MANULIFE GROUP TRAVEL INSURANCE

- Emergency Medical Insurance
- Trip Cancellation and Trip Interruption Insurance
- Baggage Insurance

BENEFIT BOOKLET

IMPORTANT: Please read this Benefit Booklet carefully before *you* travel.

Keep it in a safe place and take it with *you* when *you* travel.

IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

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

- 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).
- This insurance may not cover claims related to pre-existing medical conditions, whether disclosed or not.
- Contact Global Excel before seeking treatment or your benefits may be limited.
- In the event of a claim, your prior medical history may be reviewed.

It is your responsibility to understand your coverage. If you have questions, call toll free **1-833-685-2788** (if in Canada or the United States) or call collect **+ 519-735-8331** (from anywhere else in the world).

TABLE OF CONTENTS

NOTICE REQUIRED BY PROVINCIAL LEGISLATION

This certificate 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.

Manulife
250 Bloor St E
Toronto, Ontario
M4W 1E5

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

SUMMARY OF BENEFITS

The information below summarizes your insurance coverage under the Manulife Group Travel Insurance. Coverage is subject to the terms and conditions in the certificate(s) that follow. Refer to this entire Benefit Booklet for complete benefit details. This SUMMARY OF BENEFITS replaces any and all benefit summaries previously issued to you with respect to the Policy. All amounts indicated are in Canadian currency, unless indicated otherwise.

EMERGENCY MEDICAL TRAVEL INSURANCE	
Overall Maximum	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
Hospital or Medical Facility Accommodation	Reasonable & customary charges, private room
Incidental Expenses	Up to $250
Physician Charges	Reasonable & customary charges
Private Duty Nurse	Up to $5,000
Diagnostic Services	Reasonable & customary charges
Medical Appliances	Reasonable & customary charges
Paramedical Services	Up to $500 per profession
Prescriptions	30-day supply per prescription
Lost Prescriptions	Up to $250
Ground Ambulance Services	Reasonable & customary charges
Emergency Air Transportation	Reasonable & customary charges
Transportation to Bedside	Economy round-trip airfare & up to $250 per day, to a maximum of $5,000 for meals and accommodations
Return of Travel Companion	One-way economy airfare
Return of Deceased	Up to $15,000 for the cost of preparation and transportation of deceased, or up to $5,000 for cremation and/or burial
Meals & Accommodation	Up to $250 per day, to a maximum of $5,000 per trip
Treatment of Dental Accidents	Up to $2,500
Treatment of Dental Pain	Up to $300
Child Care	Up to $5,000
Pet Return	Up to $500
Vehicle Return	Up to $10,000
Alternate Transportation	Up to $5,000
Medical Referral	Up to the maximum outline in the SCHEDULE OF BENEFITS, per lifetime
TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE	
Trip Cancellation	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
Trip Interruption	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
Out-of-Pocket Expenses	Up to $100 per day, per insured person, to a maximum of $1,000 per trip for all insured persons combined (subject to the overall maximum for Trip Interruption)
Baggage	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
Business Expense	Up to $1,000 per insured person, per trip

EMERGENCY MEDICAL TRAVEL INSURANCE
CERTIFICATE OF INSURANCE

Note: Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

SECTION 1 – INTRODUCTION

Emergency Medical Travel Insurance provides coverage for the *policyholder*'s *participant* and the *participant*'s *dependents*, for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) while travelling outside *your province*.

You automatically have Emergency Medical Travel Insurance coverage up to the benefit maximums specified on *your* SCHEDULE OF BENEFITS and access to *emergency* travel services when *you* travel outside of *your province*. Coverage is provided up to the *coverage period* specified on *your* SCHEDULE OF BENEFITS.

This certificate, along with *your* entire Benefit Booklet, outlines what is covered and the conditions under which a benefit payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire Benefit Booklet, call toll free **1-833-685-2788** (if in Canada or United States) or call collect **+ 519-735-8331** (from anywhere else in the world).

This Travel insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife).

Manulife provides the insurance for this certificate under the Group Primary Policy (the *Policy*), issued to the *policyholder*. 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 under this policy**.**

This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law.

This coverage may be cancelled, changed or modified at the option of the *policyholder* and the *Insurer* at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

SECTION 2 – WHAT SHOULD YOU DO IN A MEDICAL EMERGENCY?

IF *YOU* HAVE AN *EMERGENCY, YOU* MUST CALL *GLOBAL EXCEL* IMMEDIATELY BEFORE SEEKING *TREATMENT*.

THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:

From Canada and the United States, call TOLL FREE **1-833-685-2790**

From anywhere else in the world, call COLLECT **+ 519-735-9448**

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 notify *Global Excel* 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.
- If *you* fail to notify *Global Excel*, *the Insurer* reserves the right to limit *your* benefits as follows:
  - The *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
  - In the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of $25,000; and
  - In the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

  You will be responsible for payment of any remaining charges.
- Some *treatments* require pre-approval in order to be covered (see SECTION 8 – WHAT ARE YOU NOT COVERED FOR?). If *you* do not contact *Global Excel* prior to seeking *treatment*, the medical *treatment you* receive may not be covered by this insurance.
- *Global Excel* can direct *you* to a *medical facility* or *doctor* in *your* area of travel. If *you* contact *Global Excel* at the time of *your emergency*, *we* will ensure that *your* covered expenses are paid directly to the *hospital* or *medical facility*, where possible.

