Manulife

Manulife Travel Insurance

Manulife Individual Medical Underwriting Multi-*trip* Policy for Travelling Canadians

Effective March 2023

10-day free look period

You have 10 days from the date you purchase the insurance to review this policy and make sure it meets your needs. You may terminate the insurance and receive a premium refund if:

- You have not departed on your *trip*; and
- No claims are in progress.

To request a refund, please contact us.

Underwritten by The Manufacturers Life Insurance Company (Manulife).

Claim payment and administrative services are provided by the administrator, Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management," "ACM," "Global Excel Management," and/or "Global Excel" as the provider of all assistance and claims services.

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, meaning 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 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).
- Contact the 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. For coverage information or general inquiries, please contact us. You can also send an email to travel@manulife.ca.

IMPORTANT: If you have any change in your health status and/or *change in medication* or *treatment*, between the date you completed the application for this coverage and your *effective date*, you must notify us. In addition, you must also notify us if there is any change in your health status and/or *change in medication* or *treatment* after your *effective date*. Otherwise, any such change may render your coverage null and void.

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.

TRAVEL ASSISTANCE AND CLAIM SUBMISSION FROM ANYWHERE IN THE WORLD

Manulife TravelAid™ app

Before you travel, download the Manulife TravelAid mobile app through the Google Play™ store or the Apple App Store®. TravelAid offers immediate access to healthcare provider information, directions to the nearest medical facility, international 911 lookup, pre- and post-departure travel tips, and claim submission support to out-of-province and out-of-country travellers. So, no matter where your travels take you – and no matter your travel emergency situation – TravelAid ensures you have access to all the care you need.

Features of the app include:

- Access to international emergency numbers by GPS
- Speaking to medical doctors
- Finding medical facility locations by GPS
- Current travel advisories
- Contact form with your preferred method of returned communications (text, email, phone) for 24/7 assistance
- Claims submission portal
- Relevant and timely travel tips

Online claim submission

In addition to the mobile app, you can also submit your claims online at manulife.acmtravel.ca. For faster and easier submissions, have all your documents available in electronic format, such as PDF or JPEG/JPG.

TRAVEL HEALTH INSURANCE ASSOCIATION OF CANADA (THIA)

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.

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

For more information, visit:
thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities

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MANULIFE MEDICAL UNDERWRITING POLICY

In an *emergency*, contact the Assistance Centre immediately. They are available 24 hours a day, every day of the year.

From Canada or USA: 1-888-881-8010
Collect, where available: +1(519) 945-8346

You can also contact the Assistance Centre with the TravelAid mobile app. Download the app through the Google Play store or the Apple App Store. For more information, visit active-care.ca.

If you do not call the Assistance Centre, you must pay 25% of the eligible medical expenses we normally pay under this plan. For more information, read the Exclusions and limitations for *Emergency* Medical insurance section.
Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify they are contacted. If it is medically impossible for you to call during the *emergency*, the 25% co-insurance does not apply. In this case, contact the Assistance Centre as soon as possible or have someone call on your behalf.

If you choose to pay for expenses before you contact the Assistance Centre, we reimburse you according to *reasonable and customary* charges that we would have paid directly to the provider. Medical charges you pay may be higher than this amount and you are responsible for the difference between the amount you paid and what we reimburse. Some benefits are not covered unless they are pre-approved and pre-arranged by the Assistance Centre.

GUIDELINES FOR READING THIS POLICY

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. When you read this policy, please keep this information in mind:

- All amounts in this policy are shown in Canadian dollars.
- Italicized words have a specific meaning. Refer to the Definitions section of this policy to find the meaning of each italicized word or phrase.
- "You" and "your" can refer to many people. It means the person named as insureds on the *confirmation*, for whom coverage was applied, and for whom we received the appropriate premium, unless the context states otherwise.
- "We," "us," and "our" mean Manulife throughout this policy.
- Any claims you submit to us must be for items or events that are insured under this policy and for people who are included in this insurance coverage.
- All coverages are per person unless the context states otherwise.
- Words and terms that appear in the singular can be interpreted to mean the plural and vice versa unless the context indicates otherwise.

INTRODUCTION – POLICY CONTRACT

This is your insurance policy, a contract detailing terms and conditions of the insurance coverage you purchased. Coverage under this policy is issued on the basis of information provided in your application including the *medical questionnaire*.
Your entire contract with us consists of:

- This policy; and
- Your application for this policy including the *medical questionnaire*; and
- The *Medical Underwriting Agreement* form; and
- The *confirmation* issued in respect of that application; and
- Any riders, amendments, or endorsements resulting from extensions of or changes in coverage.

