

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

**1 877 878-0142** toll-free from  
the USA and Canada.

**+1 519 251-5166** collect from  
anywhere else in the world.

**Our Assistance Centre is there to help you  
24 hours a day, 365 days a year.**

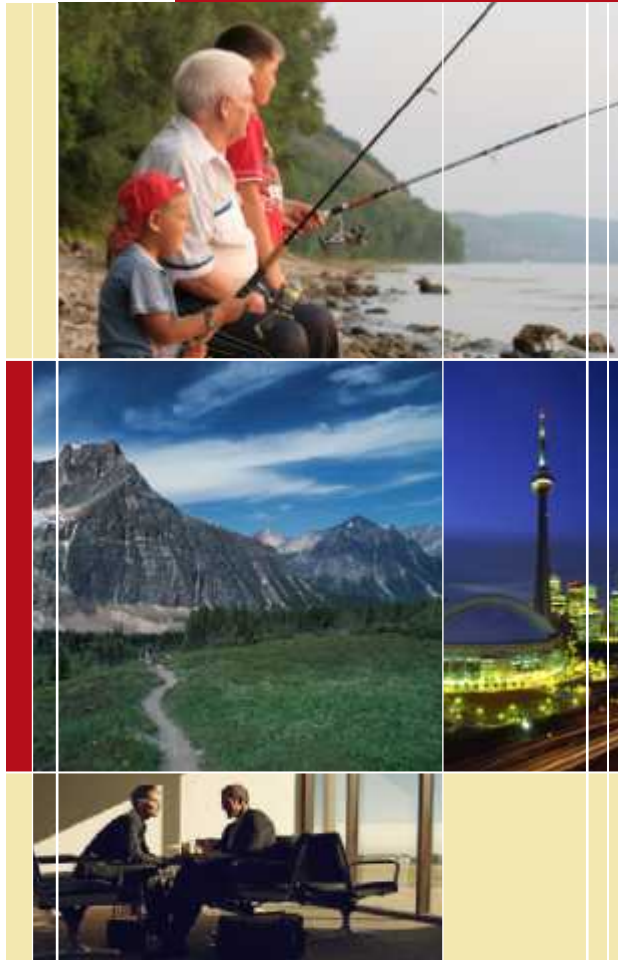
Underwritten by:

 **Manulife Financial**  
With you every step of the way™

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**Visitors to  
Canada Policy**



**Manulife Financial** Travel Insurance  
**VISITORS TO CANADA TRAVEL INSURANCE**

**IN CASE OF A MEDICAL EMERGENCY, CALL THESE NUMBERS FIRST:**  
**1 877 878-0142** toll-free from the USA and Canada  
**+1 519 251-5166** collect to Canada from anywhere else in the world

NAME \_\_\_\_\_

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

 **Manulife Financial**

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

**Manulife Financial** Travel Insurance  
**VISITORS TO CANADA TRAVEL INSURANCE**

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NAME \_\_\_\_\_

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

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

## 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.

In order to serve *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 1 800 565-2338 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 Financial 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 Financial 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 and those of our administrators. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P. O. Box 4262, Stn A, Toronto, ON M5W 5T4.

### 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 exclusions or limitations.
- A pre-existing exclusion may apply to a medical condition and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date of insurance.
- In the event of an accident, injury or illness, your prior medical history may be reviewed when a claim is reported.
- Your policy provides travel assistance. If you experience a medical emergency you must notify our Assistance Centre immediately. Your policy may limit benefits should you not contact the Assistance Centre within a specific time period.

### PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL

### IMPORTANT INFORMATION ABOUT YOUR INSURANCE:

This policy is underwritten by The Manufacturers Life Insurance Company ("Manulife Financial") effective October 1, 2008. Manulife Financial has appointed Active Care Management as the sole provider of all assistance and claims services under this policy.

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

**1 877 878-0142 from Canada or the U.S.,  
or +1 519 251-5166 collect from anywhere else.**

**Call prior to receiving medical treatment:** If you do not contact the Assistance Centre before receiving medical treatment, you will have to pay 25% 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 25% 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.