SECTION 3 – IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel, as *your* coverage is subject to certain limitations and exclusions.
- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed before *your trip*. Refer to this certificate and *your* SCHEDULE OF BENEFITS to determine how these exclusions affect *your* coverage and how they relate to *your departure date*.
- In the event of a claim, *your* medical history will be reviewed after a claim has been reported.
- *Your* insurance provides travel assistance. *You* are required to contact *Global Excel* prior to *treatment*. Failure to do so limits benefits (see SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE).
- Coverage is for an unlimited number of *trips* up to the *coverage period* for each *trip*; however, each *trip* must be separated by a return to *your province*.
- Coverage must be in effect before *you* leave *your province*. *You* do not need to provide *us* with advance notice of *your departure date* and *return date* for each *trip*. However, *you* will be required to provide evidence of these dates when filing a claim, for example, an airline ticket or boarding pass.
- **This certificate contains clauses which may limit the amounts payable.**

SECTION 4 – ELIGIBILITY FOR COVERAGE

A. *PARTICIPANT* COVERAGE

To be covered under the *Policy* as a *participant*, *you* must meet the following eligibility requirements:

1. *You* must be covered under the *government health insurance plan* of *your province*; and
2. *You* must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
3. *You* must have *your* permanent residence in Canada; and
4. The required premium payments for *your* coverage under the *Policy* must have been paid; and
5. Be identified by the *policyholder* as eligible for coverage under the *Policy*.

B. *DEPENDENT* COVERAGE

To be covered under the *Policy* as a *dependent*, *you* must meet the following eligibility requirements:

1. *You* must be covered under the *government health insurance plan* of *your province*; and
2. *You* must fall within the definition of *dependent* in this certificate; and
3. The required premium payments for *your* coverage under the *Policy* must have been paid.

SECTION 5 – WHEN DOES COVERAGE BEGIN AND END?

A. *PARTICIPANT*'S EFFECTIVE DATE OF COVERAGE

***Participant* coverage will become effective on the later of:**

1. The date the *Policy* becomes effective; or
2. The date the *participant* is identified by the *policyholder* as eligible.

Coverage for each *trip* begins on the date *you* leave *your province*. Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to *your province*. The number of days per *trip* is indicated on *your* SCHEDULE OF BENEFITS. If travel is within Canada but outside *your province*, *emergency* medical coverage will be provided for an unlimited number of days of travel.

B. *DEPENDENT*'S EFFECTIVE DATE OF COVERAGE

***Dependent* coverage, if any, will become effective on the later of:**

1. The date the *participant*'s coverage becomes effective; and
2. The date the *dependent* qualifies for eligibility.

Coverage for each *trip* begins on the date *you* leave *your province*. Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to *your province*. The number of days per *trip* is indicated on *your* SCHEDULE OF BENEFITS. If travel is within Canada but outside *your province*, *emergency* medical coverage will be provided for an unlimited number of days of travel.

C. *PARTICIPANT*'S TERMINATION DATE OF COVERAGE

***Participant* coverage will terminate immediately upon the first to occur of:**

1. the date *you* cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
2. the date the premium is due if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
3. the date the *Policy* is terminated.

Coverage for each *trip* ends on the date *you return* to *your province* or the date *you* have been absent from *your province* for more than *your coverage period*. The number of days per *trip* is indicated on *your* SCHEDULE OF BENEFITS. If travel is within Canada but outside *your province*, *emergency* medical coverage will be provided for an unlimited number of days of travel.

D. *DEPENDENT*'S TERMINATION DATE OF COVERAGE

***Dependent* coverage will terminate immediately upon the first to occur of:**

1. the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
2. the date the *participant*'s coverage terminates, except in the event of the death of the *participant*, in which case *dependent* coverage may continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the earlier of:
   a) the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
   b) the date the *dependent* remarries or dies; or
3. the date the *Policy* is terminated.

Coverage for each *trip* ends on the date *you return* to *your province*, or the date *you* have been absent from *your province* for more than *your coverage period*, or if *you* are a *dependent* child who is registered as a full-time *student* at an accredited educational institution outside of *your province*, the date that coincides with the 365th consecutive day of stay, outside of *your province*. If travel is within Canada but outside *your province*, *emergency* medical coverage will be provided for an unlimited number of days of travel.

WHAT IF *YOUR TRIP* IS LONGER THAN THE *COVERAGE PERIOD*?

Except in the circumstances when coverage is automatically extended (see below "When does *your* coverage automatically extend?"), *you* do not have coverage under this insurance for any days of *your trip* that extend beyond *your coverage period*. However, *you* may purchase additional coverage for the excess portion of *your trip.* If travel is within Canada but outside *your province*, *emergency* medical coverage will be provided for an unlimited number of days of travel.

WHEN DOES *YOUR* COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond the end of the *coverage period*, provided *you* still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

a) **Delay of Transportation.** If *your* return home has been delayed beyond the end of the *coverage period* because *your common carrier* has been delayed, or if a private *vehicle* becomes inoperable on the way to *your departure point* due to circumstances beyond *your* control*, your* coverage is extended for up to five days beyond the end of the *coverage period*.

b) **Medically Unfit to Travel.** If *you* are medically unfit to travel due to an *emergency*, *your* coverage is extended for up to five days following the date that *you* are deemed stable to return to *your province* by *your physician* or the *common carrier*.

c) **Hospitalization.** If *you* are hospitalized due to an *emergency*, *your* coverage will remain in force during *your* hospitalization and for up to five days following *your* discharge from the *hospital*.

***You* are required to notify *Global Excel* in the foregoing circumstances prior to the end of the *coverage period*. Failure to notify *Global Excel* by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from *your departure date*.**

SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

COVERAGE

This insurance covers *you* and *your dependents* for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) occurring while travelling outside *your province*. Coverage for Emergency Medical Out-of-Province Benefits is up to the Overall Maximum per *insured person,* per *trip*, specified in *your* SCHEDULE OF BENEFITS, for *reasonable and customary charges* in respect of expenses incurred for the benefits listed below. Coverage is only for amounts in excess of what is covered by *your government health insurance plan, Health Insurance Plan*, *EHC* plan or any other benefit plan. For many of the benefits listed below, prior approval of *Global Excel* may be required in order for the expense to be covered under this insurance. In the event of an *emergency*, call *Global Excel* immediately: 1-833-685-2790 toll-free from the USA and Canada or +519-735-9448 collect where available.

You must call *Global Excel* 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 *Global Excel* before *you* obtain *emergency treatment* the *Insurer* reserves the right to limit *your* benefits.

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.