HOW TO CONTACT US

Prior to travelling, or when travelling and you require *emergency* assistance, call 1-888-881-8010 toll-free from the USA and Canada or +1(519) 945-8346 collect where available.
For coverage information or general enquiries, please contact us.

ELIGIBILITY

You are not eligible for this insurance if you answered Yes to any of the following questions on the *medical questionnaire*.

- Are you travelling contrary to medical advice?
- Are you awaiting investigative testing or *treatment* of an unresolved condition? Reference to testing, tests, test results, or investigations excludes genetic tests.
- Do you require kidney dialysis?
- In the past 12 months, have you used or been prescribed home oxygen for a lung condition?
- Have you ever had, or are you awaiting a stem cell, organ or bone marrow transplant?
- Do you have a terminal illness for which a *physician* has estimated you have less than 6 months to live?
- Do you have metastatic cancer (cancer that has spread from the original site to another place in your body)?

IMPORTANT: If you have any change in your health status and/or *change in medication* or *treatment*, between the date you completed the application for this coverage and your *effective date*, you must notify us. In addition, you must also notify us if there is any change in your health status and/or *change in medication* or *treatment* after your *effective date*. Otherwise, any such change may render your coverage null and void.

REQUIREMENTS TO PURCHASE THIS INSURANCE

You can buy this insurance if you meet all the following requirements:

- Are at least 30 days of *age*
- Live in Canada
- Are covered under a *government health insurance plan (GHIP)* for the entire *trip* duration
- Complete the medical questionnaire
- Have your health history reviewed by us
- Receive a *Medical Underwriting Agreement* form from us
- Meet all eligibility requirements

GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

To be covered under this policy, *trips* must start on or after the effective date and end before or on the expiry date shown on your *confirmation*.

Coverage must be for the entire time that you are away from *home,* and you must pay the required premium before you leave *home*.

It is your responsibility to review and understand any *pre-existing condition* exclusion that applies to you.

After you apply for insurance, meet all eligibility requirements, and pay the appropriate premiums, we will pay up to the maximums outlined in this policy. We pay the benefits in this document subject to the terms, limitations, exclusions, and other conditions and in excess of the benefits that are payable under any group, individual, private, or public plan or contract of insurance, including any auto insurance plan and your *GHIP*.

SCHEDULE OF BENEFITS

EMERGENCY MEDICAL INSURANCE	
Hospital and medical	Up to $10 million combined
Medical repatriation	
Accidental dental	$3,000
Accommodations and meals	$200 per day to a maximum of $2,000
Expenses related to your death	Read benefit information

THE LENGTH OF YOUR COVERAGE

This policy provides *Emergency* Medical Insurance coverage or any number of *trips* you take within 1 year.

Your coverage is for *trips* with the following maximum durations, depending on the option you choose:

- 10 days
- 18 days

Your *trip* must start and end within the coverage period/number of days you purchase.

This policy also provides coverage within Canada but outside your province or territory of residence for *trips* you take within 1 year. There are no maximum days of travel within Canada.

Top ups

You may be able to top-up your *trip* under the Manulife Individual Medical Underwriting Multi-*trip* plan if your *trip*:

- Is longer than the maximum number of coverage days you have under your current plan; or
- Will extend beyond the expiry date shown on your *confirmation*.

Your options include:

- Purchasing top up coverage for any additional travel days before the *expiry date* of your multi-*trip* plan; or
- Purchasing a new Manulife Individual Medical Underwriting Multi-*trip* plan, with no lapse in coverage, provided the total duration of the *trip* does not exceed the maximum *trip* length you choose.

When you apply for top up coverage, you will be required to answer questions about your health.

YOUR COVERAGE *EFFECTIVE DATE*

Coverage starts on each date you leave your province or territory or residence and each date you leave Canada on or after the effective date on your *confirmation*.

YOUR COVERAGE *EXPIRY DATE*

Your coverage ends on the earliest of:

- The date you return *home*
- When travelling outside Canada, the date you reach the maximum *trip* length for each *trip* as stated on your *confirmation*
- The expiry date shown on your *confirmation*

Your policy is issued with an *expiry date* of 365 days from the *effective date*.

COVERAGE EXTENSIONS

Automatic extensions

We extend your coverage automatically beyond the *expiry date* as shown on your *confirmation*, in the following instances:

- If your *common carrier* is delayed, we will extend your coverage for up to 72 hours.
- If you or your *travel companion* have an *emergency* that prevents travel but does not require hospitalization, we will extend your coverage for up to 5 days.
- If you or your *travel companion* are hospitalized on your return date, we will extend coverage during hospitalization and for up to 5 days after *hospital* discharge.

Note: If you have been advised by a medical professional to self-isolate or quarantine beyond your *expiry date*, we will extend your coverage for the duration of your quarantine and up to 72 hours after the date your quarantine ends.

