

Scotia Travel Insurance

Student Certificate

Effective December 2018

Underwritten by
The Manufacturers Life Insurance Company



SCOTIA TRAVEL INSURANCE™ CERTIFICATE FOR STUDENTS

Effective December 2018

Accessible formats and communication supports are available upon request. Visit Manulife.com/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 certificate, 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 Refunds section in this certificate.



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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SECTION 1 – IMPORTANT NOTICE

READ YOUR CERTIFICATE CAREFULLY BEFORE YOU TRAVEL

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your certificate before you travel, as your coverage may be subject to certain limitations or exclusions.
- Your certificate may not provide coverage for a medical condition and/or symptoms that existed prior to your trip. Check to see how this applies in your certificate and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.
- If your certificate provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your certificate may limit benefits should you not contact the assistance company within a specified period of time.

This certificate 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.

ITALICIZED WORDS have a specific meaning. Please refer to the “Definitions” section of this certificate, to find the meaning of each italicized word.

SECTION 2 – IDENTIFICATION OF INSURER

This certificate is underwritten by The Manufacturers Life Insurance Company (Manulife). Manulife has appointed Active Claims Management Inc. (operating as Active Care Management) as the provider of all assistance and claims services under this certificate.

This document contains, along with your confirmation, the terms and conditions of coverage under Group Policy S985092011, issued by us to The Bank of Nova Scotia.

If there is a discrepancy between the terms and conditions of this Certificate of Insurance and the Group Policy, the terms and conditions of the Group Policy shall prevail. Except for residents of Quebec, where *you* can invoke one or the other.

Upon request and reasonable notice, you may obtain a copy of the policy of group insurance, excluding any parts that contain confidential information or that are irrelevant to a claim or to a denial of a claim.

SECTION 3 – IN THE EVENT OF AN EMERGENCY

CALL THE ASSISTANCE CENTRE IMMEDIATELY

**1-877-372-2988 toll-free from the USA and Canada
+1 519-251-7840 collect to Canada
from anywhere else in the world.**

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

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

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, and local emergency telephone numbers (such as 911 in North America).

To download the app, visit: <http://www.active-care.ca/en/travelaid/>.

SECTION 4 – ELIGIBILITY

To be eligible for insurance under this certificate, *you* must be:

- under the *age* of 45; and
 - a full-time student with proof of admission or enrolment in a recognized institute of learning; or
 - a student completing post-doctoral research in a recognized institute of learning; or
 - the *dependent(s)* and/or the *spouse* of and living with a student covered under this insurance, and named on the application; and
- purchasing coverage:
 - as an *inbound* student, when *your home country* is not Canada and *you* are temporarily residing in Canada; or
 - as an *outbound* student, when *your home country* is Canada, and *you* are covered under a *government health insurance plan* while temporarily residing outside Canada; or
 - as a *national student*, when *your home country* is Canada, and *you* are covered under a *government health insurance plan* while *you* are temporarily residing in another Canadian province or territory.

For Canadians, it is *your* responsibility to ensure continued coverage, where available, under the *government health insurance plan* of the province or territory where you permanently reside.

If *you* stay in *your destination* between semesters, *you* can re-apply for coverage as long as *you* have proof of enrolment in the following semester.

YOU ARE NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS CERTIFICATE IF *YOUR TRIP* IS BOOKED OR UNDERTAKEN:

- contrary to medical advice;
- while *you* require kidney dialysis;
- if *you* have used home oxygen at any time during the twelve (12) months prior to the date of application; and/or
- if *you* have been diagnosed with a terminal illness with less than two (2) years to live.