Emergency Medical Out-of-Province Benefits:

1. ***Hospital* or *Medical Facility* Accommodation:** Room and board costs up to the private room rate charged by the *hospital* or *medical facility*. If *medically necessary*, expenses for *treatment* in an intensive or coronary care unit and *emergency* out-patient services provided by a *hospital* or *medical facility* are also covered.

2. **Incidental Expenses:** Up to the maximum specified in the SUMMARY OF BENEFITS of this Benefit Booklet, for *your* reasonable incidental expenses such as telephone, television, taxis, *ridesharing services*, parking, or car rentals (from a licensed company in the business of providing rental vehicles) while *you* are hospitalized for an *emergency* and the expenses are incurred as a direct result of such hospitalization. The *Insurer* will only reimburse covered expenses evidenced by original receipts.

3. ***Physician* Charges:** The services of a *physician* in excess of the amount paid by *your government health insurance plan*, where permitted by law.

4. **Private Duty Nurse:** If the attending *physician* considers one to be necessary, the services of a qualified private registered nurse (who is not *you* or an *immediate family member*), when *medically necessary* and while hospitalized or in lieu of hospitalization, to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, when approved in advance by *Global Excel*.

5. **Diagnostic Services:** Laboratory tests and x-rays ordered by the attending *physician* who is treating *you* and that are part of the *emergency treatment*.
   Note: This benefit does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.

6. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician*, obtained outside *your province* and due to an *emergency*.

7. **Paramedical Services:** The services (including x-rays) of a licensed chiropractor, physiotherapist, chiropodist, podiatrist or osteopath, when they are needed due to an *emergency*, up to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, per profession listed above, per *emergency*, when approved in advance by *Global Excel*. Note: Be sure to keep *your* receipts as they are required to make a claim.

8. **Prescriptions:** Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary* for *emergency treatment*, except when needed to stabilize a chronic condition or a medical condition which *you* had before *your trip*. This benefit is limited to a 30-day supply per prescription, unless *you* are hospitalized.

9. **Lost Prescriptions:** The replacement of lost prescription medication when approved in advance by *Global Excel*, up to the maximum amount specified in the SUMMARY OF BENEFITS.

10. **Ground Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance services from the place of the *sickness* or *accident* to the nearest *medical facility* able to provide the necessary *treatment*.

11. ***Emergency* Air Transportation:** When approved and arranged in advance by *Global Excel:*
    a) air ambulance to the nearest appropriate *medical facility* or to a Canadian *hospital* for immediate *emergency treatment*; or
    b) transport on a licensed airline with an attendant (where required) to return *you* to *your province* for immediate *emergency treatment* (if *you* are not holding a valid, open return air ticket).

12. **Transportation to Bedside:** When approved in advance by *Global Excel*, a single roundtrip economy airfare from Canada, plus up to the maximum amount specified in the SUMMARY OF BENEFITS, for the cost of meals and *accommodation* for one of the following: *immediate family member* or friend, to:
    a) be with *you* if *you* are travelling alone and have been hospitalized as the result of an *emergency*. To be payable, this benefit requires that *you* eventually be hospitalized as an *in-patient* for at least three consecutive days outside *your province* and that the attending *physician* provide written certification that the situation was serious enough to warrant the visit; or
    b) identify the deceased *insured person* prior to the release of the body, where necessary.

    The *Insurer* will only reimburse covered expenses evidenced by original receipts. The *immediate family member* (other than the *participant*'s *dependents*) or friend would not be covered under this insurance and may wish to consider purchasing his/her own insurance.

13. **Return of *Travel Companion*:** If *you* are returned to *your province* under the *Emergency* Air Transportation benefit or the Return of Deceased benefit, the *Insurer* will reimburse the cost of a single one-way economy airfare for a *travel companion* (if he/she is not holding a valid, open return air ticket) to return to Canada, when approved in advance by *Global Excel*.

14. **Return of Deceased:** To the maximum specified in the SUMMARY OF BENEFITS towards the cost of preparation and transportation of the deceased *insured person* to their *province*, in the event of death due to *sickness* and/or *injury*.
    In the case of cremation and/or burial at the place of death of the *insured person*, this benefit is limited to the maximum specified in the SUMMARY OF BENEFITS. The cost of the casket or urn is not covered by this benefit.

15. **Meals and *Accommodation*:** Up to the maximum specified in the SUMMARY OF BENEFITS per *insured person*, for *your* reasonable additional expenses for meals and *accommodation*, when a *trip* is extended beyond the last day of the scheduled *trip* due to the *sickness* and/or *injury* suffered by an *insured person* or *travelling companion*. This benefit must be authorized in advance by *Global Excel*. The fact that *you* or a *travelling companion* is unable to travel must be certified by the attending *physician* and supported with original receipts from commercial organizations.

16. ***Treatment* of Dental *Accidents*:** To the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, for *emergency* dental *treatment* to repair natural, vital and sound teeth or permanently attached artificial teeth provided the *injury* was caused by an external, accidental blow to the mouth or face. *You* must consult a *physician* or dentist immediately following the *injury*. *Treatment* must begin during the *coverage period* and be completed prior to returning to *your province*. An *accident* report is required from a *physician* or dentist for claims purposes.

17. ***Treatment* of Dental Pain:** Up to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, for the *emergency* relief of acute dental pain, excluding services related to crowns, root canals or temporomandibular joint dysfunction (TMJ), when *treatment* is rendered at least five 500 kilometres outside the *insured person*'s *province*.

18. **Child Care:** When approved in advance by *Global Excel*, up to a maximum specified in the SUMMARY OF BENEFITS, per *trip*, for one of the following child care assistance benefits:
    a) Economy class airfare for the return of *dependent* children who are under 16 years of age in the event *you* or *your spouse* is hospitalized as a result of an *emergency*. Where necessary, arrangements will include provision for an escort for the children; or
    b) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in the same location where *you* or *your spouse* is hospitalized as a result of an *emergency*; or
    c) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in their home *province* when left unattended due to an *emergency* involving *you* or *your spouse* while travelling.