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, 365 days a 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 25% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf.

The Manufacturers Life Insurance Company

10/2008

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, 365 days a 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 25% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf.

The Manufacturers Life Insurance Company

10/2008

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**ENQUIRIES:** For coverage information, general enquiries, or to apply for an extension or refund of premium, please call the customer service centre at the number provided in *your confirmation*. To make a claim or to enquire about *your* claim status, please call **1 877 878-0142** or **+1 519 251-5166**.

**Claims correspondence should be mailed to:**

Manulife Financial Travel Insurance  
c/o Active Care Management  
3600 Rhodes Drive, Windsor, ON N8W 5A4 Canada

**WHO CAN APPLY?**

- a) Visitors to Canada;
- b) Canadians who are not eligible for benefits under a *government health insurance plan*;
- c) Persons who are in Canada on a work or student visa; or
- d) New immigrants who are awaiting Canadian *government health insurance plan* coverage.

## WHEN APPLYING

Benefits & Features	SINGLE-TRIP EMERGENCY MEDICAL PLANS				30-DAY MULTI-TRIP EMERGENCY MEDICAL PLANS	
	PLAN A*		PLAN B		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	\$150,000	\$150,000
Maximum Eligible Age	85 years	69 years	35-85 years	35-69 years	69 years	35-69 years
Emergency Medical	•	•	•	•	•	•
<b>Options Available</b>						
Top-Ups Available on	•	•	•	•	•	•
Deductible Savings	•	•	•	•	•	•
Family Coverage (up to age 54)	•	•	•	•	•	•
<b>Optional Insurance – for Individual Trips**</b>						
Trip Interruption	•	•	•	•	•	•
Travel Accident	•	•	•	•	•	•

\* Minimum age is 31 days

\*\* These options may be purchased for each individual trip, regardless of whether you have purchased the single-trip or multi-trip plan.

## ELIGIBILITY

### ELIGIBILITY EXCLUSIONS

You are not eligible for coverage under this policy if:

- the date of your trip occurs during the time that you have been advised by a physician not to travel;
- you have been diagnosed with a terminal illness with less than 2 years to live;
- you have a kidney condition requiring dialysis; and/or
- you have used home oxygen during the 12 months prior to the date of application.

#### Plan A

You are not eligible for coverage under Plan A if you are under 31 days or over 85 years of age (over 69 years of age for \$150,000 Single-Trip Emergency Medical coverage or the Multi-Trip plan).

#### Plan B

You are not eligible for coverage under Plan B if you are under 35 years or over 85 years of age (over 69 years of age for \$150,000 Single-Trip Emergency Medical coverage or the Multi-Trip plan).

Plan B is only available to residents of the following countries or districts: Austria, Australia, Bahamas, Barbados, Belgium, Bermuda, Cayman Islands, Czech Republic, Denmark, Finland, France, Greece, Germany, Hungary, Hong Kong, India, Ireland, Israel, Italy, Jamaica, Japan, Netherlands, New Zealand, Norway, Poland, Slovakia, South Africa, Spain, Sweden, Switzerland, Trinidad and Tobago, United Kingdom, and the United States of America. Applicants must be at least 35 years of age, and must complete the medical questionnaire.

### WHAT ELSE YOU NEED TO KNOW WHEN APPLYING FOR COVERAGE:

- This policy may only be issued in Canada and coverage must not exceed 365 days.
- Application for insurance may be made before or after you arrive in Canada.
- A waiting period will apply if you purchase this insurance after your arrival in Canada. Please review the waiting period definition.
- On your effective date of insurance, you must be in Canada and: a) under age 70 for Multi-Trip plans; or b) under age 86 for Single-Trip plans (under age 70 for \$150,000 Single-Trip Emergency Medical coverage).
- 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, or \$1,000 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 before *your effective date* of insurance. Please refer to the section “WHAT IS NOT COVERED UNDER EMERGENCY MEDICAL INSURANCE” on page 9.
- 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 9.

