



Policy Travel Insurance for Visitors to Canada

Effective July 2020


Underwritten by
The Manufacturers Life Insurance Company.

Important: Clip and Read

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

Don't forget your wallet card!



 **Manulife**


IN CASE OF AN EMERGENCY, CALL OUR ASSISTANCE CENTRE:

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

NAME _____ POLICY # _____


EFFECTIVE DATE _____ EXPIRY DATE _____ Please remember to keep this card
in your wallet during your trip.

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

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

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

**IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE.
IF YOU HAVE QUESTIONS, CALL 1-866-707-4922.**

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

10-Day Free Look

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

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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 Insurance 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



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

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

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

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

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

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

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

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

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

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

Travel Insurance for Visitors to Canada

Plans at-a-glance

Single-Trip Emergency Medical Plans				
Benefits & Features	PLAN A*		PLAN B*	
Coverage Amounts	\$15,000, \$25,000, \$50,000 or \$100,000†	\$150,000†	\$15,000, \$25,000, \$50,000 or \$100,000†	\$150,000†
Maximum Eligible Age	85 years	69 years	85 years	69 years
<i>Emergency Medical</i>	•	•	•	•
Options Available				
Deductible Savings	•	•	•	•
Family Coverage (under age 54)	•	•		
Optional Insurance				
<i>Trip Interruption</i>	•	•	•	•
Travel Accident	•	•	•	•

* Minimum *age* is 30 days.

† *Emergency Medical Insurance* with a benefit amount of \$100,000 or \$150,000 is available to individuals applying for or holding a Parent and Grandparent Super Visa.

Eligibility

Who can apply?

- Visitors to Canada;
- Canadians who are not eligible for benefits under a *government health insurance plan*;
- Persons who are in Canada on a work visa or Parent and Grandparent Super Visa; or
- New immigrants who are awaiting Canadian *government health insurance plan* coverage.

Eligibility Requirements

You are not eligible for coverage under this policy if any of the following apply to you:

- you are travelling against the advice of a *physician*;
- you have been diagnosed with a terminal illness with less than 2 years to live;
- you have a kidney condition requiring dialysis;
- you have used home oxygen during the 12 months prior to the date of application;
- you have been diagnosed with Alzheimer's disease or any other form of dementia;
- you are under 30 days or over 85 years of *age* (over 69 years of *age* for \$150,000 *Emergency Medical* coverage);
- you reside in a nursing home, home for the aged, other long-term care facility or rehabilitation centre; and/or
- you require assistance with *activities of daily living*.

What else you need to know when applying for coverage:

- Coverage must not exceed 365 days.
- Application for insurance may be made before or after you arrive in Canada.
- Plan B applicants 35 years of *age* or over must complete the *medical questionnaire*.
- A *waiting period* will apply, except in the case of *injury*, if you purchase this insurance after your arrival in Canada or after the *expiry date* of an existing Visitors to Canada policy issued by us. Please review the *waiting period* definition.
- On your *effective date* of insurance, you must be in Canada.
- You may not be covered under more than one plan during your *trip*.
- A \$75 deductible applies to each claim made under this policy, unless you chose the option of no deductible, \$500, \$1,000, \$2,500 or \$5,000 deductible per claim in your application for insurance, and paid the applicable premium.
- Under Plan A, no benefits are payable for a *pre-existing condition* that existed within the 180 days prior to your *effective date of insurance*. Please refer to the section "What is not covered under *Emergency Medical Insurance*" on page 6.
- Under Plan B, no benefits are payable for a *pre-existing condition* that is not *stable* within 180 days of the *effective date*. Please refer to the section "What is not covered under *Emergency Medical Insurance*" on page 6.

General Information

Family Coverage is available under Plan A if all family members are under *age* 54 and *you* have purchased and paid the premium for Family Coverage. Family Coverage covers *you*, *your spouse* and *children* while travelling together and named on the *confirmation*. *Children* must be at least 30 days of *age* to be insured under this policy.

