Manulife

Policy wording update – This new wording forms part of your COVID-19 Pandemic Travel Plan for Travelling Canadians

This wording applies to policies issued on or after November 18, 2021.

This policy wording update forms part of *your* COVID-19 Pandemic Travel Plan for Travelling Canadians. This new wording is only valid for the *trip* dates as shown on *your confirmation*.

This new wording is valid in conjunction with the COVID-19 Pandemic Travel Plan for Travelling Canadians and is subject to all other terms, conditions, limitations, exclusions, definitions, and provisions of *your* policy.

The *Emergency* Medical Exclusions & Limitations have changed.

The following wording has been deleted from the "What does *Emergenc*y Medical insurance not cover?" section, page 7:

26. Any *act of terrorism* or any *medical condition you* suffer or contract when an official travel advisory issued by the Government of Canada states, "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.
To view the travel advisories, visit the Government of Canada Travel site.
This exclusion does not apply to claims for any *medical condition* unrelated to the travel advisory.

The following wording has been added in its place:

26. Any *act of terrorism* or any *medical condition you* suffer or contract when an official travel advisory issued by the Government of Canada states, "Avoid all travel" regarding the country, region, or city of *your* destination, before *your effective date*.
To view the travel advisories, visit the Government of Canada Travel site.
This exclusion does not apply to claims for any *medical condition* unrelated to the travel advisory.
Exception: This exclusion does not apply for claims due to Coronavirus (COVID-19) and related complications that *you* suffer or contract while *you* are on a cruise or any destination included in *your* cruise itinerary if *you* have received the *vaccine*.
Children 11 years old or younger who are not eligible to receive the *vaccine*, are covered when travelling with at least one parent or guardian on the same cruise booking who has received the *vaccine*.

The *Trip* Interruption Exclusions & Limitations have changed.

The following wording has been deleted from the "What does *Trip* Interruption Insurance not cover?" section, page 8:

2. Any expenses due to an official travel advisory issued by the Government of Canada stating "Avoid all travel" regarding the country, region or city of your destination, before *your departure date*.
To view the travel advisories, visit the Government of Canada Travel site.

The following wording has been added in its place:

2. Any expenses due to an official travel advisory issued by the Government of Canada stating "Avoid all travel" regarding the country, region or city of your destination, before *your departure date*.
To view the travel advisories, visit the Government of Canada Travel site.
Exception: This exclusion does not apply for claims due to Coronavirus (COVID-19) and related complications that *you* suffer or contract while *you* are on a cruise or any destination included in *your* cruise itinerary if *you* have received the *vaccine*.
Children 11 years old or younger who are not eligible to receive the *vaccine*, are covered when travelling with at least one parent or guardian on the same cruise booking who has received the *vaccine*.

Underwritten by The Manufacturers Life Insurance Company (Manulife)

Manulife

Manulife Travel Insurance

COVID-19 Pandemic Travel Plan for Travelling Canadians

Effective October 2021

Underwritten by
The Manufacturers Life Insurance Company (Manulife).

Manulife

Travel Insurance for
Travelling Canadians

IN CASE OF AN EMERGENCY, YOU MUST CALL OUR ASSISTANCE CENTRE:

1 833-389-1089 toll-free from the USA and Canada

+1 519 945-1812 collect to Canada from anywhere else in the world

NAME ____________________ POLICY # ____________

____

EFFECTIVE DATE EXPIRY DATE

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

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

Manulife Travel Insurance COVID-19 Pandemic Travel Plan for Travelling Canadians

Effective October 2021

Accessible formats and communication supports are available upon request. Visit **Manulife.ca/accessibility** for more information.

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

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

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

For more information, go to www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html

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Section

The Assistance Centre is open 24 hours a day, each day of the year.

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

Please note that you must call the Assistance Centre in a medical emergency and prior to any treatment. Otherwise, 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 as soon as possible.

The Manufacturers Life Insurance Company

The Assistance Centre is open 24 hours a day, each day of the year.

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

Please note that you must call the Assistance Centre in a medical emergency and prior to any treatment. Otherwise, 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 as soon as possible.

The Manufacturers Life Insurance Company

SECTION 1 – Important Notice

READ CAREFULLY BEFORE YOU TRAVEL

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

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

IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS, PLEASE CALL THE CUSTOMER SERVICE CENTRE AT THE NUMBER PROVIDED IN YOUR CONFIRMATION.