## GENERAL INFORMATION ABOUT YOUR INSURANCE

**Italicized words** have a specific meaning. Please refer to the “Definitions” section at the end of this booklet.

**To apply for coverage**, *you* or someone on *your* behalf must complete and sign the Manulife Financial Visitors to Canada application for insurance form, not more than 90 days before the *effective date* of coverage, and return it to *us* with *your* payment of the required premium.

Coverage must be purchased for the entire duration of *your trip* if *you* are planning to return *home*.

**Family Coverage** is available under Plan A if all family members are under age 55 and *you* have purchased and paid the premium for the Family Coverage. Family Coverage covers *you*, *your spouse* and *children* while travelling together. *Children* must be at least 31 days of age to be insured under this *policy*.

### **Your coverage starts:**

- For single-*trip* plans, on the later of: i) the *effective date* of insurance as shown on *your confirmation*; or ii) the time and date *you* arrive in Canada from *home*;
- For multi-*trip* plans, the time and date *you* initially arrive in Canada from *home*. Thereafter, the time and date of each arrival in Canada from *home*.

Except in the case of an *accidental bodily 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:

- each time *you* leave Canada to return *home*;
- when the number of days of coverage *you* purchased, as shown in *your confirmation*, expires;

- no more than 365 days after *your effective date* of insurance; or
- the first day *you* become insured under a *government health insurance plan*.

### **Insurance coverage for side trips outside Canada**

This insurance provides coverage for up to 30 days while travelling outside Canada (excluding *your* country of origin), as long as *your side trip* originates and terminates in Canada and does not exceed 49% of *your* total number of coverage days.

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

- your* carrier is delayed. In this case, *we* will extend *your* coverage for up to 72 hours;
- you* are hospitalized. In this case, *we* will extend *your* coverage during the hospitalization and for up to 5 days after discharge from the *hospital*;
- you* have a *medical condition* that does not require hospitalization but prevents travel. 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**, *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 not had a *medical condition* and do not have a pending claim against the policy since the *effective date* of insurance, the extension (minimum additional premium of \$25) may be issued upon request. Otherwise, the extension is subject to the approval of the Assistance Centre.

### **Top-Ups:**

Single-*Trip Emergency* Medical Plan A can be used to top up Multi-*Trip Emergency* Medical Plan A, and Single-*Trip Emergency* Medical Plan B can be used to top up Multi-*Trip Emergency* Medical Plan B. Top-ups can be purchased for a maximum trip duration of 365 days.

### **To obtain a refund of premium**

- If *you* cancel *your policy* at any time before the *effective date* of insurance; or
- if *you* return *home* before the date *you* were scheduled to as per *your confirmation*, and have not had a claim, *you* may ask for a refund of the premium for the unused days of *your trip* (minimum \$25) and provide proof of the date *you* actually returned *home*. Simply contact *us* to ask for a refund. All travellers insured under the same policy must return together for a refund to be possible.

## HOW TO MAKE A CLAIM

To make a claim due to illness or injury during *your trip*, please call the Assistance Centre at:

1 877 878-0412

Toll free from the USA and Canada.

1 519 251-5166

Collect to Canada from anywhere else in the world.

**Call prior to receiving medical treatment:** If you do not contact the Assistance Centre before receiving medical *treatment*, you will have to pay 25% 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 25% 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.

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; and monitor your medical condition.

Please mail all original receipts, bills and invoices to:

**Manulife Financial Travel Insurance**  
c/o Active Care Management  
3600 Rhodes Drive  
Windsor, Ontario N8W 5A4

Your claim must be sent to us within 90 days of your loss.

Ensure you keep a copy of your receipts, bills and invoices for your records.

## 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 condition* 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*). Covered expenses and benefits are subject to the *policy's* exclusions and limitations.

**We will cover benefits 5 to 10 only if they have been authorized and arranged by the Assistance Centre.**

Eligible covered expenses include:

- 1. Expenses to receive emergency medical attention** – 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*.
- 2. Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, chiropodist, physiotherapist or podiatrist, up to \$300 per profession.
- 3. Expenses for ambulance transportation** – Reasonable and customary charges for local licensed ground ambulance service and/or air ambulance service (if approved by us in advance) to a qualified medical service provider in an *emergency*.
- 4. 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.

