



Manulife Financial Travel Insurance

All-Inclusive Policy For Travelling Canadians

Effective November 2019

Underwritten by

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



Travel Insurance for
Travelling Canadians

IN CASE OF AN EMERGENCY, YOU MUST CALL OUR ASSISTANCE CENTRE:

1 888 881-8010 **+1 519 945-8346**

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.



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Accessible formats and communication supports are available upon request. Visit **Manulife.ca/accessibility** for more information.

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 Cancellation & Refunds section in this policy.



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

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The Assistance Centre is open 24 hours a day, each day of the year.

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

Please note that if you purchased an Emergency Medical or All-Inclusive Policy, you must call the Assistance Centre in a medical emergency and prior to any treatment. Otherwise, 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 as soon as possible.

The Manufacturers Life Insurance Company



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

Please note that if you purchased an Emergency Medical or All-Inclusive Policy, you must call the Assistance Centre in a medical emergency and prior to any treatment. Otherwise, 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 as soon as possible.

The Manufacturers Life Insurance Company



SECTION 1 – 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 1-800-565-2338.

Notice Required by the Alberta Insurance Act:

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.

SECTION 2 – Identification of Insurer

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.

SECTION 3 – In the Event of an Emergency

**IN THE EVENT OF AN EMERGENCY
CALL THE ASSISTANCE CENTRE IMMEDIATELY**

**1 888 881-8010 toll-free from the USA and Canada.
+1 519 945-8346 collect to Canada
from anywhere else in the world.**

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

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

To download the app, visit:

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

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 that someone call on your behalf as soon as possible. Otherwise, if you do not call the Assistance Centre before you obtain *emergency treatment*, you will have to pay 20% of the eligible medical expenses we would normally pay under this insurance.

SECTION 4 – 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;
- 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).

SECTION 5 – General Information

INSURING AGREEMENT

In consideration of the application for insurance for which you have met the eligibility requirements and paid the appropriate premium, we will pay you:

- **up to a maximum of \$10 million CDN per policy** for *reasonable and customary* charges incurred by you as a result of an *emergency* occurring while you are travelling outside your province or territory of residence
- **up to a maximum of \$3,500 for a Trip Cancellation & Interruption claim** if you purchased a Single-Trip All-Inclusive plan
- **up to \$3,500 per trip to a maximum of \$6,000 per policy for a Trip Cancellation & Interruption claim** if you purchased a Multi-Trip All-Inclusive plan
- **up to \$1,000 per trip for Baggage Loss or Damage and up to \$500 for Baggage Delay per policy**, if you purchased a Single-Trip All-Inclusive plan
- **up to \$3,000 for Baggage Loss or Damage, and up to \$1,500 for Baggage Delay, per policy**, if you purchased a Multi-Trip All-Inclusive plan

- **up to \$100,000 for death or dismemberment** in the event of a Flight Accident
- **up to \$50,000 for death or dismemberment** in the event of a Travel Accident

for the benefits set out in this document, subject to the terms, limitations, exclusions and other conditions and in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and *your* Canadian provincial or territorial *government health insurance plan*. Some benefits are subject to advance approval by *our* Assistance Centre. Unless otherwise stated, all amounts referred to in this policy are in Canadian dollars. *You* will be responsible for any expenses that are not payable by *us*.

Coverage under this policy is issued on the basis of information provided in *your* application. *Your* entire contract with *us* consists of: this policy, *your* application for this coverage, the *confirmation* issued in respect of that application and any other amendments or endorsements resulting from extensions or top-ups of coverage.

This policy provides coverage for the plan *you* purchased:

- a single-trip plan for travel outside *your* province or territory of residence; or
- a multi-trip plan for an unlimited number of *trips* outside *your* province or territory of residence or Canada, taken within one (1) year of the *effective date* for the *trip* length as shown on *your confirmation*.

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 *departure date*; 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 *your* province or territory of residence 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:
 - *your departure date*;
 - 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 is provided beyond *your expiry date*, as shown on *your confirmation*, if:

- *your common carrier* or *vehicle* is delayed and prevents *you* from travelling on *your expiry date*. 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*, as confirmed by a *physician*. In this case, *we* will extend *your* coverage for up to five (5) days.

CANCELLATIONS & REFUNDS

Refunds and cancellations are not available for any All-Inclusive plans.

TO STAY LONGER THAN PLANNED UNDER YOUR SINGLE-TRIP ALL-INCLUSIVE PLAN

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 the agent or broker from whom *you* purchased *your* coverage. *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 by the Assistance Centre. In any case, *we* will not extend any coverage beyond twelve (12) months after the date *you* first leave *home*.