Notice Required by Provincial Legislation

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.

SECTION 2 – Identification of Insurer

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

SECTION 3 – In the Event of an *Emergency*

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

1 833-389-1089 toll-free from the USA and Canada.
+1 519 945-1812 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.

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, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

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

You must call the Assistance Centre before obtaining *emergency treatment*, so that *we* may:
· confirm coverage
· provide pre-approval of *treatment*.

If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, *we* ask that someone call on *your* behalf as soon as possible. Otherwise, if *you* do not call the Assistance Centre before *you* obtain *emergency treatment you* will have to pay 20% of the eligible medical expenses *we* would normally pay under this insurance.

SECTION 4 – Eligibility

To be eligible for coverage, *you* must, as of the date *you* apply for coverage and the *effective date*:

- be a resident of Canada and covered under a *government health insurance plan* for the entire duration of *your trip*;
- be at least thirty (30) days of *age;*
- not have been advised by a *physician* to avoid travel at this time;
- not have a terminal illness or metastatic cancer;
- not require kidney dialysis;
- not have been prescribed or used home oxygen in the last twelve (12) months; and
- never have had bone marrow, stem cell or organ transplant (except corneal transplant).

SECTION 5 – General Information

This policy does not include any coverage for *Trip* Cancellation benefits.

Trip Interruption coverage is only available once *you* arrive at any destination included in *your trip* and only when *you* incur any expenses in relation to Coronavirus (COVID-19). See Section 9 - *Trip* Interruption Insurance for full details.

INSURING AGREEMENT

In consideration of the application for insurance for which *you* have met the eligibility requirements and paid the appropriate premium, *we* will pay expenses for the benefits set out in this document, subject to the terms, limitations, exclusions and other conditions and in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and *your government health insurance plan*. Some benefits are subject to advance approval by *our* Assistance Centre. Unless otherwise stated, all amounts referred to in this policy are in Canadian dollars. *You* will be responsible for any expenses that are not payable by *us*.

COVERAGE

Up to a total combined maximum of $5 Million per insured person for *reasonable and customary* charges when *you* incur expenses:

- as a result of an *emergency* when travelling outside of *your* province or territory of residence that is unrelated to Coronavirus (COVID-19)
- for *treatment you* require when travelling outside of *your* province or territory of residence when the medical *emergency* is related to Coronavirus (COVID-19) and related complications provided that *you* have received the *vaccine*

- **up to a maximum of $1 Million** per insured person for *reasonable and customary* charges incurred by *you* as a result of an *emergency* related to Coronavirus (COVID-19) and related complications when *you* have not received the *vaccine*.

  Exception: Important information about cruise travel - If *you* have not received the *vaccine*, this policy does not provide any coverage for Coronavirus (COVID-19) and related complications on a cruise or at any destination included in *your* cruise itinerary.

  This exception for cruise travel does not apply to children 11 years old or younger who are not eligible to receive the *vaccine*, when travelling with at least one parent or guardian on the same cruise booking who has received the *vaccine*.

***Reasonable and customary* charges incurred by *you* for a *Trip* Interruption** claim in the event that *you* must self-isolate or quarantine during *your trip* as a result of Coronavirus (COVID-19) (see benefit details in Section 9).

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 coverage, the *confirmation* issued in respect of that application and any other amendments or endorsements resulting from extensions of coverage.

This policy provides *emergency* medical coverage for travel outside *your* province or territory of residence or Canada.

WHEN *YOUR* COVERAGE STARTS

Travel Insurance must be purchased prior to departure from *your* province or territory of residence in Canada and for the entire duration of *your trip*.

All coverage starts on the later of:

- the *departure date*; or
- the *effective date* as stated on *your confirmation*.

WHEN *YOUR* COVERAGE ENDS

All coverage ends on the earlier of:

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

AUTOMATIC EXTENSION of coverage is provided beyond *your expiry date*, as stated on *your confirmation*, if:

- *your common carrier* or *vehicle* is delayed and prevents *you* from travelling on *your expiry date*. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours;
- *you* have been advised by a medical professional to self-isolate or quarantine as a result of Coronavirus (COVID-19), beyond *your expiry date*. In this case, *we* will extend *your* policy coverage for the duration of *your* quarantine and up to seventy-two (72) hours following the end date of *your* quarantine period.
- *you* or *your travel companion* are hospitalized on the *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 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 on *your expiry date*, as confirmed by a *physician*. In this case, *we* will extend *your* coverage for up to five (5) days.