5. **Expenses related to *your* death** – If *you* die during *your trip* from a *medical condition* covered under this insurance, we will reimburse *your* estate for:
- the return *home* of *your* body (in the standard transportation container normally used by the airline), plus up to \$3,000 to have *your* body prepared where *you* die and the cost of the container;
  - 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
  - the return *home* of *your* ashes, plus up to \$3,000 to cremate *your* body where *you* die.

In addition, if someone is legally required to identify *your* body and must travel to the place of *your* 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. We will also cover that person for up to 72 hours under the same Plan type purchased by *you*.

6. **Expenses to bring *you* home** – If *your* treating *physician* recommends that *you* return *home* because of *your medical condition* or if *our* medical advisors recommend that *you* return *home* after *your emergency treatment*, we will pay for one or more of:
- the extra cost of an economy class fare via the most cost-effective itinerary to receive immediate *medical attention*;
  - 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 essential.

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 up to \$150 per day to *you* 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 the economy class airfare via the most cost-effective itinerary for someone 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 Plan type purchased by *you*, until *you* are medically fit to return *home*. If *you* are a *child*, 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 a covered *medical condition*, 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* to attend special events 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 relating to:

1. Any claim within the *waiting period*.
2. A *pre-existing condition*

**Plan A** – we will not pay any expenses relating to:

- a) a *pre-existing condition* for which medication has been taken, received or prescribed and/or *treatment*

has been received 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.

**Plan B** – we will not pay any expenses relating to:

- 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.
3. 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.
  4. *Covered expenses* that exceed the *reasonable and customary charges* that normally apply where the medical *emergency* occurs.
  5. *Covered expenses* that exceed the maximum insured amount available under the plan you have purchased.
  6. Any expenses or benefits if the information provided on the application for insurance is not truthful and accurate.
  7. *Covered expenses* that exceed 75% of those we would normally pay under this insurance, if you do not contact the Assistance Centre at the time of the *emergency*, unless your *medical condition* makes it medically impossible for you to call (in that case, the 25% co-insurance does not apply).
  8. Any *treatment* that is not for an *emergency*.
  9. 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.
  10. A *medical condition*:
    - 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.

11. Any *emergency* medical 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.
12. An *emergency* resulting from hang-gliding, rock climbing, *mountaineering*, parachuting or skydiving.
13. Participating in a motorized speed contest or your professional participation in a sport, when that sport is your principal paid occupation.
14. Your suicide, attempted suicide or your intentional self-inflicted injury whether sane or insane.
15. Your committing or attempting to commit a criminal act.
16. Your not following a prescribed therapy or *treatment*.
17. Medication, drug or alcohol abuse.
18. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
19. Your routine pre-natal care; your *child* born during your *trip*; your pregnancy or childbirth; or complications of your pregnancy or childbirth when they happen in the 9 weeks before or after the expected date of delivery.
20. For insured *children* under 2 years of *age*, any *medical condition* related to a birth defect.
21. 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.
22. Any *emergency* that occurs after our medical advisors recommend that you return *home* following your *emergency treatment*, and you chose not to.
23. 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) complete diagnosis by the attending *physician* or documentation by the *hospital*, which must state 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 of Canada; and
- f) a copy of *your* ticket and passport confirming travel dates and entry into Canada.

## WHAT IS COVERED UNDER OPTIONAL *TRIP* INTERRUPTION INSURANCE?

*Trip* Interruption Insurance is available under all plans and provides coverage for an individual *trip* whether *you* have purchased the single-*trip* plan or the multi-*trip* plan. If *your trip* is interrupted due to a covered event that occurs after the day *you* leave *home*, under this insurance, *we* will pay up to a maximum of \$1,500 for single coverage, or \$5,000 for family coverage for:

1.
  - 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*.
2. Events covered after *you* arrive in Canada from *home* include:
  - a) *your* or *your travel companion's*, *medical condition* or death;
  - b) *your* or *your travel companion's immediate family member's medical condition*, or death;
  - c) *emergency* hospitalization or death of the person whose guest *you* are during *your trip*.