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, up to a maximum aggregate of \$2,000,000 CDN per certificate, for the *reasonable and customary* charges of covered expenses incurred as a result of an *emergency* or any other covered loss (excluding losses related to the accidental death or dismemberment benefit) incurred while *you* are on *your trip*, subject to the terms, limitations, exclusions and other conditions of this certificate. Some benefits are subject to advance approval by *our* Assistance Centre. Unless otherwise stated, all amounts referred to in this certificate are in Canadian dollars. *You* will be responsible for any expenses that are not payable by *us*. Coverage under this certificate is issued on the basis of information provided in *your* application. *Your* entire contract with *us* consists of: this certificate, *your* application for this coverage, the *confirmation* issued in respect of that application and any other amendments or endorsements resulting from extensions of coverage.

YOUR COVERAGE STARTS on the later of:

- the *effective date* shown on *your confirmation*; or
- for an *inbound trip*, the date and time of *your* arrival in Canada; for an *outbound trip*, the date and time *you* leave Canada; or for a *national student*, the date and time *you* leave *your home*.

A *waiting period* will apply if *you* purchase this coverage after *your* arrival at *your destination*. Please review the *waiting period* definition.

YOUR COVERAGE ENDS on the earliest of:

- the expiry date shown on *your confirmation*; or
- no more than sixty (60) days after the date of *your* enrolment as a student at a recognized educational institute terminates unless *you* are in the U.S.A. holding a valid F1 visa; or
- if *you* have purchased *inbound* coverage, the date *you* become insured under a *government health insurance plan*; or
- if *you* are a Canadian, the date *you* are no longer covered by a *government health insurance plan*; or
- if *you* are *inbound*, sixteen (16) days from the date *you* leave Canada to visit another country or when *you* exceed 49% of *your period of coverage* while visiting another country (except *your home country*) (coverage may be reinstated on the date *you* return to Canada with the approval of *our* Assistance Centre and if *you* can provide a statement of good health); or
- the date *you* cease to be a *spouse* or *dependent* as defined in this certificate; or
- 365 days after the *effective date* of *your* certificate; or
- the date *you* return *home*.

WHAT IS COVERED OUTSIDE CANADA?

If *your home country* is Canada and *you* have purchased coverage for an *outbound trip*, *you* are covered for *emergency* and Wellness Benefits while travelling outside Canada for the *period of coverage* shown on *your confirmation*.

If *your home country* is not Canada and *you* have purchased coverage for an *inbound trip*, *you* are covered for *emergency* medical benefits while *you* travel outside Canada for periods of up to fifteen (15) consecutive days,

provided *your* travel outside Canada does not exceed 49% of *your period of coverage* and as long as *your* travel outside of Canada originates and terminates in Canada and excludes *your home country*.

TO STAY LONGER THAN PLANNED

If *you* already have coverage, simply call Customer Service at 1-877-421-0157. *You* may be able to extend *your* coverage as long as:

- *your period of coverage* does not extend beyond 365 days;
- *you* remain eligible for insurance under this plan;
- *we* have received the extension request prior to the expiry date of *your* existing certificate issued by *us*; and
- there has been no change between single or family coverage.

NOTE: For extensions, no losses or expenses or benefits will be paid for any *sickness* or *injury* which first appeared, whether diagnosed or not, or for which *treatment* may or may not have been received prior to the *effective date* of the extension of coverage under this certificate.

AUTOMATIC EXTENSION is provided at no additional premium if *you* are unavoidably delayed through no fault of *your* own beyond the date *you* were scheduled to return to *your home country* if:

- *you* are *delayed* while travelling as a fare-paying passenger in a common carrier or by private vehicle and the delay is caused by mechanical breakdown, a traffic accident or inclement weather. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours; or
- *you* are *hospitalized* on that date. In this case, *we* will extend *your* coverage during the *hospitalization* and for up to seventy-two (72) hours after discharge; or
- *you* have an *emergency* that does not require *hospitalization* but prevents travel. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours following medical approval to travel.

FAMILY COVERAGE is available to *you*, *your spouse* and *dependents* who are travelling with *you*, who are listed on *your* application, and who are under *age* 45 if *you* have applied and paid for family coverage.

