



# All Inclusive Policy Travel Insurance for Canadians

Effective July 2020

Underwritten by

**The Manufacturers Life Insurance Company and First North American Insurance Company**, a wholly owned subsidiary of Manulife.

# Important: Clip and Read

Keep this wallet card with you.  
Please arrange to call our Assistance Centre if you will be seeking  
medical attention during your trip.

**Don't forget your wallet card!**



 **Manulife**

**IN CASE OF AN EMERGENCY, CALL OUR ASSISTANCE CENTRE:**

**1-855-841-4796** **+1-519-988-7008**  
toll-free from the USA and Canada collect to Canada from anywhere else in the world

NAME \_\_\_\_\_ POLICY # \_\_\_\_\_


EFFECTIVE DATE \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_


Please remember to keep this card  
in your wallet during your trip.

Please remember to keep this card in your wallet during your trip. **FOLD**

 0720

The Manufacturers Life Insurance Company  
Visit <http://www.active-care.ca/en/travelaid/> to download the app.  
Travelaid mobile app.  
Immediate access to the Assistance Centre is also available through its  
impossible for you to call, please have someone call on your behalf.  
expenses we would normally pay under this policy, if it is medically  
or prior to any treatment, you will have to pay 20% of the eligible medical  
Please note that if you do not call the Assistance Centre in an emergency,  
a day, each day of the year.  
your trip, call us for assistance first. The Assistance Centre is open 24 hours  
If you need medical attention or must make any other type of claim during



 **Manulife**

**IN CASE OF AN EMERGENCY, CALL OUR ASSISTANCE CENTRE:**


**1-855-841-4796** **+1-519-988-7008**  
toll-free from the USA and Canada collect to Canada from anywhere else in the world

NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

Please remember to keep this card  
in your wallet during your trip.

Please remember to keep this card in your wallet during your trip. **FOLD**

 0720

The Manufacturers Life Insurance Company  
Visit <http://www.active-care.ca/en/travelaid/> to download the app.  
Travelaid mobile app.  
Immediate access to the Assistance Centre is also available through its  
impossible for you to call, please have someone call on your behalf.  
expenses we would normally pay under this policy, if it is medically  
or prior to any treatment, you will have to pay 20% of the eligible medical  
Please note that if you do not call the Assistance Centre in an emergency,  
a day, each day of the year.  
your trip, call us for assistance first. The Assistance Centre is open 24 hours  
If you need medical attention or must make any other type of claim during

# Important Notice - Read carefully before you travel

You have purchased a travel insurance policy - what's next? We want you to understand (and it is in your best interest to know) what your policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your policy before you travel. Italicized terms are defined in your policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, you must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. medical conditions that are not stable, pregnancy, child born on trip, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to pre-existing medical conditions, whether disclosed or not at time of policy purchase.
- Contact our Assistance Centre before seeking treatment or your benefits may be limited.
- In the event of a claim your prior medical history may be reviewed.
- If you have been asked to complete a medical questionnaire and any of your answers are not accurate or complete, your policy will be voidable.

**It is your responsibility to understand your coverage.  
If you have questions, call 1-866-707-4922.**

**This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.**

## **10-Day Free Look**

If you notify us within 10 days of your purchase date, as indicated on your confirmation, that you are not completely satisfied with your policy, we will provide a full refund if you have not already departed on your trip and there is no claim in progress. For information on refunds after the 10-Day Free Look period, please refer to the Cancellations & Refunds section in this policy.

# Table of Contents

Eligibility . . . . .	3
General Information . . . . .	3
Insurance Coverage Amounts Offered . . . . .	3
When Your Coverage Starts . . . . .	3
When Your Coverage Ends . . . . .	3
Automatic Extension . . . . .	3
To Stay Longer than Planned . . . . .	3
Multi-Trip Plans . . . . .	4
Top-Ups . . . . .	4
Cancellations & Refunds . . . . .	4
StandByMD Medical Concierge Services . . . . .	4
Emergency Medical Insurance . . . . .	5
Trip Cancellation & Trip Interruption Insurance . . . . .	7
Baggage Loss, Damage & Delay Insurance . . . . .	9
Flight & Travel Accident Insurance . . . . .	9
What Else Do You Need To Know? . . . . .	10
Premium . . . . .	10
How does this insurance work with other coverages? . . . . .	11
How To Make a Claim . . . . .	11
Statutory Conditions . . . . .	12
Definitions . . . . .	13
Notice on Privacy . . . . .	14

Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Association of Canada (THiA) want you to know your rights. THiA's Travel Insurance Bill of Rights and Responsibilities builds on the 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)



## In the event of an emergency, *you* must call the Assistance Centre immediately

**1-855-841-4796** toll-free from the USA and Canada  
**+1-519-988-7008** collect to Canada from anywhere else in the world.

*Our Assistance Centre is there to help you 24 hours a day, each day of the year.*

Immediate access to the Assistance Centre is also available through its TravelAid mobile app.

To download the app, visit:

**<http://www.active-care.ca/en/travelaid/>**

The TravelAid mobile app can also provide *you* with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

Please note that **if you do not call** the Assistance Centre in an emergency and prior to any *treatment*, **you will have to pay 20% of the eligible medical expenses** we would normally pay under this policy. If it is medically impossible for *you* to call please have someone call on *your* behalf.

If *you* have questions or would like to make changes to *your* coverage, simply call 1-866-707-4922.

**IMPORTANT INFORMATION ABOUT YOUR INSURANCE:** This policy is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Please note that risks identified with the symbol ‡ throughout this document are covered by FNAIC. Manulife has appointed Active Claims Management Inc. (operating as Active Care Management) as the provider of all assistance and claims services under this policy.

## Eligibility

To be eligible for All-Inclusive coverage, **you must**, as of the date **you** apply for coverage and the **effective date**:

- be a resident of Canada and covered under a *government health insurance plan* for the entire duration of *your trip*;
- have paid the appropriate premium;
- be at least thirty (30) days of *age*;
- not have been advised by a *physician* to avoid travel at this time;
- not have a terminal illness or metastatic cancer;
- not require kidney dialysis;
- not have been prescribed or used home oxygen in the last twelve (12) months; and
- never have had bone marrow, stem cell or organ transplant (except corneal transplant).

Under *Trip Cancellation & Interruption Insurance*, coverage will include travel within *your* province of residence.

## General Information

### Insurance Coverage Amounts Offered

**Emergency Medical** - up to a maximum of \$5,000,000 CAD per policy.

**Trip Cancellation & Trip Interruption** - up to a maximum of \$5,000 per *trip* if *you* purchased a Single-*Trip* All-Inclusive plan and up to \$5,000 per *trip* to a maximum of \$8,000 per policy if *you* purchased a Multi-*Trip* All-Inclusive plan.