Your coverage starts on the later of:

- the effective date of insurance as shown on your confirmation; or
- the time and date you arrive in Canada from home.

Except in the case of an *injury*, the applicable *waiting period* applies to all claims if *you* purchased insurance after *your* arrival in Canada.

Your coverage ends on the earliest of the following:

- the date *you* leave Canada to return *home*;
- when *your* policy expires as shown in *your confirmation*;
- when the number of days of coverage *you* purchase expires;
- when *you* become a resident of a nursing home, home for the aged, or other long term care facility during *your trip*;
- 365 days after *your effective date* of insurance;
- the first day *you* become insured under a *government health insurance plan*.

During *your* coverage period, if *you* return *home* under the *Trip Break* benefit (#11), *your* Visitors to Canada coverage will be suspended but not terminated and when *you* return to Canada, *your* policy coverage will resume provided *you* are still eligible for coverage. There will be no refund of premium for any of the days during *your* return *home*.

Insurance coverage for side-trips outside Canada: This insurance provides coverage while travelling outside Canada (excluding *your* country of origin), as long as *your* side-*trip* originates and terminates in Canada and does not exceed the lesser of: 30 days per policy or 49% of *your* total number of coverage days.

During *your* coverage period, if *you* take a side-*trip* outside of Canada that is longer than that permitted in this policy, *your* Visitors to Canada coverage will be suspended for the remainder of *your* side-*trip* but *your* coverage will not be terminated. When *you* return to Canada, *your* coverage will resume.

Automatic extension of *your* coverage is provided beyond the date *you* were scheduled to return *home* as per *your confirmation* if:

- your common carrier is delayed*. In this case, we will extend *your* coverage for up to 72 hours;
- you or your travel companion* are hospitalized on *your expiry date*. In this case, we will extend *your* coverage during the hospitalization and for up to 5 days after discharge from the hospital;
- you or your travel companion* have a *medical condition* 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 5 days.

In any case, we will not extend *your* coverage beyond 12 months after *your effective date* of insurance.

To extend *your* coverage, simply call Customer Service at 1-866-707-4922. *You* must make *your* request before *your expiry date* or the date *you* were scheduled to return *home* as per *your confirmation*. If *you* have had no change in *your* health status and have had no event that has resulted or may result in a claim against

the policy since the *effective date* of insurance, the extension may be issued upon request. Otherwise, the extension is subject to approval. In order to avoid the *waiting period*, purchase *your* extension of coverage before the *expiry date* of *your* existing Visitors to Canada policy issued by *us*.

Cancellations & Refunds

- If *you* are cancelling *your* policy because *your* application for a Parent and Grandparent Super Visa was refused, *you* must provide proof of Visa refusal with *your* request for a full refund. Otherwise, *you* can ask for a full refund at any time before the *effective date* of *your* insurance.
- If *you* obtain Canadian *government health insurance plan* coverage, or return *home* before the date *you* were scheduled as per *your confirmation*, and have not reported or initiated a claim or been provided with any assistance services, *you* may ask for a refund of the premium for the unused days of *your trip* and will need to provide proof of the date *you* actually returned *home* or the *effective date* of *your* Canadian *government health insurance plan* coverage. Simply contact *us* to ask for a refund. All travellers insured under the same policy must return together or have Canadian *government health insurance plan* coverage in effect for a refund to be possible. Minimum premium refund amount is \$25.
- If *you* hold a Parent and Grandparent Super Visa and have purchased 365 days of coverage, and are requesting a partial refund due to *your* early return to *your home* or departure from Canada and:
 - have had no claim that has been reported, paid or denied, unused premium (minimum of \$25) may be refunded when *you* have provided proof of return to *your home* or departure from Canada.
 - have reported a claim or have a payable claim for which the payment has not been issued or the total amount of all reported eligible claim expenses will not exceed the deductible amount, *you* may apply to have such claim withdrawn and, subject to *our* approval, unused premium may be refunded less a handling fee of \$300 per claim which will be deducted from any amount to be refunded.
 - when a claim has been denied or paid, no refund is possible.