Staying longer than planned

You may be able to extend your coverage before you leave *home* or during your *trip* as long as it has not expired.

To extend your coverage:

- The total length of your *trip*, including any top-ups or extensions, must not exceed the number of days allowed by your *GHIP*
- You must pay the additional premium.
- There must not be any change in your health status.
- No event may have taken place that resulted in a claim or may result in a claim in the future.
- The extension must be approved by the Assistance Centre.

In any case, we will not extend any coverage beyond 12 months after your *effective date* of insurance.

PREMIUM REFUNDS

There are no premium refunds or cancellations available under this policy.

However, if you are no longer eligible for coverage due to a change in your health status, we may offer you a prorated refund if no claims are in progress. An administration fee of $50 applies.

Exception: 10-day free look period

MEDICAL CONCIERGE SERVICES

This policy provides value-added medical concierge services through our partner, StandbyMD™.

StandbyMD has an international network of medical providers and partners who can provide quick and streamlined services and access to healthcare, 24 hours a day, every day of the year.

StandbyMD offers access to personalized care including:

- Telephone or video chat with a qualified physician who can assess symptoms and provide treatment options (for eligible cases)
- A network of physicians who make house call visits in 141 countries and over 4,500 cities
- In-network clinics and emergency rooms when necessary
- Coordination and delivery of lost or forgotten prescription medications, eyeglasses or contact lenses, and medical supplies when you travel within Canada and the US

How this service works

StandbyMD triages you according to your symptoms, profile, and location and then refers you to the most appropriate level of care for your situation.

The worldwide network offers preferred rates and direct billing options to help reduce your out-of-pocket expenses. The StandbyMD program also helps coordinate payment for eligible expenses according to the terms and conditions of this policy.

To use this service, contact the Assistance Centre at the number provided in this policy.

Disclaimer, waiver, and limitation of liability

StandbyMD is not intended as a substitute for professional medical advice. The program is provided to assist you in finding medical providers.

The advice StandbyMD provides is a recommendation only and entirely voluntary. You retain the right to choose your own level of care, regardless of the recommendation StandbyMD makes.

Medical providers within the StandbyMD network are not employees or agents and are not affiliated with StandbyMD in any way beyond accepting referrals. StandbyMD has no control – real or implied – over the medical judgment, actions, or inactions of the medical providers and does not assume any responsibility for:

- Availability of the medical providers
- Quality of the medical providers
- The results or outcome of any treatment or service

You waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD.

Related people include principals, parents, successors, and assigns of StandbyMD.

Waiving these rights to proceed legally includes the following that relate in any way to the medical concierge services offered by StandbyMD:

- Any and all claims
- Demands
- Actions and causes of action
- Suits of any kind, nature, or amount

StandbyMD's liability, if any, is limited solely to the amount of payment made to participating medical providers for services you received after obtaining a referral from StandbyMD.

EMERGENCY MEDICAL INSURANCE

EMERGENCY MEDICAL INSURANCE BENEFITS

This section outlines eligible expenses for *Emergency* Medical Insurance.

We cover expenses for your *emergency* medical *treatment* up to $10,000,000 during your *trip* when:

- The medical *emergency* begins unexpectedly after you leave *home*.
- The expenses are more than what is covered by your *GHIP* or other benefit plan.
- The *treatment* is required for your *emergency* and ordered by a *physician* or a dentist for dental *treatment*.

A medical *treatment* plan endorsed by your attending *physician* and accepted by the Assistance Centre will be developed to provide medically necessary *treatment*. After your medical *emergency treatment* has started, the Assistance Centre must assess and pre-approve additional medical *treatment*.

An *emergency* related to the *pre-existing conditions* listed in the *Medical Underwriting Agreement* will be covered.

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 MRIs, MRCP tests, CAT scans, CT angiograms, sonograms, ultrasounds, nuclear stress tests, biopsies, angiograms, angioplasty, cardiovascular surgery including any associated diagnostic tests, cardiac catheterization, or any surgery.

In the event of an *emergency*, call the Assistance Centre immediately:
1-888-881-8010 toll-free from the USA and Canada or
+1(519) 945-8346 collect where available.

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 you to call or have 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 be responsible for 25% of your medical expenses covered under this insurance.