### WHAT IS **NOT** COVERED UNDER OPTIONAL *TRIP* INTERRUPTION INSURANCE?

Under *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. A *trip* interrupted when, before the insurance was purchased, *you* were aware of any reason that would prevent *you* from completing *your trip* as planned.
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. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
6. *Your* suicide, attempted suicide or *your* intentional self-inflicted injury whether sane or insane.
7. *Your* committing or attempting to commit a criminal act.
8. *Your* not following a prescribed therapy or *treatment*.
9. Medication, drug or alcohol abuse.
10. A child who is born after *you* leave *home*; routine pre-natal care; pregnancy or childbirth; or complications of *your* (or *your spouse's*) pregnancy or childbirth occurring in the 9 weeks before or after the expected date of delivery.
11. A *medical condition*:
  - 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.
12. The failure of any travel supplier through which *we* have contracted to supply services, or the failure of any travel agent, agency or broker to supply services.
13. Any *act of war* or *act of terrorism*.

**If *you* are making a claim under *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 IS COVERED UNDER OPTIONAL TRAVEL ACCIDENT INSURANCE?

Travel Accident Insurance is available under all plans and provides coverage for an individual *trip* whether *you* have purchased the single-*trip* plan or the multi-*trip* plan. Under this insurance, *we* will cover the following benefits:

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

## WHAT IS NOT COVERED UNDER OPTIONAL TRAVEL ACCIDENT INSURANCE?

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

1. An *emergency* resulting from hang-gliding, rock climbing, *mountaineering*, parachuting or skydiving.
2. Participating in a motorized speed contest; or *your* professional participation in a sport, when that sport is *your* principal paid occupation.
3. *Your* suicide, attempted suicide or *your* intentional self-inflicted injury whether sane or insane.

4. *Your* not following a prescribed therapy or *treatment*.
5. Medication, drug or alcohol abuse.
6. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
7. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
8. A criminal act or an attempt to commit such an act by *you* or *your* beneficiary.
9. An illness or disease, even if the proximate cause of its activation or reactivation is the result of an *accidental bodily injury*.
10. 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 ARE THE OTHER INSURANCE DETAILS?

Coverage under this *policy* is issued on the basis of information provided in *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 or top-ups of coverage.

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

This *policy* is non-participating. *You* are not entitled to share in *our* divisible surplus. 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*. 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.

### 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 to reflect actual experience in the marketplace.

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 unless otherwise specified in *your* confirmation. *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. Legal action to recover a claim must start within 12 months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before courts of the Canadian province or territory where *your* *policy* was issued.

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:

**Accidental bodily injury** means an injury to *your* body that *you* sustain during the *trip* and that is caused by external, violent and purely accidental means, directly and independently of all other causes.

**Act of terrorism** means any activity occurring within a 72-hour period, save and except an *act of war* against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- a) use, or a threat to use, force or violence; or
- b) commission of, or a threat to commit, a dangerous act; or
- c) commission of, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system, and the effect or intention of the above is to:
  - i) intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against its conduct or policies; or
  - ii) intimidate, coerce or instill fear in the civilian population or any segment thereof; or
  - iii) disrupt any segment of the economy; or
  - iv) further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

**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 effective date* of insurance.

**Change in medication** means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed.

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

- a) a change from a brand-name drug to an equivalent generic drug of the same dosage;
- b) a required 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, natural or adopted son, daughter, step-son or step-daughter who travels with *you* during *your trip* and is:

- a) at least 31 days of *age* but under 21 years of *age*; or
- b) over 21 years of *age* and is mentally or physically handicapped 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 the document or set of documents confirming *your policy* coverage, including the Manulife Financial Visitors to Canada application for insurance form, and, where applicable, *your trip* arrangements.