A written request to cancel this policy must be received within 60 days following the date *you* return *home* along with proof of *your* departure from Canada. In no event will we back-date a cancellation to a date more than 60 days prior to the date of receipt of *your* cancellation request. If *your* cancellation request is received more than 30 days following the date *you* returned *home*, we will require a copy of every page of *your* passport to verify that *you* did not visit Canada between the date *you* returned *home* and the date *you* submitted *your* refund request. Once any refund of premium has been requested, no expenses will be accepted for consideration under the policy, regardless of the date the expense was incurred. Refunds will be credited to the same credit card used to charge the premium.

Refund requests may be sent to: Manulife, P.O. Box 4262, Stn A, Toronto ON, M5W 5T4.

No refunds are available for *Trip Interruption Insurance* after the *effective date*, side-*trips* or *Trip Breaks*.

How to make a claim

**In the event of an emergency,
call the Assistance Centre immediately
1-855-841-4796**

Toll free from the USA and Canada.

+1-519-988-7008

Collect to Canada from anywhere else in the world.

Our Assistance Centre is there to help you

24 hours a day, each day of the year.

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

The Assistance Centre will verify and explain *your* coverage to *you*; refer *you* to a medical provider; arrange to have *your* covered expenses billed directly to *us* where possible; and monitor *your* medical condition.

If *you* do not contact the Assistance Centre before receiving medical *treatment*, *you* will have to pay 20% of the medical expenses *we* would normally pay under this insurance. If it is medically impossible for *you* to call when the emergency happens, the 20% co-insurance will not apply. In this case, *we* ask that *you* call as soon as *you* can or that someone call on *your* behalf.

Mailing Instructions:

Please mail all original receipts, bills and invoices to:

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

Online Claim Submission

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

Your claim must be sent or submitted to *us* within 90 days of *your* loss. Ensure *you* keep a copy of *your* receipts, bills and invoices for *your* records.

To determine which documents are needed for each type of claim, refer to the insurance plan under which *you* are filing a claim.

What is covered under Emergency Medical Insurance?

Under *Emergency* Medical Insurance, *you* are covered for the actual eligible covered expenses related to the medical attention *you* need if a medical *emergency* begins unexpectedly after *your* effective date of insurance and when these expenses are not covered by any other benefit plan. The maximum amount payable is based on the plan *you* have purchased. Medical attention must be required as part of *your* *emergency* treatment and ordered by a *physician* (or a dentist in the case of dental treatment).

You must call the Assistance Centre before obtaining *emergency* treatment, so that *we* may:

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

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

The deductible amount is the amount of covered expenses that *you* are responsible for paying per person per *emergency* medical claim. *Your* deductible amount applies to the amount remaining after any covered expenses are paid by any other benefit plan *you* may have. The deductible amount is shown on *your* confirmation and applies to each claim.

Eligible covered expenses include:

- Expenses to receive *emergency* medical attention** – Reasonable and customary charges for medical care received from a *physician* in or out of a *hospital*, the cost of a *hospital* room (semi-private room when available or an intensive care unit when 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. Follow-up visits are covered until the attending *physician* or *our* medical advisors declare the end of the medical *emergency*.
- Expenses for paramedical services** – *Treatment* received from a licensed chiropractor, osteopath, chiroprapist, physiotherapist or podiatrist, up to \$300 per profession, provided such *treatment* is for an *emergency*, prescribed by a *physician* and approved in advance by *our* Assistance Centre. *Your* paramedical practitioner must be a person other than *yourself* or an *immediate* family member.
- Expenses for ambulance transportation** – Reasonable and customary charges for local licensed ground ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency*.
- Expenses for *emergency* dental treatment** – If *you* need dental treatment in an *emergency*, *we* will pay:
 - up to \$300 for the relief of dental pain; or
 - if *you* suffer from an accidental blow to the mouth, up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth.
- Expenses related to *your* death** – If *you* die during *your* trip from an *emergency* covered under this insurance, *we* will reimburse *your* estate for:
 - up to \$3,000 to have *your* body prepared where *you* die and the cost of the container, plus the return home of *your* body (in the standard transportation container normally used by the airline); or
 - up to \$3,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$3,000 for *your* burial where *you* die; or
 - up to \$3,000 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 fare via the most cost-effective itinerary for that person, as well as up to \$300 for that person's hotel and meal expenses. *We* will also cover that person for up to 72 hours under the same *Emergency Medical Insurance Plan* purchased by *you*.

