

# Manulife Global Travel Insurance Policy



This policy is underwritten by The Manufacturers Life Insurance Company and First North American Insurance Company, a wholly owned subsidiary of Manulife Financial.

EFFECTIVE DECEMBER 2013

Don't forget *your*  
Wallet Card!



**Manulife**  
**GLOBAL™**  
Travel Insurance



IN EVENT OF AN EMERGENCY, CALL:

**1 800 211-9093**

toll-free from the USA and Canada

**+1 (519) 251-7821**

collect where available

NAME \_\_\_\_\_

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

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## ABOUT MANULIFE FINANCIAL

Whether you're travelling outside your province or out of the country for a few days or for a few months, Manulife Financial offers the personalized coverage you need to be financially protected against the cost of unexpected emergencies that may happen prior to or during your trip. No one expects to have a medical emergency away from home, or to have to cancel a trip due to an unforeseen emergency. But these events happen and they can be disruptive and expensive.

Since the very beginning, when Sir John A. Macdonald, Canada's first Prime Minister, became President of the company in 1887, Manulife Financial has been helping people feel financially secure.

### 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.**

### 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 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 time period.

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

## IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

It is important *you* read and understand *your* policy before *you* travel. It is ***your* responsibility** to review the terms, conditions and limitations outlined in this policy.

**To be eligible for insurance under this policy, *you* must meet all the Eligibility Requirements outlined on Page 5 of this policy booklet.**

**If *you* are 75 years of age or older, additional Eligibility Requirements apply to *your* coverage. *You* are not eligible for coverage under this insurance if *you* do not meet all the Eligibility Requirements outlined on Page 5 of this policy booklet.**

**A *pre-existing condition* exclusion applies to *your* coverage.** It is ***your* responsibility** to review and understand the *pre-existing condition* exclusion that applies to *you*:

- Trip Interruption Insurance: please review the *pre-existing condition* exclusions listed on Page 11 of this policy booklet.
- Emergency Medical Insurance: please review the *pre-existing condition* exclusions listed on Pages 17 of this policy booklet.

**ITALICIZED WORDS** have a specific meaning. Please refer to the "Definitions" section of this policy to find the meaning of each italicized word.

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

**1 800 211-9093** toll-free from the USA and Canada,  
**+1 (519) 251-7821** collect where available.

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

Please note that **if *you* do not call** the Assistance Centre in an *emergency*, ***you* will have to pay 25% of the eligible medical expenses** we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

If you need *medical attention* or must make any other type of claim during *your trip*, call us for assistance first. The Assistance Centre is open 24 hours a day, 365 days a year.

Please note that if *you* do not call the Assistance Centre in an *emergency*, or prior to any *treatment*, *you* will have to pay 25% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on your behalf.

If you need *medical attention* or must make any other type of claim during *your trip*, call us for assistance first. The Assistance Centre is open 24 hours a day, 365 days a year.

Please note that if *you* do not call the Assistance Centre in an *emergency*, or prior to any *treatment*, *you* will have to pay 25% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on your behalf.

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### IMPORTANT INFORMATION ABOUT *YOUR* INSURANCE:

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife Financial) and First North American Insurance Company (FNA), a wholly owned subsidiary of Manulife Financial. Please note that risks identified with ‡ throughout this document are covered by FNA.

## MANULIFE GLOBAL TRAVEL INSURANCE FOR SIGNATURE VACATIONS CUSTOMERS

### SUMMARY OF COVERAGE

INSURANCE OFFERED	COVERAGE AMOUNTS PER INSURED
Emergency Medical <sup>(1)(2)</sup>	Up to \$5,000,000 CDN for <i>covered expenses</i> if you have a valid <i>government health insurance plan</i> ; otherwise up to \$25,000
Trip Interruption <sup>(1) (2) (3)</sup>	Unlimited after departure
Baggage Loss or Damage	Up to \$1,500 per <i>trip</i>
Baggage Delay	Up to \$500 per <i>trip</i>
Flight Accident	Up to \$100,000 for death or double dismemberment or \$50,000 for single dismemberment
Travel Accident	Up to \$50,000 for death or double dismemberment or \$25,000 for single dismemberment

<sup>1</sup> If your *covered expense* results from an *act of terrorism*, benefit maximums shown in this policy may be reduced subject to the *Terrorism Coverage* provision.

<sup>2</sup> Your *child* must be at least 31 days old to be insured.

<sup>3</sup> *Default* coverage is included.

### **Children Under Two (2) Years of Age at No Extra Charge:**

With the purchase of this insurance, coverage for *children* (or a *child*) over the *age* of thirty (30) days old and under the *age* of two (2) years is provided at no extra charge.

### MEDICAL CONCIERGE SERVICES

Manulife Global Travel Insurance is pleased to provide as an additional value added service Medical Concierge Services to **you when travelling to the U.S., Mexico and the Dominican Republic**. These Medical Concierge Services include:

- *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* 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.

## MEDICAL CONCIERGE SERVICES PROVIDED BY THE

### Standby@MD PROGRAM.

Disclaimer, Waiver, and Limitation of Liability: StandbyMD is not a medical provider. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals. StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy does not assume any responsibility for the availability, quality, results or outcome of any treatment or service, or any policyholder's failure to obtain any treatment or service covered under these terms. Policyholders hereby forever and fully waive all rights against, hold harmless, release and forever discharge StandbyMD and its principals, parents, successors and assigns, of and from 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 concierge medical services offered by StandbyMD. StandbyMD's liability under these concierge medical services, if any, is limited solely to the amount of payment made to participating medical providers for the services obtained pursuant to StandbyMD's referral. StandbyMD services are provided by Healthcare Concierge Services Inc.