TO STAY LONGER THAN PLANNED

If *you* are already on *your trip* and need to apply for an extension of *your* coverage, before the *expiry date* of *your* existing coverage, simply contact the representative where *you* purchased this insurance or Manulife Customer Service. *You* may be able to extend *your* coverage, as long as:

- the total length of *your trip* outside of Canada, including the extension, does not exceed the maximum allowed by *your government health insurance plan*;
- *you* pay the additional premium; and
- there has been no event that has resulted or may result in a claim against the policy and there has been no change in *your* health status.

Any extension is subject to approval by the Assistance Centre. In any case, *we* will not extend any coverage beyond twelve (12) months after the date *you* first leave *home*.

CANCELLATIONS & REFUNDS

- *You* may cancel *your* policy prior to *your departure date*.
- If *you* return *home* early, *you* may request a refund of premium (minimum $25.00) for the unused coverage days of *your* plan, providing there has been or will be no claim reported or initiated, that *you* have not been provided with any assistance services and that *you* have mailed *us your* written request with proof of the date *you* returned *home*.
- All travellers insured under the same policy must return together for a refund to be possible.

FAMILY COVERAGE

If *you* have purchased Family Coverage, all family members must be named on *your confirmation* and must be under *age* sixty (60) and a minimum of thirty (30) days of *age*. Family Coverage can include: i) one applicant (parent or grandparent) travelling with their *children*/grand*children*; ii) the applicant, *spouse* and *children* or grand*children*; or iii) three (3) generations of a single family (grandparent[s], parent[s] and their *children*). All family members must have coverage that starts and ends on the same dates.

SECTION 6 – Medical Concierge Services

Manulife Travel Insurance is pleased to provide *you* with StandbyMD™, a worldwide on-demand directional care program.

What services are available?

StandbyMD has an international network of medical providers and partners who provide services across time zones and who assure a quick and streamlined access to healthcare 24/7/365 all over the world.

StandbyMD allows *you* to access multiple levels of personalized care ranging from:

- Teleconsultations for eligible cases (telephone/chat/video conference access to a qualified *physician* who can assess *your* symptoms and provide *treatment* options)
- A network of visiting *physicians* (In 141 countries and over 4,500 cities)
- In-network clinics close to the patient
- In-network ERs located close to the patient only if necessary.

In addition, when *you* travel to the United States, StandbyMD offers the following services:

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eyeglasses or contact lenses and medical supplies.

How does this service work?

StandbyMD's risk assessment algorithm triages patients according to their symptoms, profiles and location. Based on the information provided they are instantly referred to the most appropriate level of care their specific situation requires.

StandbyMD uses a worldwide network of providers that offer high-quality care at preferred rates and direct billing solutions, minimizing the likelihood of paying out-of-pocket.

The StandbyMD program will assist with coordinating payment of eligible expenses subject to the terms and conditions of the policy.

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

Disclaimer, Waiver, and Limitation of Liability:

StandbyMD is not intended to be a substitute for professional medical advice, it is provided for the purpose of assisting you in finding medical providers. The advice provided by StandbyMD is a recommendation only, and entirely voluntary. You still retain the right to choose for yourself, *your* own level of care regardless of StandbyMD's recommendation.

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,

- their quality,

- the results or outcome of any *treatment* or service.

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

*Related persons include principals, parents, successors and assigns of StandbyMD.

SECTION 7 – *Emergency* Medical Insurance

What does *Emergency* Medical Insurance cover?

Emergency Medical Insurance covers *you* for a combined total maximum of $5 Million CAD per insured person:

- for covered expenses as a result of an *emergency* when travelling outside of *your* province or territory of residence that is unrelated to Coronavirus (COVID-19)
- for *treatment you* require when travelling outside of *your* province or territory of residence when the medical *emergency* is related to Coronavirus (COVID-19) and related complications provided that *you* have received the *vaccine*.