NOTE: If *you* extend your *emergency* medical coverage under *your* Single-Trip All-inclusive plan, all other coverages will automatically be included in *your* extension of coverage. This is only applicable when *you* extend *your* Manulife Financial All-Inclusive plan.

TO TOP-UP THE AMOUNT OF TRIP CANCELLATION & INTERRUPTION COVERAGE UNDER YOUR SINGLE-TRIP ALL-INCLUSIVE PLAN

If *your trip* costs exceed the maximum amount covered by *your* All-Inclusive plan, ensure *you* have adequate *Trip Cancellation & Interruption* coverage for *your trip*.

You can purchase a stand-alone Manulife Financial *Trip Cancellation & Interruption* plan before *your departure date* to cover the additional amount of coverage that *you* need to adequately cover the costs of *your trip*, providing there is no lapse in *your Trip Cancellation* coverage.

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 an unlimited number of days of travel within Canada but outside *your* province or territory of residence.
- Each *trip* taken outside of Canada can be up to the maximum number of days *you* selected when *you* purchased *your* Multi-Trip plan, beginning on the first day *you* leave Canada.
- For a *trip* to be covered under the benefits of Manulife Financial Travel Insurance, 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*.

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 a 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*:

- is longer than the maximum number of coverage days *you* have under *your* current plan; or
- will extend beyond the *expiry date* shown on *your confirmation*,

you can purchase:

- Top-Up coverage before the *expiry date* of *your* Multi-Trip plan for any additional travel days. NOTE: If *you* top-up *emergency* medical coverage under *your* Multi-Trip All-inclusive plan, all other coverages will automatically be included in the Top-up coverage. This is only applicable when *you* top-up *your* Manulife Financial All-Inclusive plan.
- a new Multi-Trip All-Inclusive plan or new Multi-Trip *Emergency Medical* plan, with no lapse in coverage, providing the total duration of the *trip* does not exceed the maximum *trip* length *you* choose.

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

Top-Up of the amount of Trip Cancellation & Interruption coverage under your Multi-Trip All-Inclusive plan

If *your trip* costs exceed the maximum amount covered by *your* Manulife Financial Multi-Trip All-Inclusive plan, ensure *you* have adequate *Trip Cancellation & Interruption* coverage for *your trip*.

You can purchase a stand-alone Manulife Financial *Trip Cancellation & Interruption* plan before *your departure date* to cover the additional amount of coverage that *you* need to adequately cover the costs of *your trip*, providing there is no lapse in *your Trip Cancellation* coverage.

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

If the *expiry date* shown on the *confirmation* of *your* Manulife Financial Multi-Trip All-Inclusive plan is prior to the date that *your trip* commences or ends, ensure *you* have continuing *Trip Cancellation & Interruption* coverage for that *trip*.

You can either:

- purchase a stand-alone Manulife Financial *Trip Cancellation & Interruption* plan or a Single-Trip All-Inclusive plan, providing there is no lapse in *your Trip Cancellation* coverage; or
- purchase a new Manulife Financial 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.

SECTION 6 – 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.

SECTION 7 – Emergency Medical Insurance Benefits

What does *Emergency Medical Insurance* cover?

Emergency Medical Insurance covers *you* for up to \$10,000,000 CDN of covered expenses incurred 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. The *treatment* must be required as part of *your emergency treatment*. -

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.

Covered expenses and benefits are subject to the policy's maximums, exclusions and the eligible covered expenses include: -

1. Expenses for *emergency treatment* – *Reasonable and customary* charges for medical care received from a *physician* in or out of *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, chiropodist or podiatrist, up to \$70 per visit to a combined maximum of \$700 for a covered *injury*.

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 \$300 for the relief of dental pain; and/or
- If *you* suffer an accidental blow to the mouth, we will pay up to \$3,000 for the *reasonable and customary* charges to repair or replace *your* natural or permanently attached artificial teeth (up to \$1,500 during *your trip* and up to \$1,500 after *your return home* to continue *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 \$1,000 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 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 and taxi fares. We will only reimburse *you* for these expenses if *you* have paid for them.

7. Expenses related to *your death* – If, during *your trip*, *you* die 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* earlier than planned 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. Return Excess Baggage – When approved in advance by the Assistance Centre, up to \$300 for the return of *your* excess baggage. This benefit is payable if *you* return *home* under Benefit #7 or #8.

10. 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*.