PREMIUM

The required premium will be determined according to the schedule of premium rates in effect at the time *your* application for coverage is received by *us*. Premium rates and certificate terms and conditions are subject to change without prior notice.

Upon payment of premium, this document becomes a binding contract when accompanied by a *confirmation* upon which a contract number appears.

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

REFUNDS

Full refunds must be requested in writing to *us* before coverage commences. Partial refunds must be requested in writing to *us* before coverage expires. The refund (minimum premium of \$50) is calculated from the postmark date of *your* request, provided there has been no incident which has resulted or will result in a claim during *your trip*, and provided that *you* mail *your* written refund request within five (5) days of *your* departure from *your destination* (or *your* return *home*, for Canadians studying abroad).

SECTION 6 – BENEFITS - WHAT IS COVERED

All travellers insured under the same *confirmation* must return together for a refund to be possible.

If *you* are an *inbound* student who has obtained coverage under a Canadian *government health insurance plan* and *you* have not reported or initiated a claim or been provided with any assistance services, *you* may, before *your* coverage expires, ask for a refund of the premium (minimum \$50) for the unused days of *your* trip. *You* will need to provide proof of the *effective date* of *your* Canadian *government health insurance plan*.

MEDICAL CONCIERGE SERVICES

Scotia Travel Insurance is pleased to provide you with value-added medical concierge services.

What services are available? StandbyMD offers you:

- Anywhere you travel, telephone access to a qualified physician who can assess your symptoms and provide treatment options;
- In 86 countries and over 4000 cities, access to physician house call visits.

In addition, in the United States, StandbyMD offers the following services:

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies;
- Referral to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or more than 50,000 hospitals for evaluation and treatment;
- Physician co-ordination to an Emergency Room and, whenever possible in select cities, will “fast track” you through the Emergency Room.

How does this service work? The StandbyMD program will assist with co-ordinating payment of eligible expenses subject to the terms and conditions of the certificate. To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card. Medical Concierge Services are provided by StandbyMD.

Disclaimer, Waiver, and Limitation of Liability: StandbyMD is not a medical provider. 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 certificate, does not assume any responsibility for the availability, their quality, or the results or outcome of any treatment or service. Certificate holders 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 certificate holder obtained after they received a referral from StandbyMD.

*Related persons include principals, parents, successors and assigns of StandbyMD.

This insurance provides coverage up to a maximum aggregate of \$2,000,000 CDN per certificate for *reasonable and customary* charges for covered expenses incurred by *you* during *your period of coverage*. Benefits #1 through 16 are payable as a result of an *emergency*. Benefits #19 and 20 are payable insofar as they are medically necessary, rather than as the result of an *emergency*. Benefit #21 is payable in the case of an accidental death or dismemberment. Covered expenses and benefits are subject to the certificate’s maximum sums, exclusions and limitations. All benefit amounts are in Canadian funds.

All medical procedures and/or tests (including but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization or any surgery) must be authorized by the Assistance Centre in advance.

Reimbursement is subject to the terms and conditions of this certificate. In order to be covered, benefits #3, 12 to 15, and 17 must have prior approval by the Assistance Centre.

Emergency medical benefits are payable per insured for the following:

1. **Hospital expenses for:**

- a) a semi-private *hospital* room, or a private intensive or coronary care unit when medically necessary;
- b) *your treatment* while in *hospital* up to sixty (60) days per *injury* or *sickness*;
- c) *your treatment* while in the *emergency* department, and/or as an out-patient at a *hospital*; or
- d) *emergency hospitalization* required for *psychiatric treatment*, to a maximum of thirty (30) days per certificate.

2. Physician services – for *emergency* medical attention received from a *physician* in or out of *hospital* and up to five (5) follow-up visits. If *you* are *inbound*, payment will be limited to 100% of the amount payable according to the schedule of fees established by the medical association for non-Canadian residents in the province or territory in which *you* received medical *treatment*.

