Manulife Financial Travel Insurance

Policy for Visitors to Canada

Effective December 2018

Underwritten by

In case of a Medical Emergency, you must call our Assistance Centre:

- **1 877 878-0142** toll-free from the USA and Canada
- **+1 (519) 251-5166** collect to Canada from anywhere else in the world

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Effective Date

Expiration Date

Please remember to keep this card in your wallet during your trip.
10-Day Free Look – If you notify us within 10 days of your purchase date, as indicated on your confirmation, that you are not completely satisfied with your policy, we will provide a full refund if you have not already departed on your trip and there is no claim in progress. Refunds are only available when Manulife receives your request for a refund before your departure date.

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

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

For more information, go to www.thiaonline.com/Travel_Insurance_Bill_of_Rights_andRESPONSIBILITIES.html
Important notice

Read your policy carefully before you travel

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

Notice Required by the Alberta Insurance Act:

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

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

Identification of Insurer

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Any risks identified with the symbol ‡ throughout this document are covered by FNAIC. Manulife has appointed Active Claims Management Inc. (operating as Active Care Management) as the provider of all assistance and claims services under this policy.

In the event of an Emergency

Call the Assistance Centre immediately
1 877 878-0142 toll-free from Canada or the U.S. or +1 (519) 251-5166 collect from anywhere else.

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

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide you with directions to the nearest medical facility, and local emergency telephone numbers (such as 911 in North America).

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

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

Our Assistance Centre also offers a medical consultation service that connects you within minutes to a Canadian licensed primary care physician to get an assessment, diagnosis and prescription as needed. Be sure to ask the Assistance Agent to be referred to the Maple telemedicine service available twenty-four hours a day, seven days a week. Currently, Maple is available in Ontario, British Columbia, Nova Scotia, Manitoba, Newfoundland and Labrador, Alberta, Prince Edward Island, New Brunswick, Quebec, Nunavut and Yukon. As a visitor to either of these provinces, you can use Maple during your stay in the province.

Eligibility

Who can apply?

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

Eligibility requirements

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

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

What else you need to know when applying for coverage:

• Coverage must not exceed 365 days.
• Application for insurance may be made before or after you arrive in Canada.
• Plan B applicants 40 years of age or over must complete the medical questionnaire.
• A waiting period will apply, except in the case of injury, if you purchase this insurance after your arrival in Canada or...
after the expiry date of an existing Visitors to Canada policy issued by us. Please review the waiting period definition.

- You may not be covered under more than one plan during your trip.

- A $75 deductible applies to each claim made under this policy, unless you chose the option of no deductible, $500, $1,000, $2,500, or $5,000 deductible per claim in your application for insurance, and paid the applicable premium. The deductible amount is the amount of covered expenses that you are responsible for paying per person per emergency medical claim. Your deductible amount is in Canadian dollars. The deductible amount is shown on your confirmation.

- Under Plan A, no benefits are payable for a pre-existing condition that existed within the 180 days prior to your effective date of insurance. Please refer to the section “What is not covered under Emergency Medical Insurance?”.

- 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?”.

General Information

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 365 days before the effective date of coverage, and return it to us with your payment of the required premium.

Family Coverage is available under Plan A if you purchased and paid the premium for Family Coverage. The parent(s) must be under the age of 60 and their unmarried dependent son or daughter, travelling with them must be:
- dependent on the parent(s) for support; and
- named on the confirmation; and
- at least 30 days of age but under 21 years of age; or,
- any age if mentally or physically disabled.

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

Except for losses resulting from any injury, coverage will begin 48 hours after the effective date if you purchase your policy:
- after the expiry date of an existing Manulife policy; or
- after you leave home.

When coverage is purchased prior to leaving home with an effective date equal to the date and time you are scheduled to arrive in Canada, coverage will also be provided with no additional premium during your uninterrupted flight directly to Canada. An uninterrupted flight can include a stop-over provided you do not leave the airport.

