

## INDIVIDUAL MEDICAL UNDERWRITING PLAN

### SECTION 1 GENERAL INFORMATION

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

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

**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.

**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 Canadians 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 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)

### SECTION 2 IMPORTANT INFORMATION

#### IMPORTANT NOTICE – PLEASE READ CAREFULLY

- 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 medical conditions and/or symptoms that existed before 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 reported.
- 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 time period.

**PLEASE READ YOUR POLICY  
CAREFULLY BEFORE YOU TRAVEL**

**IMPORTANT:** If you have any change in your health status and/or change in medication or treatment, between the date you completed the application for this coverage and your effective date, you must notify us by calling 1 855 729-7437 or (519) 251-7422. Otherwise, any such change may render your coverage null and void.

**In the event of an *emergency*,  
call the Assistance Centre immediately  
1 855 229-7437 toll-free from the USA and Canada  
+1 (519) 251-1587 collect to Canada from anywhere else in the world.**

*Our Assistance Centre is ready to assist you 24 hours a day, 365 days a year.  
Immediate access to the Assistance Centre is also available through the TravelAid mobile app.  
Visit: <http://www.active-care.ca/en/travelaid/> to download the app.*

Please note that **if you do not call** the Assistance Centre in an *emergency*, **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 3 ELIGIBILITY

**TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY**, *you* must be a resident of Canada, and covered under a *government health insurance plan*. *You* must have coverage for the entire duration of *your trip* away from *home*. *You* must have completed *your* application (including the *medical questionnaire*), have had *your* health history reviewed by *us*, received a *Medical Underwriting Agreement* from *us*, and paid the required premium in full.

### SECTION 4 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 as a result of an *emergency* while on a *trip*, only if these covered expenses are not covered by *your government health insurance plan* or any other benefit plan. A *medical treatment plan* endorsed by *your attending physician* and accepted by the Assistance Centre, will be developed to provide medically necessary *treatment*.

Covered expenses and benefits are subject to the policy's maximums, exclusions, limitations and *your* deductible amount. Deductible amount means the amount of covered expenses that *you* are responsible for paying per person per *emergency* medical claim. *Your deductible amount* in Canadian dollars applies to the amount remaining after any covered expenses are paid by *your government health insurance plan*. The *deductible amount* is shown on *your confirmation* and applies to each claim.

The eligible benefits are:

1. **Expenses for *emergency treatment*** – *We* will pay for *reasonable and customary* charges for medical care received from a *physician* in or out of a *hospital*, the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary), the services of a licensed private duty nurse while *you* are in *hospital*, the rental or purchase (whichever is less) of a hospital bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about *your* condition, and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist. An *emergency* related to the *pre-existing condition(s)* listed in the *Medical Underwriting Agreement* will be covered.
2. **Expenses to receive paramedical services** – *We* will pay for 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 *emergency ambulance transportation*** – *We* will pay for *reasonable and customary* charges of local licensed ambulance service to the nearest qualified 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; or
  - if *you* suffer an accidental blow to the mouth, up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,000 during *your trip* and up to \$1,000 to continue medically necessary *treatment* in the ninety (90) days after the accident).
5. **Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, *we* will pay the economy class fare 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. Please note: This person is not covered under *your* insurance and should consider purchasing his/her own travel medical insurance.
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 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 pay for these expenses if *you* have actually paid for them.
7. **Repatriation Expenses related to *your* death** – If *you* die during *your trip* from an *emergency* covered under this insurance, *we* will reimburse *your* estate up to \$5,000 for:
  - the cost to have *your* body prepared or cremated where *you* die; and
  - the return *home* of *your* ashes or *your* body (in the standard transportation container normally used by the airline); or
  - *your* burial where *you* die.

Also, if someone is legally required to identify *your* body and must travel *your* place of death, we will pay the economy class fare via the most cost-effective itinerary for that person, as well as up to \$300 for that person's hotel and meal expenses. Note: This person is not covered under *your* insurance and should consider purchasing his/her own travel medical insurance.