19. **Pet Return:** Up to the maximum specified in the SUMMARY OF BENEFITS, for the return to Canada of *your* accompanying cat or dog, in the event that *you* are hospitalized or repatriated during an *emergency*.

20. ***Vehicle* Return:** Up to the maximum specified in the SUMMARY OF BENEFITS if neither *you*, nor someone travelling with *you*, are able to operate *your vehicle*, whether owned or rented, during *your trip* due to *sickness* and/or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your province* or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the *vehicle* when approved and/or arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. The *Insurer* will only reimburse covered expenses evidenced by original receipts.

21. **Alternate Transportation:** When approved in advance by *Global Excel*, up to the maximum specified in the SUMMARY OF BENEFITS, if, while travelling, *your* private *vehicle* is stolen or rendered inoperable due to an accident, the cost of one way economy airfare(s) will be provided to *you* to return to *your province*. To file a claim, *you* must supply an official police report of the loss or accident.

Medical Referral Benefit:

The Medical Referral Benefit provides coverage for *reasonable and customary charges* for medical and transportation expenses in excess of those expenses covered by the *insured person*'s *government health insurance plan*, for the *insured person* and an approved escort, up to a lifetime maximum specified in the SCHEDULE OF BENEFITS, as a result of a pre-approved medical referral for *treatment*, subject to the following conditions:

a) the *treatment* must not be available within 500 kilometres from *your* residence; and
b) the medical referral service must be obtained in Canada, if available, regardless of any waiting lists; and
c) *your* attending Canadian *physician* and a qualified Canadian medical specialist from an appropriately related medical field must recommend the *treatment*; and
d) the referral service must be eligible for reimbursement and paid in whole or in part by *your government health insurance plan* (a written pre-authorization from *your government health insurance plan* outlining their liability is required); and

e) if *your government health insurance plan* covers and reimburses the full medical referral expenses, no benefits are payable under this certificate; and

f) the *treatment* must not be experimental or investigative in nature; and

g) medical services and travel must take place within 30 days of receiving approval from *your government health insurance plan*, unless the earliest possible *treatment* date exceeds 30 days from the date of approval; and

h) the medical referral must be pre-approved, following submission of a request for pre-approval in writing to *Global Excel*, along with supporting documentation.

SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

1. **Failure to Notify *Global Excel*:** In the event of an *emergency*, *you* must call *Global Excel* before seeking *treatment*. If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. If *you* fail to notify *Global Excel*, *the Insurer* reserves the right to limit *your* benefits as follows:
   a) the *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
   b) in the event of hospitalization, the *Insurer* will pay 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of $25,000; and
   c) in the event of an outpatient medical consultation, the *Insurer* will cover a maximum of one visit per *sickness* or *injury*.

   You will be responsible for payment of any remaining charges.

2. **Transfer or Medical Repatriation:** During an *emergency* (whether prior to admission or during a covered hospitalization or after *your* release from the *hospital* or *medical facility*), the *Insurer* reserves the right to:
   a) transfer *you* to one of *Global Excel*'s preferred health care providers, and/or
   b) return *you* to *your province.*

   for the medical *treatment* of *your sickness* and/or *injury* where this poses no danger to *your* life or health. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital* or *medical facility*. If *you* choose to decline the transfer or return when declared medically stable by *Global Excel*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* and/or *injury* after the proposed date of transfer or return.

3. **Limitation of Benefits – End of *Emergency*:** Once *you* are deemed medically stable to return to *your province* (with or without medical escort) either in the opinion of *Global Excel* or *your physician* or by virtue of discharge from a *hospital* or *medical facility*, *your emergency* is considered to have ended, whereupon any further consultation, *treatment*, recurrence or complication related to the *emergency* will not be covered during *your trip*.

4. **Benefits Limited to Incurred Expenses:** The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

SECTION 8 – WHAT ARE YOU NOT COVERED FOR?

A – PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

1. Any *sickness, injury*, medical condition or symptoms for which prior to *your departure date*, it is reasonable to believe or expect that *treatments* will be required during *your trip* (except under the terms of the Medical Referral Benefit).

2. If applicable, any medical condition that existed prior to *your departure date* that was not *stable* at any time during the Pre-Existing Medical Condition Stability Period specified in the SCHEDULE OF BENEFITS prior to such *departure date* (except under the terms of the Medical Referral Benefit). If travel is within Canada but outside *your province*, no Pre-Existing Medical Condition Stability Period applies.

B – GENERAL EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with (except, as applicable, with respect to the Medical Referral Benefit):

3. *Treatment* or services normally covered or reimbursable under a *government health insurance plan* or under other insurance *you* might have.

4. Any *trip* booked or commenced after a *physician* advised *you* not to travel or after being diagnosed with a *terminal illness*.

5. *Treatment*, services or supplies that is not *emergency* medical *treatment*: for the immediate relief of acute pain and suffering, including any experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications, or that *you* elect to have provided outside *your province* when medical evidence indicates that *you* could return to *your province* to receive such *treatment*, services or supplies. The delay to receive *treatment*, services or supplies in *your province* has no bearing on the application of this exclusion.

6. Any *treatment*, services or supplies that are experimental or investigative in nature.

7. 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. Note: this exclusion does not apply to *insured person(s)* travelling with *you* who are not seeking to receive medical or *hospital* services on that *trip*.

8. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to *hospital* or *medical facility*.

9. 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 magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.

10. Hospitalization or services rendered in connection with general health examinations for "checkup" purposes, *treatment* of an *ongoing condition*, regular care of a chronic condition, home health care, investigative testing or rehabilitation.

11. Any *sickness, injury* or medical condition that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.

12. Any *sickness, injury* or 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.

13. The continued *treatment* of a *sickness, injury*, medical condition or related condition, following *emergency treatment* during *your trip*, if our medical advisors determine that *your emergency* has ended.

14. Anxiety or panic attack or a state of mental or emotional stress unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.

15. *Treatment* not performed by or under the supervision of a *physician* or licensed dentist.