Your coverage ends on the earliest of the following:
- each time you leave Canada to return home;
- when your policy expires as shown in your confirmation;
- when you become a resident of a nursing home, home for the aged, or other long-term care facility during your trip;
- no more than 365 days after your effective date of insurance; or
- the first day you become insured under a government health insurance plan. EXCEPTION: If you are a visitor to Canada with an IEC work permit, this policy will continue to provide eligible benefits that are not covered by your government health insurance plan.

At no additional premium, coverage is included up to the date and time you arrive home following an uninterrupted flight from Canada directly home, with no intention to return to Canada during your period of coverage under this insurance. An uninterrupted flight can include a stop-over provided you do not leave the airport.

During your coverage period, if you return home under the Trip Break benefit (#13), your Visitors to Canada coverage will be suspended but not terminated and when you return to Canada, your policy coverage will resume provided you are still eligible for coverage. There will be no refund of premium for any of the days during your return home.

Insurance coverage for side-trips outside Canada

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

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

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

- your common carrier is delayed and prevents you from travelling on your expiry date. In this case, we will extend your coverage for up to 72 hours;
- you or your travel companion are hospitalized on your expiry date. In this case, we will extend your coverage during the hospitalization up to a maximum of 365 days or until, in our opinion, you are stable for discharge from the hospital or for evacuation home, whichever is earlier, and for up to 5 days after discharge from the hospital;
- you or your travel companion have a medical condition that does not require hospitalization but prevents travel on your expiry date, as confirmed by a physician. In this case, we will extend your coverage for up to 5 days.

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 had no change in your health status and have had no event that has resulted or may result in a claim against the policy since the
effective date of insurance, the extension may be issued upon request. Otherwise, the extension is subject to the approval of the Assistance Centre. In order to avoid the waiting period, purchase your extension of coverage before the expiry date of your existing Visitors to Canada policy issued by us.

To obtain a refund of premium:

a) If you are cancelling your policy because your application for a Parent and Grandparent Super Visa was refused, you must provide proof of visa refusal with your request for a full refund. Otherwise, you can ask for a full refund at any time before the effective date of your insurance.

b) If you obtain Canadian government health insurance plan coverage, or return home before the date you were scheduled as per your confirmation, and have not reported or initiated a claim, you may ask for a refund of the premium for the unused days of your trip. You will need to provide proof of the date you actually returned home or the effective date of your Canadian government health insurance plan coverage. Simply contact us to ask for a refund. All travellers insured under the same policy must return together or have Canadian government health insurance plan coverage in effect for a refund to be possible. Minimum premium refund amount is $25.

c) If you hold a Parent and Grandparent Super Visa and have purchased 365 days of coverage, and are requesting a partial refund due to your early return to your home or departure from Canada and:
- have had no claim that has been reported, paid or denied, - unused premiums (minimum of $25) may be refunded when you have provided proof of return to your home or departure from Canada; or
- have reported a claim or have a payable claim for which the payment has not been issued or the total amount of all reported eligible claim expenses will not exceed the deductible amount, or if a claim has been denied, - you may apply to have such claim withdrawn and, subject to our approval, the unused premium may be refunded less a handling fee of $300 per claim, which will be deducted from any amount to be refunded. Any expenses related to any claim that you withdraw, will be your responsibility for payment.
- a claim has been paid, - no refund is possible.

A written request to cancel this policy must be received within 60 days following the date you return home along with proof of your departure from Canada. In no event will we back-date a cancellation to more than 60 days prior to the date of receipt of your cancellation request. If your cancellation request must include a copy of your return airline ticket or a copy of your boarding pass, and a copy of every page of your passport to verify that you did not visit Canada between the date you returned home and the date you submitted your refund request and a statement saying that you have not incurred any paid claims and will not report or submit any claims against this policy. Once any refund of premium has been requested, no expenses will be accepted for consideration under the policy, regardless of the date the expense was incurred. Refunds will be credited to the same credit card used to charge the premium. No refunds are available for Trip Interruption Insurance after the effective date, side-trips or Trip Breaks.

