence, and
- above what is payable by your provincial health plan,

to a [maximum reimbursable expense](#) of \$1,000,000 for each covered person for any one period of travel.

The expense must be:

- prescribed by a [physician](#) and medically necessary,
- incurred no more than 60 days from the date you leave home **or** any time you are on official travel status (if treatment continues beyond 60 days, related expenses will be covered) ,
- incurred because of an emergency (an acute, unexpected condition, illness, disease, or injury that requires immediate assistance) or because the services were not readily available at home, and
- payable in part by the provincial plan.

Eligible expenses include:

- public-ward accommodation and auxiliary [hospital](#) services in a general hospital,
- the services of a physician, and
- out-patient services in a hospital.

If a treatment or service is not offered in the patient's province and the person is referred to a hospital in another province, in writing, by the attending physician in his/her province of residence, the plan pays reasonable and customary charges for the same services, at 80% for retirees and represented employees.

If you are traveling on business, [other benefits](#) are also available.

Read what limitations and exclusions apply to this coverage, in the section [What the plans do not pay for](#).

#### Is other emergency travel assistance available?

Yes, if you have [supplementary coverage](#) under the Health Care Plan. You can call a 24-hour help-line to get:

- one-way economy airfare for the patient and professional attendant, back to the province of residence, when medically necessary,
  - medical evacuation by ambulance, when Sun Life determines that suitable care is not available where the emergency occurs,
  - family assistance, for example, reimbursement of expenses to return dependent [children](#) to Canada, subject to certain limits (combined maximum payable—\$2,500 for any one travel emergency),
  - [transportation](#) arrangements to the nearest [hospital](#) that provides the appropriate care, or back to Canada,
  - medical referrals, consultation and monitoring,
  - legal referrals,
  - a telephone interpretation service,
  - a message service (messages held up to 15 days for family and business associates), and
- advance hospital and medical expense payment.