16. Routine pre-natal care.

17. If *you* are pregnant, *your* pregnancy or the birth and delivery of *your* child, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care physician in *your province*. Note that a child born during a *trip* shall not be regarded as an *insured person* and shall not have coverage under this certificate for the entire duration of the *trip* in which the child is born, if born in the nine weeks before or after the expected delivery date.

18. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of a foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.

19. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.

20. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.

21. Participation:
    a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
    b) in any motorized race or motorized speed contest on land, water, or in the air and training activities for these events on approved tracks or elsewhere; or
    c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.

22. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.

23. The replacement of an existing prescription, whether by reason of loss (unless otherwise expressly provided elsewhere in this certificate), renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency*.

24. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.

25. The cost of any airline ticket covered under the certificate where *your* ticket may be exchanged or used for the same purpose.

26. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
    a) were under the influence of drugs or toxic substances, or
    b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
    c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.

SECTION 9 – INTERNATIONAL ASSISTANCE SERVICES

If *you* need assistance while travelling, help is one call away. *Global Excel* is available 24 hours a day, 7 days a week, to provide the following services whenever possible:

Emergency Call Center. No matter where *you* travel, professional assistance personnel are ready to take *your* call. *You* can call *Global Excel* toll free at **1-833-685-2790** if in Canada or the United States, or collect at **+ 519-735-9448** from anywhere else in the world.

TravelAid mobile app. 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/**

Medical Assistance and Consultation. If *you* have an *emergency* and *you* call *Global Excel*, *you* will be directed to one or more recommended medical service providers near *you*. In addition, *Global Excel* will:
- Provide confirmation of coverage and pay expenses covered by this insurance directly to the recommended medical service provider,
- Consult with *your* attending *physician* to monitor *your* care, and
- Monitor the appropriateness, necessity and reasonableness of that care to help ensure that *your* expenses will be covered by this insurance.

Payment Assistance and Direct Billing. The payment of the medical services *you* receive will be coordinated through *Global Excel*, communicated with *your* medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and *you* may be required to make payment up-front. If *you* are required to make payment up-front, *you* must obtain detailed and itemized original bills for claims submission and call *Global Excel* on *your* return home.

Benefit Information. *Global Excel* can help *you* and the medical providers who are treating *you*, understand what coverage is available to *you* under *your Policy*.

Claims Information. *Global Excel* will answer any questions *you* have about *your* claim, *Global Excel*'s standard verification procedures and the way that *your Policy* benefits are administered.

Interpretation Service. *Global Excel* can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

Emergency Message Centre. In case of an *emergency*, *Global Excel* will help exchange important messages with *your* family, business or *physician*.

MEDICAL CONCIERGE SERVICES

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.

SECTION 10 – HOW DO YOU MAKE A CLAIM?

A – HOW TO MAKE A CLAIM

To submit a claim:

If in Canada or the United States, call toll free at: **1-833-685-2790**.

From anywhere else in the world, call collect to: **+ 519-735-9448**.

- During *your* call, *you* will be given all the information required to file a claim.
- *You* will be asked to substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The *Insurer* is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to *you* for completion.

- When making a claim, *we* may require that a Claim & Authorization Form provided by *us* be completed and that supporting documentation such as the following be provided:
  - Complete original unused transportation tickets and vouchers if the *Emergency* Air Transportation or Return of *Travel Companion* benefit is used.
  - All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all relevant dates and type of *treatment*, and the name of the *hospital* or *medical facility* and/or *physician*.
  - All original prescription drug receipts (not cash receipts) from the pharmacist, *physician, hospital* or *medical facility* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
  - Proof of *your departure date* and *return date*. While boarding passes are preferred, *we* will accept airline tickets or other proof of *departure date* from *your province*, provided it contains *your* name and the location and date of *your* purchase.
  - Any other additional documents pertinent to *your* claim, as may be required by *Global Excel*.
- **Failure to complete the required Claim & Authorization Form in full may delay the assessment of *your* claim.**

Online Claim Submission:

Visit **https://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.

All pertinent documents should be sent to:

Global Excel Management Inc.
P.O. Box 1237 Stn A, Windsor, Ontario N9A 6P8

or

Global Excel Management Inc.
73 Queen Street, Sherbrooke, Quebec J1M 0C9

B – OTHER CLAIM INFORMATION

Notice and Proof of Claim
In the event that *Global Excel* is not contacted immediately, the *insured person*, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

a) give written notice of claim by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the *Policy*; and

b) within 90 days from the date a claim arises under the *Policy*, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstances of the *emergency* giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his/her age and the age of the beneficiary, if relevant.

Failure to Give Notice or Proof
Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *injury* or the date a claim arises under the *Policy* on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms for Proof of Claim
Global Excel, on behalf of the *Insurer*, shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his/her proof of claim in the form of a written statement of the cause or nature of the *emergency* giving rise to the claim.

SECTION 11 – WHAT ELSE DO YOU NEED TO KNOW?

1. **Canadian Currency.** Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.

2. **Payment of Benefits.** All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person* unless another beneficiary is designated in writing to *Global Excel* or the *Insurer*.

3. **Other Insurance.** This insurance is a second payer plan. This means that for any loss or damage insured by, or for any claim payable under any other liability, group or individual plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is $50,000 or less.

4. **Rights of Examination.** As a condition precedent to recovery of insurance money under the *Policy*,
   a) the claimant under the *Policy* must give *us* an opportunity to examine the person of the *insured person* when and so often as *we* may reasonably require while the claim hereunder is pending, and
   b) in the case of death of the *insured person*, *we* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

5. **Availability and Quality of Care.** *We* are not responsible for the availability, quality or results of medical *treatment* or transportation, or *your* failure to obtain medical *treatment*.

6. **Misrepresentation and Non-Disclosure.** 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 certificate:
   - 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.

7. **Applicable Law.** The *Policy* as between the *Insurer* and the *participant* or any *insured person,* is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.

8. **Material Facts.** No statements or representations made by members of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.