**The StandbyMD program is provided by Healthcare Concierge Services, Inc. Manulife Financial and its agents are not responsible for the availability, quality, or results of services provided under the StandbyMD program.**

## ELIGIBILITY

### TO BE ELIGIBLE FOR THIS INSURANCE

You must be a resident of Canada and covered under a *government health insurance plan*. You must be a Signature Vacations customer and pay the required premium to *your* Signature Vacations travel advisor before *you* leave *home*. You must buy coverage for the entire duration of *your trip*.

Coverage must be purchased at the time *you* book *your trip*.

You are **not eligible** for coverage if:

- the date of *your trip* occurs during the time that *you* have been advised by a *physician* not to travel; and/or
- you* have been diagnosed with a terminal illness with less than 6 months to live; and/or
- you* have a kidney condition requiring dialysis; and/or
- you* have used home oxygen during the 12 months prior to the date of application.

If *you* are *age 75* or older, *you* must also meet all of the following **Eligibility Requirements**.

### ELIGIBILITY REQUIREMENTS:

- In the last **12 months**, *you* have not used or been prescribed **home oxygen**;
- You* have **never** had (and *you* are **not awaiting**) a **bone marrow or organ transplant** (except corneal transplant);
- In the last **12 months**, *you* have not required **kidney dialysis**;
- You* have not been diagnosed with **AIDS** (Acquired Immune Deficiency Syndrome), AIDS-related conditions or **HIV** (Human Immunodeficiency Virus);
- You* have not been diagnosed with a **terminal illness** for which a *physician* has estimated *you* have less than **6 months** to live or been advised by a *physician* **not to travel** at this time;
- In the last **12 months**, *you* have not been prescribed or taken **Lasix** or **furosemide** for any reason or had **heart failure**;
- In the last **5 years**, *you* have not been **diagnosed** with and/or **been prescribed or taken** medication and/or received **treatment** for **metastatic cancer**;
- You* have **never received a diagnosis** and/or had **treatment** and/or been in **hospital** and/or **been prescribed or taken** medication for 2 of the following 3 conditions:
  - diabetes**
  - stroke**
  - ANY heart condition**;
- You* have not had a **heart bypass** or **heart valve surgery** **more than 10 years** ago;
- In the last **12 months** *you* have not received a **new diagnosis** and/or been in **hospital** and/or had a **change in medication** and/or experienced **new or more severe symptoms** for **ANY heart condition**.

**IF YOU DO NOT MEET ALL OF THE ABOVE ELIGIBILITY REQUIREMENTS, YOU ARE NOT ELIGIBLE TO PURCHASE THIS INSURANCE.**

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

### YOUR COVERAGE STARTS

Your coverage starts when *you* leave *home*.

### YOUR COVERAGE ENDS

Your coverage ends on the earliest of these dates:

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

### AUTOMATIC EXTENSION

Under *Trip Interruption Insurance*, we will automatically extend *your* coverage beyond the date *you* were scheduled to return *home* as per *your confirmation*:

- for up to ten (10) days, if *you* have an *emergency* that prevents *you* from returning *home* on that date; or
- for up to thirty (30) days, if *you* are hospitalized and that hospitalization prevents *you* from returning *home* on that date.

However, if travel is medically possible before the ten (10) or thirty (30) days have passed, we will honour *your* claim for eligible expenses only until that earlier date.

Under all other types of insurance, we will extend *your* coverage automatically beyond the date *you* were scheduled to return *home* as per *your confirmation* if:

- your common carrier* is delayed. In this case, we will extend *your* coverage for up to 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 and for up to five (5) days after discharge from the *hospital*; or
- you* or *your travel companion* have a medical *emergency* that does not require hospitalization but prevents travel. In this case, we will extend *your* coverage for up to five (5) days.

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

### TO STAY LONGER THAN PLANNED

**Extensions:** If *you* have not left *home* yet, simply call *your* travel advisor to ask for the extension. If, however, *you* are already on *your trip*, please call the Assistance Centre. *You* may be able to extend *your* coverage, as long as:

- the total length of *your trip* does not exceed 30 days;
- you* pay the extra premium;
- no event has occurred that has resulted or may result in a claim; and
- the Assistance Centre approves the extension.

## TRIP INTERRUPTION INSURANCE

**Benefits – What does *Trip Interruption Insurance* cover?**

If *your trip* is interrupted due to a covered event listed immediately below that occurs on or after the day *you* plan to leave *home*, we will pay:

- Up to the covered amount for the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date less the prepaid unused transportation *home*.
- If *you* have booked and paid for a golf package, we will also pay up to \$100 for each unused day of *your trip*, to a maximum of \$500 for *your* prepaid non-refundable green fees. Alternatively, if *you* have booked and paid for a ski package, we will pay up to \$100 for each unused day of *your trip*, to a maximum of \$500 for *your* prepaid non-refundable ski package (lift passes; ski school fees; rental of a snowboard, skis, ski poles, bindings and/or boots).
- In addition, we will pay *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of up to \$350 per day for up to 2 days when no earlier transportation arrangements are available.
- We will pay *you* extra cost of one-way economy class fare via the most cost-effective itinerary to *your* or *your* group's next destination, or to return *home*.

### *Trip Interruption Insurance* Covered events:

- You* or *your travel companion* develop(s) a *medical condition* or die(s).
- A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* develops a *medical condition* or dies.
- Your* friend dies or the person whose guest *you* will be during *your trip* is admitted to a *hospital* with an *emergency* or dies.
- You*, *your spouse*, *your travel companion* or *your travel companion's spouse* legally adopt(s) a *child* and the actual date of the adoption falls during *your trip*.
- A medical condition which, in the written opinion of the attending *physician*, prevents *you* or *your travel companion* from participating in a sporting event when the purpose of *your trip* was to participate in that sporting event.
- ‡ *Your* or *your travel companion's* travel visa is not issued for a reason beyond *your/their* control, provided the documentation shows *you* or *your travel companion* were eligible to apply, that the refusal is not due to a late application, and the application is not a subsequent attempt for a visa that had been previously refused.
- ‡ *You*, *your spouse*, *your travel companion* or *your travel companion's spouse* are called to service as a reservist, firefighter, military or police staff, to jury duty or to be a defendant in a civil suit or are subpoenaed to be a witness during *your trip*.
- ‡ *You*, *your spouse*, *your travel companion* or *your travel companion's spouse* are quarantined or hijacked.

9. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are unable to occupy *your/their* respective principal residence or to operate *your/their* respective business because of an event that is independent of any intentional or negligent act on *your/their* part.
10. ‡ A natural disaster renders *your* pre-booked destination accommodation uninhabitable after *you* book *your trip*. This benefit is only applicable if *your* prepaid accommodation arrangements are not eligible for reimbursement by the *Travel Supplier*.
11. ‡ *You, your spouse, your travel companion or travel companion's spouse*: a) lose a permanent job because of lay-off or dismissal without just cause, or b) are transferred by *your/their* respective employer; and must move from *your/their* respective principal residence.
12. ‡ *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger vehicle when the delay is caused by the mechanical failure of *your* connecting private passenger vehicle, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions. *Your* connecting private passenger vehicle must have been scheduled to arrive at *your* point of boarding in time to comply with the *travel supplier's* check-in procedure.
13. ‡ If *your trip* is interrupted and the planned time of arrival is delayed for any reason beyond *your* control, *we* will reimburse *you* for the *reasonable and customary charges* of taking an alternate route to the planned destination provided that the primary reason for *your* insured *trip* was to be present at a school graduation, wedding, funeral, sporting, theatrical, musical or other commercial entertainment event or conference, and such event cannot be delayed as a result of *your* late arrival.
14. ‡ Foreign Affairs and International Trade Canada issues a written formal warning after *your departure date* advising or recommending that Canadian residents should not visit a destination included in *your trip*. This applies only to Canadian residents.
15. ‡ Weather conditions, earthquakes or volcanic eruptions causes delays to at least 30% of *your trip* and *you* choose not to travel.
16. ‡ A delay in *your* departure due to mechanical failure, weather conditions, earthquakes, volcanic eruptions, or grounding of *your* air transportation causes *you* to miss *your* scheduled cruise. This is applicable only if *your* airfare and cruise are insured with Manulife Global Travel Insurance and purchased through the same travel agent from whom *you* purchased *your* cruise.
17. ‡ If the flight *you* are booked to fly on is overbooked and *you* are denied boarding as a result, *we* will pay up to \$1,000 for the prepaid unused portion of *your trip* that is non-refundable and non-transferrable to another date. For this benefit to apply, the overbooked flight must have been insured under *your* policy.
18. ‡ If *you* or *your travel companion's* passport and/or travel visa is lost or stolen during *your trip*, *you* will be

reimbursed for reasonable travel and accommodation expenses until *your* replacement travel documentation is replaced. *You* will also be reimbursed for the change fee charged by the airline.

19. ‡ *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting *common carrier*, when the delay is caused by the mechanical failure of *your* connecting *common carrier*, a traffic accident, an emergency police-directed road closure, weather conditions, an unannounced strike, earthquakes or volcanic eruptions. *Your common carrier* must have been scheduled to arrive at *your* point of boarding in time to comply with the *travel supplier's* check-in procedure.
20. ‡ The requirement that *you* or *your travel companion* attend a *professional career program* examination or a university or college course examination on a date that occurs during *your trip*, provided the examination date was published before *you* purchased this insurance and subsequently changed after such purchase.

#### **Benefits – What does Misconnection Insurance cover?**

**If any of the covered events listed immediately below occurs on or after the day you plan to leave home, we will pay up to the covered amount for your misconnection expenses, being the lesser of:** a) the change fee charged by the airline for *your* missed connection if this option is available, or b) up to \$2,000 for the extra cost of *your* same class transportation via the most cost-effective itinerary to the next destination. In addition, *we* will pay *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of \$350 per day for up to 2 days when no earlier transportation is available.

#### **Misconnection Insurance covered events:**

1. ‡ *You* miss *your* next connecting *common carrier* because the *common carrier* that is providing transportation for a portion of *your trip* leaves later than originally scheduled.
2. ‡ The *common carrier* that is providing transportation for a portion of *your trip* leaves earlier than originally scheduled and the ticket *you* have purchased for *your* prior connection via another *common carrier* becomes unusable.
3. ‡ *You* miss a connection because of a delay in clearing customs and security controls due to *your* or *your travel companion's* mistaken identity. *You* must have been scheduled to arrive at *your* point of boarding in time to comply with the *travel supplier's* check-in procedure.
4. ‡ *You* miss a connection because the cruise ship *you* are travelling on is delayed (or the itinerary is modified) because of another passenger's medical emergency.

**Only misconnection expenses as calculated above will be payable under these circumstances.**

***You* must make reasonable efforts to continue on *your trip* as originally planned. The amount payable will be reduced by any amounts paid or payable by the rescheduled or delayed *common carrier*.**

## Benefits – What does **Delayed Return Insurance** cover?

If any of the covered events listed immediately below happens after *you* leave *home* and makes it impossible for *you* to return *home* as shown on *your confirmation*, we will pay for the length of time that *you* are prevented from travel. We will pay:

- for *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of up to \$350 per day and to a maximum of \$3,500.
- up to \$2,000 for the extra costs of *your* same class transportation via the most cost-effective itinerary for *your* travel *home*. If the delay is a result of a medical *emergency*, it must be on the advice of *your* attending *physician* at *your* destination.

### Delayed Return Insurance covered events:

- You* have a medical *emergency*.
- A member of *your immediate family* has a medical *emergency* or dies at *your* destination.
- Your travel companion* has a medical *emergency* or dies.
- Your friend* or the person whose guest *you* are during *your trip* is admitted to *hospital* with an *emergency* or dies.

