

## INDIVIDUAL MEDICAL UNDERWRITING PLAN

This policy is underwritten by The Manufacturers Life Insurance Company ("Manulife"). Manulife has appointed Active Care Management as the provider of all assistance and claims services under this policy. **ITALICIZED WORDS** have a specific meaning. Please refer to the "Definitions" section of this policy to find the meaning of each italicized word.

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.

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

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

### PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL

**IMPORTANT:** If you have any change in your health status and/or change in medication or treatment, between the date you completed the application for this coverage and your effective date, you must notify us by calling 1 800 509-5831 or (519) 251-7420. Otherwise, any such change may render your coverage null and void.

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

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

**1-877-251-5107** toll-free from the USA and Canada

**+1 (519) 251-5107** collect to Canada from anywhere else in the world.

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

Visit <http://Active-Care.ca/TravelAid> to download the app.

## ELIGIBILITY

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

## EMERGENCY MEDICAL INSURANCE

### Benefits – What does *Emergency Medical Insurance* cover?

*Emergency Medical Insurance* covers you for up to \$10,000,000 CDN of covered expenses as a result of an emergency while on a trip, only if these covered expenses are not covered by your *government health insurance plan* or any other benefit plan. A medical treatment plan endorsed by your attending physician and accepted by the Assistance Centre, will be developed to provide *medically necessary treatment*.

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

Covered expenses and benefits are subject to the policy's maximums, exclusions, limitations and your deductible amount.

The eligible benefits are:

1. **Expenses for emergency medical attention** – We will pay for medical attention received from a physician in or out of a hospital, the cost of a semi-private hospital room (or an intensive or coronary care unit where medically necessary), the services of a licensed private duty nurse while you are in hospital, the rental or purchase (whichever is less) of a hospital bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about your condition, and drugs that are prescribed for you and are available only by prescription from a physician or dentist. An emergency related to the pre-existing condition(s) listed in the *Medical Underwriting Agreement* will be covered.
2. **Expenses to receive professional services** – We will pay for care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$70 per visit to a combined maximum of \$700 for a covered injury.
3. **Expenses for emergency ambulance transportation** – We will pay for reasonable and customary charges of local licensed ambulance service to the nearest qualified medical service provider in an emergency.
4. **Expenses for emergency dental treatment** – If you need emergency dental treatment, we will pay:
  - up to \$300 for the relief of dental pain; or
  - if you suffer an accidental blow to the mouth, up to \$3,000 to repair or replace your natural or permanently attached artificial teeth (up to \$2,000 during your trip and up to \$1,000 to continue medically necessary treatment in the ninety (90) days after the accident).
5. **Expenses to bring someone to your bedside** – If you are travelling alone and are admitted to a hospital for three (3) days or more because of a medical emergency, we will pay the economy class fare via the most cost-effective itinerary for someone to be with you. We will also pay up to \$1,000 for that person's hotel and meals. Please note: This person is not covered under your insurance and should consider purchasing his/her own travel medical insurance.
6. **Extra expenses for meals, hotel, 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 \$200 per day to a maximum of \$2,000 for your extra meals, hotel, essential phone calls and taxi fares. We will only pay for these expenses if you have actually paid for them.
7. **Repatriation Expenses related to your death** – If you die during your trip from an emergency covered under this insurance, we will reimburse your estate up to \$5,000 for:
  - the cost to have your body prepared or cremated where you die; and
  - the return home of your ashes or your body (in the standard transportation container normally used by the airline); or
  - your burial where you die.

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. Please note: This person is not covered under *your* insurance and should consider purchasing his/her own travel medical insurance.

8. **Expenses to bring you home** – If *your treating physician* recommends that *you* return home because of *your emergency* or if *our* medical advisors recommend that *you* return home after *your emergency*, when approved and arranged by the Assistance Centre, we will pay for:
  - the extra cost of an economy class fare via the most cost-effective itinerary; or
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*; and
  - the return cost of an economy class fare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is *medically necessary* or required by the airline; or
  - the cost of air ambulance transportation, if this is *medically necessary*.
9. **Expenses to return children under your care** – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return home because of an *emergency*, when approved in advance by the Assistance Centre, we will pay for the extra cost of one-way economy class airfare to return the *children* home via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must have been under *your* care during *your trip* and covered under a Manulife travel insurance policy.
10. **Expenses to return your travel companion home** – When approved in advance by the Assistance Centre, we will cover the extra cost of one-way economy airfare via the most cost-effective itinerary, to return *your travel companion* (who is travelling with *you* at the time of *your emergency* and insured under a Manulife travel insurance plan) home, if *you* return home under Benefit #8.
11. **Expenses to return your vehicle home** – If because of a medical *emergency* *you* are unable to drive home the *vehicle* *you* used during *your trip*, when approved in advance by the Assistance Centre, we will cover up to \$3,000 charged by a commercial agency to bring *your vehicle* home. If *you* rented a *vehicle* during *your trip*, we will cover its return to the rental agency.
12. **Terrorism Coverage** – When an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this policy, coverage is available for up to two (2) *acts of terrorism* within a calendar year and up to a maximum aggregate payable limit of \$35 million for all eligible in-force policies issued and administered by us. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