Covered expenses and benefits are subject to policy maximums, exclusions, limitations, and any applicable deductibles. A deductible is the amount of covered expenses you must pay per ***emergency*** medical claim and applies to the amount that remains after any covered expenses are paid by your ***GHIP.***

Covered expenses

1. ***Emergency* medical *treatment***

   We consider *reasonable and customary* expenses for:

   - Medical care received from a *physician*
   - Semi-private *hospital* room costs
   - Intensive care or coronary care unit costs if considered medically necessary by the attending *physician* that could not be avoided without adversely affecting your condition and quality of medical care
   - Services of a licensed private duty nurse while you are in the *hospital*
   - The lesser cost to rent or purchase a wheelchair, hospital bed, brace, crutch, and other medical appliances
   - Tests to diagnose or learn more about your condition
   - Drugs available with a prescription only, prescribed to you by a *physician* or dentist

2. **Paramedical services**

   We pay up to $70 per visit to a combined maximum of $700 for services provided by a licensed chiropractor, osteopath, physiotherapist, chiropodist, or podiatrist for a covered *medical condition*.

3. **Ambulance transportation**

   We pay *reasonable and customary* charges for a local licensed ambulance service to transport you to the nearest medical facility that can fully treat your *medical condition* in an *emergency*.

4. **Expenses related to your death**

   If you die during your *trip* from an *emergency* covered under this insurance, we reimburse your estate up to $5,000 for:

   - The costs to cremate or prepare your body where you die; and
   - The costs to return your ashes or body *home* in the standard transportation container normally used by the airline; or
   - The costs to bury you where you die, including the cost of a standard casket or urn (excluding grave markers of any kind, flowers, ceremony, or reception services).

   If someone must travel to the place of your death to identify your body, we pay:

   - Round-trip economy class airfare on the most cost-effective itinerary for that person
   - Up to $300 for their hotel and meals

   Note: This person is not covered under your insurance and should consider purchasing their own travel medical insurance.

5. ***Emergency* medical transportation/Expenses to bring you *home***

   We pay *reasonable and customary* expenses when:

   - The treating *physician* recommends that you should be transported to another *hospital* or return *home* because of your *emergency*; or

- You call the Assistance Centre, and our medical advisors recommend, approve, and pre-arrange for you to be transported to another *hospital* because of your *emergency* or return *home* after your *emergency*.

Expenses include:

- The cost of an economy-class fare on the most cost-effective itinerary to return *home*; or
- A stretcher fare on a commercial flight on the most cost-effective itinerary to return *home* if a stretcher is medically necessary; and
- The return cost of an economy-class fare on the most cost-effective itinerary if a qualified medical attendant must accompany you on your return *home* because it is required by the airline or it is medically necessary. We also pay *reasonable and customary* fees and expenses for the medical attendant.
- The cost of an air ambulance if it is medically necessary, consistent with your condition, and cannot be avoided without adversely affecting the quality of your medical care.

6. **Expenses to bring someone to your bedside**

If you are travelling alone and are admitted to a *hospital* for 3 or more days, we pay for someone to be by your side when pre-approved by the Assistance Centre.

Benefits include:

- Return economy-class airfare on the most cost-effective itinerary
- Up to $1,000 for their hotel and meals

Note: This person is not covered under your insurance and should consider purchasing their own travel medical insurance.

7. ***Emergency* dental *treatment***

If you need *emergency* dental *treatment*, we pay:

- Up to $300 for services to relieve dental pain, and
- Up to $3,000 to repair or replace natural or permanently attached artificial teeth when you suffer an accidental blow to the mouth. We consider up to $2,000 during your *trip* and up to $1,000 in the 90 days after the accident to continue medically necessary *treatment*.

8. **Expenses to bring *home children* under your care**

When pre-approved by the Assistance Centre, if you are hospitalized for more than 24 hours or must return *home* because of an *emergency*, we pay the following to return *children* who are travelling with you and are under your care:

- Extra cost of one-way economy class airfare on the most cost-effective itinerary; and
- If required by the airline, the cost of return economy class airfare on the most cost-effective itinerary for a qualified escort.

Note: This benefit applies when the *children* are insured under a travel policy that is underwritten by us.

9. **Expenses to bring *home* your *travel companion***

If you return *home* under the *Emergency* medical transportation/Expenses to bring you *home* benefit or if you die and your estate uses the Expenses related to your death benefit, we pay the extra cost of a one-way economy class airfare on the most cost-effective itinerary to return your *travel companion home*.

Note: This benefit applies when your *travel companion* is insured under a travel policy that is underwritten by us.

10. **Extra expenses for incidentals**

We reimburse up to $200 per day to a maximum of $2,000 for the following extra expenses:

- Meals
- Hotels
- Essential phone calls
- Internet usage fees
- Taxi fares or car rental fees

These expenses are eligible when:

- You or your *travel companion* are unable to travel *home* due to a medical *emergency*; or
- You or your *travel companion* require *emergency* medical *treatment* at a location different from your original destination; and
- You provide receipts or other proof of payment.

11. **Expenses for pet care**

If you are hospitalized during your *trip* and no one is available to care for your pet travelling with you, we pay up to $50 per day to a maximum of $150 per *trip* for animal boarding fees with a licensed commercial boarding kennel, cattery, or animal shelter.