**Baggage Loss or Damage** - up to a maximum of \$1,000 per *trip* if *you* purchased a Single-*Trip* All-Inclusive plan and up to a maximum of \$3,000 per policy if *you* purchased a Multi-*Trip* All-Inclusive plan.

**Baggage Delay** - up to a maximum of \$500 per *trip* if *you* purchased a Single-*Trip* All-Inclusive plan and up to a maximum of \$1,500 per policy if *you* purchased a Multi-*Trip* All-Inclusive plan.

**Flight Accident** - up to a maximum of \$100,000 for death or dismemberment.

**Travel Accident** - up to a maximum of \$50,000 for death or dismemberment.

For all plans, if *your* covered expense results from an *act of terrorism*, all benefit maximums shown in this policy may be reduced subject to the Terrorism Coverage benefit.

### When *your* coverage starts

Travel Insurance must be purchased prior to departure from *your* province or territory of residence in Canada and for the entire duration of *your trip*. (Exceptions apply to Top-ups).

For Single-*Trip* All-Inclusive Plans:

- *Trip* Cancellation coverage starts on the date *you* pay the premium for that coverage, shown as the purchase date on *your confirmation*.
- All other coverage starts on the later of:
  - the date *you* leave *home*; or
  - the *effective date* as stated on *your confirmation*.

For Multi-*Trip* All-Inclusive plans;

- *Trip* Cancellation coverage starts on the later of:
  - the *effective date* as stated on *your confirmation*; or
  - the date *you* purchased *your trip*.
- *Emergency Medical* coverage starts:
  - each date *you* leave *home* and
  - each date *you* leave Canada on or after the *effective date* as stated on *your confirmation*.
- All other coverage starts on the later of:
  - the date *you* leave *home*;
  - the *effective date* as stated on *your confirmation*.

### When *your* coverage ends

- *Trip* Cancellation coverage ends on the earliest of:
  - *your departure* date;
  - the date *you* cancel *your trip*; or
  - the *expiry* date, as stated on *your confirmation*.
- For all Multi-*Trip* plans, *Emergency Medical* coverage ends on the earliest of:
  - the date *you* return *home*;
  - the *expiry date*, as stated on *your confirmation*; or
  - when travelling outside Canada, the date *you* reach the maximum *trip* length *you* purchased for each *trip*, as stated on *your confirmation*.
- All other coverage ends on the earlier of:
  - the date *you* return *home*;
  - the *expiry date*, as stated on *your confirmation*.

**Automatic extension** of coverage is provided beyond *your expiry date* per *your confirmation* if:

- *your common carrier* or *vehicle* is delayed. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours;
- *you* or *your travel companion* are hospitalized on the *expiry date*. In this case, *we* will extend *your* coverage during the hospitalization up to a maximum of 365 days or until, in *our* opinion, *you* are *stable* for discharge from the *hospital* or for evacuation *home*, whichever is earlier, and for up to five (5) days after discharge from the *hospital*; or
- *you* or *your travel companion* have a medical *emergency* that does not require hospitalization but prevents travel on *your expiry date*, and as confirmed by a *physician*. In this case, *we* will extend *your* coverage for up to five (5) days.

In any case, *we* will not extend any coverage beyond twelve (12) months after the date *you* first leave *home*.

### To stay longer than planned

If *you* are already on *your trip* and need to apply for an extension of *your* coverage, before the *expiry date* of *your* existing coverage, simply call Customer Service at 1-866-707-4922. *You* may be able to extend *your* coverage, as long as:

- the total length of *your trip* outside of Canada, including the extension, does not exceed the maximum allowed by *your government health insurance plan*;
- *you* pay the additional premium; and
- there has been no event that has resulted or may result in a claim against the policy and there has been no change in *your* health status.

Any extension is subject to approval.

## Multi-Trip plans

- Provide coverage for an unlimited number of *trips* taken within one (1) year, commencing with the *effective date* as shown on *your confirmation*.
- Provide *you* with coverage for unlimited travel within Canada but outside *your* province or territory of residence.
- Each *trip* taken outside of Canada can be up to the maximum days *you* selected when *you* purchased *your* Multi-Trip plan.
- For a *trip* to be covered under this plan, it must start on or after the *effective date* and end prior to or on the *expiry date* shown on *your confirmation* of coverage.
- Top-Up coverage can be purchased for *trips* that are longer than the maximum *trip* length selected or if *your trip* extends beyond the *expiry date* of *your* Multi-Trip plan as shown on *your confirmation*.
- Under the Multi-Trip All-Inclusive plan, if *your* travel commences after the *expiry date* shown on *your confirmation*, *you* can purchase an extension of *your Trip Cancellation & Trip Interruption* coverage.

In the event of a claim, *you* will be required to provide proof of *your departure date* and *your* return date. Proof can include *your plane* ticket, train ticket, a stamped passport, and/or credit card or bank statement showing purchases in Canada just prior to *your departure date*.

### Top-up *your Emergency Medical* coverage under *your Multi-Trip All-Inclusive* plan:

If *your trip*:

- a. is longer than the maximum number of coverage days *you* have under *your* current plan; or
- b. will extend beyond the *expiry date* shown on *your confirmation*, *you* can either:
  - purchase Top-up coverage before the *expiry date* of *your* Multi-Trip plan for any additional travel days; or
  - purchase a new Multi-Trip *Emergency Medical* or All-Inclusive plan, with no lapse in coverage, providing the total duration of the *trip* does not exceed the maximum *trip* length *you* choose.

If *your* multi-*trip* plan is not underwritten by Manulife, it is *your* responsibility to confirm that a Top-Up is permitted on *your* existing plan with no loss of coverage. If *you* are already on *your trip*, a Top-Up to another provider's plan is not permitted.

When *you* apply for Top-Up coverage, *you* may be required to answer questions about *your* health.

### Extension of *Trip Cancellation & Trip Interruption* coverage under *your Multi-Trip All-Inclusive* plan:

If *your* Multi-Trip All-Inclusive plan expires before *your trip* commences, ensure *you* have continuing *Trip Cancellation & Trip Interruption* coverage for that *trip*.

*You* can either:

- purchase a stand-alone *Trip Cancellation & Trip Interruption* plan or a *Single-Trip All-Inclusive* plan providing there is no lapse in *your Trip Cancellation* coverage; or
- purchase a new Multi-Trip All-Inclusive plan, with no lapse in coverage, providing the total duration of *your trip* does not exceed the *trip* length *you* choose.

## Cancellations & Refunds

Refunds and cancellations are not available on All-Inclusive plans.

## StandByMD Medical Concierge Services

Manulife is pleased to provide *you* with StandbyMD, a worldwide on-demand directional care program when *you* have coverage under the *Emergency Medical Insurance* plan.

### What services are available?

StandbyMD has an International network of medical providers and partners who provide services across time zones and who assure a quick and streamlined access to healthcare 24/7/365 all over the world.