9. **Subrogation.** If *you* incur expenses due to the fault of a third party, *you* assign to *us* the right to take action against the party at fault in *your* name. This will require *your* full cooperation with *us* and *we* will pay for all of the related expenses.

10. **Evidence of Age.** The *Insurer* reserves the right to request proof of age of any *insured person*.

11. **Assignment.** Benefits under the *Policy* may not be assigned to a third party. However, in no event will this affect *Global Excel*'s ability to make payment, for the benefit of the *insured person*, directly to the *hospital* or *medical facility* as provided for under SECTION 9 - INTERNATIONAL ASSISTANCE SERVICES.

12. **When Money Payable.** All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.

13. **Examination of the *Policy*.** The *Policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.

14. **Limitation Periods.** 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 12 – DEFINITIONS

Throughout this certificate, italicized terms have the specific meaning described below:

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

Accommodation means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

Common Carrier means any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. Rental vehicles however, are not considered common carriers.

Coverage Period means the maximum number of consecutive days allowed per *trip* stated in the SCHEDULE OF BENEFITS, during which *you* are covered under the *Policy* when *you* take a *trip* and which is calculated as of the *departure date* of *your trip*; however,

a) if *you* are a *dependent* child who is registered as a full-time student at an accredited educational institution outside of *your province*, *your* coverage period is 365 days; or
b) if *you* are already on a *trip* prior to the inception date of the *Policy*, *your* coverage period is reduced by the number of days *you* were out of *your province* on the effective date of the *Policy*; or
c) if *your* SCHEDULE OF BENEFITS reflects more than one class with different coverage periods and, as a result, *your* coverage period changes during *your trip*, the applicable coverage period for that *trip* will be the coverage period that was in effect on the *departure date* of *your trip*.

Departure Date means the date on which *you* leave *your province* from *your departure point*.

Departure Point means the place from which *you* depart *your province* on the first day and return to on the last day of *your trip*.

Dependent means:

a) the *spouse*; and
b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The applicable age limits on the *departure date* for a dependent child are specified in the SCHEDULE OF BENEFITS. However, coverage will continue beyond the age limit specified in the SCHEDULE OF BENEFITS for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he/she reached the age when insurance would normally terminate.

Emergency means a sudden and unforeseen *sickness, injury* or medical condition that requires immediate *treatment*. An emergency no longer exists when the evidence reviewed by *Global Excel* indicates that no further *treatment* is required at destination or *you* are able to return to *your province* for further *treatment.*

Global Excel means Global Excel Management Inc., the company appointed by the *Insurer* to provide medical assistance and claims services.

Government Health Insurance Plan means the health care coverage provided by Canadian provincial and territorial governments to their residents.

Hospital or **Medical Facility** means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include an extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Immediate Family Member means *your spouse*, son, daughter, father, mother, brother, sister, step-child, step-parent, in-law, step-sibling, grandchild, grandparent, aunt, uncle, niece and nephew.

Injury means an unexpected and unforeseen harm to the body that is caused by an *accident*, sustained by an *insured person* during the *coverage period* and that requires *emergency treatment* that is covered by this certificate.

In-patient means a patient who occupies a *hospital* or *medical facility* bed for more than 24 hours for medical *treatment* and for which admission was recommended by a *physician* when *medically necessary.*

Insurer means The Manufacturers Life Insurance Company.

Medically Necessary, in reference to a given service or supply, means such service or supply:

a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; and
b) is not experimental or investigative in nature; and
c) cannot be omitted without adversely affecting the condition of the *insured person* or quality of medical care; and
d) cannot be delayed until the *insured person* returns to his/her *province*.

Minor Ailment means any *sickness* or *injury* which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the *departure date* of each *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Ongoing Condition means an acute *sickness* and/or *injury* that requires continuing care and/or *treatment* after the initial *emergency* has ended as determined by *Global Excel*.

Participant means an eligible individual whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

Physician means a person:

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

Policy means the Group Travel Insurance contract (Group Primary Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *emergency* medical travel insurance coverage to its *participants* and their *dependents*. The Policy Number is set out in the SCHEDULE OF BENEFITS.

Policyholder means the company or organization to which the *Policy* is issued.

Province means *your* Canadian province or territory of permanent residence.

Reasonable and Customary Charges mean charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Return Date means the date on which *you* are scheduled to return to *your departure point*.

Ridesharing Services mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

Sickness means an illness, disease, disorder or any symptom. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of medical *treatment*.

Spouse means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

Stable means any *sickness, injury* or medical condition (other than a *minor ailment*) for which all the following statements are true:

a) there has been no new diagnosis, *treatment* or prescribed medication;
b) there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand medication to a generic brand medication (provided that the dosage is not modified);
c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
d) there have been no test results showing deterioration; and
e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that medical condition.

All of these conditions must be met for a *sickness, injury* or medical condition to be considered *stable*.

Terminal Illness means *you* have a condition that is cause for the *physician* to estimate that *you* have less than six months to live.

Termination Age means the age stated in the SCHEDULE OF BENEFITS at which the *participant*'s and the *spouse*'s coverage terminates.

Travel Companion or **Travelling Companion** means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

Treatment means hospitalization, a procedure prescribed, performed, or recommended by a *physician* for a *sickness, injury* or 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 a journey that *you* undertake which commences on the *departure date* from *your province* and ends on the *return date* to *your province*.

Vehicle means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during the *trip*.

We, **Our** and **Us** mean the *Insurer*, or its authorized representatives, or *Global Excel*, as applicable.

You, **Your** and **Insured Person(s)** mean the *participant* or *participant*'s *dependents* covered under the *Policy*, whether they travel together or not.

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE CERTIFICATE OF INSURANCE

Note: Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

SECTION 1 – INTRODUCTION

Trip Cancellation and Trip Interruption Insurance provides reimbursement for the *policyholder*'s *participant* and the *participant*'s *dependents* for:

1. non-refundable and non-transferable prepaid expenses incurred as a result of *your trip* cancellation; and
2. expenses incurred and/or reimbursement of the unused portion of *your* non-refundable and non-transferable prepaid travel arrangements due to the interruption or delay of *your trip*; and
3. replacement of *your* baggage due to loss, theft or damage while in custody of a *common carrier*.