Note: You must provide original receipts for the boarding fees.

12. **Phone calls**

We pay for phone calls to or from our Assistance Centre about your medical *emergency*. You must provide receipts or other proof that shows the cost of the calls and the numbers contacted during your *trip*.

13. **Expenses to return your *vehicle***

When pre-approved by the Assistance Centre, we cover *reasonable and customary* charges for a commercial agency to return your *vehicle home* or the return of a rental *vehicle* to a rental agency if you experience any of the following and cannot drive your *vehicle*:

- A medical *emergency*
- Hospitalization
- Death
- Repatriation

14. ***Acts of terrorism***

If an *act of terrorism* directly or indirectly causes loss that is eligible under the terms and conditions of this policy, we cover:

- Up to 2 *acts of terrorism* within a calendar year; and
- Up to a maximum aggregate payable limit of $35 million across all eligible, in force *emergency* medical policies that are issued and administered by us.

The amount we pay for each eligible claim is in excess of all other payments you receive, including alternative or replacement travel options and other insurance coverage. The amount we pay for claims is reduced on a pro rata basis so as not to exceed the respective aggregate maximum we pay after the end of the calendar year and after we adjudicate all claims related to *acts of terrorism*.

QUARANTINE EXPENSES

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

If you or your *travel companion* must unexpectedly self-isolate or quarantine after your *departure date* outside your province or territory of residence, as determined by a medical professional, we will:

1. Pay up to $500 for your one-way economy class fare on the most cost-effective itinerary to return you *home* when you are delayed beyond the date you were originally scheduled to return *home*; and/or
2. Pay up to $200 per day for your additional and unplanned accommodations and meals to a maximum of $2,800. This benefit is payable to a maximum of 14 days when you are delayed beyond your original return date and/or you must pay unexpected costs for new accommodations and/or meals where you must quarantine.
   It is your responsibility to find accommodation during your quarantine. If you must quarantine at a medical facility and *treatment* is not required, we pay up to the maximums noted in this section.
3. Extend your coverage for the duration of your self-isolation or quarantine and for up to 72 hours after the self-isolation or quarantine period ends if you must stay at your destination beyond your *expiry date*.

EXCLUSIONS & LIMITATIONS FOR *EMERGENCY* MEDICAL INSURANCE

We do not pay for claims or benefits that relate directly or indirectly to any of the expenses or services in this section.

1. *Pre-existing conditions* that are not listed in the *Medical Underwriting Agreement* and/or misrepresented or not disclosed during your recorded medical underwriting application.
2. Any change in your health status that occurs after your application date and is not reported before your *effective date*.
3. Any change in your health status that occurs after your *effective date* that is not reported and reassessed for continued coverage under the terms of this policy.
4. Any *emergency* or *medical condition* when – before your *departure date* – you do not meet all of the eligibility requirements, or you do not truthfully and accurately answer all questions in the *medical questionnaire*.
5. Covered expenses that are more than the *reasonable and customary* charges where the medical *emergency* happens.
6. 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).
7. Any *treatment* that is not for an *emergency*.
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. Any *medical condition* or symptoms when any of the following apply:
    - Before you leave *home* or before the *effective date* of coverage, you know, or it is reasonable to expect that *treatment* will be required during your *trip*.
    - *Treatment* or investigation is planned before you leave *home*.
    - You have symptoms that would cause an ordinarily prudent person to seek *treatment* for in the 3 months before your *trip*.
    - The *medical condition* or symptoms cause your *physician* to advise you not to travel.
11. 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.
12. For policy extensions or top-ups
    We do not pay claims for any *medical condition* that first appeared, was diagnosed, or required *treatment* after your *departure date* and before the *effective date* of the insurance extension or top-up.
13. An *emergency* resulting from an accident that happens when you participate in any of the following activities:
    - A sporting activity you are paid for, including snorkeling and scuba diving
    - Any form of BASE jumping, such as wingsuit flying
    - Hang gliding
    - Rock climbing
    - Mountain climbing, including ascending or descending a mountain using specialized equipment such as crampons, pickaxes, anchors, bolts, carabiners, and lead or top-rope anchoring equipment
    - Competitions, speed events, or other high-risk activities using motor *vehicles* on land, water, or in the air and training activities for these events on approved tracks or elsewhere
14. Your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.