StandbyMD allows *you* to access multiple levels of personalized care ranging from:

- Teleconsultations for eligible cases (telephone/chat/video conference access to a qualified physician who can assess *your* symptoms and provide *treatment* options)
- A network of visiting *physicians* (In 141 countries and over 4,500 cities)
- In-network clinics close to the patient
- In-network ERs located close to the patient only if necessary.

In addition, when *you* travel to the United States, StandbyMD offers the following services:

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eyeglasses or contact lenses and medical supplies.

### How does this service work?

StandbyMD's risk assessment algorithm triages patients according to their symptoms, profiles and location. Based on the information provided they are instantly referred to the most appropriate level of care their specific situation requires.

StandbyMD uses a worldwide network of providers that offer high-quality care at preferred rates and direct billing solutions, minimizing the likelihood of paying out-of-pocket.

The StandbyMD program will assist with coordinating payment of eligible expenses subject to the terms and conditions of the policy.

To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card.

### Disclaimer, waiver, and limitation of liability:

StandbyMD is not intended to be a substitute for professional medical advice, it is provided for the purpose of assisting *you* in finding medical providers. The advice provided by StandbyMD is a recommendation only, and entirely voluntary. *You* still retain the right to choose for *yourself*, *your* own level of care regardless of StandbyMD's recommendation.

Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals.

StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy does not assume any responsibility for:

- the availability,
- their quality,
- the results or outcome of any treatment or service.

Policyholders hereby specifically waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD\* in any and all claims, demands, actions, causes of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flow from the medical concierge services that StandbyMD is offering. StandbyMD's liability under these medical concierge services, if any, is limited solely to the amount of payment made to participating medical providers for the services that a policyholder obtained after they received a referral from StandbyMD. \*Related persons include principals, parents, successors and assigns of StandbyMD.

## Emergency Medical Insurance

### Benefits – What does *Emergency Medical Insurance* cover?

*Emergency Medical Insurance* covers *you* for up to \$5,000,000 CAD of covered expenses incurred by *you* as a result of *treatment* required by *you* during *your trip* if a medical *emergency* begins unexpectedly after *you* leave *home*, but only if these covered expenses are in excess of any amount covered by *your government health insurance plan* or any other benefit plan.

**In the event of an *emergency*, call the Assistance Centre immediately: 1-855-841-4796** toll-free from the USA and Canada or **+1-519-988-7008** collect to Canada from anywhere else in the world. *You* must call the Assistance Centre before obtaining *emergency treatment*, so that *we* may:

- confirm coverage
- provide pre-approval of *treatment*.

If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, *we* ask *you* to call or have someone call on *your* behalf. Otherwise, if *you* do not call the Assistance Centre before *you* obtain *emergency treatment* *you* will be responsible for 20% of *your* medical expenses covered under this insurance.

After *your* medical *emergency treatment* has started, the Assistance Centre must assess and pre-approve additional medical *treatment*. If *you* undergo tests as part of a medical investigation, *treatment* or surgery, obtain *treatment* or undergo surgery that is not pre-approved, *your* claim will not be paid. This includes but is not limited to MRI, MRCP, CAT Scan, CT Angiogram, sonograms, ultrasounds, Nuclear Stress Test, biopsies, Angiogram, Angioplasty, cardiovascular surgery including any associated diagnostic test(s), Cardiac Catheterization or any surgery. Reimbursement is subject to the terms and conditions of this policy. Covered expenses and benefits are subject to the policy's maximums, exclusions and limitations.

The eligible covered expenses are:

1. **Expenses for *emergency treatment*** – *Reasonable and customary* charges for medical care received from a *physician* in or out of a *hospital*; the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary); the services of a licensed private duty nurse while *you* are in *hospital*; the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance; tests that are needed to diagnose or find out more about *your* condition; and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist.
2. Expenses for paramedical services – Care received from a licensed chiropractor, osteopath, physiotherapist, chiroprapist or podiatrist, up to \$500 per profession.

3. **Expenses for ambulance transportation** – *Reasonable and customary* charges for local licensed ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency*.

4. **Expenses for *emergency* dental treatment** –
  - If *you* need *emergency* dental treatment, *we* will pay up to \$500 for the relief of dental pain; and/or
  - If *you* suffer an accidental blow to the mouth, *we* will pay up to \$5,000 for the *reasonable and customary* charges to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,500 during *your trip* and up to \$2,500 after *your* return *home*, to continue medically necessary treatment in the ninety (90) days after the accident).

5. **Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, *we* will pay the return economy class airfare via the most cost-effective itinerary for someone to be with *you*. *We* will also pay up to \$500 for that person's hotel and meals and cover them with *Emergency Medical Insurance* under the same terms and limitations of this policy until *you* are medically fit to return *home*. For a *child* insured under this policy, this benefit is available immediately upon their *hospital* admission.

6. **Extra expenses for meals, hotel, phone calls and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency* medical *treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, *we* will reimburse *you* up to \$200 per day to a maximum of \$2,000 for *your* extra meals, hotel, essential phone calls and taxi fares. *We* will only reimburse *you* for these expenses if *you* have actually paid for them.

7. **Expenses related to *your* death** – If *you* die during *your trip* from an *emergency* covered under this insurance, *we* will reimburse *your* estate for:

- up to \$5,000 to have *your* body prepared where *you* die and the cost of the standard transportation container normally used by the airline, plus the return *home* of *your* body;
- up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die; or
- up to \$5,000 to cremate *your* body where *you* die, plus the return *home* of *your* ashes.

In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, *we* will pay the return economy class airfare via the most cost-effective itinerary for that person, and up to \$300 for that person's hotel and meal expenses. *We* will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to seventy-two (72) hours.

8. **Expenses to bring *you* home** – If *your* treating *physician* recommends that *you* return *home* because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, *we* will pay for one or more of the following:

- the extra cost of economy class airfare via the most cost-effective itinerary; and/or
- a stretcher airfare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and/or

- the cost of return economy class airfare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline; and/or
  - the cost of air ambulance transportation if this is medically necessary.
9. Expenses to return *children* under *your* care – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of an *emergency*, *we* will pay for the extra cost of one-way economy class airfare to return the *children* *home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must have been under *your* care during *your* trip and covered under a policy underwritten by *us*.
  10. Expenses to return *your* travel companion – *We* will cover the extra cost of one-way economy class airfare via the most cost-effective itinerary, to return *your* travel companion (who is travelling with *you* at the time of *your* emergency and insured under *our* travel insurance plan) *home*, if *you* are repatriated or evacuated under Benefits #7 or #8 above.
  11. Expenses to return *your* vehicle home – If, because of a medical *emergency*, *you* are unable to drive the *vehicle* *you* used during *your* trip, *we* will cover up to \$2,000 charged by a commercial agency to bring *your* vehicle home. If *you* rented a *vehicle* during *your* trip, *we* will cover its return to the rental agency.
  12. Pet Return – If *your* domestic dog or cat travels with *you* during *your* trip and *you* return to Canada under Benefit #7 or #8, *we* will pay the cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog or cat to Canada.
  13. Trip Break – for Single-Trip plans. *You* may return home to *your* province of residence without terminating *your* coverage. There is no coverage under this plan in *your* province or territory of residence. There will be no refund of premium for any of the days *you* spend in *your* province or territory of residence. If *you* experience any change in *your* health during the Trip Break, *you* must notify the Assistance Centre prior to leaving *your* province or territory of residence for confirmation of continued coverage.
  14. Terrorism Coverage – When an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this policy, coverage is available for up to two (2) *acts of terrorism* within a calendar year and up to a maximum aggregate payable limit of \$35 million for all eligible *emergency* medical in-force policies issued and administered by *us*. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