How to make a claim

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

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

+1 (519) 251-5166
Collect to Canada from anywhere else.

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

Call within 24 hours of hospitalization. If you do not contact the Assistance Centre before receiving medical treatment, you will have to pay 20% of the medical expenses we would normally pay under this insurance. If it is medically impossible for you to call when the emergency happens, the 20% co-insurance will not apply. In this case, we ask that you call as soon as you can or that someone call on your behalf.

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

Please mail all original receipts, bills and invoices to:

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

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.

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

What is covered under Emergency Medical Insurance?

Under Emergency Medical Insurance, you are covered for the actual eligible covered expenses related to the medical attention you need if a medical emergency begins unexpectedly after your effective date of insurance and when these expenses are not covered by any other benefit plan. The maximum amount payable is based on the plan you have purchased. Medical attention must be required as part of your emergency treatment and ordered by a physician (or a dentist in the case of dental treatment). Covered expenses and benefits are subject to the policy’s exclusions and limitations and your deductible amount.
the amount of covered expenses that you are responsible for paying per person per emergency medical claim. Your deductible amount applies to the amount remaining after any covered expenses are paid by any other benefit plan you may have. The deductible amount is shown on your confirmation and applies to each claim.

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

We will cover Benefits #5 to #11 and #13 only if they have been authorized and arranged by the Assistance Centre.

Eligible covered expenses include:

1. Expenses to receive emergency medical attention
   - Reasonable and customary charges for medical care received from a physician in or out of 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 for paramedical services – Treatment received from a licensed chiropractor, osteopath, acupuncturist, chiropodist, physiotherapist or podiatrist, up to $70 per visit to a maximum of $700 for a covered injury. Your paramedical practitioner must be a person other than yourself or an immediate family member.

3. Expenses for ambulance transportation – Reasonable and customary charges for local licensed ground ambulance service to transport you to the nearest appropriate medical service provider in an emergency.

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 $4,000 to repair or replace your natural or permanently attached artificial teeth.

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

In addition, if someone is legally required to identify your body and must travel to the place of your death, we will pay the return economy class airfare via the most cost-effective itinerary for that person, as well as up to $300 for that person’s hotel and meal expenses. We will also cover that person for up to 72 hours under the same Emergency Medical Insurance Plan purchased by you.

6. Expenses to bring you home – If your treating physician recommends that you return home because of your emergency or if our medical advisors recommend that you return home after your emergency treatment, we will pay for one or more of the following:
   - the extra cost of an economy class airfare via the most cost-effective itinerary;
   - a stretcher airfare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary;
   - the return economy class airfare of a qualified medical attendant via the most cost-effective itinerary to accompany you, and the attendant’s reasonable fees and expenses, if this is medically necessary or required by the airline; or
   - the cost of air ambulance transportation, if it is medically necessary.

7. Extra expenses for meals, hotel, phone calls and taxi – If a medical emergency prevents you or your travel companion from returning home as originally planned, or if your emergency medical treatment or that of your travel companion requires your transfer to a location that is different from your original destination, we will reimburse you up to $150 per day to a maximum of $1,500 for your extra hotel, meals, essential calls and taxi fares. We will only pay for these expenses if you have actually paid for them.

8. Expenses to bring someone to your bedside – If you are travelling alone and are admitted to a hospital for five (5) days or more because of a medical emergency, we will pay up to $3,000 for the return economy class airfare via the most cost-effective itinerary for one immediate family member or one close friend to be with you. We will also pay up to $500 for that person’s hotel and meals and cover him/her under the same Emergency Medical Insurance Plan purchased by you, until you are medically fit to return home.

9. Expenses for childcare – If you are admitted to hospital, we will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the child’s parent, member of the immediate family, your travel companion, or the person whose guest you are during the trip. We will reimburse you up to $100 per day to a maximum of $300 per trip. The child(ren) must have been under your care during your trip.