3. Diagnostic services – tests that are required as a result of an *emergency* and requested by *your physician* due to an *emergency* and to diagnose or learn more about *your medical condition*. Prior approval is required by the Assistance Centre for all major diagnostic testing, including but not limited to magnetic resonance imaging (MRI), computer axial tomography (CAT) scans, sonograms, ultrasounds and biopsies.

4. Private duty nurse – when medically necessary and recommended by a *physician*, the services of a licensed registered nurse up to a maximum of \$10,000. This benefit is in lieu of *hospitalization* and the cost must not exceed the daily rate for standard ward accommodation.

5. Ambulance – up to \$5,000 per unrelated *sickness* or *injury* for a licensed ground or air ambulance to the nearest *hospital* or medical facility, or between medical facilities, if necessary.

6. Prescription drugs – up to a thirty (30) day supply of drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist and dispensed by a licensed pharmacist.

- 7. Paramedical services** – for *treatment* received from a licensed chiroprapist, podiatrist, physiotherapist, chiropractor, or osteopath, up to \$70 per visit to a maximum of \$700 for a covered *injury*.
- 8. Accidental dental injury** – up to \$2,500 for *emergency* dental *treatment* to repair or replace *your* natural or permanently attached artificial teeth (including caps and crowns) where *treatment* is required as a result of an accidental blow to the mouth and within thirty (30) days of the accident. *Treatment* must be completed within the twelve (12) consecutive months following the accident and prior to *your* return to *your home country*. An accident report from the dentist is required by the Assistance Centre.
- 9. Emergency dental treatment** – up to \$100 for the relief of dental pain, and up to \$250 per tooth to extract impacted wisdom teeth. (This benefit excludes crowns and root canals.)
- 10. Psychiatric care** – up to \$5,000 for the services of a legally qualified psychiatrist while *you* are an in-patient following an *emergency*, plus up to five (5) follow-up visits with a *physician*.
- 11. Trauma counselling** – up to six (6) sessions of trauma counselling if *you* suffer an *emergency* covered under this certificate and the counselling occurs within ninety (90) days of the date of the *emergency*.
- 12. Medical appliances** – when medically necessary, purchase or rental (whichever is less) of a hospital bed, wheelchair, crutches, splints, canes, slings, trusses, braces or other prosthetic appliance. Prior approval by the Assistance Centre is required.
- 13. Emergency evacuation** – up to a maximum of \$100,000 for *reasonable and customary* charges to transport *you home* during *your period of coverage* and as a result of a covered *emergency*:
- by economy class airfare via the most cost-effective itinerary; and/or,
 - by stretcher on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; plus 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,
 - by air ambulance when the covered *emergency* necessitates *your* immediate return or if continuing medical care is required but not covered under this certificate, or *our* medical advisors recommend that *you* return *home* after *your emergency*.
- All air evacuations must be approved and arranged by *our* Assistance Centre.
- 14. Family transportation and subsistence allowance** – If *you* are *hospitalized* for at least seven (7) consecutive days or if *you* pass away during *your period of coverage* because of a medical *emergency*, and if approved in advance by *our* Assistance Centre, *we* will pay the return economy class airfare up to \$3,000, via the most cost-effective itinerary, for an *immediate family* member to be with *you* or to identify *your* body. *We* will also pay up to \$150 per day to a maximum of \$1,500 for the cost of meals, commercial accommodation, essential phone calls and taxi fares. Original receipts must be included with *your* claim. Limitation: This benefit is available if *your immediate family* member is beyond 500 kilometres of *your hospital* location when *you* are *hospitalized* away from *home*.
- 15. Repatriation of mortal remains** – up to \$25,000 for the actual expense to have *your* body prepared for burial or cremated and *your* burial where *you* pass away, or the cost to return *your* body or ashes *home* if *you* should pass away as a result of an *emergency* covered under this certificate during *your period of coverage* or within 365 days after an accidental bodily *injury* that occurred while covered under this insurance.
- 16. Tuition reimbursement** – if *you* have an *emergency* which prevents *you* from attending school and, as a result, *you* are unable to obtain passing grades for the semester, as confirmed by *your physician* and registrar of the school *you* are attending, *we* will reimburse *you* for the actual tuition fee paid by *you* up to \$5,000 per semester, minus any amounts refunded by *your* school.
- 17. Trip Break** – up to twenty-one (21) consecutive days while *you* are enrolled in school. If *you* have requested and received prior approval from *our* Assistance Centre, *you* may return *home* to attend special events. *Your* coverage will be suspended but will not terminate while *you* are *home*. *Your* suspension of coverage will end and *your* coverage will be reinstated when *you* arrive in Canada if *you* are *inbound*, or when *you* leave Canada if *you* are *outbound*, or when *you* leave *home* if *you* are a *national student*. There will be no refund of premium for any of the days that *you* have returned *home*.
- 18. Terrorism Coverage (only for outbound insured)** – when an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this certificate, 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 and certificates 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*.