### What else does **Trip Interruption & Delayed Return insurance** cover?

- In the event *your travel companion's plane* is delayed by weather conditions, earthquakes or volcanic eruptions for at least 30% of *your trip*, and *your travel companion* decides not to go on the *trip* as booked, we will cover the cost of *your* next occupancy charge up to the value of *your trip*.
- In the event *you* die after the start of *your trip*, we will reimburse *your* estate, up to the covered amount, for *your* pre-paid unused *trip* arrangements, plus we will reimburse *your* estate for:
  - the return *home* of *your* body (in the standard transportation container normally used by the airline); plus up to \$5,000 to have *your* body prepared where *you* die and the cost of the container;
  - up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die; or
  - the return *home* of *your* ashes, plus up to \$5,000 to cremate *your* body where *you* die.

In addition, if someone is required to identify *your* body and must travel to the place of *your* death, we will pay the economy class airfare via the most cost-effective itinerary for that person and up to \$300 for that person's hotel and meal expenses. We will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to 72 hours.

- If the primary reason for *your trip* was to attend a ticketed commercial event (sport, musical or other commercial entertainment) for which *you* had purchased and paid for tickets prior to booking *your trip* and purchasing this

insurance, and such event is subsequently cancelled by the promoter of the event, after you leave home, we will pay, up to the covered amount, for the following:

- the prepaid unused portion of *your trip* that is nonrefundable and non-transferable to another travel date (less prepaid unused transportation *home*); and
- up to \$1,000 for the additional cost of one-way transportation via the most cost-effective itinerary (being the lesser of a one-way economy transportation or the change fee charged by the airline on existing tickets if this option is available) to return *you* home.

### Exclusions & Limitations - What does **Trip Interruption Insurance** not cover?

When reading this section, please take the time to review the definitions of "pre-existing condition" and "stable" at the end of this policy.

For all coverages detailed in this section, including **Trip Interruption, Misconnection and Delayed Return Insurance**, we will not pay for any losses or expenses incurred for, or as the result of:

- A *medical condition* related to *you*, *your spouse*, or *your children*, if that *medical condition* was not *stable* in the **three (3) months** before *your departure date*. In addition to the "stable" requirement, we will not cover any expenses relating to:
  - your*/their heart condition if, in the **three (3) months** before *your departure date*, it has not been *stable* or *you/they* have taken any form of nitroglycerine for the relief of angina pain; and/or
  - your*/their lung condition if, in the **three (3) months** before *your departure date*, it has not been *stable* or *you/they* required *treatment* with oxygen or prednisone for *your*/their lung condition.
- Trip* cancellation expenses incurred before departure.
- You* must not know nor be aware of any reason, circumstance, event or *medical condition* affecting *you* or anyone which may eventually prevent *you* from starting and/or completing *your covered trip* as booked when *you* purchased this insurance coverage.
- The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
- Your* suicide, attempted suicide or *your* intentional self-inflicted injury whether sane or insane.
- Your* committing or attempting to commit a criminal act.
- Not following a prescribed therapy or *treatment*.
- Any *medical condition*, sickness, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
- An emotional or mental disorder (except an acute psychosis) that does not require admission to a *hospital*.
- A *child* who is born after *you* leave *home*; routine pre-

natal care; pregnancy or childbirth; or complications of *your* pregnancy or childbirth when they happen in the nine (9) weeks before or after the expected date of delivery.

11. A *medical condition*:
  - that occurs during *your trip* when *you* knew that *treatment* may be sought or required for that condition; 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 caused symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before leaving *home*; and/or
  - caused a *physician* to advise *you* not to go on *your trip*.
12. A travel visa that is not issued because of a late application.
13. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
14. Any loss resulting from:
  - a specific or related *medical condition* which *you* contracted in a foreign country during *your trip*, and/or
  - an *act of war* or an *act of terrorism*, when, before *you* left *home*, a written formal warning was issued by Foreign Affairs and International Trade Canada, advising Canadians not to travel to that country, region or city.

#### **DEFAULT PROTECTION COVERAGE**

We will provide *Default* Protection coverage subject to the benefit limits and exclusions listed below.

If *you* have purchased **Trip Interruption Insurance** and *you*:

- a) have contracted with a *travel supplier* who *defaults*; and
- b) as a result of the *default*, *you* do not receive part or all of the *travel services* which *you* have contracted; and
- c) cannot recover all of the cost of such undelivered *travel services* either from the *travel supplier*, any federal, provincial or other compensation fund, or from any other source that is legally responsible or under contract to reimburse *you* for the cost of such undelivered *travel services*,

then, we will reimburse *you*:

for *default* after *your departure date*:

- the non-refundable portion of the amount that *you* prepaid for such undelivered *travel services* up to the covered amount of the *Trip Interruption* coverage that *you* purchased in connection with *your trip* except prepaid unused transportation *home* and subject to the following benefit limits:
- *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares up to a maximum of \$200 per day for up to 3 days; and

- up to the covered amount for the extra cost of *your* economy class transportation via the most cost-effective itinerary to *your* next destination or to return *you home*.

#### **Benefit Limits**

The amount payable to *you* in respect of any one *trip* will not exceed \$3,500 CDN and \$7,500 CDN for all persons who are covered under the same Manulife Global policy. Any benefits payable shall also be subject to an overall maximum aggregate payable limit specified below relating to all in-force travel policies issued by *us*, including this policy.

If total claims otherwise payable for this type of coverage under all travel policies issued by *us*, resulting from the *default* of one or more *travel suppliers* occurring within an applicable time period, exceeds the maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

The maximum aggregate limits are:

- a) \$1,000,000 CDN with respect to the *default* of any one (1) *travel supplier*; and
- b) \$3,000,000 CDN with respect to all *defaults* of all *travel suppliers* occurring in the same calendar year.