#### Exclusions & Limitations – What does Emergency Medical Insurance not cover?

*We* will not pay any expenses or benefits directly or indirectly relating to:

1. **A pre-existing condition.** The *pre-existing condition* exclusion that applies to *you* depends on the Rate Category *you* qualified for when *you* purchased this policy. Please see the definition of "*pre-existing condition*" and "*stable*" at the end of this policy booklet.

**Rate Category A.** *We* will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the three (3) months before *your* effective date; and/or
- *your* heart condition if, in the three (3) months before *your* effective date, any heart condition has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
- *your* lung condition if, in the three (3) months before *your* effective date, any lung condition has not been *stable* or *you* required *treatment* with oxygen or Prednisone for *your* lung condition.

**Rate Category B+** *We* will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the three (3) months before *your* effective date; and/or
- *your* heart condition if, in the three (3) months before *your* effective date, any heart condition has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
- *your* lung condition if, in the three (3) months before *your* effective date, any lung condition has not been *stable* or *you* required *treatment* with oxygen or Prednisone for *your* lung condition.

**Rate Category B.** *We* will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the six (6) months before *your* effective date; and/or
- *your* heart condition if, in the six (6) months before *your* effective date, any heart condition has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
- *your* lung condition if, in the six (6) months before *your* effective date, any lung condition has not been *stable* or *you* required *treatment* with oxygen or Prednisone for *your* lung condition.

**Rate Category C.** *We* will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the twelve (12) months before *your* effective date; and/or
- *your* heart condition if, in the twelve (12) months before *your* effective date, any heart condition has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
- *your* lung condition if, in the twelve (12) months before *your* effective date, any lung condition has not been *stable* or *you* required *treatment* with oxygen or Prednisone for *your* lung condition.

2. Covered expenses that exceed the *reasonable and customary* charges where the medical *emergency* happens.
3. Any *emergency* when, prior to the purchase date, *you* had not met all of the eligibility requirements or truthfully and accurately answered all the questions in the *medical questionnaire* (if applicable).
4. Covered expenses that exceed 80% of the cost *we* would normally have to pay under this insurance if *you* or someone on *your* behalf does not contact the Assistance Centre at the time of the *emergency*.
5. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
6. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during *your* trip, if *our* medical advisors determine that *your* *emergency* has ended.
7. Any *medical condition* or symptoms:
  - when *you* knew or for which it is reasonable to believe or expect before *you* left *home* or before the *effective date* of coverage, that *treatment* will be required during *your* trip; and/or



- for which future investigation or *treatment* was planned before *you* left *home*; and/or
  - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before leaving *home*; and/or
  - that had caused *your physician* to advise *you* not to travel.
8. Any *emergency* that occurs while *you* are participating in:
    - any sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation;
    - any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
      - mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain;
      - rock-climbing;
      - parachuting;
      - skydiving;
      - hang-gliding or using any other air supported sporting device; or
      - participating in a motorized speed contest.
  9. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, whether or not it was authorized by a *physician*, as well as any directly or indirectly related complication.
  10. *Your* self-inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.
  11. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
  12. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
  13.
    - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
    - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
  14. Any loss resulting from *your minor mental or emotional disorder*.
  15.
    - *Your* routine pre-natal or post-natal care;
    - *Your* pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
  16. *Your* child born during *your trip*.
  17. For insured *children* under two (2) years of *age*, any *medical condition* related to a birth defect.
  18. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
  19. Any further medical *treatment* if *our* medical advisors determine that *you* should transfer to another facility or return to *your home* province/territory of residence for *treatment*, and *you* choose not to.
  20. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
  21. For policy extensions or Top-Ups: any *medical condition* which first appeared, was diagnosed or treated after the scheduled *departure date* and prior to the *effective date* of the insurance extension or Top-Up.
  22. Any change in *your* health status or *medical condition* that occurred or that started or any *medical condition* that did not remain *stable* during *your Trip Break* (see Benefit #13).
  23. Any *act of terrorism* or any *medical condition* you suffer or contract when an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.  
To view the travel advisories, visit the Government of Canada Travel site.  
This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.
  24. Any *act of terrorism* caused by, biological, chemical, nuclear or radioactive means.
  25. An *act of war*.

### What are the other conditions that apply to **Emergency Medical Insurance**?

If *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less, *we* will not co-ordinate payment with that coverage. If *your* lifetime maximum is more than \$50,000, *we* will co-ordinate payment.

## Trip Cancellation & Trip Interruption Insurance

### Benefits – What does **Trip Cancellation & Trip Interruption Insurance** cover?

If *you* are unable to travel due to a covered event listed below that occurs before *you* leave *home*, *we* will pay up to the covered amount for the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date. In addition, if *your travel companion* must cancel their *trip* due to a covered event applicable to them, and *you* decide to go on *your trip* as planned, *we* will cover the cost of the next occupancy charge up to the covered amount. To cancel a *trip* before *your* scheduled *departure date*, *you* must cancel *your trip* with the travel supplier and notify *us* at 1-855-841-4796 or +1-519-988-7008 immediately or, at the latest, within forty-eight (48) hours of the cause of cancellation.

If *your trip* is interrupted due to a covered event listed below that occurs on or after the day *you* plan to leave *home*, *we* will pay up to the covered amount for the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date except prepaid unused transportation *home*. In addition, *we* will pay *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of \$300 per day for up to two (2) days when no earlier transportation arrangements are available; and/or *we* will pay *your* one-way economy class airfare via the most cost-effective itinerary to *your* or *your* group's next destination, or to return *home*. *We* will pay for the change fee charged by the airline for *your* missed connection if this option is available, or up to \$1,000 for the cost of *your* one-way economy fare to the next destination.

For **Trip Cancellation & Trip Interruption**, the maximum payable is:

- For Single-*Trip* All-Inclusive Plans – up to \$5,000 for eligible expenses;
- For a Multi-*Trip* All-Inclusive Plan – up to the \$5,000 per *trip* and \$8,000 per policy for eligible expenses.