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

We will not pay any expenses or benefits relating to:

1. Any *pre-existing condition* not listed on the *Medical Underwriting Agreement* and/or misrepresented or not disclosed during *your* recorded Medical Underwriting application.
2. Any change in *your* health status occurring after *your* application date and not reported prior to *your effective date*.
3. Any *emergency* if the answers provided in the *medical questionnaire* are not truthful and accurate.
4. *Covered expenses* that exceed the *reasonable and customary charges* where the medical *emergency* happens.
5. *Covered expenses* that exceed 80% of the cost we would normally have to pay under this insurance, if *you* do not contact the Assistance Centre at the time of the *emergency*. If *your medical condition* makes it medically impossible for *you* to call, please have someone call on *your* behalf.
6. Any non-*emergency*, investigative or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications thereof.
7. The continued *treatment* of a *medical condition* when *you* have already received *emergency treatment* for that condition during *your trip* and *our* medical advisors determine that *your* medical *emergency* has ended.
8. A *medical condition*:
  - when *you* knew before *your effective date* of coverage, that *you* would need or be required to seek *treatment* for that *medical condition* during *your trip*; and/or
  - for which it was reasonable to expect before *your effective date* that *you* would need *treatment* during *your trip*; and/or
  - for which future investigation or *treatment* was planned or advised by *your physician* before *your effective date*; and/or
  - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before *your effective date*; and/or
  - that had caused *your physician* to advise *you* not to travel.
9. *Treatment* if *you* specifically purchased this insurance to obtain such *treatment* whether or not it was authorized by a *physician*.
10. An *emergency* resulting from: hang-gliding, rock climbing, *mountaineering*, parachuting or skydiving; participating in a motorized speed contest; or *your* professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation.
11. Suicide; attempted suicide; or an intentional self-inflicted injury whether sane or insane.
12. Committing or attempting to commit a criminal act.
13. Not following recommended or prescribed therapy or *treatment*.
14. Any loss, injury or death related to intoxication, the misuse, abuse, overdose or chemical dependence on medication, drugs, alcohol or other intoxicant, whether sane or insane.
15. *Your* routine prenatal care; *your* pregnancy or childbirth or complications thereof when they happen in the nine (9) weeks before or after the expected date of delivery; *your* child born during *your trip*.
16. For insured *children* under two (2) years of age any *medical condition* related to a birth defect.
17. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
18. Any *treatment*, services or supplies not *medically necessary*, or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
19. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
20. Any *emergency* that occurs or recurs after *our* medical advisors recommend that *you* return home following *your emergency treatment*, and *you* choose not to.
21. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
22. For policy extensions: any *medical condition* which first appeared, was diagnosed, or treated after the scheduled *departure date* and prior to the *effective date* of the insurance extension.
23. Any *act of terrorism* perpetrated by or involving the utilization of biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.
24. Any loss resulting from:
  - i) an *act of war*; or
  - ii) any *medical condition* *you* suffer or contract: in a specific country, region or city when a Government of Canada Travel Advisory, issued before *your effective date*, advises Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion "medical condition" is limited, related or due to the reason for the Travel Advisory.

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

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

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

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

### YOUR COVERAGE STARTS

*Emergency Medical coverage starts on the later of:*

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

### YOUR COVERAGE ENDS

*Your coverage ends on the earliest of:*

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

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

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

### TO STAY LONGER THAN PLANNED

*You* may be able to extend *your coverage*, as long as:

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

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

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

### REFUNDS

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

## MEDICAL CONCIERGE SERVICES

When *you* travel to the U.S., Mexico and the Dominican Republic, the following Medical Concierge Services are available to *you*:

- physician telephonic consultation 24/7 by a qualified physician;
- 24/7 same-day coordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies;
- 24/7 medical referrals to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or hospitals for evaluation and medical treatment;
- 24/7 access to physician house call visits in **select cities in the U.S., Mexico and the Dominican Republic**;
- physician co-ordination to an Emergency Room;
- consulting physician will "fast track" *you* through the Emergency Room in **select cities in the U.S., Mexico and the Dominican Republic**;
- consulting physician who will communicate with the hospital to ensure continuity of care.

To access this service simply call the Assistance Centre using the phone numbers indicated on the wallet card.