10. Expenses to return children under your care – If you are admitted to hospital for more than 24 hours or must return home because of an emergency, we will pay for the extra cost of the children’s economy class airfare home via the most cost-effective itinerary and the return economy
class airfare via the most cost-effective itinerary for a 
qualified escort when the airline requires it. The children 
must have been under your care during your trip and 
covered under this policy.

11. Expenses to return your travel companion – We will 
cover the extra cost of one-way economy class airfare 
via the most cost-effective itinerary, to return your travel 
companion (one person who is travelling with you at the 
time of your emergency and insured under our travel 
insurance plan) home, if you are repatriated or evacuated 
under Benefit #5 or 6 above.

12. Hospital allowance – If you are hospitalized for more 
than 72 hours, we will reimburse up to $100 for each 
24-hour period to a maximum of $300 for telephone and 
television out-of-pocket expenses incurred by you when 
hospitalized. Expenses must be supported by original 
receipts.

13. Trip break – If you have requested and received prior 
approval from our Assistance Centre, you may return home 
without terminating your coverage. Your coverage will be 
suspended but will not terminate after you leave Canada 
and while you are home. Your suspension of coverage will 
end and your coverage will be reinstated when you arrive in 
Canada. There will be no refund of premium for any of the 
days during your return home.

What is not covered under Emergency Medical 
Insurance?

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

1. Any sickness that manifests during the waiting period even if 
related expenses are incurred after the waiting period.

2. For Plan A –
   a) any medical condition, diagnosed or undiagnosed, which 
      existed or for which you sought or received medical 
      advice, consultation or investigation, or for which 
      treatment was required or recommended by a physician, 
      within the 180 days prior to the effective date;
   b) any heart condition if, in the 180 days before the effective 
      date, you required any form of nitroglycerine for the relief 
      of angina pain; and/or
   c) any lung condition if, in the 180 days before the effective 
      date, you required treatment with oxygen or Prednisone 
      for a lung condition.

3. For Plan B –
   a) a pre-existing condition that is not stable in the 180 days 
      before the effective date of insurance;
   b) any heart condition if, in the 180 days before the effective 
      date, you required any form of nitroglycerine for the relief 
      of angina pain; and/or
   c) any lung condition if, in the 180 days before the effective 
      date, you required treatment with oxygen or Prednisone 
      for a lung condition.

4. Expenses for a pre-existing condition for which you were 
hospitalized either more than once, or for at least two 
(2) consecutive days, in the 12-month period before your 
effective date of insurance.

5. Covered expenses that exceed the reasonable and 
customary charges that normally apply where the medical 
emergency occurs.

6. Covered expenses that exceed the maximum insured 
amount available under the plan you have purchased.

7. Any expenses or benefits if the information provided on the 
application for insurance is not truthful and accurate or you 
did not meet the eligibility requirements under this coverage.

8. Covered expenses that exceed 80% of those we would 
normally pay under this insurance, if you do not contact the 
Assistance Centre within 24 hours of hospitalization, unless 
your medical condition makes it medically impossible for 
you to call (in that case, the 20% co-insurance does not apply).

9. Any treatment that is not for an emergency.

10. Continued treatment of a medical condition when you have 
already received emergency treatment for that condition 
during your trip, if our medical advisors determine that the 
medical emergency has ended.

11. Magnetic resonance imaging (MRI), computerized axial 
tomography (CAT) scans, sonograms, ultrasounds or 
biopsies, cardiac catheterization, angioplasty and/or 
cardiovascular surgery including any associated diagnostic 
test(s) or charges unless approved in advance by the 
Assistance Centre prior to being performed. All surgery 
must be authorized by the Assistance Centre prior to being 
performed except in extreme circumstances where surgery 
is performed on an emergency basis immediately upon 
admission to hospital.

12. 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 or before your effective date of coverage, that you 
would need treatment during your trip; and/or
   • for which future investigation or treatment was planned 
before you left home; and/or
   • which produced symptoms that would have caused an 
oridinary prudent person to seek treatment in the 3 
months before leaving home; and/or
   • that had caused your physician to advise you not to 
travel.

