

CONFIRMATION OF TRAVEL INSURANCE AND ASSISTANCE SERVICES (CUBA)

Following the new entry requirements to Cuba, beginning May 1st 2010, requiring that all travelers have medical travel insurance coverage, we hereby confirm that CanAssistance Inc. has been mandated to administer the travel benefits described in the travel insurance plan herein.

CanAssistance Inc. is an entity recognized by the Cuban authorities with a well established relationship with Asistur SA, the official medical assistance society of Cuba.

INSURANCE DETAILS

- INSURED'S FIRST AND LAST NAME
- INSURED'S ADDRESS
- CONTRACT NUMBER
- EMERGENCY MEDICAL CARE COVERAGE DESCRIPTION (MEDICAL CARE, HOSPITAL SERVICES, INSURED SUM/PERSON \$5,000,000)
- PERIOD OF COVERAGE (FOR TRIP OF A MAXIMUM DURATION OF 180 DAYS)

Representative name, Customer Service

«Date»

Form402A1or

CONFIRMATION D'ASSURANCE ET D'ASSISTANCE VOYAGE (CUBA)
CONFIRMATION OF TRAVEL INSURANCE AND ASSISTANCE SERVICES (CUBA)

Conformément aux nouvelles exigences d'entrée à Cuba, en vigueur à compter du 1^{er} mai 2010, exigeant à tous les voyageurs de détenir une preuve d'assurance voyage pour soins médicaux, nous confirmons que CanAssistance inc. est le mandataire pour les prestations de l'assurance voyage décrite aux présentes.

CanAssistance inc. est une organisation reconnue par les autorités de Cuba et transige avec Asistur Sa, la société d'assistance médicale officielle de Cuba.

Following the new entry requirements to Cuba, beginning May 1st 2010, requiring that all travelers have medical travel insurance coverage, we hereby confirm that CanAssistance Inc. has been mandated to administer the travel benefits described in the travel insurance plan herein.

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DÉTAILS DE L'ASSURANCE / INSURANCE DETAILS

- PRÉNOM ET NOM DE L'ASSURÉ
INSURED'S FIRST AND LAST NAME
- ADRESSE DE L'ASSURÉ
INSURED'S ADDRESS
- NUMÉRO DE CONTRAT
CONTRACT NUMBER
- DESCRIPTION DE LA GARANTIE MÉDICALE (SOINS MÉDICAUX, SERVICES HOSPITALIERS, SOMME ASSURÉE/PERSONNE 5 000 000 \$)
EMERGENCY MEDICAL CARE COVERAGE DESCRIPTION (MEDICAL CARE, HOSPITAL SERVICES, INSURED SUM/PERSON \$5,000,000)
- PÉRIODE DE COUVERTURE (POUR TOUT VOYAGE D'UNE DURÉE MAXIMALE DE 180 JOURS)
PERIOD OF COVERAGE (FOR TRIP OF A MAXIMUM DURATION OF 180 DAYS)

Date

Nom de l'agent , Service à la clientèle

Form402F