If, in *our* judgment, the total of all payable claims on account of the *default* of one or more *travel suppliers* exceeds the applicable limits, *your* pro-rated claim may be paid after the end of the calendar year in which *you* qualify for benefits.

#### **Exclusions**

We will not cover any loss concerning, caused by or resulting from any of the following:

- a) Loss or damage, incurred by *you*, which is or can be recovered from any other source, including any federal, provincial or other compensation fund;
- b) Loss arising as a result of a *default* if, at the time of booking, the *travel supplier* is bankrupt, insolvent or in receivership or has sought protection from creditors under any bankruptcy, insolvency or similar legislation;
- c) Loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker;
- d) Loss arising as a result of the *default* of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are not part of a package tour sold to *you*;
- e) Losses incurred by an individual who has not purchased coverage for Trip Interruption Insurance coverage under the Manulife Global Travel Insurance policy, in connection with *your trip* which resulted in such losses;
- f) Insurance purchased or *trips* booked after the *default*;
- g) *Travel services* that were actually provided.



## EMERGENCY MEDICAL INSURANCE

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

*Emergency Medical Insurance* covers *you* for the actual *covered expenses*, up to \$5,000,000 CDN, incurred by *you* as a result of *medical attention* required by *you* during *your trip* if a *medical condition* begins unexpectedly after *you leave home*, but only if these *covered expenses* are not covered by *your government health insurance plan* or any other benefit plan. The *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*).

In the event of an *emergency*, call the Assistance Centre immediately: 1 800 211-9093 toll-free from the USA and Canada or +1 (519) 251-7821 collect where available. Please note that if *you do not call* the Assistance Centre in an *emergency*, *you will have to pay 25% of the eligible medical expenses* we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

**We will cover benefits 5 to 11 only if they have been authorized and arranged by the Assistance Centre.** *Covered expenses* and benefits are subject to the policy's maximums, exclusions and limitations.

More specifically, the eligible *covered expenses* are:

- Expenses to receive *emergency medical attention*** – Medical care received from a *physician* in or out of a *hospital*, the cost of a semi-private *hospital* room (or an intensive or coronary care unit where *medically necessary*), the services of a licensed private duty nurse while *you* are in *hospital*, the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about *your* condition, and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist.
- Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 by profession.
- Expenses for ambulance transportation** – *Reasonable and customary charges* for local licensed ambulance service to transport *you* to the nearest qualified medical service provider in an *emergency*.
- Expenses related to *your* death** – If *you* should die during *your trip* from an *emergency* covered under this insurance, we will reimburse *your* estate for:
  - the return *home* of *your* body (in the standard transportation container normally used by the airline); plus up to \$5,000 to have *your* body prepared where *you* die and the cost of the container;
  - up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die; or
  - the return *home* of *your* ashes, plus up to \$5,000 to cremate *your* body where *you* die.
- 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*, we will pay:
  - 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*.
- Extra expenses for meals, hotel, phone calls and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency* medical *treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, we will reimburse up to \$350 per day to *you* to a maximum of \$3,500 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.
- 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 \$500 for that person's hotel and meals and cover him/her under this *Emergency Medical Insurance*, under the same terms and limitations of this policy, until *you* are medically fit to return *home*. For a *child* insured under this policy, this benefit is available immediately upon his/her *hospital* admission.
- Expenses for *emergency* dental *treatment*** – If *you* need *emergency* dental *treatment*, we will pay:
  - up to \$300 for the relief of dental pain; and

- 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 and after *you* return *home*).
- 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*, we will pay the extra cost of one-way economy class fare to return *your children* or grandchildren *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. We will cover him/her under the *Emergency Medical Insurance*, under the same terms and limitations of this policy for a qualified escort. The *children* or grandchildren must have been under *your care* during *your trip* and be covered under this policy.
  - 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)/grandchild(ren)* must have been under *your care* during *your trip*.
  - Expenses to return *your pet(s)*** – When approved in advance and arranged by the Assistance Centre, we will pay for the extra cost of economy class transportation, up to \$500, to return *your pet(s)* (domestic dog(s) and/or cat(s)) *home* via the most cost-effective itinerary, if:
    - your treating physician* recommends that *you* return home because of *your medical condition*;
    - our medical advisors* recommend that *you* return home after *your emergency treatment*; or
    - you* die.
  - Expenses to return *your travel companion home*** – We will pay the extra cost of one-way economy class 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 *our* medical insurance plan) home, if *you* return home under Benefit #5 above.
  - Expenses to return *your vehicle home*** – If because of a medical *emergency*, hospitalization, death or repatriation, *you* are unable to drive *home* the *vehicle you* used during *your trip*, we will cover up to the reasonable cost 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.

- Hospital Allowance** – If *you* are hospitalized for 48 hours or more, we will reimburse *you* up to \$50 per day, to a maximum of \$500 for *your* incidental expenses (telephone calls, television rental, etc.) while *you* are in the *hospital*.
- Baggage Return** – If *you* return *home* under Benefit #5 above, we will pay the extra costs to return *your* baggage to *your home*.
- Expenses to replace prescription drugs** – We will pay up to a maximum of \$50 if *you* have misplaced or have forgotten *your* prescription medication during *your trip* and it is necessary for *you* to continue taking the prescribed medication. Charges for vitamins, vitamin preparations, over-the-counter drugs, contraception or birth control are not covered.
- Hearing Aid** – Up to \$200 for the replacement of a hearing aid due to theft, loss or breakage during *your trip* and assistance to co-ordinate the replacement.
- Vision Care** – Up to \$200 for the replacement of prescription eyeglasses due to theft, loss or breakage during *your trip* and assistance to co-ordinate the replacement.

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

We will not pay any expenses or benefits relating to:

- A *pre-existing condition***. When reading this section, please take the time to review the definitions of "*pre-existing condition*" and "*stable*" at the end of this booklet. The *pre-existing condition* exclusion which applies to *you* depends on *your age* at the time *you* purchased this policy.