11. Childcare expenses – We will pay up to \$75 per day to a maximum of \$500 for childcare costs incurred by *you* during *your* *trip* to care for *your* *children* travelling with *you* and remaining with *you* at *your* destination while *you* are hospitalized as an in-patient during *your* *trip*. Original receipts from the professional childcare provider are required and the professional childcare provider must be someone other than *immediate family* or a *travel companion*.

12. 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 Benefit #7 or #8 above.

13. 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 \$3,000 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.

14. Hospital Allowance – When *you* are hospitalized for 48 hours or more due to *sickness* or *injury* during *your* *trip*, we will reimburse *you* \$50 per day up to \$300 per policy for *your* telephone, parking and television out-of-pocket expenses. Expenses must be supported by original receipts.

15. Phone call expenses – We will pay for phone calls to or from *our* Assistance Centre regarding *your* medical *emergency*. *You* must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during *your* *trip*.

16. 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.

17. 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*.

SECTION 8 – Emergency Medical Exclusions & Limitations

What does *Emergency Medical Insurance* not cover?

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

1. A pre-existing medical condition. The *pre-existing medical 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 medical condition*” and “*stable*” at the end of this policy.

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

- a *pre-existing medical 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 a lung condition.

Rate Categories B and C. We will not pay any expenses relating to:

- a *pre-existing medical 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 a 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 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* do not, or someone on *your* behalf does not, contact the Assistance Centre at the time of the *emergency*.

5. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by the Assistance Centre prior to being performed. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis immediately upon admission to *hospital*.
6. Any non-emergency, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
7. 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.
8. Any *medical condition* or symptoms:
 - when *you* knew or for which it was 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.
9. Any *emergency* that occurs while *you* are participating in:
 - any sporting activity for which *you* are paid, including snorkeling or scuba diving;
 - 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.
10. 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.
11. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
12. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
13. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
14. • 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.
15. Any loss resulting from *your minor mental or emotional disorder*.
16. • *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.
17. *Your* child born during *your trip*.
18. For insured *children* under two (2) years of *age*, any *medical condition* related to a birth defect.
19. 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.
20. 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.
21. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
22. 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.
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*.

SECTION 9 – Trip Cancellation & Interruption Insurance

Benefits – What does *Trip Cancellation & 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 1 888 881-8010 or +1 519 945-8346 on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the *trip* contracts which are in effect on the next business day following the time the cause of cancellation occurs.

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 unused travel arrangements paid for prior to *your departure date*, that is non-refundable and non-transferable to another travel date, less the prepaid unused return transportation. In addition, we will pay *your* additional and unplanned hotel and meal expenses, and *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 airfare to the next destination.

For Trip Cancellation & Interruption, the maximum payable is:

- for Single-Trip All-Inclusive plans - up to \$3,500 for eligible expenses;
- for Multi-Trip All-Inclusive plans - up to \$3,500 per *trip* and \$6,000 per policy for eligible expenses.

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. ‡ *You* 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. ‡ Sickness, *injury* or death of *your* service animal if *you* are an individual with a physical, mental or visual disability, and travel arrangements have been made for the animal to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your* service animal must be included in the covered amount insured under *your* plan.
16. 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 & 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*.

Benefits – What does Misconnection Insurance cover?

If any of the covered events listed immediately below occurs before or after *your* originally scheduled *departure date* and causes a misconnection or a travel disruption which prevents *you* from travelling as shown on *your confirmation*, we will pay:

A. Up to the covered amount, to a maximum of \$1,000, for *your* misconnection or travel disruption expenses for:

- i. the lesser of the change fee charged by the airline for *your* missed connection or the cost of *your* one-way economy transportation via the most cost-effective itinerary to the next destination,
- ii. the unused prepaid portion of *your trip* (less the prepaid unused transportation home) that is non-refundable and non-transferable to another travel date (provided such expenses are not reimbursable by any other source).

B. *Your* additional and unplanned hotel and meal expenses, *your* essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of \$300 per day for up to two (2) days when no earlier transportation is available.

Misconnection Insurance Covered Events:

1. ‡ *You* miss *your* next connecting *common carrier* because the *common carrier* that is providing transportation for a portion of *your trip* leaves later than originally scheduled.
2. ‡ The *common carrier* that is providing transportation for a portion of *your trip* leaves earlier than originally scheduled and the ticket *you* have purchased for *your* prior connection via another *common carrier* becomes unusable.
3. ‡ *You* or *your travel companion* are delayed for at least six (6) hours in arriving at *your trip* destination or returning to *your home* due to the delay or schedule change or cancellation of *your* or *your travel companion's common carrier*.
4. ‡ *You* miss *your* next connecting *common carrier* because the airline with whom *you* have booked an earlier connecting flight (that is included in *your* insured prepaid travel arrangements) cancels such earlier flight.
5. ‡ *Your* earlier connecting *common carrier* has been rendered unusable because the airline with whom *you* have booked a subsequent connecting flight (that is included in *your* insured prepaid travel arrangements) cancelled the subsequent flight.