You automatically have Trip Cancellation and Trip Interruption Insurance coverage up to the benefit maximums specified on *your* SCHEDULE OF BENEFITS, and access to assistance services before or while travelling outside of *your province*.

This certificate, along with *your* entire Benefit Booklet, outlines what is covered along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire Benefit Booklet, call toll free **1-833-685-2788 (if in Canada or United States) or call collect + 519-735-8331 (from anywhere else in the world).**

This Travel insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife.

Manulife provides the insurance for this certificate under the Group Primary Policy (the *Policy*), issued to the *policyholder*. 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 under this policy**.**

This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law.
This coverage may be cancelled, changed or modified at the option of the *policyholder* and the *Insurer* at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

SECTION 2 – WHAT SHOULD YOU DO TO OBTAIN ASSISTANCE OR TO FILE A CLAIM?

IF *YOU* NEED ASSISTANCE OR TO FILE A CLAIM CALL *GLOBAL EXCEL:*

From Canada and the United States, toll free **1-833-685-2790**

From anywhere else in the world, collect **+ 519-735-9448**

It is important that *you* call on the day the cause of cancellation, interruption or delay of *trip* occurs or on the day the baggage is lost, damaged or stolen, or on the next business day.

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/**

Online Claim Submission. Visit **https://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.

SECTION 3 – IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

- Trip Cancellation and Trip Interruption Insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel as *your* coverage is subject to certain limitations and exclusions.
- Pre-existing *medical condition* exclusions may apply to *medical conditions* and/or symptoms that existed before *your trip*. Refer to this certificate and *your* SCHEDULE OF BENEFITS to determine how these exclusions may affect *your* coverage and how they relate to *your departure date* or *effective date*.
- In the event of an *accident*, injury or sickness, *your* medical history may be reviewed when a claim has been reported.
- Throughout this certificate, any reference to age refers to *your* age on *your effective date*.
- **This certificate contains clauses which may limit the amounts payable.**

SECTION 4 – ELIGIBILITY FOR COVERAGE

A. *PARTICIPANT* COVERAGE

To be covered under the *Policy* as a *participant*, *you* must meet the following eligibility requirements:

1. *You* must be covered under the *government health insurance plan* of *your province*; and
2. *You* must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
3. *You* must have *your* permanent residence in Canada; and
4. The required premium payments for *your* coverage under the *Policy* must have been paid;
5. Be identified by the *policyholder* as eligible for coverage under the *Policy*.

B. *DEPENDENT* COVERAGE

To be covered under the *Policy* as a *dependent*, *you* must meet the following eligibility requirements:

1. *You* must be covered under the *government health insurance plan* of *your province*; and
2. *You* must fall within the definition of *dependent* in this certificate; and
3. The required premium payments for *your* coverage under the *Policy* must have been paid.

SECTION 5 – WHEN DOES COVERAGE BEGIN AND END?

WHEN DOES COVERAGE TAKE EFFECT?

- Trip Cancellation coverage takes effect when the cause of cancellation occurs before *you* depart on *your trip*.
- Trip Interruption coverage takes effect when the cause of interruption occurs during *your trip*.
- Trip Delay coverage takes effect when the cause of delay occurs during *your trip* and results in *you* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.
- Baggage coverage takes effect when baggage is lost, stolen or damaged when checked in with, or carried on, a *common carrier* during *your trip*.

A. *PARTICIPANT*'S *EFFECTIVE DATE* OF COVERAGE

***Participant* coverage will become effective on the later of:**

1. the date the *Policy* becomes effective; or
2. the date the *participant* is identified by the *policyholder* as eligible.

Coverage for each *trip* begins:

a) on *your effective date* (provided *your* coverage is in effect on the date of purchase or before any cancellation penalties have been incurred) for Trip Cancellation, or

b) when the *common carrier* departs from the scheduled *departure point* shown on the ticket, itinerary or other document issued to an *insured person* by or for the carrier for Trip Interruption, Trip Delay and Baggage coverage. **Note:** For Trip Interruption and Trip Delay, if a *common carrier* is not used for the *trip*, the coverage begins on the date *you* leave from the *departure point* to start the *trip*.

B. *DEPENDENT*'S *EFFECTIVE DATE* OF COVERAGE

***Dependent* coverage, if any, will become effective on the later of:**

1. The date the *participant*'s coverage becomes effective; and
2. The date the *dependen*t qualifies for eligibility.

Coverage for each *trip* begins:

a) on *your effective date* (provided *your* coverage is in effect on the date of purchase and before any cancellation penalties have been incurred) for Trip Cancellation coverage; or

b) when the *common carrier* departs from the scheduled *departure point* shown on the ticket, itinerary or other document issued to an *insured person* by or for the carrier for Trip Interruption, Trip Delay and Baggage coverage. **Note:** For Trip Interruption and Trip Delay, if a *common carrier* is not used for the *trip*, the coverage begins on the date *you* leave from the *departure point* to start the *trip*.

C. *PARTICIPANT*'S TERMINATION DATE OF COVERAGE

***Participant* coverage will terminate immediately upon the first to occur of:**

1. the date *you* cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
2. the date the premium is due, if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
3. the date the *Policy* is terminated.

Coverage for Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each *trip* ends on midnight of *your return date*.

D. *DEPENDENT*'S TERMINATION DATE OF COVERAGE

***Dependent* coverage will terminate immediately upon the first to occur of:**

1. the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
2. the date the *participant*'s coverage terminates, except in the event of the death of the *participant*, in which case *dependent* coverage may continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the earlier of:
   a) the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
   b) the date the *dependent* remarries or dies; or
3. the date the *Policy* is terminated.

Coverage for Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each *trip* ends on midnight of *your return date*.