13. Any emergency and non-emergency medical services for 
any injury that occurred or sickness that started or was 
treated during any trip break (Benefit #13) that you have 
taken or after the number of days permitted for your side-
trip outside of Canada.

14. An emergency resulting from mountain climbing requiring 
the use of specialized equipment, including carabiners, 
crampons, pick axes, anchors, bolts and lead-rope or 
top-rope anchoring equipment to ascend or descend a 
mountain; rock-climbing; parachuting, skydiving, hang-
gliding or using any other air-supported sporting device; 
participating in a motorized speed contest; or your
professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is your principal paid occupation.

15. Self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.

16. Committing or attempting to commit a criminal act.

17. Not following a recommended or prescribed therapy or treatment.

18. Any loss, injury or death related to intoxication, the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant.

19. Any loss resulting from your minor mental or emotional disorder.

20. a) Your routine prenatal care; b) your pregnancy or childbirth or complications thereof when they happen in the 9 weeks before or after the expected date of delivery; c) your child born during your trip.

21. For insured children under 2 years of age, any medical condition related to a birth defect.

22. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.

23. Any emergency that occurs or recurs after our medical advisors recommend that you return home following your emergency treatment, and you choose not to.

24. Any death or injury sustained while piloting an aircraft, learning to pilot an aircraft or acting as a member of an aircraft crew.

25. For consecutive policies with no interruption in coverage and policy extensions: any medical condition which first appeared, was diagnosed or for which you received medical treatment, after the scheduled departure date and prior to the effective date of the subsequent policy or insurance extension.

26. Any follow-up visits outside Canada when the emergency occurred in Canada.

27. Any medical condition you contract or suffer in a specific country, region, or city when a Government of Canada Travel Advisory, issued before your departure to that country, region, or city 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.

28. Any act of war or act of terrorism.

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

- original receipts for all bills and invoices;
- proof of payment made by you and/or by any other benefit plan;
- medical records including complete diagnosis by the attending physician or documentation by the hospital, which must support that the treatment was medically necessary;
- proof of the accident if you are submitting a claim for dental expenses resulting from an accident;
- proof of travel dates for side-trips outside Canada; and
- a copy of your ticket and passport confirming travel dates and entry into Canada.

### What is covered under Travel Accident Insurance?

We will pay up to the maximum according to the following schedule for loss of life, limb or sight resulting directly from an injury.

1. Up to $50,000 if an injury causes you to die, to become completely and permanently blind in both eyes, or to have two of your limbs fully severed above your wrist or ankle joints, within 365 days of the accident.

2. Up to $25,000 if an injury causes you to become completely and permanently blind in one eye, or to have one of your limbs fully severed above a wrist or ankle joint, within 365 days of the accident.

3. If you have more than one injury during your trip, we will pay the applicable insured sum only for the one accident that entitles you to the largest benefit amount.

### What is not covered under 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. Mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead-rope or top-rope anchoring equipment to ascend or descend a mountain; rock-climbing; parachuting, skydiving, hang-gliding or using any other air-supported sporting device; participating in a motorized speed contest; or your professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is your principal paid occupation.

2. Your self inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.

3. Not following a recommended or prescribed therapy or treatment.

4. Any loss, injury or death related to intoxication, the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant.

5. Any loss resulting from your minor mental or emotional disorder.

6. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.

7. A criminal act or an attempt to commit such an act by you or your beneficiary.

8. A sickness or disease, even if the proximate cause of its activation or reactivation is the result of an injury.

9. Any act of war or act of terrorism.

10. Any medical condition you contract or suffer in a specific country, region, or city when a Government of Canada
Travel Advisory, issued before your departure to that country, region, or city 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.

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) a police, autopsy or coroner’s report;
   b) medical records; and
   c) a death certificate, as applicable.

What is covered under optional Trip Interruption Insurance?