8. **Expenses to bring you home** – If *your* treating *physician* recommends that *you* return *home* because of *your* *emergency* or if *our* medical advisors recommend that *you* return *home* after *your* *emergency*, when approved and arranged by the Assistance Centre, we will pay for:
  - the extra cost of an economy class fare via the most cost-effective itinerary; or
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and
  - the return cost of an economy class fare 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; or
  - the cost of air ambulance transportation, if this is medically necessary.
9. **Expenses to return children under your care** – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of an *emergency*, when approved in advance by the Assistance Centre, 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 Manulife travel insurance policy.
10. **Expenses to return your travel companion home** – When approved in advance by the Assistance Centre, we will cover the extra cost of one-way economy 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 a Manulife travel insurance plan) *home*, if *you* return *home* under Benefit #7 or #8.
11. **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*.
12. **Expenses to return your vehicle home** – If because of a *medical emergency* *you* or *your* *travel companion* are unable to drive *home* the *vehicle* *you* used during *your* *trip*, when approved in advance by the Assistance Centre, 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.
13. **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 in-force policies issued and administered by *us*. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

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

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

1. Any *pre-existing condition* not listed on the *Medical Underwriting Agreement* and/or misrepresented or not disclosed during *your* recorded *Medical Underwriting* application.
2. Any change in *your* health status occurring after *your* application date and not reported prior to *your* *effective date*.
3. Any *emergency* if the answers provided in the *medical questionnaire* are not truthful and accurate.
4. Covered expenses that exceed the *reasonable and customary* charges where the *medical emergency* happens.
5. Covered expenses that exceed 80% of the cost we would normally have to pay under this insurance, if *you* do not contact the Assistance Centre at the time of the *emergency*. If *your* *medical condition* makes it medically impossible for *you* to call, please have someone call on *your* behalf.
6. Any non-*emergency*, investigative or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications thereof.
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 before *your* *effective date* of coverage, that *you* would need or be required to seek *treatment* for that *medical condition* during *your* *trip*; and/or
  - for which it was reasonable to expect before *your* *effective date* that *you* would need *treatment* during *your* *trip*; and/or
  - for which future investigation or *treatment* was planned or advised by *your* *physician* before *your* *effective date*; and/or
  - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before *your* *effective date*; and/or
  - that had caused *your* *physician* to advise *you* not to travel.
9. *Treatment* if *you* specifically purchased this policy to obtain such *treatment* whether or not it was authorized by a *physician*.
10. 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; parachuting or 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.

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 or chemical dependence on medication, drugs, alcohol or other intoxicant.
15. *Your* routine prenatal care; *your* pregnancy or childbirth or complications thereof when they happen in the nine (9) weeks before or after the expected date of delivery; *your* child born during *your* trip.
16. For insured *children* under two (2) years of *age* any *medical condition* related to a birth defect.
17. Any loss resulting from *your* *minor mental or emotional disorder*.
18. Any *treatment*, services or supplies not medically necessary, or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. 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.
19. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
20. Any *emergency* that occurs or recurs after *our* medical advisors recommend that *you* return *home* following *your* *emergency treatment*, and *you* choose not to.
21. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
22. For policy extensions: 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.
23. Any *act of terrorism* perpetrated by or involving the utilization of biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.
24. Any loss resulting from:
  - i) an *act of war*; or
  - ii) 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.

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

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

*We* will pay *Emergency Medical* covered expenses in excess of the deductible amount that *you* have selected for this policy.

## **SECTION 5 GENERAL INFORMATION ABOUT *YOUR TRAVEL INSURANCE COVERAGE***

### ***YOUR COVERAGE STARTS***

*Your* coverage starts on the later of:

- the date *you* leave *home*, or
- the *effective date* shown on *your* *confirmation*.

### ***YOUR COVERAGE ENDS***

*Your* coverage ends on the earlier of:

- the date *you* return *home*; or
- the *expiry date* shown on *your* *confirmation*.

