



# MANULIFE FINANCIAL TRAVEL INSURANCE

## ALL-INCLUSIVE POLICY For Travelling Canadians

Effective November 2018



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 A MEDICAL EMERGENCY, YOU MUST CALL OUR ASSISTANCE CENTRE:

**1 888 881-8010**

toll-free from the USA and Canada

**+1 (519) 945-8346**

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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**FOR TRAVELLING CANADIANS**  
 Effective November 2018

Accessible formats and communication supports are available upon request. Visit [Manulife.com/accessibility](http://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 policy, we will provide a full refund if you have not already departed on your trip and there is no claim in progress. Refunds are only available when Manulife receives your request for a refund before your departure date.



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

- Know your health • Know your trip
- Know your policy • Know your rights

For more information, go to [www.thiaonline.com/Travel\\_Insurance\\_Bill\\_of\\_Rights\\_and\\_Responsibilities.html](http://www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html)

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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.



The Manufacturers Life Insurance Company

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.



The Manufacturers Life Insurance Company

## SECTION 1 – IMPORTANT NOTICE

### READ YOUR POLICY 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 policy before you travel, as your coverage may be subject to certain limitations or exclusions.
- Your policy 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 policy 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 policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified period of time.

### 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.

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

## 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 A MEDICAL 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/>

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

## 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

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.

## SECTION 6 – MEDICAL CONCIERGE SERVICES

Manulife 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, when *you* travel to 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 policy. 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 policy, does not assume any responsibility for the availability, their quality, or 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*.

- 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.

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.

**We will cover Benefits #5 through #13 only if they have been authorized and arranged by the Assistance Centre.** 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 condition.** The *pre-existing condition* exclusion that applies to you depends on the Rate Category you qualified for when you purchased this policy. Please see the definition of “*pre-existing condition*” and “*stable*” at the end of this policy.

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

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

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

- a *pre-existing condition* that is not *stable* in the six (6) months before your *effective date*; and/or
- your heart condition if, in the six (6) months before your *effective date*, any heart condition has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- your lung condition if, in the six (6) months before your *effective date*, any lung condition has not been *stable* or you required *treatment* with oxygen or Prednisone for 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*, investigative or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications.
7. The continued *treatment* of a *medical condition* when you have already received *emergency treatment* for that condition during your trip and our medical advisors determine that your *medical emergency* has ended.
8. A *medical condition*:
  - when you knew or for which it was reasonable to expect before you left *home*, or before the *effective date* of coverage, that you would need or be required to seek *treatment* for that *medical condition*; 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. 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.
10. *Treatment* if you specifically purchased this insurance to obtain such *treatment*, whether or not it was authorized by a *physician*.
11. Your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
12. Committing or attempting to commit a criminal act.
13. Not following recommended or prescribed therapy or *treatment*.
14. Any loss, *injury* or death related to intoxication, the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol or other intoxicant.
15. Any loss resulting from your *minor mental or emotional disorder*.
16. a) Your routine prenatal care; b) your pregnancy or childbirth or complications thereof when they happen in the nine (9) weeks before or after the expected date of delivery; c) your child born during your trip.

17. For insured *children* under two (2) years of age, any *medical condition* related to a birth defect.
18. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
19. Any *emergency* that occurs or recurs after *our* medical advisors recommend that *you* return home following *your emergency treatment*, and *you* choose not to.
20. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
21. For policy extensions or Top-Ups: any *medical condition* which first appeared, was diagnosed or treated after the scheduled *departure date* and prior to the *effective date* of the insurance extension or Top-Up.
22. Any *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 nonessential 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.
23. 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.
24. 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 a 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. Committing or attempting to commit a criminal act.
6. Not following a prescribed therapy or *treatment*.
7. Any loss, *injury* or death related to intoxication, the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol or other intoxicant.

8. *Your minor mental or emotional disorder.*
9. a) Routine prenatal care; b) pregnancy or childbirth or complications thereof when they happen in the nine (9) weeks before or after the expected date of delivery; c) a child who is born after *you* leave *home*.
10. *A medical condition:*
  - *you* knew or for which it was reasonable to expect before the *effective date* that *you* would need or be required to seek *treatment* for that *medical condition*;
  - 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 caused a *physician* to advise *you*, before *your effective date*, not to go on *your trip*.
11. Any non-emergency, investigative or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications.
12. A travel visa that is not issued because of its late application.
13. Failure of any travel supplier which *you* contract for services. No protection is provided for failure of any travel agent, agency or broker.
14. Any loss 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, "loss" and "medical condition" is limited, related or due to the reason for the Travel Advisory.
15. 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.
16. 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 Make 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. 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.
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. Not following recommended or prescribed therapy or *treatment*.
6. Any loss, *injury* or death related to intoxication, the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol or other intoxicant.
7. *Your* minor mental or emotional disorder.
8. A loss caused directly or indirectly from an existing disease or bodily infirmity, even if the proximate cause of its activation or reactivation is the result of an accidental bodily *injury*.
9. An *act of war* or *act of terrorism*.
10. Any loss or any *medical condition* you suffer or contract in a specific country, region or city for which the Government of Canada issued a Travel Advisory, before *your effective date*, advising Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion, “loss” and “medical condition” is limited to the reason for which the Travel Advisory was issued and includes complications arising from such *medical condition*.

## 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. No agent or broker has the authority to change the contract or waive any of its provisions. 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. This policy is non-participating. *You* are not entitled to share in our divisible surplus.

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

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.

## 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 MAKE A CLAIM

**IN THE EVENT OF A MEDICAL *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. 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.

**Forms for 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.

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

*You* may call the Assistance Centre directly for specific information on how to make a claim or to enquire about *your* claim status at:

**1 888 881-8013 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.

**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 policy.

**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 or daughter, 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 an unforeseen *sickness* or *injury* that requires immediate *treatment*. An *emergency* no longer exists when the Assistance Centre indicates that the person is able to return to his or her province or territory of residence, or country of permanent residence, or continue with the *trip*.

**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 a licensed facility 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 establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

**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 *sickness*, *injury*, disease or symptom; or complication of pregnancy within the first thirty-one (31) weeks of pregnancy.

**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 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*.

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

**Pre-existing condition** means a *medical condition* 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* 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 medical condition** means that all the following apply:

- there have not been any new symptoms; and
- existing symptoms 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.

## SECTION 16 – NOTICE ON PRIVACY

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

**Treatment** means hospitalization, 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 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.

**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 A MEDICAL *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 make a claim or to inquire about your claim status at: **1 888 881-8013** or **+1 (519) 945-9246**.



Underwritten by

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