**Covered expenses** means *reasonable and customary charges you* incur for supplies and services which are eligible expenses under the *Emergency Medical Insurance* provisions and which are either in excess of and/or not covered under any other benefit plan.

**Deductible amount** means the amount of *covered expenses* that *you* are responsible for paying. *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.

**Departure date** means the date *you* leave *home*.

**Effective date** means the date on which *your* coverage begins as indicated on *your confirmation*. For multi-*trip* plans, coverage begins on the date as shown on *your confirmation* and each date *you* arrive in Canada from *home*.

**Emergency** means a sudden and unforeseen *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 earliest of:

- a) the date *you* return *home*; or
  - b) when *your trip* ends or *your policy* expires as shown in *your confirmation*; or
  - c) 365 days after *your effective date* of insurance; or
  - d) on the first day *you* become insured under a *government health insurance plan*.
- e) when the number of days of coverage *you* purchase expires.

**Government health insurance plan** means the health insurance coverage that Canadian provincial or territorial government provides to residents or coverage that the government of *your home* or *your* country of residence provides to *you*.

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

**Hospital** means a facility that is licensed as a *hospital* where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation 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 or nephew.

**Medical attention** means *treatment* required for the immediate relief of an acute symptom that, according to a *physician*, cannot be delayed until *you* return *home*. It must be ordered by and received from a licensed *physician* or received from a physiotherapist, chiropractor, chiroprapist, osteopath, podiatrist or dentist during the *trip*.

**Medical condition** means *accidental bodily injury*, illness or disease, symptom(s), complication of pregnancy within the first 31 weeks of pregnancy, a mental or emotional disorder that requires admission to a *hospital*, or acute psychosis.

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

**Medically necessary** in reference to a given service or supply, means such service or supply:

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or investigative in nature;
- could not be omitted without adversely affecting *your* condition or quality of medical care;
- cannot be delayed until *you* return *home*; and
- is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

**Mountaineering** means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts and lead-rope or top-rope anchoring equipment.

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

**Policy** means the Manulife Financial Visitors to Canada Travel Insurance plan underwritten by The Manufacturers Life Insurance Company ("Manulife Financial").

**Pre-existing condition** means a *medical condition* that exists before *your effective date* of insurance.

**Reasonable and customary charges** means charges that do not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charges are incurred, when furnishing comparable *treatment*, services or supplies.

**Spouse** means someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the insurance starts.

**Stable** means a *medical condition* for which:

- there have been no new symptoms, and existing symptoms have not become more frequent or severe; and/or
- a *physician* has not determined that the condition has become worse; and/or
- a *physician* (or other medical professional) has not prescribed or recommended a *change in medication* or medical care received for that condition; and/or
- a *physician* (or other medical professional) has not prescribed or recommended a change in how often the medication is taken or medical care is received for that condition; and/or
- there has been no admission to a *hospital* and/or *you* are not awaiting the results of further investigation for that *medical condition*.

**Travel companion** means someone who shares *trip* arrangements and accommodations with *you*. A maximum of three (3) persons (including the insured) will be considered *travel companions*.

**Treatment** means medical consultation, advice, care and/or service provided by a medical practitioner. This includes, but is not limited to medical, therapeutic or diagnostic procedures, investigative testing, surgery, or prescribed drugs (including pills and inhaled, injected or topical medications).

**Trip** means the period of time between *your effective date* of insurance and *expiry date* as shown on *your confirmation*.

**Waiting period** means:

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

A *waiting period* is applicable to all claims if *you* purchased insurance after *your* arrival in Canada.

The *waiting period* will be waived:

- in the case of an *accidental bodily injury*, or
- if *you* purchased this *policy* more than 8 days 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 The Manufacturers Life Insurance Company (Manulife Financial). This *policy* is administered on *our* behalf by Active Care Management, 3600 Rhodes Drive, Windsor, ON N8W 5A4 Canada.

***You, yourself, your*** means the person named as the insured on the *confirmation* and includes *your spouse* and *children* if the required premium for the Family Coverage has been paid.