**Disclaimer, Waiver, and Limitation of Liability:** StandbyMD is not a medical provider. Medical providers that StandbyMD uses are not employees, agents, nor in any way affiliated with StandbyMD; they simply accept medical referrals of patients from StandbyMD. StandbyMD does not have any real or implied control over the medical judgment of medical providers to whom they refer patients, nor does StandbyMD have any control of their actions or inactions. When making referrals under this policy, neither Manulife, its agents nor StandbyMD assume any responsibility for:

- the availability of services
- their quality
- the results or outcome of any treatment or service
- the outcome of not obtaining any treatment or services covered under these terms.

Policyholders hereby specifically waive any and all right to proceed legally against StandbyMD or anyone related to StandbyMD\* in any and all claims, demands, actions, causes of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flowed from the medical concierge services that StandbyMD is offering. StandbyMD's liability under these medical concierge services, if any, is limited solely to the amount of payment made to participating medical providers for the services that a policyholder obtained after they received a referral from StandbyMD. \*Related persons include principals, parents, successors and assigns of StandbyMD.

## WHAT ELSE DO YOU NEED TO KNOW?

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

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

This policy is non-participating. *You* are not entitled to share in *our* divisible surplus. Neither *we* nor *our* agents or administrators are responsible for the availability, quality or results of any medical *treatment* or transportation, or for *your* failure to obtain medical *treatment*. The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

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

### 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*) prior to *your departure 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 be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

### How does this insurance work with other coverages that you may have?

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

Total benefits paid to you by all insurers cannot exceed your actual expenses. We will coordinate the payment of benefits with all insurers who provide you with benefits similar to those provided under this insurance (except if your current or former employer provides you with an extended health insurance plan with a lifetime maximum of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

In addition, we have full rights of subrogation. In the event of a payment of a claim under this policy, we will have the right to proceed, in your name, but at our expense, against third parties who may be responsible for giving rise to a claim under this policy. You will execute and deliver such documents as are necessary and cooperate fully with us to allow us to fully assert our rights. You must do nothing to prejudice such rights.

If you are insured under more than one insurance policy underwritten by us, the total amount we pay to you cannot exceed your actual expenses; and the maximum you are entitled to is the largest amount specified for the benefit in any one policy.

## HOW TO MAKE A CLAIM

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

**1 877 251-5107** toll-free from the USA and Canada

**+1 (519) 251-5107** collect to Canada from anywhere else in the world.

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

Visit <http://Active-Care.ca/TravelAid> to download the app.

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

Please note that if you do not call the Assistance Centre in an emergency prior to receiving treatment, you will have to pay 20% of the eligible medical expenses we would normally pay under this policy (20% co-insurance).

If it is medically impossible for you to contact the Assistance Centre when the emergency happens, the 20% co-insurance will not apply. In this case, we ask that you contact the Assistance Centre as soon as you can or that someone do so your behalf. **Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify that the Assistance Centre has been contacted.**

If you choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these eligible expenses will be reimbursed to you on the basis of the reasonable and customary charges that we would have paid directly to such provider. Medical charges that you pay may be higher than this amount; therefore, you will be responsible for any difference between the amount you paid and the reasonable and customary charges reimbursed by us. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

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

### IMPORTANT CONTACT INFORMATION

To enquire about your claim status, please call the Customer Service Centre at **1 888 881-8017** or **(519) 945-9634**. For coverage information, general inquiries, or to apply for an extension or refund of premium, please call **1 800 509-5831** or **(519) 251-7420**.

Written correspondence regarding claims should be mailed to:

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

If you are making an **Emergency Medical Insurance claim**, we will need: a) original itemized receipts for all bills and invoices; b) proof of payment by you and by any other benefit plan; c) medical records including complete diagnosis by the attending physician or documentation by the hospital, which must support that the treatment was medically necessary; d) proof of the accident if you are submitting a claim for dental expenses resulting from an accident; e) proof of travel (including departure date and return date); and f) your historical medical records (if we determine such to be applicable).

**To whom will we pay your benefits if you have a claim?** Except in the case of your death, we will pay the covered expenses under this insurance to you or the provider of the service. Any sum payable in the event of your loss of life will be payable to your estate. You must repay us any amount paid or authorized by us on your behalf if we determine that the amount is not payable under your policy. Except for the deductible amount (in U.S. dollars), all amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, we will use our exchange rate on the date you received the service outlined in your claim. We will not pay for any interest under this insurance.

**Is there anything else you should know if you have a claim?** If you disagree with our claim decision, the matter may be submitted to arbitration under the arbitration law in the Canadian province or territory where your policy was issued. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, or other applicable legislation.

To determine the validity of a claim under this policy, we may obtain and review the medical records of your attending physician(s), including the records of your regular physician(s) at home. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to you before you incurred a claim under this policy. In addition, we have the right, and you shall afford us the opportunity, to have you medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If you die, we have the right to request an autopsy, if not prohibited by law.