Only misconnection or travel disruption expenses outlined under this Misconnection Insurance will be payable.

You must make reasonable efforts to continue your trip as originally planned. The amount payable will be reduced by any amounts paid or payable by the rescheduled or delayed common carrier.

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

For *Trip Cancellation & 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 when, on the purchase date as shown on *your confirmation*, *you* or *your travel companion* knew, or it was reasonable to expect, may eventually prevent *you* from going on or completing *your trip* as booked.
3. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
4. *Your* self-inflicted injuries, 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*;
 - for which future investigation or *treatment* was planned before *your effective date*;
 - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before *your effective date*; or
 - that had caused *your physician* to advise *you*, before *your - effective date*, 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 which is in connection with biological, chemical, nuclear or radioactive means.

17. An *act of war*.

SECTION 10 – ‡ 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* or unlocked trunk; any jewellery or camera placed in the custody of a *common carrier*; any personal electronic device such as a mobile phone, laptop, tablet or iPod.
4. In instances of theft, losses unreported to authorities.
5. Any loss at a destination when, prior to *your departure date* for that destination, the Government of Canada issued a Travel Advisory, advising Canadians to avoid all or non-essential travel to that country, region or city anytime during *your* coverage period.
6. An *act of war* or an *act of terrorism*.

See other conditions under How to Submit a Claim.

SECTION 11 – 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* 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* 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* 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:

1. • any sporting activity for which *you* are paid, including snorkeling or scuba diving;
• 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 injuries, 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 an *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.

SECTION 12 – What Else Do You Need to Know?

This policy is issued based on information provided in *your* application (including the *medical questionnaire* if required). 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 certificate 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.

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 charge and collect any underpayment or 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.

SECTION 13 – How to Submit a Claim

**IN THE EVENT OF AN *EMERGENCY*,
CALL THE ASSISTANCE CENTRE IMMEDIATELY**

**1 888 881-8010 toll-free from the USA and Canada.
+1 519 945-8346, collect to Canada
from anywhere else in the world.**

***Our Assistance Centre is ready to assist 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/>

Please note that **if you do not call** the Assistance Centre in a medical *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 as soon as possible. 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 based on 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.

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 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 (1) 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, 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:
Manulife Financial 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 submit a claim or to enquire about *your* claim status at: **1 888 881-8013 or +1 519 945-9246.**

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 date* and return date); and
- *your* historical medical records (if we determine applicable).

If you are making a *Trip Cancellation & 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 immediately obtain written documented evidence from the police 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;
 - medical records; and
 - a death certificate, as applicable.
2. If *your* body is not found within twelve (12) months of the accident, we will presume that *you* died 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 in the *Limitations Act, 2002* in Ontario or other applicable legislation.

SECTION 14 – 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.

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.

SECTION 15 – Definitions

When italicized in this policy, the term:

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 or 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 *your* unmarried, dependent son(s) or daughter(s), or *your grandchild(ren)* travelling with *you* or joining *you* during *your trip* and who 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) *your 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 *departure date*; 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 *your* province or territory of residence 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:
 - *your departure date*; 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*;
 - 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*; or
 - 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.

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, nephew or cousin.

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 antianxiety medication (anxiolytics) 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 medical condition means any *medical condition* that exists before *your effective date*.

Reasonable and customary means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same *treatment* of a similar *sickness* or *injury* or for other comparable services or supplies in a similar circumstance.

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.

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 Manulife.

You, your means the person(s) named as the insured(s) on the *confirmation*, for whom insurance coverage was applied 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.

SECTION 16 – 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 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, P.O. Box 1602, Waterloo, ON N2J 4C6.

IN THE EVENT OF AN *EMERGENCY*, CALL THE ASSISTANCE CENTRE IMMEDIATELY.

1 888 881-8010

Toll-free from the USA and Canada.

+1 519 945-8346

Collect to Canada from anywhere else in the world.

Our Assistance Centre is ready to assist 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:

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 or general enquiries, or 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:

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

You may also call the Assistance Centre directly for specific information on how to submit a claim or to enquire about *your* claim status at: **1 888 881-8013** or **+1 519 945-9246**.



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