**AUTOMATIC EXTENSION** is provided beyond *your* *expiry date* as shown on *your* *confirmation* if:

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

### **TO STAY LONGER THAN PLANNED**

*You* may be able to extend *your* coverage if:

- the total length of *your* time away from Canada, including top-up or extension, does not exceed the maximum allowed by *your* *government health insurance plan*; and
- *you* pay the additional premium; and
- *you* have had no claim or event that has resulted or may result in a claim under this policy; and
- there has been no change in *your* health status.

Any extension is subject to the approval of the Assistance Centre.

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

## REFUNDS

- You may cancel *your* policy prior to *your effective date*.
- If you return *home* early, you may request a refund of premium (minimum \$25) for the unused coverage days of *your trip* providing there has been and will be no claim, that you have not been provided with any Assistance Services, and that you have mailed us *your* written request with proof of the date you actually returned *home*.

## SECTION 6 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 WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this policy is issued on the basis of information provided in *your medical questionnaire* and application. *Your* entire contract with *us* consists of: this policy, *your* application for this policy (including the *medical questionnaire*), the *Medical Underwriting Agreement*, the *confirmation* issued in respect of that application, and any other amendments or endorsements resulting from extensions of coverage.

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

This policy is non-participating. You are not entitled to share in *our* divisible surplus. Neither *we* nor *our* agents or administrators are responsible for the availability, quality or results of any medical *treatment* or transportation, or for *your* failure to obtain medical *treatment*. 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 applicable statutory conditions in the Insurance Act, as applicable in your province or territory of residence respecting contracts of accident and sickness 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.

Upon payment of the appropriate premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and we have received *your* completed application (including the



*medical questionnaire*) prior to *your departure date*. 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 coverages outlined in this policy are second payor coverages. Along with this coverage, *you* may have other third-party liability, group or individual, basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan providing hospital, medical or therapeutic coverage or any other third-party liability insurance. In this case, amounts payable under this insurance are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts insured by *your* other in-force plans or contracts.

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 (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum 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 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 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.

#### **SECTION 8 HOW TO MAKE A CLAIM**

**In the event of an *emergency*,**  
**call the Assistance Centre immediately:**  
**1 855 229-7437** toll-free from the USA and Canada  
**+1 (519) 251-1587** collect to Canada from anywhere else in the world.

The Assistance Centre is ready to assist *you* 24 hours a day, 365 days a 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* do not call the Assistance Centre in an *emergency* 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 contact the Assistance Centre when the *emergency* happens, the 20% co-insurance will not apply. In this case, we ask that *you* contact the Assistance Centre as soon as *you* can or that someone do so on *your* behalf. **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, these 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*. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

To make a claim due to *sickness* or *injury* during *your trip*, *your* proof of claim must be sent to *us* within ninety (90) days of *your* loss.

**If *you* are making an *Emergency Medical Insurance* 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 date* and return date); and f) *your* historical medical records (if we determine such to be applicable).

**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 in the event of *your* 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 to arbitration under the arbitration law in the Canadian province or territory where *your* policy was issued. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is barred unless commenced within the time set out in the Insurance Act, or in the Limitations Act, 2002 in Ontario, or other applicable legislation.

To determine 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.

### IMPORTANT CONTACT INFORMATION

To enquire about *your* claim status, please call the Customer Service Centre at **1 855 229-7437** or **(519) 251-1587**. For coverage information, general inquiries, or to apply for an extension or refund of premium, please call **1 800 567-0021** or **(905) 372-1779**.

Written correspondence regarding claims should be mailed to:

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

### SECTION 9 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 or frequency has been reduced, increased, stopped and/or new medications have been prescribed. *We* do not mean a change from a brand-name drug to an equivalent generic drug of the same dosage. If *you* are taking Coumadin (warfarin) or insulin and are required to have *your* blood levels tested on a regular basis and *your* *medical condition* remains unchanged, yet *you* are required to adjust the dosage of *your* medication only due to *your* blood levels, *we* would not consider this to be a *change in medication*.