Emergency Medical Insurance covers *you* for up to $1 Million CAD per insured person:

- for *reasonable and customary* charges incurred by *you* as a result of an *emergency* related to Coronavirus (COVID-19) and related complications when *you* have not received the *vaccine*.

  Exception: Important information about cruise travel - If *you* have not received the *vaccine*, this policy does not provide any coverage for Coronavirus (COVID-19) and related complications on a cruise or at any destination included in *your* cruise itinerary. This exception for cruise travel does not apply to children 11 years old or younger who are not eligible to receive the *vaccine*, when travelling with at least one parent or guardian on the same cruise booking who has received the *vaccine*.

Note: These covered expenses are in excess of any amount covered by *your government health insurance plan* or any other benefit plan. The *treatment* must be required as part of *your emergency treatment*.

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

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

The eligible covered expenses include:

1. **Expenses for *emergency treatment* –** *Reasonable and customary* charges for medical care received from a *physician* in or out of *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.
2. **Expenses for paramedical services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to $70 per visit to a combined maximum of $700 for a covered *injury*.
3. **Expenses for ambulance transportation –** *Reasonable and customary* charges for local licensed ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency*.
4. **Expenses for *emergency* dental *treatment* –**
   - If *you* need *emergency* dental *treatment*, *we* will pay up to $300 for the relief of dental pain; and/or
   - If *you* suffer an accidental blow to the mouth, *we* will pay up to $3,000 for the *reasonable and customary* charges to repair or replace *your* natural or permanently attached artificial teeth (up to $1,500 during *your trip* and up to $1,500 after *your* return *home* to continue *treatment* in the ninety (90) days after the accident).
5. **Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, *we* will pay the return economy class airfare via the most cost-effective itinerary for someone to be with *you* and *we* will also pay up to $1,000 for that person's hotel and meals. For a *child* insured under this policy, this benefit is available immediately upon their *hospital* admission.
6. **Extra expenses for meals hotel, and taxi –** If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency* medical *treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, *we* will reimburse *you* up to $200 per day to a maximum of $2,000 for *your* extra meals, hotel and taxi fares. *We* will only reimburse *you* for these expenses if *you* have actually paid for them.
7. **Expenses related to *your* death –** If, during *your trip*, *you* die from an *emergency* covered under this insurance, *we* will reimburse *your* estate for:
   - up to $5,000 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;
   - 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
   - up to $5,000 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, 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 seventy-two (72) hours.

8. **Expenses to bring *you home* –** If *your* treating *physician* recommends that *you* return *home* earlier than planned because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, *we* will pay for one or more of the following:
   - the extra cost of economy class airfare via the most cost-effective itinerary; and/or
   - a stretcher airfare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and/or
   - the cost of return economy class airfare 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; and/or
   - the cost of air ambulance transportation if this is medically necessary.
9. **Return Excess Baggage –** When approved in advance by the Assistance Centre, up to $300 for the return of *your* excess baggage. This benefit is payable if *you* return *home* under Benefit #7 or #8.
10. **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 for the extra cost of one-way economy class airfare to return the *children home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must have been under *your* care during *your trip* and covered under a policy underwritten by *us*.
11. **Childcare expenses –** *We* will pay up to $75 per day to a maximum of $500 for childcare costs incurred by *you* during *your trip* to care for *your* c*hildren* travelling with *you* and remaining with *you* at your destination while *you* are hospitalized as an in-patient during *your trip*. Original receipts from the professional childcare provider are required and the professional childcare provider must be someone other than *immediate family* or a *travel companion*.
12. **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* (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 #7 or #8 above.
13. **Expenses to return *your vehicle home* –** If, because of a medical *emergency*, *you* are unable to drive the *vehicle you* used during *your trip*, *we* will cover up to $3,000 charged by a commercial agency to bring *your vehicle home*. If *you* rented a *vehicle* during *your trip*, *we* will cover its return to the rental agency.
14. ***Hospital* Allowance –** When *you* are hospitalized for 48 hours or more due to *sickness* or *injury* during *your trip*, *we* will reimburse *you* $50 per day up to $300 per policy for *your* telephone, parking and television out-of-pocket expenses. Expenses must be supported by original receipts.
15. **Phone call expenses –** *We* will pay for phone calls to or from *our* Assistance Centre regarding *your* medical *emergency*. *You* must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during *your trip*.
16. **Pet Return –** If *your* domestic dog or cat travels with *you* during *your trip* and *you* return to Canada under Benefit #7 or #8, *we* will pay the cost of one-way transportation up to a maximum of $500 to return *your* domestic dog or cat to Canada.
17. **Terrorism Coverage –** When an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this policy, coverage is available for up to two (2) *acts of terrorism* within a calendar year and up to a maximum aggregate payable limit of $35 million for all eligible *emergency* medical in-force policies issued and administered by *us*. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