This policy includes a "*stable*" requirement. We will not pay any expenses relating to a *pre-existing condition* that was not *stable* in the...

Under Age 75	3 months before <i>you</i> leave <i>home</i> .
Age 75 or over	12 months before <i>you</i> leave <i>home</i> .

In addition to that requirement, we will not cover any expenses relating to:

- *your* heart condition if, within the required period of being *stable*, it has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
  - *your* lung condition if, within the required period of being *stable*, it has not been *stable* or *you* required *treatment* with oxygen or prednisone for *your* lung condition.
- Any *medical condition*** when, prior to departure, *you* had not met all of the Eligibility Requirements.

3. Expenses that exceed \$25,000, if *you* do not have valid coverage under a *government health insurance plan*.
4. *Covered expenses* that exceed the *reasonable and customary charges* where the medical *emergency* happens.
5. *Covered expenses* that exceed 75% 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*, unless *your medical condition* makes it medically impossible for *you* to call (in that case, the 25% co-insurance does not apply).
6. Any *treatment* that is not for an *emergency*.
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 *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.
9. An *emergency* resulting from: hang-gliding, rock climbing, *mountaineering*, 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.
10. Suicide, attempted suicide, or an intentional self-inflicted injury whether sane or insane.
11. Committing or attempting to commit a criminal act.
12. Not following recommended or prescribed therapy or *treatment*.
13. Any *medical condition*, sickness, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
14. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
15. *Your* routine pre-natal care, a *child* born during *your trip*, *your* pregnancy or childbirth, or complications of *your* pregnancy or childbirth when they happen in the nine (9) weeks before or after the expected date of delivery.
16. For insured *children* under two (2) years of *age*: any *medical condition* related to a birth defect.
17. 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.
18. Any *emergency* that occurs or re-occurs after *our* medical advisors recommend that *you* return *home* following *your emergency*, and *you* choose not to.
19. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
20. Any loss resulting from:
  - a specific or related *medical condition* which *you* contracted in a foreign country during *your trip*, and/or
  - an *act of war* or an *act of terrorism*, when, before *you* left *home*, a written formal warning was issued by Foreign Affairs and International Trade Canada, advising Canadians not to travel to that country, region or city.

### 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.

Neither *we* nor *our* agents or administrators are responsible for the availability, quality or result of any medical *treatment* or transportation, or for *your* failure to obtain medical *treatment*.

## BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

*Your* maximum coverage under this policy cannot exceed **\$2,000** per *trip*.

### Benefits – What does Baggage Loss, Damage & Delay Insurance cover?

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of the baggage and effects that belong to *you* and that *you* use during *your trip*. More specifically, this insurance provides *you* with reimbursement for the following expenses:

1. The *reasonable and customary charges* for the replacement of a lost or stolen passport, driver's licence, birth certificate or travel visa. In addition, *we* will cover up to a maximum of \$200 per *trip* for travel and accommodation expenses *you* actually incur while waiting to receive the replacement travel documents.
2. Up to \$500 in total per *trip* for necessary toiletries and clothing when *your* checked luggage is delayed by the carrier for at least ten (10) hours while *you* are en route. This benefit is payable only when the delay happens before *your* return *home*.

3. Up to \$100 per day to a maximum of \$500 in total for the rental of golf clubs or ski equipment or for the purchase of reasonable golf accessories (golf balls, gloves, tees, etc.) or ski accessories (ski equipment includes snowboards, bindings, boots or poles, etc.) in the event *you* checked golf clubs or ski equipment are delayed by the *common carrier* for at least 10 hours while *you* are en route. This benefit is payable only when the delay happens before *your* return *home*.
4. Up to \$300 per *trip* for any item or set of items which is lost or damaged during *your trip* to a maximum of \$1,500. Jewellery or cameras (including camera equipment) are respectively considered a single item.

#### Exclusions & Limitations - What does Baggage Loss, Damage & Delay Insurance not cover?

For the Baggage Loss, Damage & Delay insurance, *we* will not cover expenses or benefits relating to:

1. Animals, perishable items, bikes that are not checked as baggage with the *common carrier*, household items and furniture, artificial teeth or limbs, hearing aids, eyeglasses of any type, contact lenses, money, tickets, securities, documents, items related to *your* occupation, antiques or collector items, items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, *your* imprudence or omission.
3. Unaccompanied baggage, any items that are left unattended, personal property left in unattended *vehicle*, unlocked trunk, and any jewellery or camera placed in the custody of a *common carrier*.
4. In instances of theft, losses unreported to authorities.
5. Any loss resulting from an *act of war* or an *act of terrorism* while *you* are at destination, when, before *you* left *home*, a written formal warning was issued by Foreign Affairs and International Trade Canada, advising Canadians not to travel to that country, region or city.

See other conditions under How to Make a Claim.

## FLIGHT & TRAVEL ACCIDENT INSURANCE

#### Benefits – What does Flight & Travel Accident Insurance cover?

*We* will cover the following Flight & Travel Accident Insurance benefits:

1. If an accidental bodily *injury* sustained during *your trip* 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 joint in the twelve (12) months after the accident, *we* will pay:
  - a) \$50,000 under Travel Accident Insurance; or
  - b) \$100,000 under Flight Accident Insurance.
2. If an accidental bodily *injury* sustained during *your trip* causes *you* to become completely and permanently blind in one eye or have one of *your* limbs fully severed above

*your* wrist or ankle joint in the twelve (12) months after the accident, *we* will pay:

- a) \$25,000 under Travel Accident insurance; or
- b) \$50,000 under Flight Accident insurance.

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

For Flight Accident Insurance, the accident giving rise to *your injury* must happen: a) while *you* are travelling on a commercial passenger *plane* from which a ticket was issued to *you* for *your* entire airline *trip*; or b) if making a flight connection, while riding over land or water at the expense of the airline, riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports; or c) while *you* are at an airport for the departure or arrival of the flight covered by this insurance.