**Trip Cancellation & Trip Interruption Insurance** benefits are subject to the policy's maximums, exclusions and limitations. These benefits are payable if any of the following covered events happen:

1. *You* or *your travel companion* develop(s) a sudden and unforeseen *medical condition* or die(s).
2. A member of *your immediate family*, a member of *your travel companion's immediate family* or *your key-person* develops a sudden and unforeseen *medical condition* or dies; or the person whose guest *you* will be during *your trip* is unexpectedly admitted to a *hospital* or dies.
3. *You* or *your spouse*: a) become pregnant after *you* book *your trip* and *your departure date* falls in the nine (9) weeks before or after the expected delivery date, or b) legally adopt a child and the notice of custody is received after the *effective date* and the date of custody is scheduled in the nine (9) weeks before or after *your departure date*.
4. ‡ *Your* or *your travel companion's* travel visa is not issued for a reason beyond *your* / their control.
5. ‡ *You* or *your spouse* are called to service as a reservist, fire-fighter, military or police staff, or to jury duty or to be a defendant in a civil suit, during *your trip*; or *you* or *your spouse* are subpoenaed to be a witness during *your trip*.
6. ‡ *You*, *your spouse*, *your travel companion* or *your travel companion's spouse* are quarantined or hijacked.
7. ‡ *You* or *your travel companion* are unable to occupy *your* / their respective principal residence or to operate *your* / their respective business because of a natural disaster.
8. ‡ *You*, *your spouse*, *your travel companion* or *travel companion's spouse* lose a permanent job because of lay-off or dismissal without just cause.
9. ‡ *You* or *your travel companion* are transferred by the employer with whom *you* or *your travel companion* were employed at the time of application for this insurance, which requires a relocation of *your* or *your travel companion's* principal residence.
10. ‡ A business meeting, that is the main intent of *your trip* and was scheduled before *you*, or *you* and *your travel companion* purchased this insurance, is cancelled for a reason beyond *your* control or the control of *your* employer and the meeting is between companies with unrelated ownership. Benefits are only payable to *you* or *you* and *your travel companion* (one individual) who purchased *our* insurance, if *you* are the one who planned to attend the business meeting.
11. ‡ A Government of Canada Travel Advisory is issued during *your trip*, or after *you* purchase *your* insurance but before *your departure date*, advising Canadians to avoid all or non-essential travel to a destination included in *your trip*. This applies only to residents of Canada.
12. ‡ Weather conditions, earthquakes or volcanic eruptions cause the scheduled *common carrier*, on which *you* are booked, to be delayed for a period of at least 30% of *your trip* and *you* choose not to travel.
13. ‡ *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger *vehicle* or *common carrier*, when the delay is caused by the mechanical failure of *your* connecting private passenger *vehicle* or *common carrier*, a traffic accident, an *emergency* police-directed road closure or weather conditions, earthquakes or volcanic eruptions. *Your* connecting private passenger *vehicle* or *common carrier* must have been scheduled to arrive at *your* point of boarding at least two (2) hours before the scheduled time of departure.
14. ‡ The *plane* *you* are ticketed to fly on leaves earlier or later than scheduled. Note: This benefit is only covered under *Trip Interruption*.
15. When an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this policy, coverage is available for up to two (2) acts of terrorism within a calendar year and up to a maximum aggregate payable limit of \$2.5 million for all eligible *Trip Cancellation & Trip Interruption* in-force policies issued and administered by *us*. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

**Exclusions & Limitations – What does Trip Cancellation & Trip Interruption Insurance not cover?**

For *Trip Cancellation & Trip Interruption Insurance*, we will not cover expenses or benefits relating to:

1. Any *medical condition* that was not *stable* in the three (3) months before the purchase date of this insurance, as shown on *your confirmation*;  
Any heart condition *you* or *your travel companion* have if, during the three (3) months prior to the purchase date or application date of this insurance, as shown on *your confirmation*, *you* or *your travel companion* have taken any form of nitroglycerine for the relief of angina;  
Any lung condition *you* or *your travel companion* have if, during the three (3) months prior to the purchase date or application date of this insurance as shown on *your confirmation*, *you* or *your travel companion* required *treatment* with home oxygen or Prednisone for a lung condition.
2. An event which *you* or *your travel companion* were aware of on or before the date *you* purchased this insurance, and which may eventually prevent *you* from starting and/or completing *your trip* as booked when *you* purchased this insurance coverage.
3. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
4. *Yourself*-inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.
5. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
6. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
7.
  - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
  - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
8. *Your minor mental or emotional disorder*.
9.
  - *Your* routine pre-natal or post-natal care;
  - *Your* pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
10. *Your child* born during *your trip*.

11. Any *medical condition* or symptoms:
  - when *you* knew or for which it is reasonable to believe or expect, before the *effective date*, that *treatment* will be required during *your trip*; and/or
  - for which future investigation or *treatment* was planned before *your effective date*; and/or
  - which caused symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before *your effective date*; and/or
  - that had caused *your physician* to advise *you* not to travel.
12. Any non-emergency, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
13. A travel visa that is not issued because of its late application.
14. Failure of any travel supplier which *you* contract for services. No protection is provided for failure of any travel agent, agency or broker.
15. Any loss or any *medical condition* *you* suffer or contract when an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.  
To view the travel advisories, visit the Government of Canada Travel site.  
This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.
16. Any *act of terrorism* directly or indirectly caused by, resulting from, arising out of or in connection with biological, chemical, nuclear or radioactive means.
17. An *act of war*.

#### What are the other conditions that apply to Trip Cancellation & Trip Interruption Insurance?

If *you* cancel *your trip* before the *departure date*, *you* must advise *your* travel supplier and call *us* at 1-855-841-4796 or +1-519-988-7008 immediately or, at the latest, within forty-eight (48) hours of the cause of cancellation. Only the sums that are non-refundable and non-transferable on the date the insured risk occurs shall be considered for the purposes of the claim. Any delays in notifying *us* will limit *your* benefit to the non-refundable amount that would have been payable on the date the cause for claim occurred.

## Baggage Loss, Damage & Delay Insurance

### Benefits – What does Baggage Loss, Damage & Delay Insurance cover?

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of the baggage and effects that belong to *you* and that *you* use during *your trip*. More specifically, this insurance provides *you* with reimbursement for the following expenses:

1. ‡ Up to \$100 in total per *trip* for the replacement of a lost or stolen passport, driver's licence, birth certificate or travel visa.
2. ‡ Up to \$500 in total per *trip* for necessary toiletries and clothing when *your* checked luggage is delayed by the carrier for at least ten (10) hours while *you* are en route. The maximum payable for this benefit under the Multi-Trip All-Inclusive plan is \$1,500 per policy.

3. ‡ Up to \$300 per *trip* for any item or set of items which is lost or damaged during *your trip* to a maximum of \$1,000. The maximum payable for this benefit under the Multi-Trip All-Inclusive plan is \$3,000 per policy. Jewellery or cameras (including camera equipment) are, respectively, each considered a single item.