WELLNESS BENEFITS

- 19. Annual medical examination** – up to \$100 per year to a *physician* (general practitioner) for an exam and associated tests and for one consultation session.
- 20. Eye examination** – up to one (1) visit per year to a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the optic system.

ACCIDENTAL DEATH OR DISMEMBERMENT

- 21. Accidental death or dismemberment** – This benefit is payable in the event of an accidental death or dismemberment occurring while *you* are covered under this insurance and within ninety (90) days of the accident. *We* will pay up to \$10,000 in the event of an accidental death or dismemberment. This benefit is payable according to the following schedule:
- Loss of life 100%
 - Loss of two or more limbs 100%
 - Loss of entire sight of both eyes 100%
 - Loss of one limb and the entire sight of one eye 100%

- Loss of one limb 50%
- Loss of the entire sight of one eye 50%

Loss of a limb means an arm or leg fully severed through or above *your* wrist or ankle joints. Loss of sight means completely and permanently blind.

If *you* have more than one of these losses, only one amount (the largest) is payable.

All benefits payable under this benefit are subject to an overall maximum aggregate limit relating to all in-force travel insurance policies and certificates for students offered by *us*. If total claims otherwise payable for this coverage under all Student Travel Health Insurance policies and certificates issued by *us* resulting from one accident exceed \$250,000, then the amount paid on each claim shall be reduced on a prorated basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit of \$250,000.