6. **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 treatment*, *we* will pay for one or more of the following:
 - the extra cost of an economy class fare via the most cost-effective itinerary;
 - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary;
 - the return economy class fare of a qualified medical attendant via the most cost-effective itinerary 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 it is medically necessary.
7. **Extra expenses for meals, hotel, phone calls and taxi** – If a medical *emergency* prevents *you* or *your* *travel companion* from returning *home* as originally planned, or if *your* *emergency* medical *treatment* or that of *your* *travel companion* requires *your* transfer to a location that is different from *your* original destination, *we* will reimburse *you* up to \$150 per day to a maximum of \$1,500 for *your* extra hotel, meals, essential calls and taxi fares. *We* will only pay for these expenses if *you* have actually paid for them.
8. **Expenses to bring someone to your bedside** – If *you* are travelling alone and are admitted to a *hospital* for 3 days or more because of a medical *emergency*, *we* will pay up to \$3,000 for the return economy class airfare via the most cost-effective itinerary for one *immediate family* member or one close friend to be with *you*. *We* will also pay up to \$300 for that person's hotel and meals and cover him/her under the same *Emergency Medical Insurance Plan* purchased by *you*, until *you* are medically fit to return *home*. If *you* are a *child*, or if *you* are mentally or physically disabled and dependent for support on the visiting *immediate family* member, this benefit is available immediately upon *your* *hospital* admission.
9. **Expenses for childcare** – If *you* are admitted to *hospital*, *we* will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the *child's* parent, member of the *immediate family*, *your* *travel companion*, or the person whose guest *you* are during the *trip*. *We* will reimburse *you* up to \$100 per day to a maximum of \$300 per *trip*. The *child(ren)* must have been under *your* care during *your* *trip*.
10. **Expenses to return children under your care** – If *you* are admitted to *hospital* for more than 24 hours or must return *home* because of an *emergency*, *we* will pay for the extra cost of the *children's* economy class airfare *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 this policy.
11. **Trip Break** – If *you* have requested and received prior approval from *our* Assistance Centre, *you* may return *home* without

terminating *your* coverage. *Your* coverage will be suspended but will not terminate after *you* leave Canada and while *you* are *home*. *Your* suspension of coverage will end and *your* coverage will be reinstated when *you* arrive in Canada. There will be no refund of premium for any of the days during *your* return *home*.

What is not covered under *Emergency Medical Insurance*?