#### Exclusions & Limitations - What does Flight & Travel Accident Insurance not cover?

For Flight & Travel Accident Insurance, *we* will not cover expenses or benefits relating to:

1. 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.
2. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
3. Suicide, attempted suicide, or an self-inflicted injury whether sane or insane.
4. A criminal act or an attempt to commit such an act by *you* or *your* beneficiary.
5. Not following recommended or prescribed therapy or *treatment*.
6. Any *medical condition*, sickness, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
7. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
8. A loss caused directly or indirectly from an existing disease or body infirmity, even if the proximate cause of its activation or reactivation is the result of an accidental bodily *injury*.
9. An *act of war* or *act of terrorism*.
10. Any loss resulting from:
  - a specific or related *medical condition* which *you* contracted in a foreign country during *your trip*, and/or
  - an *act of war* or an *act of terrorism*, when, before *you* left *home*, a written formal warning was issued by Foreign Affairs and International Trade Canada, advising Canadians not to travel to that country, region or city.

## TERRORISM COVERAGE

Where an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this policy, this insurance will provide coverage as follows:

- For all **Emergency Medical Insurance and Trip Interruption Insurance coverages**, we will provide benefits to *you* for *your covered expenses* subject to the maximums shown in the benefits section and this provision; and
- The benefits payable, as described directly above, are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers* and other insurance coverage (even where such other coverage is described as excess) and will only become available after *you* have exhausted all such other sources.

Any benefits payable pursuant to *our Emergency Medical Insurance and Trip Interruption Insurance* shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies/certificates issued by *us*, including this policy. If total claims otherwise payable for a type of coverage under all travel policies/certificates issued by *us*, resulting from one or more *acts of terrorism* occurring within an applicable time period, exceeds this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

Coverage is only available for up to two (2) *acts of terrorism* within a calendar year and the maximum aggregate payable limit for each *act of terrorism* is:

Type of Coverage	Maximum Aggregate for Each Act of Terrorism (CDN\$)
Emergency Medical	\$35,000,000
Trip Interruption	\$2,500,000

If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable limits, *your* prorated claim may be paid after the end of the calendar year in which *you* qualify for benefits.

### Exclusion to this Terrorism Coverage provision

Notwithstanding any provision to the contrary within this policy or any endorsement thereto, this policy does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, resulting from, arising out of or in connection with any *acts of terrorism* perpetrated by 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.

## WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this policy is issued on the basis of information provided in *your* application. *Your* entire contract with *us* consists of: this policy; *your* application for this policy; 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* conceal or misrepresent any material fact in *your* application, extension of coverage or claim 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.

This policy shall be governed by and construed in accordance with the laws of the province or territory of residence of the insured.

**Despite any other provision contained in the contract, the contract is subject to the applicable statutory conditions in the Insurance Act, as applicable in *your* province 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 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 plan outlined in this policy is second payor coverage. If there are other third party liability, group or individual, basic or extended health insurance plans or contracts including any private, provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third party liability insurance in force concurrently herewith, amounts payable hereunder are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are insured under such coverage.

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 coverage 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 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. If the total amount of all accident insurance *you* have under policies issued by *us* is more than \$100,000, *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.

## HOW TO MAKE A CLAIM

**In the event of an *emergency*, call the Assistance Centre immediately prior to receiving *treatment*:**

**1 800 211-9093** toll-free from the USA and Canada or **+1 (519) 251-7821** collect to Canada from anywhere else in the world. The Assistance Centre is ready to assist *you* twenty-four (24) hours a day, 365 days a year.

Please note that if ***you do not call*** the Assistance Centre in an *emergency*, ***you will have to pay 25% of the eligible medical expenses*** *we* would normally pay under this policy (25% co-insurance).

If it is medically impossible for *you* to call when the *emergency* happens, the 25% co-insurance will not apply. In this case, *we* ask that *you* call as soon as *you* can or that someone call on *your* behalf. 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 services 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 for benefits under this policy, *your* proof of claim and *your* fully completed Manulife Global Travel Insurance claims form(s) must be sent to *us* within ninety (90) days after the event, but not more than 12 months after the date of such event or loss.

Written claims correspondence should be mailed to:  
Manulife Global Travel Insurance  
c/o Manulife Financial  
PO Box 11007  
Stn Centre Ville  
Montreal, QC H3C 4T9

*You* may also call *us* directly for specific information on how to make a claim or to inquire about *your* claim status at: **1 866 298-2722**.

For coverage information or general enquiries, please contact *your* travel advisor.

**If *you* are making a *Trip Interruption Insurance* claim**, *we* will need proof of the cause of the claim, including: a) a medical certificate completed by the attending *physician* and stating why travel was not possible as booked, if the claim is for medical reasons; or b) a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to a misconnection. *We* will also need, as applicable: a) complete original unused transportation tickets

and vouchers; b) original passenger receipts for the new tickets *you* had to purchase; c) original receipts for the travel arrangements *you* had paid in advance and for the extra hotel, meal, telephone and taxi expenses *you* may have had; and d) any other invoice or receipt supporting *your* claim; e) the entire medical file of any person whose health or *medical condition* is the reason for *your* claim.

**If *you* are making a *Default Protection claim*, we** must receive written notice of the claim within sixty (60) days of the day on which the *travel supplier* announces that it is in *default*. *You* must submit proof of loss (including original receipts, proofs of payment to *travel suppliers*, proof of payment for insurance, unused transportation or accommodation documents and, where appropriate, evidence of claim to or reimbursement from any federal, provincial or other compensation fund, or other insurance, or any other source (including Credit Card companies) that is legally responsible or under contract to reimburse *you* for the cost of such undelivered *travel services*) no later than thirty (30) days immediately after such filing deadline.