SECTION 7 – EXCLUSIONS AND LIMITATIONS – WHAT IS NOT COVERED

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

1. a) A *pre-existing condition* that was not *stable* in the three (3) months before *your effective date*.
b) Any *pre-existing condition* of a covered *dependent* or *spouse* that was not *stable* in the three (3) months before the date the *dependent* or *spouse* became covered under this certificate.
2. For covered dependents under two (2) years of *age*, any *medical condition* related to a birth defect whether genetic, acquired, or congenital.
3. Chemotherapy *treatment* unless approved by the Assistance Centre.
4. Any expense if *you* are either an *outbound* insured or a *national student*, without a valid *government health insurance plan*.
5. 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*, unless *your medical condition* makes it impossible for *you* to call (in which case, the 20% co-insurance does not apply).
6. *Injuries* or death sustained while *you* are enlisted in the regular force of the armed forces of any country, or participating in any maneuver or training exercises of the armed forces of any country.
7. Elective, non-*emergency* or experimental *medical treatment*, including any *treatment* given to maintain the stability of a chronic *medical condition*, including the refill of medication, test or examinations forming part of a normal regime, or *treatment* not required for the immediate relief of pain and suffering except those identified as Wellness Benefits in this certificate.
8. 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*.
9. Continuing *treatment* after the Assistance Centre has requested that *you* return *home*.
10. Medication commonly available without a prescription, fertility drugs or testing, contraceptives, pregnancy tests, drugs for *treatment* of erectile dysfunction, vaccinations or injections, vitamin preparations or medication received on a preventive basis, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products and/or the replacement of existing prescriptions, whether replacement was for reason of loss, renewal or inadequate supply.
11. Any *emergency* medical and non-*emergency* medical services for any *injury* that occurred or *sickness* that started in *your home country* during a *Trip Break* (see Benefit #17).
12. If *you* are *inbound*, any medical expenses incurred outside of Canada when more than fifteen (15) consecutive days or more than 49% of *your period of coverage* were spent outside of Canada.
13. If *you* are *inbound*, covered expenses billed by a *physician* in excess of 100% of the schedule of fees established by the medical association for non-Canadian residents in the province or territory in which *you* received *medical treatment*.
14. Pregnancy, voluntary termination of pregnancy, childbirth or their complications. Newborns can become covered at 30 days of *age* if an application is completed and submitted to and approved in writing by *us* and *you* have purchased and paid the premium for family coverage.
15. Dental, cosmetic or plastic surgery unless such surgery is an *emergency* and necessary as a result of an *injury* incurred while this certificate is in force.
16. Any dental crowns or root canals except as specified under Benefit #8.
17. Any loss, *injury* or death related to intoxication, the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol, or other intoxicant.
18. Self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
19. Any *minor mental* or *emotional disorder*.
20. Any eating disorder or weight problem.
21. Any loss as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC) or the presence of HIV, including any associated diagnostic tests or changes.
22. An *emergency* resulting from: 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; participating in a motorized speed contest; or *your* professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation.
23. *Treatment* or services that contravene any government, *hospital* or medical care insurance legislation in Canada if *you* are an *inbound* or *national student*.
24. Piloting or learning to pilot, or acting as a crew member of any type of aircraft; travelling as a passenger on any non-commercial flight; or

SECTION 8 – HOW TO MAKE A CLAIM

- operating any form of motorized transport on land or water without a valid operator's licence.
25. Any services or supplies provided by *you* or a member of *your immediate family*.
 26. A *medical condition*:
 - when *you* knew, or for which it was reasonable to expect, before *you* left *your home*, or before the *effective date* of coverage, that *you* would need or be required to seek *treatment* for that *medical condition*; and/or
 - when the purpose of *your trip* was to seek *medical treatment* for that *medical condition*; and/or
 - that had caused *your physician* to advise *you* not to travel; and/or
 - related to a prior elective or non-emergent *medical condition* except as specifically stated as a benefit in this certificate; and/or
 - when *you* did not comply or *you* failed to carry out a *physician's* instructions or *you* were negligent.
 27. Any expense that is not for an *emergency*, except as identified as Wellness Benefits in this certificate; and 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.
 28. Costs that exceed the *reasonable and customary* charges.
 29. Medical examinations and tests required for immigration purposes or by a third party; and/or consultation with a *physician* by telephone or email.
 30. Loss or damage to repair, extract, replace or purchase hearing devices, eyeglasses, sunglasses, contact lenses, prosthetic limbs or devices, or artificial teeth and resulting prescriptions thereof.
 31. Committing or attempting to commit an illegal or a criminal act.
 32. Renal dialysis or organ transplantation of any nature.
 33. Rehabilitation and convalescent facilities and services; or holidays for recuperative purposes.
 34. Any interest, finance, administrative or late payment charge.
 35. If *you* are Canadian, any *act of terrorism* or any *medical condition* *you* suffer or contract in a specific country, region or city when a Government of Canada Travel Advisory, issued before *your effective date*, advises Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion "medical condition" is limited, related or due to the reason for the Travel Advisory.
 36. If *you* are Canadian, any *act of terrorism* directly or indirectly caused by, resulting from, arising out of or that is in connection with biological, chemical, nuclear or radioactive means.
 37. For *inbound* insured, an *act of terrorism*.
 38. An *act of war*.
 39. For extensions only, any *medical condition* which first appeared, whether diagnosed or not, or for which *treatment* may or may not have been received prior to the *effective date* of the extension of coverage under this certificate.
 40. If *you* are *inbound*, any follow-up visits outside of Canada when the *emergency* occurred in Canada.
 41. Any claim for a *sickness* sustained during the *waiting period*.