Trip Interruption Insurance is an optional plan that provides coverage for an individual trip. If your trip is interrupted due to a covered event that occurs 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 $300 per day for up to two (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 emergency medical condition or death;
   b) your or your travel companion’s immediate family member’s emergency medical condition or death;
   c) emergency hospitalization or death of the person whose guest you are during your trip.

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 three (3) months before the effective date of insurance.

2. An event which, at the effective date of this insurance, you or your travel companion knew, or it was reasonable to expect, may eventually prevent you from completing your trip.

3. The medical condition or death of a person who is ill when the purpose of your trip is to visit that person.

4. Travel arrangements for which no premium was paid before departure from your home.

5. Any loss resulting from your minor mental or emotional disorder.

6. Your self inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.

7. Committing or attempting to commit a criminal act.

8. Not following a recommended or prescribed therapy or treatment.

9. Any loss, injury or death related to intoxication, the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant.

10. a) Routine prenatal care; b) pregnancy or childbirth or complications of pregnancy or childbirth occurring in the 9 weeks before or after the expected date of delivery; or c) a child who is born after you leave home.

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 three (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 you 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:
   • complete original unused transportation tickets and vouchers;
   • original passenger receipts for the new tickets purchased;
   • the original receipts for the travel arrangements paid in advance and for the extra hotel, meal, taxi and telephone expenses incurred by you;
   • any other invoice or receipt supporting the claim; and
• the entire medical file of any person whose health or medical condition is the reason for your claim.

What else do you need to know?

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

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 statutory conditions contained in the governing provincial statutes respecting contracts of accident and sickness insurance where your policy was issued.

Limitation of Liability

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither we, upon making payment under this policy, nor our agents or administrators assume any responsibility for the availability, quality, results or outcome of any treatment or service, or your failure to obtain any treatment or service covered under the terms of this policy. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

Premium

The required premium due and payable at the time of purchase will be determined according to the schedule of premium rates then in effect. Premium rates and policy terms and conditions are subject to change without prior notice.

Upon payment of premium, this document becomes a binding contract, provided it is accompanied by a confirmation upon which a contract number appears, and we have received your completed application (including the medical questionnaire if required) prior to your effective date.

If the premium is insufficient for the period of coverage selected, we will: charge and collect any underpayment; or 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-payer 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 plans providing hospital, medical or therapeutic coverage or any other third-party liability insurance in force concurrently herewith, amounts payable hereunder are limited to those expenses incurred while away from home that are in excess of the amounts for which you are insured under such coverage.

If you are eligible, from any other insurer, for benefits similar to those provided under this insurance, the total benefits paid to you by all insurers cannot exceed your actual expenses. We will coordinate the payment of benefits with all insurers who provide you with benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer (except if your current or former employer provides you with an extended health insurance plan with a lifetime maximum coverage of $50,000 or less). In addition, we have full rights of subrogation. In the event of a payment of a claim under this policy, we will have the right to proceed, in your name, but at our expense, against third parties who may be responsible for giving rise to a claim under this policy. You will execute and deliver such documents as are necessary and cooperate fully with us to allow us to fully assert our rights. You will do nothing to prejudice such rights.

If you are insured under more than one policy underwritten by us, the total amount we will pay to you cannot exceed your actual expenses; and the maximum you are entitled to is the largest amount specified for the benefit in any one policy. If you are insured under more than one policy and the total amount of all accident insurance you have exceeds $50,000, our aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

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

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

Is there anything else you should know if you have a claim?

If you disagree with our claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where your policy was issued.

Every action or proceeding against an insurer for the recovery of insurance money payable under this contract is absolutely barred unless commenced within the time set out in the Insurance Act, or in the Limitations Act, 2002 in Ontario or other applicable legislation.

To determine the validity of a claim under this policy, we may obtain and review medical records from your attending doctor or insurance company.
Definitions

When italicized in this policy, the term:

**Act of terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems.

The intention of such activity is to:
- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a government (whether that government is legal or illegal); and/or
- promote political, social, religious or economic objectives.