SECTION 8 – *Emergency* Medical Exclusions & Limitations

What does *Emergency* Medical Insurance not cover?

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

1. **A *pre-existing medical condition*.** The *pre-existing medical condition* exclusion that applies to *you* depends on the Rate Category *you* qualified for when *you* purchased this policy. Please see the definition of "*pre-existing medical condition*" and "*stable*" at the end of this policy.

   Under Age 60 or Rate Category A. *We* will not pay any expenses relating to:
   - a *pre-existing medical condition* that is not *stable* in the three (3) months before *your effective date*; and/or
   - *your* heart condition if, in the three (3) months before *your effective date*, any heart condition has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
   - *your* lung condition if, in the three (3) months before *your effective date*, any lung condition has not been *stable* or *you* required *treatment* with oxygen or Prednisone for a lung condition.

   Rate Categories B and C. *We* will not pay any expenses relating to:
   - a *pre-existing medical condition* that is not *stable* in the six (6) months before *your effective date*; and/or
   - *your* heart condition if, in the six (6) months before *your effective date*, any heart condition has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
   - *your* lung condition if, in the six (6) months before *your effective date*, any lung condition has not been *stable* or *you* required *treatment* with oxygen or Prednisone for a lung condition.
2. Covered expenses that exceed the *reasonable and customary* charges where the medical *emergency* happens.
3. Any *emergency* when, prior to the purchase date, *you* had not met all the eligibility requirements or truthfully and accurately answered all the questions in the *medical questionnaire* (if applicable).
4. Covered expenses that exceed 80% of the cost *we* would normally have to pay under this insurance if *you* do not, or someone on *your* behalf does not, contact the Assistance Centre at the time of the *emergency*.
5. Expenses related to the *treatment* of Coronavirus (COVID-19) and related complications *you* suffer or contract while *you* are on *your* cruise or in any destination included in *your* cruise itinerary if *you* have not received the *vaccine*.

   This exclusion does not apply to children 11 years old or younger who are not eligible to receive the *vaccine*, when travelling with at least one parent or guardian on the same cruise booking who has received the *vaccine*.

6. The cost of and any expenses for a Coronavirus (COVID-19) test that is mandated by any body with appropriate authority (such as a government or a transportation service) for entry into or exit from a country/jurisdiction or to use its services.
7. 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*.
8. Any non-emergency, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
9. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if *our* medical advisors determine that *your emergency* has ended.
10. A *medical condition* or symptoms:
    - when *you* knew or for which it was reasonable to believe or expect before *you* left *home* or before the *effective date* of coverage, that *treatment* will be required 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.
11. Any *emergency* that occurs while *you* are participating in:
    - any sporting activity for which *you* are paid, including snorkeling or scuba diving;
    - any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
    - mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain;
    - rock-climbing;
    - parachuting;
    - skydiving;
    - hang-gliding or using any other air-supported sporting device; or
    - participating in a motorized speed contest.
12. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, whether or not it was authorized by a *physician*, as well as any directly or indirectly-related complication.
13. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
14. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
15. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
16.
    - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
    - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
17. Any loss resulting from *your minor mental or emotional disorder*.
18.
    - *Your* routine pre-natal or post-natal care;
    - *Your* pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
19. *Your* child born during *your trip*.
20. For insured *children* under two (2) years of *age*, any *medical condition* related to a birth defect.
21. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
22. Any further medical *treatment* if *our* medical advisors determine that *you* should transfer to another facility or return to *your home* province/territory of residence for *treatment*, and *you* choose not to.
23. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
24. For policy extensions: any *medical condition* which first appeared, was diagnosed or treated after the scheduled *departure date* and prior to the *effective date* of the insurance extension.
25. Any *act of terrorism* or any *medical condition you* suffer or contract when an official travel advisory issued by the Government of Canada states, "Avoid all non-essential travel" regarding the country, region or city of *your* destination, before *your effective date*.