15. Any claim that results from or is related to your commission or attempted commission of a criminal offence or illegal act.
16. Any *medical condition* that is the result of you not following *treatment* as prescribed to you, including prescribed medication.
17. 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*.
    - Arising during your *trip* from, or in any way related to, the abuse of alcohol, drugs, or other intoxicants.
18. Any loss that results from your *minor mental or emotional disorder*.
19. Your:
    - Routine pre-natal or post-natal care;
    - Pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
20. Your child born during your *trip*.
21. Any *medical condition* related to a birth defect if the insured *child* is under *age* 2.
22. Any further medical *treatment* if our medical advisors determine that you should transfer to another facility or return to your *home* province or territory of residence for *treatment*, and you choose not to.
23. If a benefit requires pre-approval or pre-arrangement from the Assistance Centre, we do not pay claims when:
    - You do not contact the Assistance Centre
    - The Assistance Centre does not authorize or arrange the services for the benefit
24. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
25. Any *act of war*.
26. Any *act of terrorism* caused by biological, chemical, nuclear, or radioactive means.
27. Any *act of terrorism* or any *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government stating to Avoid non-essential travel or to Avoid all travel regarding the country, region, or city of your destination, before your *effective date*. To read the travel advisories, visit the Government of Canada Travel site.
    Note: This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.
28. For quarantine, the following also apply:
    - We do not pay any benefits for quarantine or self-isolation in Canada as mandated by any government.
    - We will not provide coverage for any pre-paid, unused *travel arrangements*.
    - We will not cover any expenses you incur when you or your *travel companion* are denied entry to a country or region included in your *trip* when, before your *departure date*, there was a foreign government and/or regional travel guideline restricting entry of Canadian residents or guidelines that require self-isolation or quarantine for a specific period of time during your *trip*.

HOW TO MAKE A CLAIM FOR BENEFITS

Claim payment and administrative services are provided by the administrator, Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM" "Global Excel Management" and/or "Global Excel" as the provider of all assistance and claims services.

You must send written proof, a completed claim form, and any other information we ask for within 90 days of the event that results in the claim. In some cases, we accept claims up to 12 months after the event. We do not accept any claims after 12 months.

In this section, we list all the documents and information we need to process your claim. We may ask for different information depending on the type of claim you submit.

We need the following information when you submit your claim:

1. Original, itemized bills and invoices
2. Proof of payment by you (receipts)
3. Proof of payment from any other insurance plan or any *GHIP*
4. Applicable medical records, including:
    - Complete diagnosis by the attending *physician*
    - Documentation from the *hospital* that the *treatment* was appropriate and consistent with your diagnosis
    - Documentation that states the *treatment* could not be delayed until you returned *home* without adversely affecting your condition and quality of medical care
5. Proof of the accident if you submit a claim for dental expenses that result from an accident
6. Proof of travel, including your *departure date* and return date
7. Your historical medical records if we ask for them

If you are submitting a claim for quarantine expenses

We also need the following information, where applicable:

- A medical certificate completed by the attending *physician* that states why travel was not possible as booked or a report from an authority that documents the reason for the self-isolation or quarantine
- Original passenger receipts for the new tickets you had to purchase
- Original receipts for the *travel arrangements* you had paid in advance
- Original receipts for the extra hotel and meal expenses

WHERE TO SUBMIT YOUR CLAIMS

Mobile app

Before you travel, download the Manulife TravelAid mobile app through the Google Play store or the Apple App Store.
Use the app to begin the process to file a claim and track your claim status.

Online

Visit manulife.acmtravel.ca to submit your claim online.
For faster and easier submissions, have all your documents available in electronic format, such as a PDF or a JPEG.

By mail

Mail all claims correspondence to:
Manulife Travel Insurance
c/o Global Excel Management
P.O. Box 1237, Stn. A
Windsor, ON N9A 6P8

Telephone

For questions about your claim status, contact the Assistance Centre.

WHO WE PAY BENEFITS TO IF YOU HAVE A CLAIM

We pay *reasonable and customary* covered expenses to you or to the service provider, minus any applicable deductibles.
We pay loss of life benefits to your estate.
If we determine that an expense is not eligible under your policy, you must repay any amount we paid or that you authorized us to pay on your behalf.
All amounts in this policy are shown in Canadian dollars. When we convert currency, we use our exchange rate on the date of service shown on your receipt. We do not pay any interest.

OTHER INFORMATION YOU SHOULD KNOW IF YOU HAVE A CLAIM

You may disagree with our claim decision and contest our decision in court under the laws of the Canadian province or territory where you live at the time you applied 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.

WHAT ELSE YOU NEED TO KNOW

GENERAL CONDITIONS

This insurance is void if, at any time during the application process or during your coverage, you, anyone who acts on your behalf, or anyone insured under this policy:

- Commits fraud or attempted fraud
- Attempts to deceive us in any way
- Conceals or misrepresents any material facts or circumstances
- Provides incomplete or inaccurate information

When we process your claims, we may review your medical history. If any information is incomplete or inaccurate, your coverage is void and we do not pay your claims.
This policy is non-participating and does not entitle you to share in our divisible surplus.
We restrict the right of anyone to designate persons to whom or for whose benefit insurance money is payable.
This policy is governed by and construed according to the laws of your province or territory of residence.
Despite any other provision contained in the contract, this contract is subject to applicable statutory conditions in the Insurance Act, applicable in your province or territory of residence, respecting contracts of accident and *sickness* insurance.