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

1-877-372-2988 toll-free from the USA and Canada
+1 519-251-7840 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.**

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 certificate. If it is medically impossible for *you* to call when the *emergency* happens, *we* ask that *you* call as soon as *you* can or that someone call on *your* behalf.

Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify that this has been done.

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these services 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 30 days of occurrence of a claim arising under this contract. *Your* proof of claim must be sent or submitted to *us* within 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 15 days after receiving notice of claim. Where the claimant has not received the forms within that time, the claimant may submit his or her 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* proof of claim online.

Mailing Instructions

Claims correspondence should be mailed to:
Scotia Travel Insurance for Students
c/o Active Care Management
P.O. Box 1237, Stn A
Windsor, ON N9A 6P8

Online Claims 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 Claims Centre directly for specific information on how to make a claim or to enquire about *your* claim status at: **1-877-372-2989**.

All money payable under this contract shall be paid by *us* within 60 days after *we* have received proof of claim and all required documentation.

IF YOU ARE MAKING A MEDICAL CLAIM, *we* will need:

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

IF YOU ARE MAKING AN ACCIDENTAL DEATH OR DISMEMBERMENT CLAIM, *we* will need:

- a) a police, autopsy or coroner's report;
- b) medical records; and
- c) a death certificate, as applicable.

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 BENEFITS IF YOU HAVE A CLAIM?

Except in the case of *your* death, *we* will pay the benefits and 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* certificate. 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.

HOW DOES THIS INSURANCE WORK WITH OTHER COVERAGES THAT YOU MAY HAVE?

The insurance outlined in this certificate 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 or provincial or territorial auto insurance plans 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* eligible covered expenses 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 coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance, 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 certificate, *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 certificate. *You* will execute and deliver such documents as are necessary and cooperate 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 or certificate 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 or certificate. If the total amount of all accident insurance *you* have under policies and certificates issued by *us* is more than \$100,000 CDN, *our* aggregate liability will not exceed \$100,000 and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

IS THERE ANYTHING ELSE YOU SHOULD KNOW IF YOU HAVE A CLAIM?

This certificate is null and void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this certificate or extension of coverage under this certificate. This certificate is non-participating. *You* are not entitled to share in *our* divisible surplus.

The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

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 accident and sickness insurance.

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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

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 certificate, or, for *inbound* students, in the Canadian province or territory where *your* certificate was issued.

Limitation of Liability. *Our* liability under this certificate 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 certificate, 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 certificate. 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.

SECTION 9 – 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 certificate 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*, 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. See the refunds section of this certificate.

Rights of Examination. For the purposes of determining the validity of a claim under this certificate, 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 certificate. 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 certificate. If *you* pass away, we have the right to request an autopsy, if not prohibited by law.

SECTION 10 – DEFINITIONS

When italicized in this certificate, 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 the length of existence, expressed in years, from the time of birth until the *effective date* as stated on *your confirmation*.

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) if 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.

Confirmation means this certificate, the application for this certificate, 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*.

Dependent means *your* unmarried child(ren) living with *you* who is at least 30 days of *age* and under twenty-one (21) years of *age* and who is dependent upon *you* for at least fifty percent (50%) of his/her maintenance and support, and who is residing with *you* on *your trip*.

Destination means the country where *you* are registered to attend school as a full-time student under this program.

Effective date means the date identified on *your confirmation*.

Emergency means an unforeseen *sickness* or *injury* that requires immediate medical attention. An *emergency* no longer exists when the Assistance Centre indicates that the person is able to return to his or her *home* or *home country*, or continue with the *trip*.