**Act of war** means hostile or warlike action whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion, or civil war.

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

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

**Change in medication** means the medication dosage, frequency, or type has been reduced, increased, or stopped, and/or new medication has been prescribed. The following is not considered a change in medication:

- a change from a brand-name drug to an equivalent generic drug of the same dosage;
- a routine adjustment in the dosage of your medication, as a result of your blood levels only, if you are taking Coumadin (warfarin) or insulin and are required to have your blood levels tested on a regular basis, and your medical condition remains unchanged.

**Child, Children** means your unmarried, dependent son or daughter, who is travelling with you or joining you during your trip and is:
- at least 30 days of age but under 21 years of age; or
- any age who is mentally or physically disabled and dependent on you for support.

**Common carrier** means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended for and used to transport paying passengers.

**Confirmation** means this policy, the application for this policy, and any other documents confirming your insurance coverage once you have paid the required premium; and where applicable, includes the medical questionnaire and your trip arrangements. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom you made arrangements for your trip.

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

**Effective date** means the date on which your coverage begins. Your coverage starts on the later of:
- the effective date of insurance as shown on your confirmation; or
- the time and date you arrive in Canada from home. Except in the case of an injury, the applicable waiting period applies to all claims if you purchased insurance after your arrival in Canada.

When coverage is purchased prior to leaving home with an effective date equal to the date and time you are scheduled to arrive in Canada, coverage will also be provided with no additional premium during your uninterrupted flight directly to Canada. An uninterrupted flight can include a stop-over provided you do not leave the airport.

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

**Expiry date** means the earliest of:
- the date you leave Canada to return home;
- when your policy expires as shown in your confirmation;
- when you become a resident of a nursing home, home for the aged, or other long term care facility during your trip;
- 365 days after your effective date of insurance;
- the first day you become insured under a government health insurance plan. EXCEPTION: If you are a visitor to Canada with an IEC work permit, this policy will continue to provide eligible benefits that are not covered by your government health insurance plan.

At no additional premium, coverage includes the date and time you arrive home following an uninterrupted flight from Canada directly home, with no intention to return to Canada during your period of coverage under this insurance. An uninterrupted flight can include a stop-over provided you do not leave the airport.

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

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

**Hospital** means 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.

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

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

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

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

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

**Physician** means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than yourself or a member of your immediate family.

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

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

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

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

**Stable medical condition** means that all of the following apply:
- there have not been any new symptoms; and
- existing symptoms have not become more frequent or severe; and
- a physician has not found that the medical condition has become worse; and
- no test findings have shown that the medical condition may be getting worse; and
- a physician has not provided, prescribed, or recommended any new medication, or any change in medication; and
- a physician has not provided, prescribed, or recommended any investigative testing, new treatment, or any change in treatment; and
- there has been no hospitalization or referral to a specialist or specialist clinic; and
- a physician has not advised referral to a specialty clinic or a specialist for further testing, and there has been no testing for which the results have not yet been received.

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

**Treatment** means hospitalization, prescribed medication (including prescribed as needed), medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner. IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. “Genetic test” means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

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

**Waiting period** means the 48-hour period following and including your effective date of insurance if you purchase your policy:
- after the expiry date of an existing Manulife Visitor to Canada policy; or
- after you arrive in Canada.

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

**We, us, our** means First North American Insurance Company (FNAIC) in connection with risk identified with ‡ throughout this document, and Manulife in connection with all other coverages under this policy.

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

In this policy, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.
Notice on privacy

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

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

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

**+1 (519) 251-5166**
Collect to Canada from anywhere else in the world.

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

**Important Telephone Numbers:**
For coverage information, general enquiries, to apply for an extension or a 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.**

Written correspondence should be mailed to:
Manulife Financial Travel Insurance
c/o Active Care Management
P.O. Box 1237 Stn A
Windsor, ON N9A 6P8

Underwritten by
The **Manufacturers Life Insurance Company** and **First North American Insurance Company**, a wholly owned subsidiary of Manulife.