LIMITATION OF LIABILITY

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

PREMIUM

You must pay the premium when you purchase this insurance, according to the rates in effect at that time. Premiums and policy terms and conditions are subject to change without notice.
You enter into a binding contract with us when:

- You meet all eligibility requirements; and
- Pay the required premium; and
- Receive a *confirmation* with a contract policy number.

If, at any time, we determine that you are not eligible for coverage, we will refund your premiums only. No other refunds are eligible. You are responsible for any expenses not paid by us.
If the premium you pay does not cover the cost for the period of coverage you choose:

- We charge you and collect any underpayment; or
- We shorten the policy period when a premium cannot be collected. We will advise you of the shortened period in writing.

Your coverage is null and void when any of the following happens:

- We don't receive premium payment
- Your cheque is not honoured
- Credit card charges are invalid
- There is no proof of your payment

HOW THIS INSURANCE WORKS WITH OTHER COVERAGES YOU HAVE

This is a second payor policy. This means that before we consider any expenses, you must first submit them to other policies or plans you have, including but not limited to the following:

- Third-party liability
- Group or individual, basic, or extended health insurance plans or contracts
- Private, provincial, or territorial auto insurance plans that cover *hospital*, medical, or therapeutic expenses
- Any other third-party liability insurance

We consider claims for amounts that are greater than what you are covered for under your other policies. The total benefits you receive from all insurers cannot exceed the actual expenses. We coordinate benefits payments with all insurers who provide you benefits similar to the ones provided in this policy, to a maximum of the highest amount specified by any insurer.

Exception: If your current or former employer provides an extended health insurance plan with a lifetime maximum of $50,000 or less, we do not coordinate payment.

If you are insured under more than 1 policy or certificate underwritten by us, the maximum we pay is the highest amount for the benefit in any 1 policy or certificate.

SUBROGATION

We have full rights of subrogation. If we pay a claim under this policy, we have the right to proceed against any third parties who may be responsible for giving rise to a claim under this policy. We may proceed in your name at our expense. You agree to provide any documents we need and to fully cooperate with us to assert our rights. You agree that you will not do anything to prejudice our rights.

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, 5 days notice of termination will be given; where it is mailed to you, 10 days notice will be given, and the 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.

DEFINITIONS

When italicized in this policy, the terms in this section have the following specific meanings.

act of terrorism — 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 sitting government or occupying power; and/or
- Promote political, social, religious, or economic objectives.

act of war — 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 — your *age* at the time of the application for insurance.

change in medication — when the medication type, dosage, or frequency is reduced, increased, stopped, and/or new medications are prescribed.

Exceptions:

- Regular blood tests that result in routine adjustments of Coumadin, warfarin, or insulin as long as these medications are not newly prescribed or stopped; or,
- Changing from a brand name medication to the same dose of a generic medication.

child, children — your unmarried, dependent son or daughter or grand*child(ren)* who travels with you or joins you during your *trip* and is either:

- Under *age* 21
- Under *age* 26 and a full-time student
- Any *age* with a mental or physical disability

Note: To be eligible for *Emergency* Medical Insurance, the *child* must be at least 30 days of *age*.

common carrier — a licensed bus, taxi, train, boat, airplane, or other licensed commercial *vehicle* intended and used to transport paying passengers.

confirmation — this policy, the application for this policy, the *Medical Underwriting Agreement*, and any other documents that confirm your insurance coverage after you pay the required premium.

Where applicable, it also includes your *trip* arrangements including tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line, or any other accommodation or travel provider.

departure date — the date you leave *home*.

effective date — the date your coverage starts. Coverage starts on each date you leave your province or territory or residence and each date you leave Canada on or after the effective date on your *confirmation*.

emergency — a sudden and unforeseen *medical condition* that requires immediate *treatment*.

An *emergency* no longer exists when the evidence reviewed by 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 — the date your coverage ends. Coverage ends on the earlier of:

- The date you return *home*; or
- The expiry date shown on your *confirmation*; or
- When travelling outside Canada, the date you reach the maximum *trip* length for each *trip* as stated on your *confirmation*.

government health insurance plan (GHIP) — the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

home — your Canadian province or territory of residence. If you request that your coverage starts when you leave Canada, *home* means Canada.

hospital — 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 — *spouse*, parent, legal guardian, stepparent, grandparent, grandchild, in-law, child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew or cousin.

injury — sudden bodily harm caused by external and purely accidental means, independent of *sickness* or disease.