**Child, Children** means *your* unmarried, dependent son or daughter or *your* grandchild(ren) under the *age* of twenty-one (21) or, if a full-time student, under the *age* of twenty-six (26). Also, an unmarried dependent son or daughter of any *age*, if mentally or physically disabled.

**Confirmation** means the document or set of documents confirming *your* insurance coverage under this policy and, where applicable, *your* *trip* arrangements. It includes the *Medical Underwriting Agreement* and application for this policy, once the required premium has been received by *us*. 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 *home*.

**Effective date** means the date on which *your* coverage starts which is the later of:

- the date *you* leave *home*; or
- the date shown on *your* *confirmation*.

**Emergency** means a sudden and unforeseen occurrence of a *medical condition* that begins during the period of insurance, which requires immediate *treatment*. An *emergency* no longer exists when the Assistance Centre determines that *you* are able to continue *your* *trip* or return *home*.

**Expiry date** means the date *your* coverage ends which is on the earlier of:

- the date *you* return *home*; or
- the expiry date shown on *your* *confirmation*.

**Government health insurance plan** means the health insurance coverage that the provincial or territorial governments provide 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 facility licensed as a *hospital*, where in-patients receive medical care, that has at least one registered nurse on duty at all times, and that includes a laboratory and operating theatre. 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, directly and independently of *sickness* or disease.

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

**Medical questionnaire** means all the medical questions that *you* were required to answer when *you* applied for coverage under this policy.

**Medical Underwriting Agreement** means the document that *you* receive from *us* after *you* have been medically underwritten, which specifies *your pre-existing conditions* covered under this policy, and includes *your* responses to the *medical questionnaire*.

**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* or a member of *your immediate family*.

**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.

**Travel companion** means someone who shares *trip* arrangements and accommodations with *you*. No more than three individuals (including the insured) will be considered *travel companions* on any one *trip*.

**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* and *expiry date*.

**Vehicle** includes any private or rental passenger automobile, 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 which insurance coverage was applied for and the appropriate premium was received by *us*.

## SECTION 10 NOTICE ON PRIVACY

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

To service *you* better, we may review the Manulife products and services *you* have used in order to tell *you* about other products and services through direct mail, telephone, and other means. If *you* do not want *us* to do this, please advise *us* by calling 1 877 666-2767 or e-mailing *us* at [travel@manulife.com](mailto:travel@manulife.com).

**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. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, PO Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.



## SECTION 11 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, 365 days a year with:

### Pre-Trip Information

- Passport and 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 doctor, *hospital*, or other healthcare provider
- Monitoring *your* medical *emergency* and keeping *your* family informed
- Arranging 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 with obtaining legal help or bail bond

**In the event of an *emergency*,  
call the Assistance Centre immediately:**

**1 855 229-7437** toll-free from the USA and Canada

**+1 (519) 251-1587** collect to Canada from anywhere else in the world

The Assistance Centre is ready to assist *you* 24 hours a day, 365 days a 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.



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underwritten by:



### MEDICAL UNDERWRITING TRAVEL INSURANCE

NAME \_\_\_\_\_

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

EFFECTIVE DATE mm / dd / yyyy

EXPIRY DATE mm / dd / yyyy 01/2014

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

**IN CASE OF A MEDICAL EMERGENCY, CALL THESE NUMBERS FIRST:**

**1 855 229-7437**

toll-free from the USA and Canada

**(519) 251-1587**

collect from anywhere in the world

You must contact the Assistance Centre before receiving treatment.  
Failure to do so will limit liability to 75% of eligible expenses.  
The Assistance Centre is open every day, 24 hours a day.

To extend your coverage, call 21st Century a minimum  
of 5 days prior to date required. Please call:

**1 800 567-0021** toll-free from the USA and Canada  
**(905) 372-1779** direct from outside Canada or the USA