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

    For claims due to Coronavirus (COVID-19), this exclusion does not apply. **Exception:** *Treatment* for Coronavirus (COVID-19) and related complications that *you* suffer or contract while *you* are on a cruise or any destination included in *your* cruise itinerary is not covered if *you* have not received the *vaccine*.

    This exception does not apply to children 11 years old or younger who are not eligible to receive the *vaccine*, when travelling with at least one parent or guardian on the same cruise booking who has received the *vaccine*.

    For claims not due to Coronavirus (COVID-19), this exclusion does not apply if *your medical condition* is unrelated to the travel advisory.
26. Any *act of terrorism* or any *medical condition you* suffer or contract when an official travel advisory issued by the Government of Canada states, "Avoid all travel" regarding the country, region or city of *your destination*, before *your effective date*.

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

    This exclusion does not apply to claims for any *medical condition* unrelated to the travel advisory.
27. Any *act of terrorism* caused by biological, chemical, nuclear or radioactive means.
28. An *act of war*.

Section 9 - *Trip* Interruption Insurance

***We* do not pay any benefits for a quarantine or self-isolation in Canada as mandated by any government.**

This coverage does not include any benefits for *Trip* Cancellation.

Important information about cruise travel: If *you* have not received the *vaccine*, this policy does not provide any coverage for Coronavirus (COVID-19) and related complications on a cruise or at any destination included in *your* cruise itinerary. **Exception:** For children 11 years old or younger who are not eligible to receive the *vaccine*, Coronavirus (COVID-19) coverage will be provided when travelling with at least one parent or guardian on the same cruise booking who has received the *vaccine*.

Benefits – What does *Trip* Interruption Insurance cover?

Trip Interruption coverage is only available after *your* departure to any destination included in *your trip* and only when *you* incur any expenses in relation to Coronavirus (COVID-19).

In the event *you* are unexpectedly required to self-isolate or quarantine as determined by a medical professional after *your* departure, *we* will pay:

- Up to $500 for *your* one-way economy class airfare via the most cost-effective itinerary to return *you home* in the event *you* are delayed beyond the date *you* were originally scheduled to return *home*; and/or
- Up to $200 per insured person per day for *your* additional and unplanned commercial hotel and meal expenses to a maximum of $2,800. Family coverage maximum is $400 per insured family per day to a maximum of $5,600.

  This benefit is only payable to a maximum of fourteen (14) days, if *you* are delayed beyond *your* original return date, and/or *you* must pay for the unexpected costs of *your* new accommodation and/or meals where *you* are required to be quarantined.

  It is *your* responsibility to find accommodation during *your* quarantine. If *you* must be quarantined at a medical facility and medical *treatment* is not required, *we* will only pay up to the maximums as noted above.

These benefits are payable if either of the following covered events happen to *you*:

1. *You* or *your travel companion* are denied entry into any destination included in *your trip* and *you* are quarantined as requested by a medical professional;
2. Due to a positive Coronavirus (COVID-19) test result or contact tracing in any destination included in *your trip*, *you* or *your travel companion* are required to self-isolate or quarantine as requested by a medical professional, in *your* destination beyond *your* original return date.

Section 10 – *Trip* Interruption Exclusions & Limitations

What does *Trip* Interruption Insurance not cover?

For *Trip* Interruption Insurance, *we* will not cover expenses or benefits relating to:

1. Any *Trip* Interruption benefits because of a quarantine or self-isolation in Canada as mandated by any government.

2. Any expenses due to an official travel advisory issued by the Government of Canada stating "Avoid all travel" regarding the country, region or city of *your* destination, before *your departure date*.

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

3. Any expenses *you* incur when *you* or *your travel companion* are denied entry into a country or a region included in *your trip* when prior to *your departure date* there were foreign government and/or regional travel guidelines or restrictions in place prohibiting Canadian residents' entrance due to Coronavirus (COVID-19).