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

1. **Any sickness or disease suffered during the *waiting period*.**
2. **For Plan A –**
 - a. any *medical condition*, diagnosed or undiagnosed, which existed or for which *you* sought or received medical advice, consultation, investigation, or for which *treatment* was required or recommended by a *physician*, within the 180 days prior to the *effective date*;
 - b. any heart condition if, in the 180 days before the *effective date*, *you* required any form of nitroglycerine for the relief of angina pain; and/or
 - c. any lung condition if, in the 180 days before the *effective date*, *you* required *treatment* with oxygen or Prednisone for a lung condition.
3. **For Plan B –**
 - a. a *pre-existing condition* that is not *stable* in the 180 days before the *effective date* of insurance;
 - b. any heart condition if, in the 180 days before the *effective date*, *you* required any form of nitroglycerine for the relief of angina pain; and/or
 - c. any lung condition if, in the 180 days before the *effective date*, *you* required *treatment* with oxygen or Prednisone for a lung condition.
4. Expenses for a *pre-existing condition* for which *you* were hospitalized either more than once, or for at least 2 consecutive days, in the 12-month period before *your* *effective date* of insurance.
5. Covered expenses that exceed the *reasonable and customary* charges that normally apply where the medical *emergency* occurs.
6. Covered expenses that exceed the maximum insured amount available under the plan *you* have purchased.
7. Any expenses or benefits if the information provided on the application for insurance is not truthful and accurate or *you* did not meet the eligibility requirements under this coverage.
8. Covered expenses that exceed 80% of those *we* would normally pay under this insurance, if *you* do not contact the Assistance Centre within 24 hours of hospitalization, unless *your* *medical condition* makes it medically impossible for *you* to call (in that case, the 20% co-insurance does not apply).
9. *Any treatment* that is not for an *emergency*.
10. Continued *treatment* of a *medical condition* when *you* have already received *emergency treatment* for that condition during *your* *trip*, if *our* medical advisors determine that the medical *emergency* has ended.

11. Any *medical condition* or symptoms:
 - when *you* knew, 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* during *your trip*; and/or
 - for which it was reasonable to expect before *you* left *home*, or before *your effective date* of coverage, that *you* would need *treatment* during *your trip*; and/or
 - for which future investigation or *treatment* was planned before *you* left *home*; and/or
 - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 3 months before leaving *home*; and/or
 - that had caused *your physician* to advise *you* not to travel.
12. Any *emergency* and non-*emergency* medical services for any *injury* that occurred or illness that started or was treated during any *Trip Break* (Benefit #11) that *you* have taken.
13. Any *emergency* that occurs while *you* are participating in:
 - any sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation;
 - any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
 - mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain;
 - rock-climbing;
 - parachuting;
 - skydiving;
 - hang-gliding or using any other air supported sporting device; or
 - participating in a motorized speed contest.
14. *Your* self-inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.
15. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
16. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
17. • Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *our trip*.
 - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
18. Any loss resulting from *your minor mental or emotional disorder*.
19. • *Your* routine pre-natal or post-natal care;
 - *Your* pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
20. *Your* child born during *your trip*.
21. For insured *children* under 2 years of *age*, any *medical condition* related to a birth defect.
22. 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.
23. Any *emergency* that occurs or recurs after *our* medical advisors recommend that *you* return *home* following *your emergency treatment*, and *you* choose not to.
24. Any death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft or acting as a member of an aircraft crew.
25. For consecutive policies with no interruption in coverage and policy extensions: any *medical condition* which first appeared, was diagnosed or for which *you* received medical *treatment*, after the scheduled *departure date* and prior to the *effective date* of the subsequent policy or insurance extension.
26. Any follow-up visits outside Canada when the *emergency* occurred in Canada.
27. Any *medical condition* or *injury* *you* contract or suffer when an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.

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

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.
28. Any *act of war* or *act of terrorism*.

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 with that portion of coverage in excess of \$50,000.

If *you* are making a claim under this benefit, *we* will need:

- a. original receipts for all bills and invoices;
- b. proof of payment made by *you* and/or 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 dates for side-*trips* outside Canada; and
- f. a copy of *your* ticket and passport confirming travel dates and entry into Canada.

What is covered under Optional Travel Accident Insurance?

Travel Accident Insurance is an optional plan that provides coverage for loss of life, limb, or sight resulting from an *injury* during *your* covered *trip*.

1. Up to \$50,000 if an *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, within 365 days of the accident.
2. Up to \$25,000 if an *injury* causes *you* to become completely and permanently blind in one eye, or to have one of *your* limbs fully severed above a wrist or ankle joint, within 365 days of the accident.
3. If *you* have more than one *injury* during *your trip*, we will pay the applicable insured sum only for the one accident that entitles *you* to the largest benefit amount.

What is not covered under Optional Travel Accident Insurance?