## DEFINITIONS

When italicized in this policy, the term:

**Act of terrorism** means any activity occurring within a seventy-two (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:

- use, or a threat to use, force or violence; or
- commission of, or a threat to commit, a dangerous act; or
- 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:
- intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against its conduct or policies; or
- intimidate, coerce or put in fear the civilian population or any segment thereof; or
- disrupt any segment of the economy; or
- 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* application date.

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

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

**Confirmation** means the document or set of documents confirming *your* insurance coverage under this policy and, where applicable, *your trip* arrangements. It includes the *Medical Underwriting Agreement* and application for this policy, once the required premium has been received by *us*. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom *you* made arrangements for *your trip*.

**Covered expense** means *reasonable and customary charges* you incur for supplies and services which are eligible expenses under this policy and which are either in excess of and/or not covered under *your government health insurance plan* or any other plan.

**Deductible amount** means the amount of *covered expenses* that *you* are responsible for paying per person per *emergency* medical claim. *Your deductible amount* in U.S. dollars applies to the amount remaining after any *covered expenses* are paid by *your government health insurance plan*. The *deductible amount* is shown on *your confirmation* and applies to each claim.

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

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

- the date *you* leave *home*; or
- the date shown on *your confirmation*, provided that the appropriate premium has been received by *us*.

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

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

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

**Government health insurance plan** means the health insurance coverage that the provincial or territorial governments provide to residents of Canada.

**Home** means *your* Canadian province or territory of residence. If *you* requested coverage to start when *you* leave Canada, *home* means Canada.

**Hospital** means a facility that is licensed as a *hospital*, where in-patients receive medical care, that has at least one registered nurse on duty at all times, and that includes a laboratory and operating theatre. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

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

**Injury** means sudden bodily harm that is caused by external and purely accidental means, directly and independently of illness or disease and all other causes.

**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 *physician* during the *trip* or received from a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist during *your trip*.

**Medical condition** means *injury*, illness or disease, symptom(s), complication of pregnancy within the first thirty-one (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 *you* were required to answer when *you* applied for coverage under this policy.

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

**Medically necessary** in reference to a given service or supply, means such service or supply that: a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; b) is not experimental or primarily investigative in nature; c) could not be omitted without adversely affecting *your* condition or quality of medical care; d) cannot be delayed until *your* return to *your* Canadian province or territory of residence; and e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily by reason of convenience. Services or supplies prescribed by *your* attending *physician* is not any indication that such services or supplies are *medically necessary* and covered by this policy.

**Mountaineering** means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pickaxes, anchors, bolts, carabiners 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 *you* or a member of *your immediate family*.

**Pre-existing condition** means a *medical condition* that existed before *your effective date* whether or not diagnosed by a *physician*, and/or whether or not *you* required or received *treatment*.

**Reasonable and customary charges** means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same *treatment* of a similar sickness or *injury*.

**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 *effective date* of this insurance.

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

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed medical practitioner, including but not limited to prescribed medication, investigative testing and surgery related to any sickness, injury or symptom.

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

**Vehicle** includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

**We, us, our** means The Manufacturers Life Insurance Company (Manulife) in connection with all coverage under this policy.

**You, your** means the person(s) named as the insured(s) on the *confirmation*, for which insurance coverage was applied for and the appropriate premium was received by *us*.

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

**Notice on Privacy and Confidentiality.** The specific and detailed information requested on your application and medical questionnaire is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your file is secured in our offices. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, PO Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.

### Help is just a phone call away

Enjoying your trip should be the first thing on your mind. Our multilingual Assistance Centre is there to help and support you 24 hours a day, 365 days a year with:

#### Pre-Trip Information

- ✓ Passport and visa information
- ✓ Health hazards advisory
- ✓ Weather information
- ✓ Currency exchange information
- ✓ Consulate and embassy locations

#### During a Medical Emergency

- ✓ Verifying and explaining coverage
- ✓ Referral to a doctor, hospital, or other healthcare provider
- ✓ Monitoring your medical emergency and keeping your family informed
- ✓ Arranging return transportation home when medically necessary
- ✓ Arranging direct billing of covered expenses (where possible)

#### Other Services

- ✓ Assistance with lost, stolen or delayed baggage
- ✓ Assistance in obtaining emergency cash
- ✓ Translation and interpreter services in a medical emergency
- ✓ Emergency message services
- ✓ Help to replace lost or stolen airline tickets
- ✓ Assistance with obtaining prescription drugs
- ✓ Assistance with obtaining legal help or bail bond

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

**1 877 251-5107** toll-free from the USA and Canada

**+1 (519) 251-5107** collect to Canada from anywhere else in the world

Immediate access to the Assistance Centre is also available through its TravelAid mobile app.  
Visit <http://Active-Care.ca/TravelAid> to download the app.



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