4. Any expenses *you* incur at any destination included in *your trip*, when before *your departure date* there were foreign government and/or regional travel guidelines or restrictions in place requiring *you* or *your travel companion* to self-isolate or quarantine for a specific period of time during *your trip*.

5. Any pre-paid portion of *your* travel arrangements that are unused.

6. Any expenses *you* incur if *you* have not received the *vaccine*:

- while *you* are on *your* cruise; and/or
- beyond *your* original cruise end date due to a positive Coronavirus (COVID-19) test result or contact tracing during *your* cruise or in any destination included in *your* cruise itinerary and *you* or *your travel companion* are required to self-isolate or quarantine.

This exclusion does not apply to children 11 years old or younger who are not eligible to receive the *vaccine*, when travelling with at least one parent or guardian on the same cruise booking who has received the *vaccine*.

SECTION 11 – What Else Do *You* Need to Know?

This policy is issued based on information provided in *your* application (including the *medical questionnaire*, if required). Claims will be processed according to the policy in force at the time of claim. When completing the application and answering the medical questions, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:

- *your* coverage will be void

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

You must be accurate and complete in *your* dealings with *us* at all times. This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy or extension of coverage for benefits under this policy.

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

No agent or broker has the authority to change the contract or waive any of its provisions.

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

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.

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. When *you* have paid the appropriate premium and met the eligibility requirements, this policy along with *your* application forms part of *your* insurance contract and becomes a binding contract, providing that *you* are issued a *confirmation* upon which a contract policy number appears.

If *you* are ineligible for coverage, *our* only liability will be to refund any premium paid. *You* will be responsible for any expenses that are not payable by *us*. 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 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 plans outlined in this policy are second payor coverages. 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 co-ordinate 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 co-operate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights.

If *you* are insured under more than one insurance policy/certificate underwritten by *us*, the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy/certificate. This condition does not apply to any claim related to Coronavirus (COVID-19) if *you* are also insured under a complimentary Manulife COVID-19 *Emergency* Medical Certificate of Insurance that was provided to *you* by the airline/tour operator. For greater clarity, if *you* are insured under one complimentary certificate and more than one policy/certificate underwritten by *us* that provides Coronavirus (COVID-19) coverage, the maximum amount payable for covered expenses incurred by *you* related to Coronavirus (COVID-19) cannot be more than the sum of the Coronavirus (COVID-19) coverage available under one policy/certificate and one complimentary certificate. The total amount *we* pay to *you* cannot exceed *your* actual expenses.

SECTION 12 – How to Submit a Claim

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

1 833-389-1089 toll-free from the USA and Canada.
+1 519 945-1812 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.

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/.

Please note that **if *you* do not call** the Assistance Centre in an *emergency* and prior to receiving *treatment*, ***you* will have to pay 20% of the eligible medical expenses** *we* would normally pay under this policy (20% co-insurance). If it is medically impossible for *you* to call when the *emergency* happens, *we* ask that someone call on *your* behalf as soon as possible.

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, eligible expenses will be reimbursed to *you* based on 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*.

Notice and Proof of Claim. Claims must be reported within thirty (30) days of occurrence of a claim arising under this contract. *Your* proof of claim must be sent to *us* within ninety (90) days of the date a claim has occurred or the service was provided.

Failure to Give Notice or Proof of Claim. Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one (1) year from the date of the occurrence arising under this contract, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Proof of Claim. The Assistance Centre will furnish forms for proof of claim within fifteen (15) days after receiving notice of claim. If *you* have not received the forms within that time, *you* may submit *your* proof of claim in the form of a written statement of the cause or nature of the accident, *sickness*, *injury* or insured risk giving rise to the claim and the extent of the loss or *you* can submit *your* claim online.

Mailing Instructions

Claims correspondence should be mailed to:

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

Online Claim Submission

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

You may call the Assistance Centre directly for specific information on how to submit a claim or to enquire about *your* claim status at:
1 833-389-1089 or **+1 519 945-1812.**

All money payable under this contact shall be paid by *us* within sixty (60) days after proof of claim and all required documentation has been received.

If *you* are making an *Emergency* Medical Insurance claim, *we* will need:

- original itemized receipts for all bills and invoices;
- proof of payment by *you* and 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 (including *departure date* and return date); and
- *your* historical medical records (if *we* determine applicable).