### Exclusions & Limitations – What does Baggage Loss, Damage & Delay Insurance not cover?

For the Baggage Loss, Damage & Delay Insurance, *we* will not cover expenses or benefits relating to:

1. Animals, perishable items, bikes that are not checked as baggage with the *common carrier*; household items and furniture; artificial teeth or limbs, hearing aids, eyeglasses of any type, contact lenses; money, tickets, securities, documents; items related to *your* occupation, antiques or collector items; items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, *your* imprudence or omission.
3. Unaccompanied baggage; unattended personal property; any personal property left in an unattended *vehicle*, unlocked trunk; any jewellery or camera placed in the custody of a *common carrier*; any personal electronic device such as mobile phone, laptop, tablet, iPod.
4. In instances of theft, losses unreported to authorities.
5. Any loss at a destination when, an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*. To view the travel advisories, visit the Government of Canada Travel site.
6. An *act of war* or *act of terrorism*.

See other conditions under How to Make a Claim.

## Flight & Travel Accident Insurance

### Benefits – What does Flight & Travel Accident Insurance cover?

*We* will cover the following Flight & Travel Accident Insurance benefits:

1. If an accidental bodily *injury*, sustained during *your trip*, causes *you* to die, to become completely and permanently blind in both eyes or to have two of *your* limbs fully severed above *your* wrist or ankle joints, in the twelve (12) months after the accident, *we* will pay: \$100,000 under Flight Accident Insurance; or \$50,000 under Travel Accident Insurance.
2. If an accidental bodily *injury*, sustained during *your trip*, causes *you* to become completely and permanently blind in one eye or have one of *your* limbs fully severed above *your* wrist or ankle joint in the twelve (12) months after the accident, *we* will pay: \$50,000 under Flight Accident Insurance; or \$25,000 under Travel Accident Insurance.
3. If *you* have more than one accidental bodily *injury* sustained during *your trip*, *we* will pay the applicable insured sum only for the one accident that entitles *you* to the largest benefit amount.

For Flight Accident Insurance, the accident giving rise to *your injury* must happen: a) while *you* are travelling on a commercial passenger *plane* from which a ticket was issued to *you* for *your* entire airline *trip*; b) while *you* are making a flight connection, and riding over land or water at the expense of the airline or riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports; or c) while *you* are at an airport for the departure or arrival of the flight covered by this insurance.

### Exclusions & Limitations – What does Flight & Travel Accident Insurance not cover?

For Flight & Travel Accident Insurance, *we* will not cover expenses or benefits relating to:

- any sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation;
  - any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
    - mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain;
    - rock-climbing;
    - parachuting;
    - skydiving;
    - hang-gliding; or using any other air supported sporting device; or
    - participating in a motorized speed contest.
2. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
3. *Your* self-inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.
4. A criminal act or an attempt to commit such an act by *you* or *your* beneficiary.
5. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
6.
  - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
  - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
7. *Your minor mental or emotional disorder*.
8. A loss caused directly or indirectly from an existing disease or bodily infirmity, even if the proximate cause of its activation or reactivation is the result of an accidental bodily *injury*.
9. An *act of war* or *act of terrorism*.
10. Any loss or any *medical condition* *you* suffer or contract when an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.

To view the travel advisories, visit the Government of Canada Travel site.

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

## What else do *you* need to know?

This policy is issued on the basis of information in *your* application or provided in connection with *your* application (including the *medical questionnaire* if required). *Your* entire contract with *us* consists of: this policy, *your* application for this policy (including the completed *medical questionnaire* if required), the *confirmation* issued in respect of that application, and any other amendments or endorsements resulting from extensions or Top-Ups of coverage. Claims will be processed according to the policy in force at the time of claim.

When completing the application and answering the medical questions, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:

- *your* coverage will be void
- which means *your* claim will not be paid.

*You* must be accurate and complete in *your* dealings with *us* at all times.

This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy, extension or Top-Up of coverage for benefits under this policy.

*We* will not pay a claim if *you*, any person insured under this policy or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

No agent or broker has the authority to change the contract or waive any of its provisions.

This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act as applicable in *your* province or territory of residence respecting contracts of sickness and accident insurance.

### Limitation of Liability

*Our* liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither *we*, upon making payment under this policy, nor *our* agents or administrators assume any responsibility for the availability, quality, results or outcome of any *treatment* or *service*, or *your* failure to obtain any *treatment* or *service* covered under the terms of this policy. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

### Premium

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect. Premium rates and policy terms and conditions are subject to change without prior notice.

When *you* have paid the appropriate premium and met the eligibility requirements, this policy along with *your* application forms part of *your* insurance contract and becomes a binding contract providing that *you* are issued a *confirmation* upon which a contract policy number appears.

If *you* are ineligible for coverage, *our* only liability will be to refund any premium paid. *You* will be responsible for any expenses that are not payable by *us*.

If the premium is insufficient for the period of coverage selected, we will:

1. charge and collect any underpayment; or
2. shorten the policy period by written endorsement if an underpayment in premium cannot be collected.

Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

### How does this insurance work with other coverages that you may have?

The plans outlined in this policy are second payor coverages. If there are other third-party liability, group or individual, basic or extended health insurance plans or contracts, including any private, provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third-party liability insurance in force concurrently herewith, amounts payable hereunder are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are insured under such coverage.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. We will co-ordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

In addition, we have full rights of subrogation. In the event of a payment of a claim under this policy, we will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this policy. *You* will execute and deliver such documents as are necessary and co-operate fully with us to allow us to fully assert *our* rights. *You* must do nothing to prejudice such rights.

If *you* are insured under more than one insurance policy underwritten by us, the total amount we pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy. If the total amount of all accident insurance *you* have under policies issued by us is more than \$100,000, *our* aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

## How to make a claim

### In the event of an emergency, you must call the Assistance Centre immediately

**1-855-841-4796** toll-free from the USA and Canada

**+1-519-988-7008** collect to Canada from anywhere else in the world.

Our Assistance Centre is there to help *you* 24 hours a day, each day of the year.

The Assistance Centre is ready to assist *you* twenty-four (24) hours a day, each day of the year.

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit: <http://www.active-care.ca/en/travelaid/>.

Please note that **if you do not call** the Assistance Centre in an emergency and prior to receiving *treatment*, **you will have to pay 20% of the eligible medical expenses** we would normally pay under this policy (20% co-insurance).

If it is medically impossible for *you* to call when the *emergency* happens, we ask that someone call on *your* behalf. For all other insurance coverage, *you* must call *our* Assistance Centre within forty-eight (48) hours of the cause of *your* claim. **Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify that the Assistance Centre has been contacted.**

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, eligible expenses will be reimbursed to *you* on the basis of the *reasonable and customary* charges that we would have paid directly to such provider. Medical charges that *you* pay may be higher than this amount. Therefore, *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary* charges reimbursed by us. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

**Notice and Proof of Claim.** Claims must be reported within thirty (30) days of occurrence of a claim arising under this contract. *Your* proof of claim must be sent or submitted to us within ninety (90) days of the date a claim has occurred or the service was provided.