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

Home or Home country means the country where *you* permanently reside. For a *national student*, *home* means their Canadian province or territory of residence when not attending school.

Hospital means a facility that is licensed as a *hospital*, where in-patients receive medical care, and diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation facility, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

Hospitalization or hospitalized means *you* are admitted to a *hospital* and are receiving *treatment* as an in-patient.

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.

Inbound means temporary residence in Canada while *you* are away from *your home country*.

Injury means sudden bodily harm that is caused by external and purely accidental means. Under Accidental Death and Dismemberment coverage, the *injury* must also be independent of *sickness* or disease.

Medical condition means *sickness, injury, disease* or symptom.

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 medication (anxiolytics) or no prescribed medication at all.

National student means a person covered under a Canadian *government health insurance plan* and who is studying within Canada but away from *home*.

Outbound means temporary residence outside Canada when Canada is *your home*.

Period of coverage means the time beginning with *your effective date* and ending with *your expiry date*, as shown on *your confirmation*.

Physician means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *you*, a travel companion, or a member of *your immediate family*.

Pre-existing condition means an *injury, sickness* or symptom that existed 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*. In addition, in Canada, for *inbound* students, *reasonable and customary* charges are the costs up to a maximum of the applicable provincial medical/dental associations' fees for non-Canadian residents or the amount specified in this certificate, whichever is less.

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 publicly represented as a *spouse*.

Stable medical condition means that all of the following apply:

- there have not been any new symptom(s); and
- existing symptom(s) have not become more frequent or severe; and
- a *physician* has not determined that the *medical condition* has become worse; and
- no test findings have shown that the *medical condition* may be getting worse; and
- a *physician* has not provided, prescribed, or recommended any new medication or any *change in medication*; and
- a *physician* has not provided, prescribed or recommended any investigative testing, new *treatment* or any change in *treatment*; and
- there has been no admission to a *hospital* or referral to a specialty clinic or specialist; and
- a *physician* has not advised referral to a specialist or further testing, and there has been no testing for which the results have not yet been received.

Treatment means *hospitalization*, prescribed medication (including prescribed as needed), medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner. 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 *period of coverage*.

Waiting period means the 48-hour period following *your effective date* of insurance if *you* purchased this certificate after the expiry date of *your* existing Scotia Travel certificate or after *you* leave *home*. Any claim due to *sickness* arising during a *waiting period* is not covered.

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

SECTION 11 – NOTICE ON PRIVACY

Your privacy matters. At Scotiabank and Manulife, an important part of our mutual commitment to *you* is to provide *you* with service excellence, which includes respect for *your* privacy. By applying for insurance under Scotia Travel Insurance Program, *you* agree to be bound by the terms of the Scotiabank Privacy Agreement. If *you* have enrolled for Family Coverage it is *your* responsibility to ensure that any other applicant who is not a minor has read, understood and agrees to the terms of the Scotiabank Privacy Agreement. *You* can review the Scotiabank Privacy Agreement by visiting www.scotiabank.com/privacy. *You* also agree to be bound by the terms of the Manulife privacy agreement. The following outlines Manulife's commitment to *your* privacy as the Scotia Travel Insurance underwriter.

Notice on Privacy and Confidentiality. The specific and detailed information requested on the application form 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.**

1-877-372-2988

Toll-free from the USA and Canada.

+1 519-251-7840

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.

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.

To make a claim or to enquire about your claim status, please call **1-877-372-2989**.

Written correspondence should be mailed to:

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

Take a Second Look at your Travel Insurance

We'll help you understand what you've got, what you really need, and where you can save.

To simplify your insurance, visit scotiabank.com

Scotia Travel Insurance is underwritten by The Manufacturers Life Insurance Company (Manulife). Manulife, P.O. Box 670, Stn. Waterloo, Waterloo, ON N2J 4B8. The Bank of Nova Scotia receives an administration fee from the insurer to distribute travel insurance products.

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