**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 and return dates); and f) *your* historical medical records (if *we* determine applicable).

**If *you* are making a *Baggage Loss, Damage & Delay Insurance claim*, the following conditions apply:**

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, *you* must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide or transportation authorities. *You* must also take all precautions to protect, save or recover the property immediately, and advise *us* as soon as *you* return *home*. *Your* claim will not be valid under this insurance if *you* do not comply with these conditions.
2. If the property *you* have checked with a *common carrier* is delayed, *we* will continue to provide coverage until the property is delivered by the carrier.
3. *We* cover the current actual cash value of *your* property when it is lost or damaged. *We* also reserve the option to repair or replace *your* property with other of similar kind, quality and value. *We* may also ask *you* to submit damaged items for an appraisal of the damage. If a lost or damaged article is part of a set, *we* will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.

4. If *you* need to make a claim under this insurance, *we* will need: a) copies of reports from the authorities as proof of loss, damage or delay; and b) proof that *you* owned the articles, and receipts for their replacement.

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

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

**Who will *we* pay *your* benefits to 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 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 to arbitration under the arbitration law in the Canadian province or territory where *you* resided at the time of application for this policy.

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.

For the purposes of determining the validity of a claim under this policy, *we* may obtain and review the medical records of the attending *physician(s)*, including the records of the 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 instill fear in 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* as calculated at time of application.

**Change in medication** means the medication dosage, frequency or type has been reduced, increased, stopped and/or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) to test *your* blood levels; and, a change from a brand name medication to a generic brand medication of the same dosage.

**Child, Children** means an unmarried, dependent son or daughter or *your* grandchild(ren) under the *age* of 21 or, if a full-time student, under the *age* of 26. Also, an unmarried dependent son or daughter of any *age*, if mentally or physically handicapped. In addition, the *child* must be older than thirty (30) days old to be covered under this policy.

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

**Confirmation** means the document or set of documents confirming *your* insurance coverage under this policy and, where applicable, *your trip* arrangements. It includes the application for this policy, once *you* have completed and submitted it with the required premium to *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 expenses** means *reasonable and customary charges you* incur for supplies and services which are eligible expenses under the *Emergency Medical Insurance* provisions and which are either in excess of and/or not covered under *your government health insurance plan* or any other plan.

**Default** means the inability of a *travel supplier* to provide *travel services* for which *you* have contracted with the *travel supplier*, because of complete or substantially complete cessation of business by the *travel supplier* resulting directly or indirectly from bankruptcy or insolvency thereof.

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

**Effective date** means the date on which *your* coverage starts which is stated as *your departure date* on *your confirmation*.

**Emergency** means a sudden and unforeseen occurrence of a *medical condition* that begins during the period of insurance and 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 *your* coverage ends on the earliest of these dates:

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

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

**Home** means *your* Canadian province or territory of residence. In the case of *Trip Interruption*, *Flight and Travel Accident*, and *Baggage insurance*, it means the place *you* leave from on the first day of coverage and are scheduled or ticketed to return to on the last day of coverage.

**Hospital** means a facility that is licensed as a *hospital*, where in-patients receive medical care, diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

**Immediate family** means *spouse*, parent, legal guardian, step-parent, grandparent, step-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 *you* sustain and that is caused by external and purely accidental means, directly and independently of illness or disease and all other causes.

**Key-person** means someone to whom a dependent's full-time care is entrusted and who cannot reasonably be replaced; a business partner, or an employee who is critical to the ongoing affairs of *your* business, during the *trip*.

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



**Medical condition** means *injury*, illness or disease; complication of pregnancy within the first thirty-one (31) weeks of pregnancy, or a mental or emotional disorder that requires admission to a *hospital*, or acute psychosis.

**Medically necessary** in reference to a given service or supply, means such service or supply: a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; b) is not experimental or 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 for reasons of convenience.

**Mountaineering** means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick-axes, anchors, bolts, carabineers 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*.

**Plane** means a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board license, Charter Air Carrier license, or its foreign equivalent, and operated by a certified pilot.

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

**Professional career program** means a registered course where a formal examination takes place at a set date and time.

**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 purchase date of this insurance.

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

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

**Travel companion** means someone who shares *trip* arrangements and accommodations with *you*. No more than four (4) individuals (including the Insured) will be considered *travel companions* on any one *trip*.

**Travel services** means transportation, sleeping accommodation or other service provided or arranged by a *travel supplier* for *your* use (but does not include taxes or insurance).

**Travel supplier** means a tour operator, travel wholesaler, airline, cruise line provider of ground transport or provider of travel accommodation or provider of other services to *you* that is:

- a) contracted to provide *travel services* to *you*; and
- b) licensed, registered or is otherwise legally authorized in the particular location of the *travel supplier* to operate and provide *travel services* as shown on *your confirmation*.

**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 that begins on the date *you* leave *home* and ends on the earliest of these dates:

- a) the date *you* return *home*; or
- b) the *expiry date*, as 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 First North American Insurance Company (FNA) in connection with Baggage insurance and coverage for the risks identified with † throughout this document; and The Manufacturers Life Insurance Company (Manulife Financial) in connection with all other coverages under 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.

**You, your** means the person(s) named as the insured(s) on the *confirmation*, for whom insurance coverage was applied for and for whom the appropriate premium has been 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.

**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 Financial will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your file is secured in our offices 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, Affinity Markets, Manulife Financial, 2 Queen Street East, Toronto, Ontario M5C 3G7

## 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 health care providers
- √ Monitoring *your* medical *emergency* and keeping *your* family informed
- √ Arranging for 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 in obtaining prescription drugs
- √ Assistance in obtaining legal help or bail bond

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

**1 800 211-9093** toll-free from the USA and Canada  
**+1 (519) 251-7821** collect where available.

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24 hours a day, 365 days a year*

 **Manulife Financial**

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