**Failure to Give Notice or Proof of Claim.** Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one year from the date of the occurrence arising under this contract, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

**Proof of Claim.** The Assistance Centre will furnish forms for proof of claim within fifteen (15) days after receiving notice of claim. If *you* have not received the forms within that time, *you* may submit *your* proof of claim in the form of a written statement of the cause or nature of the accident, *sickness* or *injury* or insured risk giving rise to the claim and the extent of the loss or *you* can submit *your* claim online.

### Mailing Instructions:

Claims correspondence should be mailed to:

Travel Insurance  
c/o Active Care Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8

### Online Claim Submission

For quick and easy claim submission, please have all of *your* documents available in electronic format and visit <https://manulife.acmtravel.ca> to submit *your* claim online.

*You* may call the Assistance Centre directly for specific information on how to make a claim or to enquire about *your* claim status at: **1-855-841-4797** or **+1-519-988-7009**.

All money payable under this contract shall be paid by us within sixty (60) days after proof of claim and all required documentation has been received.

### If you are making an Emergency Medical Insurance claim, we will need:

- original itemized receipts for all bills and invoices;
- proof of payment by *you* and by any other benefit plan;
- medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was medically necessary;
- proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident; proof of travel (including departure and return dates); and
- *your* historical medical records (if we determine applicable).

If **you** are making a **Trip Cancellation & Trip Interruption Insurance claim**, we will need proof of the cause of the claim, including:

- a medical certificate completed by the attending *physician* and stating why travel was not possible as booked, if the claim is for medical reasons; or
- a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to a misconnection.

We will also need, as applicable:

- complete original unused transportation tickets and vouchers;
- original passenger receipts for the new tickets *you* had to purchase;
- original receipts for the travel arrangements *you* had paid in advance and for the extra hotel, meal, telephone and taxi expenses *you* may have had;
- the entire medical file of any person whose health or *medical condition* is the reason for *your* claim; and
- any other invoice or receipt supporting *your* claim.

If **you** are making a **Baggage Loss, Damage & Delay Insurance claim**, the following conditions apply:

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, *you* must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide or transportation authorities. *You* must also take all precautions to protect, save or recover the property immediately, and advise *us* as soon as *you* return *home*. *Your* claim will not be valid under this insurance if *you* do not comply with these conditions.
2. If the property *you* have checked with a *common carrier* is delayed, we will continue to provide coverage until the property is delivered by the *common carrier*.
3. We cover the current actual cash value of *your* property when it is lost or damaged. We also reserve the option to repair or replace *your* property with other of similar kind, quality and value. We may also ask *you* to submit damaged items for an appraisal of the damage. If a lost or damaged article is part of a set, we will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.
4. If *you* need to make a claim under this insurance, we will need:
  - copies of reports from the authorities as proof of loss, damage or delay; and
  - proof that *you* owned the articles, and receipts for their replacement.

If **you** are making a **Flight & Travel Accident Insurance claim**, the following conditions apply:

1. We will need: a) police, autopsy or coroner's report; b) medical records; and c) death certificate, as applicable.
2. If *your* body is not found within twelve (12) months of the accident, we will presume that *you* died as a result of *your* injuries.

**To whom will we pay *your* benefits, if *you* have a claim?**

Except in the case of *your* death, we will pay the covered expenses under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if we determine that the amount is not payable under *your* policy. All amounts shown throughout this contract are in Canadian dollars.

If currency conversion is necessary, we will use *our* exchange rate on the date *you* received the service outlined in *your* claim. We will not pay for any interest under this insurance.

**Is there anything else *you* should know if *you* have a claim?**

If *you* disagree with *our* claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where *you* reside at the time of application for this policy.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, or other applicable legislation, or in the Limitations Act, 2002 in Ontario.

## Statutory Conditions

**Copy of Application.** Upon request, a copy of the application shall be given to *you* or to a claimant under the contract.

**Waiver.** We reserve the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by Manulife.

**Material Facts.** No statement made by *you* at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

**Termination by Insurer.** We may terminate this contract in whole or in part, at any time by giving written notice of termination to *you* and by refunding concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to *you*, or it may be sent by registered mail to *your* latest address on record. Where notice of termination is delivered to *you*, five (5) days' notice of termination will be given; where it is mailed to *you*, ten (10) days' notice will be given and the ten (10) days will begin on the day following the date of mailing of the notice.

**Termination by Insured.** *You* may terminate this contract at any time by mailing or delivering a written notice of termination to *us* at *our* office.

**Rights of Examination.** For the purposes of determining the validity of a claim under this policy, we may obtain and review the medical records of *your* attending *physician(s)*, including the records of *your* regular *physician(s)* at *home*. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to *you* before *you* incurred a claim under this policy. In addition, we have the right, and *you* shall afford *us* the opportunity, to have *you* medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If *you* die, we have the right to request an autopsy, if not prohibited by law.

## Definitions

**Act of terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems.

The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a government (whether that government is legal or illegal); and/or
- promote political, social, religious or economic objectives.

**Act of war** means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

**Age** means *your age* at *your* application date.

**Change in medication** means the medication dosage, frequency or type has been reduced, increased, stopped and/or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in *your medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

**Child, Children** means an unmarried, dependent son or daughter, or grandchild(ren) travelling with *you*, or joining *you* during *your trip* and is either: i) under the *age* of twenty-one (21) or ii) under the *age* of twenty-six (26) and a full-time student; or iii) a child of any *age* who is mentally or physically disabled. In addition, the *child* must be a minimum *age* of thirty (30) days.

**Common carrier** means a bus, taxi, train, boat, *plane* or other commercial *vehicle* which is licensed, intended and used to transport paying passengers.

**Confirmation** means this policy, the application for this policy, and any other documents confirming *your* insurance coverage once *you* have paid the required premium; and where applicable, includes the *medical questionnaire* and *your trip* arrangements. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom *you* made arrangements for *your trip*.

**Departure date** means the date *you* leave for *your trip*.

**Effective date** means the date on which *your* coverage starts. For Single-Trip All-Inclusive plans:

- *Trip* Cancellation coverage starts on the date *you* pay the premium for that coverage, shown as the purchase date on *your confirmation*.
- All other coverage starts on the later of:
  - the date *you* leave *home*; or
  - the *effective date* as stated on *your confirmation*.

For Multi-Trip All-Inclusive plans:

- *Trip* Cancellation coverage starts on the later of:
  - the *effective date* as stated on *your confirmation*; or
  - the date *you* purchased *your trip*.
- *Emergency Medical* coverage starts:
  - each date *you* leave *home* and
  - each date *you* leave Canada on or after the *effective date* as stated on *your confirmation*.
- All other coverage starts on the later of:
  - the date *you* leave *home*; or
  - the *effective date* as stated on *your confirmation*.