If *you* are making a *Trip* Interruption claim, *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, if the claim is in relation to self-isolation or quarantine, or
- a report from an authority documenting the reason for the self-isolation or quarantine; and

We will also need, as applicable:

- original passenger receipts for the new tickets *you* had to purchase;
- original receipts for the travel arrangements *you* had paid in advance and for the extra hotel, and meals, expenses *you* may have had; and
- any other invoice or receipt supporting *your* claim.

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

Except in the case of *your* death, *we* will pay the covered expenses under this insurance to *you* or the provider of the service. Any sum payable 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.

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 *you* reside 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 in the *Limitations Act, 2002* in Ontario or other applicable legislation.

SECTION 13 – Statutory Conditions

Copy of Application. Upon request, a copy of the application shall be given to *you* or to a claimant under the contract.

Waiver. *We* reserve the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by Manulife.

Material Facts. No statement made by *you* at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Termination by Insurer. *We* may terminate this contract in whole or in part at any time by giving written notice of termination to *you* and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to *you*, or it may be sent by registered mail to *your* latest address on record. Where notice of termination is delivered to *you*, five (5) days notice of termination will be given; where it is mailed to *you*, ten (10) days notice will be given and the ten (10) days will begin on the day following the date of mailing of the notice.

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

SECTION 14 – 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.

Age means *your age* at *your* application date.

Change in medication means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in *your medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

Child, Children means *your* unmarried, dependent son(s) or daughter(s), or *your* grand*child(ren)* travelling with *you* or joining *you* during *your trip* and who is either: i) under the *age* of twenty-one (21) or ii) under the *age* of twenty-six (26) and a full-time student; or iii) *your child* of any *age* who is mentally or physically disabled. In addition, the *child* must be a minimum *age* of thirty (30) days.

Common carrier means a bus, taxi, train, boat, *plane* or other commercial *vehicle* which is licensed, intended 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 for *your trip*.

Effective date means the date on which *your* coverage starts.

All coverages start on the later of:

- the *departure date*; or
- the *effective date* as stated on *your confirmation*.

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

Expiry date means the date *your* coverage ends.

All coverage ends on the earlier of:

- the date *you* return *home*; or
- the *expiry date*, as stated 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.

Hospital means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.
A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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

Injury means sudden bodily harm that is caused by external and purely accidental means.

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

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

Minor mental or emotional disorder means:

- having anxiety or panic attacks, or
- being in an emotional state or in a stressful situation.

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

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

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 licence, Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

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

Reasonable and customary 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* or for other comparable services or supplies in a similar circumstance.

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

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

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

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

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

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

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

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

Vaccine means a full course of immunization for Coronavirus (COVID-19) that is authorized by Health Canada. It must be taken according to the manufacturer’s recommendation before *your effective date*. *You* must also wait the applicable period of time for it to become fully effective based on the manufacturer's recommendation, or as dictated by the applicable health authority, before *your departure date*.

Vehicle includes any private or rental passenger automobile, motorcycle, 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 Manulife.

You, your means the person(s) named as the insured(s) 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.

SECTION 15 – 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 *your* application and *medical questionnaire* is required to process the application. To protect the confidentiality of this information, Manulife will establish a financial services file from which this information will be used to process the application, offer and administer services, and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your file is secured in *our* offices 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. *You* may also visit Manulife at https://www.manulife.ca/privacy-policies.html for further details about *our* Privacy Policy.

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

1 833-389-1089
Toll-free from the USA and Canada.

+1 519 945-1812
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.

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, each day of the year with:

Pre-*Trip* Information

- Passport and travel 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 *physician*, *hospital* or other health care provider
- 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 with obtaining prescription drugs
- Assistance in obtaining legal help or bail bond

IMPORTANT TELEPHONE NUMBERS:

For coverage information or general enquiries, or to apply for an extension or a refund of premium, please call the Customer Service Centre at the number provided in *your confirmation*.

Written correspondence should be mailed to:

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

You may also call the Assistance Centre directly for specific information on how to submit a claim or to enquire about *your* claim status at: **1 833-389-1089** or **+1 519 945-1812.**

Manulife

Underwritten by
The Manufacturers Life Insurance Company (Manulife).

Website: www.manulife.ca **Telephone:** 1-866-521-8506

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