Under Optional Travel Accident Insurance, we will not cover expenses or benefits if *your* death or *injury* results directly or indirectly from:

1.
 - any sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation;
 - any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
 - mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain;
 - rock-climbing;
 - parachuting;
 - skydiving;
 - hang-gliding or using any other air supported sporting device; or
 - participating in a motorized speed contest.
2. *Your* self-inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.
3. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
4.
 - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
 - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
5. Any loss resulting from *your minor mental or emotional disorder*.
6. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
7. A criminal act or an attempt to commit such an act by *you* or *your* beneficiary.
8. An illness or disease, even if the proximate cause of its activation or reactivation is the result of an *injury*.
9. Any *act of war* or *act of terrorism*.

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

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

What is covered under Optional Trip Interruption Insurance?

Trip Interruption Insurance is an optional plan that provides coverage for a covered event that interrupts *your trip*. Events covered after *you* arrive in Canada from *home* include:

- a. *your* or *your travel companion's* emergency medical condition or death;
- b. *your* or *your travel companion's* immediate family member's emergency medical condition or death;
- c. emergency hospitalization or death of the person whose guest *you* are during *your trip*.

Under Optional Trip Interruption insurance, we will pay up to a maximum of \$1,500 for single coverage, or \$5,000 for family coverage for:

- a. the prepaid portion of *your trip* that is non-refundable and non-transferable to another travel date, except prepaid unused transportation *home*; or
- b. *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of up to \$300 per day for up to 2 days when no earlier transportation arrangements are available; and/or
- c. *your* one-way economy class airfare via the most cost-effective itinerary to return *you home*.

What is not covered under Optional Trip Interruption Insurance?

Under Optional Trip Interruption Insurance, we will not cover expenses resulting directly or indirectly from:

1. A *medical condition* related to a covered event, if the *medical condition* was not *stable* in the 3 months before the *effective date* of insurance.
2. An event which *you* or *your travel companion* were aware of on or before the date *you* purchased this insurance, and which may eventually prevent *you* from completing *your trip* as booked when *you* purchased this insurance coverage.
3. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
4. Travel arrangements for which no premium was paid before departure from *your home*.
5. Any loss resulting from *your minor mental or emotional disorder*.
6. *Your* self-inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.
7. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
8. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.

9. • Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
 - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
10. • *Your* routine pre-natal or post-natal care;
 - *Your* pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
11. *Your* child born during *your trip*.
12. Any *medical condition* or symptoms:
 - when *you* knew, 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* during *your trip*; and/or
 - for which it was reasonable to expect before *you* left *home* that *you* would need *treatment* during *your trip*; and/or
 - for which future investigation or *treatment* was planned before *you* left *home*; and/or
 - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 3 months before leaving *home*; and/or
 - that had caused *your physician* to advise *you* not to travel.
13. The failure of any travel supplier through which *you* have contracted to supply services, or the failure of any travel agent, agency or broker to supply services.
14. Any *act of war* or *act of terrorism*.

If *you* are making a claim under Optional *Trip Interruption Insurance*, the following conditions apply:

1. *You* must contact the Assistance Centre immediately or, at the latest, the business day following the cause of the interruption. Any delays in notifying the Assistance Centre will limit the benefit to the non-refundable amount that would have been payable on the date the cause for claim occurred.
2. *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 and, if applicable:
 - a) complete original unused transportation tickets and vouchers;
 - b) original passenger receipts for the new tickets purchased;
 - c) the original receipts for the travel arrangements paid in advance and for the extra hotel, meal, taxi and telephone expenses incurred by *you*;
 - d) any other invoice or receipt supporting the claim; and
 - e) the entire medical file of any person whose health or *medical condition* is the reason for *your* claim.

What are the other insurance details?

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

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

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

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

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

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

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 governing provincial statutes respecting contracts of accident and sickness insurance where *your* policy was issued.

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 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* if required) prior to *your effective date*.