**Emergency** means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by the Assistance Centre indicates that no further *treatment* is required at destination or *you* are able to return to *your* province or territory of residence for further *treatment*.

**Expiry date** means the date *your* coverage ends.

- *Trip* Cancellation coverage ends on the earliest of:
  - *your departure date*; or
  - the *expiry date*, as stated on *your confirmation*;
- For all Multi-Trip plans, *Emergency Medical* coverage ends on the earliest of:
  - the date *you* return *home*;
  - the *expiry date*, as stated on *your confirmation*; or
  - when travelling outside Canada, the date *you* reach the maximum *trip* length *you* purchased for each *trip*, as stated on *your confirmation*.
- All other coverage ends on the earlier of:
  - the date *you* return *home*;
  - on the *expiry date*, as stated on *your confirmation*.

**Government health insurance plan** means the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

**Home** means *your* Canadian province or territory of residence. If *you* requested coverage to start when *you* leave Canada, *home* means Canada. In the case of *Trip* Interruption, Flight and Travel Accident, and Baggage Insurance, it means the departure point.

**Hospital** means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction *treatment* centre, convalescent, rest or nursing home, home for the aged or health spa.

**Immediate family** means *spouse*, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece or nephew.

**Injury** means sudden bodily harm that is caused by external and purely accidental means. Under Flight & Travel Accident Insurance, the *injury* must also be independent of *sickness* or disease.

**Key-person** means someone to whom *your child's* full-time care is entrusted and who cannot reasonably be replaced; a business partner, or an employee who is critical to the ongoing affairs of *your* business during the *trip*.

**Medical condition** means any disease, *sickness* or *injury* (including symptoms of undiagnosed conditions).

**Medical questionnaire** means all the medical questions that are included in *your* application for coverage under this policy.

**Minor mental or emotional disorder** means having anxiety or panic attacks, or being in an emotional state or in a stressful situation.

A *minor mental or emotional disorder* is one where *your treatment* includes only minor tranquilizers or minor anti-anxiety (anxiolytics) medication or no prescribed medication at all.

**Physician** means a person who is not *you* or a member of *your immediate family* or *your travel companion*, licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

**Plane** means a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board licence, Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**Pre-existing condition** means any *medical condition* that exists before *your effective date*.

**Reasonable and customary** means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**Sickness** means illness, disease, or any symptom related to that illness and/or disease.

**Spouse** means someone to whom one is legally married, or with whom one has been residing and who is publicly represented as a *spouse*.

**Stable** A *medical condition* is considered *stable* when all of the following statements are true:

1. there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*), and
2. there has not been any *change in medication*, or any recommendation or starting of a new prescription drug, and
3. the *medical condition* has not become worse, and
4. there has not been any new, more frequent or more severe symptoms, and
5. there has been no hospitalization or referral to a specialist, and
6. there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results, and
7. there is no planned or pending *treatment*.

All of the above conditions must be met for a *medical condition* to be considered *stable*.

**Travel companion** means someone who shares *trip* arrangements with *you* on any one *trip*, up to a maximum of three (3) persons including *you*.

**Treatment** means hospitalization, a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery. IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Trip** means the time between *your effective date* of insurance and *expiry date*.

**Vehicle** includes any private or rental passenger automobile, motorcycle, boat, mobile home, camper truck or trailer home which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

**We, us, our** means First North American Insurance Company (FNAIC) in connection with risk identified with ‡ throughout this document, and Manulife in connection with all other coverages under this policy.

**You, your** means the person(s) named as the insured(s) on the *confirmation*, for whom insurance coverage was applied for and for whom the appropriate premium was received by *us*.

In this policy, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

## Notice on Privacy

**Your privacy matters.** We are committed to protecting the privacy of the information we receive about you in the course of providing the insurance you have chosen. While our employees need to have access to that information, we have taken measures to protect your privacy. We ensure that other professionals, with whom we work in giving you the services you need under your insurance, have done so as well. To find out more about how we protect your privacy, please read our Notice on Privacy and Confidentiality.

**Notice on Privacy and Confidentiality.** The specific and detailed information requested on your application and *medical questionnaire* is required to process the application. To protect the confidentiality of this information, Manulife will establish a financial services file from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your consent to the use of personal information to offer you products and services is optional and if you wish to discontinue such use, you may write to Manulife at the address shown below.

Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, PO Box 1602, Waterloo, ON N2J 4C6.



In the event of an emergency,  
call the Assistance Centre immediately.

**1-855-841-4796**

Toll free from the USA and Canada.

**+1-519-988-7008**

Collect to Canada from anywhere else in the world.

Our Assistance Centre is there to help *you* 24 hours a day,  
each day of the year.

## Help is just a phone call away

Enjoying *your trip* should be the first thing on *your* mind. *Our* multilingual Assistance Centre is there to help and support *you* 24 hours a day, each day of the year with:

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit: <http://www.active-care.ca/en/travelaid/>.

### Pre- Trip Information

- ✓ Passport and travel visa information
- ✓ Health hazards advisory
- ✓ Weather information
- ✓ Currency exchange information
- ✓ Consulate and Embassy locations

### During a Medical Emergency

- ✓ Verifying and explaining coverage
- ✓ Referral to a *physician, hospital, or other* health care provider
- ✓ Monitoring *your* medical *emergency* and keeping *your* family informed
- ✓ Arranging for return transportation *home* when medically necessary
- ✓ Arranging direct billing of covered expenses (where possible)

### Other Services

- ✓ Assistance with lost, stolen or delayed baggage
- ✓ Assistance in obtaining emergency cash
- ✓ Translation and interpreter services in a medical *emergency*
- ✓ Emergency message services
- ✓ Help to replace lost or stolen airline tickets
- ✓ Assistance with obtaining prescription drugs
- ✓ Assistance in obtaining legal help or bail bond

**IMPORTANT TELEPHONE NUMBERS:** For coverage information, general enquiries, to apply for an extension or a refund of premium, please call the Customer Service Centre at the number provided in *your confirmation*.

Written correspondence should be mailed to:

Travel Insurance  
c/o Active Care Management  
PO Box 1237, Stn A  
Windsor, ON N9A 6P8

*You* may also call the Assistance Centre directly for specific information on how to make a claim or to inquire about *your* claim status at: **1-855-841-4797** or **+1-519-988-7009**.



Underwritten by

**The Manufacturers Life Insurance Company and First North American Insurance Company, a wholly owned subsidiary of Manulife.**

Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license.

© 2020 The Manufacturers Life Insurance Company. All rights reserved. Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

**Website:** [www.manulife.ca](http://www.manulife.ca) **Telephone:** 1-866-707-4922

COSOOPAIE720 07/20 20\_94692