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

medical questionnaire — all the medical questions that you were required to answer when you applied for coverage under this policy.

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

minor mental or emotional disorder — having anxiety or panic attacks or being in an emotional state or stressful situation.

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

physician — 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*.

pre-existing condition — any *medical condition* that exists prior to your *effective date*.

reasonable and customary — charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

sickness — illness, disease, disorder, or any symptom.

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

travel arrangement — transportation or sleeping accommodations (including pre-paid expenses in all-inclusive packages). *Travel arrangements* do not include expenses such as flowers, catering, and other expenses related to ceremonies or celebrations.

travel companion — someone who shares *trip* arrangements with you on any 1 *trip*, to a maximum of 3 people including you.

treatment — 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 — the time between your effective date and the expiry date as shown on your *confirmation*.
vehicle — any private or rental passenger automobile, motorcycle, boat, mobile home, camper truck, or trailer home that you use during your *trip* exclusively to transport passengers, other than for hire.

NOTICE ON PRIVACY AND CONFIDENTIALITY

Privacy legislation is relatively recent, but for decades, Manulife has safeguarded the sensitive personal information of its customers. Protecting your personal information and respecting your privacy is important to us. As a provider of financial products and services, the collection and use of personal information is fundamental to our business. Equally important is your trust in our handling of your personal information.

Personal Information Statement (PIS)

In this statement, "you" and "your" refer to the policyowner or holder of rights under the contract, the insured and the parent or guardian of any child named as insured who is under the legal age for providing consent. "We", "us", "our" and "the company" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.
Updates to this statement and further information about our privacy practices are posted to manulife.ca.
We collect, use, verify and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. You have given us your consent during the application process for us to collect, use, and disclose your personal information, as set out in this PIS. Any alterations to the consent must be agreed to in writing by the company.

What personal information do we collect?

Depending on the product you have applied for, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, your date of birth, or driver's license
- Medical information that any organization or person has about you
- Any test that may be necessary for us to decide if and on what terms to insure you, such as a medical exam or blood test.
- A copy of all driving related information from provincial or territorial Motor Vehicle Divisions
- A personal investigation, financial information, credit bureau report and/or a consumer report from other organizations, person or source that has any information or records about you
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Other personal information we may require to administer our business relationship with you

We use fair and lawful means to collect your personal information.

Where do we collect your personal information from?

- Your completed applications, recorded tele-interviews and forms
- Other interactions between you and the Company,
- Other sources, such as:
    - Your advisor or authorized representative(s)
    - Third parties with whom we deal in issuing and administering your policy now, and in the future
    - Public sources, such as government agencies, and internet sites

Who do we disclose your information to?

- Persons, financial institutions, and other parties with whom we deal in issuing and administering your policy now, and in the future
- Authorized employees, agents, and representatives
- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your medical doctor
- Public health authorities as required, if laboratory tests performed on our behalf show that you have tested positive for infectious disease

The abovementioned people, organizations and service providers are both within Canada and jurisdictions outside Canada and would therefore be subject to the laws of those jurisdictions.
Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.
The personal information you provided in this application:

- Will become a part of all the contracts that result from this application, even if you are not the owner or one of the people to be insured for that printed contract
- Will be shared with all the owners and any subsequent owners of those contracts and all people to be insured

How long do we keep your information?

The longer of:

- The time period required by law and any guidelines set for the financial services industry
- The time period required to administer the products and services we provide.

Withdrawing your consent

You may withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

You may not withdraw your consent for us to collect, use, retain or disclose personal information we need to issue or administer the policy unless federal or provincial laws give you this right. If you do so, a policy may not be issued, and benefits will not be payable under the contract, or we may treat your withdrawal of consent as a request to terminate the contract.

If you wish to withdraw your consent, phone our customer care centre at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or write to the Privacy Officer at the address in the next section.

Accuracy and access

You will notify us of any change to your contact information. You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. If you have a question, a concern, wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:

Privacy Officer
Manulife
500 King Street North
Waterloo, ON N2J 4C6
privacy_office_canadian_division@manulife.com

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.

HELP IS JUST A PHONE CALL AWAY

In an *emergency*, contact the Assistance Centre immediately. They are available to support you 24 hours a day, every day of the year.

From Canada or USA: 1-888-881-8010
Collect, where available: +1(519) 945-8346

Pre-*trip* assistance

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

During a medical *emergency*

- Confirming and explaining coverage
- Referral to a doctor, *hospital*, or other healthcare providers
- Monitoring your situation and informing your family
- Transportation arrangements to return you *home* when medically necessary
- Direct billing of covered expenses, where possible

Other services

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