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

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

Coverage will not be in effect 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 insurance coverages outlined in this policy are second-payor plans. If there are other third-party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third-party liability insurance in force concurrently herewith, amounts payable hereunder are limited to those expenses incurred while away from *home* that are in excess of the amounts for which *you* are insured under such coverage.

If *you* are eligible, from any other insurer, for benefits similar to those provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer (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).

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* will do nothing to prejudice such rights.

If *you* are insured under more than one policy underwritten by *us*, the total amount *we* will 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 *you* are insured under more than one policy and the total amount of all accident insurance *you* have exceeds \$50,000, *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.

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

Except in the case of *your* death, *we* will pay the expenses covered 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 will 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 this contract is absolutely barred unless commenced within the time set out in the Insurance Act, or other applicable legislation, or in the Limitations Act, 2002 in Ontario.

To determine the validity of a claim under this policy, *we* may obtain and review medical records from *your* attending *physician(s)*, including the records from *your* regular *physician(s)* at *home*. These records

may be used to determine the validity of a claim whether or not the contents of the medical records were made known to *you* before *you* incurred a claim under this policy. In addition, *we* have the right, and *you* shall afford *us* the opportunity, to have *you* medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If *you* die, *we* have the right to request an autopsy, if not prohibited by law.

Definitions

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.

Activities of daily living means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

Age means *your age* at *your effective date* of insurance.

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.

The following is not considered a *change in medication*:

- a change from a brand-name drug to an equivalent generic drug of the same dosage;
- a routine adjustment in the dosage of *your medication*, as a result of *your blood levels* only, 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.

Child, Children means *your* unmarried, dependent son or daughter who is travelling with *you* or joining *you* during *your trip* and is:

- at least 30 days of *age* but under 21 years of *age*; or
- any *age* who is mentally or physically disabled and dependent on *you* for support.

Common carrier means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended for 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 *home*.

Effective date means the date on which *your* coverage begins. *Your* coverage starts on the later of:

- the *effective date* of insurance as shown on *your confirmation*; or
- the time and date *you* arrive in Canada from *home*.

Except in the case of an *injury*, the applicable *waiting period* applies to all claims if *you* purchased insurance after *your* arrival in Canada.

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

Expiry date means the earliest of:

- the date *you* leave Canada to return *home*;
- when *your* policy expires as shown on *your confirmation*;
- when *you* become a resident of a nursing home, home for the aged, or other long-term care facility during *your trip*;
- 365 days after *your effective date* of insurance;
- the first day *you* become insured under a *government health insurance plan*.

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

Home means *your* country of residence or origin; or *your* place of departure before arriving in Canada.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Waiting period means:

- the 48-hour period following and including *your effective date* of insurance if *your effective date* is within 30 days of arrival in Canada;
- the 8-day period following and including *your effective date* of insurance if *your effective date* is more than 30 days after arrival in Canada.

A claim arising during a *waiting period* is not covered.

The *waiting period* will be waived:

- in the case of an *injury*; or

- if *you* purchased this policy prior to the *expiry date* of an existing Visitors to Canada policy already issued by *us*, to take effect on the day following such *expiry date*, provided that there is no increase in the coverage amount or change in the Plan *you* select.

We, us, our means Manulife.

You, yourself, your means the person named as the insured 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.

Notice on Privacy

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

Notice on Privacy and Confidentiality. The specific and detailed information requested on the application form is required to process the application.

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

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

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

1-855-841-4796

Toll free from the USA and Canada.

+1-519-988-7008

Collect to Canada from anywhere else in the world.

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

If *you* need medical attention or must make any other type of claim during *your trip*, call *us* for assistance first. The Assistance Centre is open 24 hours a day, each day of the year.

Please note that if *you* do not call the Assistance Centre in an emergency, or prior to any *treatment*, *you* will have to pay 20% of the eligible medical expenses *we* would normally pay under this policy.

If it is medically impossible for *you* to call, please have someone call on *your* behalf. Immediate access to the Assistance Centre is also available through the TravelAid mobile app. To download the app, visit: <http://www.active-care.ca/en/travelaid/>.



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