WHEN DOES *YOUR* COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond *your return date*, provided *you* still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

a) **Delay of Transportation.** If *your* return home has been delayed beyond *your return date* because *your common carrier* has been delayed, or if a private *vehicle* becomes inoperable on the way to *your departure point* due to circumstances beyond *your* control, *your* coverage is extended for up to five days beyond *your return date*.

b) **Medically Unfit to Travel.** If *you* are medically unfit to travel due to a covered medical *emergency* (but *you* are not hospitalized), *your* coverage is extended for up to five days following the date that *you* are deemed stable to return to *your province* by *your physician* or the *common carrier*.

c) **Hospitalization.** If *you* are hospitalized due to a covered medical *emergency*, *your* coverage will remain in force during *your* hospitalization and for up to five days following *your* discharge from the *hospital*.

***You* are required to notify *Global Excel* in the foregoing circumstances prior to *your return date*. Failure to notify *Global Excel* by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from *your departure date*.**

SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

A. TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DELAY COVERAGE

In the event of the cancellation, interruption or delay of *your trip* for one of the 27 covered reasons set out in the first column of the chart below, *you* will be eligible to receive the corresponding insurance benefits referred to in the remaining columns of the chart (Benefits A, B, C, D, E, F and G, as applicable), up to the amount of the overall maximum sum insured per *insured person*, per *trip*, specified in the SUMMARY OF BENEFITS of the Benefit Booklet.

Instructions for reading chart and determining benefits.

1. To determine if the reason for cancellation, interruption or delay of *your trip* is a covered reason, refer to the first column of the chart below.
2. If the reason for cancellation, interruption or delay of *your trip* is one of the 27 covered reasons, refer to the remaining columns in the chart to determine which of the benefits (A, B, C, D, E, F or G) described following the chart correspond to *your* covered reason.

WHAT ARE YOU COVERED FOR?		WHAT ARE YOUR BENEFITS?		
		TRIP CANCELLATION	TRIP INTERRUPTION	TRIP DELAY
1	*Your emergency medical condition* or admission to a *hospital* or *medical facility* following an *emergency*.	A	C, D & G, or C, E & G, or C, F & G	E & G
2	The admission to a *hospital* or *medical facility* following an *emergency* of *your family member* (who is not at *your* destination), *your* business partner, *key employee* or *caregiver*.	A	C, E & G	N/A
3	The *emergency medical condition* of *your family member* (who is not at *your* destination), *your* business partner, *key employee* or *caregiver*.	A	C, E & G	N/A
4	The admission to a *hospital* or *medical facility* of *your* host at destination, following an *emergency medical condition*.	A	C, E & G	N/A
5	The *emergency medical condition* of *your travelling companion* or their admission to a *hospital* or *medical facility* following an *emergency*.	A	C, D & G, or C, E & G, or C, F & G	E & G

6	The *emergency medical condition* of *your family member* who is at *your* destination or their admission to a *hospital* or *medical facility* following an *emergency*.	**A**	**C, E & G**	**E & G**
7	The *emergency medical condition* of *your travel companion*'s *family member* or their admission to a *hospital* or *medical facility* following an *emergency*.	**A**	**C, E & G**	**E & G**
8	*Your* death.	**A**	**B**	**N/A**
9	The death of *your family member* or close friend (who is not at *your* destination), *your* business partner, *key employee* or *caregiver*.	**A**	**C, E & G**	**N/A**
10	The death of *your travelling companion*.	**A**	**C, E & G**	**E & G**
11	The death of *your travelling companion*'s *family member*, business partner, *key employee* or *caregiver*.	**A**	**C, E & G**	**N/A**
12	The death of *your* host at destination, following an *emergency medical condition*.	**A**	**C, E & G**	**N/A**
13	The death of *your family member* or friend, who is at *your* destination.	**A**	**C, E & G**	**E & G**
14	‡ A travel advisory or formal notice issued by the Canadian government after the purchase of *your trip* and prior to *your departure date*, advising Canadians not to travel to a country, region or city that is part of *your trip*.	**A**	**N/A**	**N/A**
15	‡ A travel advisory or formal notice issued by the Canadian government after *your departure date*, advising Canadians not to travel to a country, region or city that is part of *your trip*.	**N/A**	**C, E & G, or C, F & G**	**E & G**
16	‡ A transfer by the employer with whom *you* or *your travelling companion* is employed during the *period of insurance*, which requires the relocation of *your* principal residence.	**A**	**C, E & G**	**N/A**
17	‡ The involuntary loss of *your* or *your travelling companion*'s permanent employment (not contract employment) due to lay-off or dismissal without just cause.	**A**	**C, E & G**	**N/A**
18	‡ Cancellation of *your* or *your travelling companion*'s *business meeting* beyond *your* or *your* employer's control.	**A**	**C, E & G**	**N/A**
19	‡ *You* or *your travelling companion* being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	**A**	**C, E & G**	**N/A**
20	‡ Delay of a private or rented *vehicle* resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing *you* or *your travelling companion* to miss a connection or resulting in the interruption of *your* travel arrangements, provided the automobile was scheduled to arrive at the *departure point* at least two hours before the scheduled time of departure.	**N/A**	**C, F & G**	**E & G**
21	‡ Delay of *your* or *your travelling companion*'s *common carrier*, resulting from the mechanical failure of that *common carrier*, a traffic accident, an emergency police-directed road closure, weather conditions, or *grounding* of *your* air transportation, causing *you* to miss a connection or resulting in the interruption of *your* travel arrangements.	**N/A**	**C, F & G**	**E & G**
22	‡ Delay of *your* or *your travelling companion*'s departure, resulting from the mechanical failure of *your common carrier*, a traffic accident, an emergency police-directed road closure, weather conditions, or *grounding* of *your* air transportation, causing *you* to miss *your* scheduled cruise or tour, and no alternative travel arrangements can be made for *you* to join the cruise or tour.	**N/A**	**B & G**	**N/A**
23	‡ An event completely independent of any intentional or negligent act that renders *your* or *your travelling companion*'s principal residence uninhabitable or place of business inoperative.	**A**	**C, E & G**	**N/A**
24	‡ The quarantine or hijacking of an *insured person* or their *travelling companion*.	**A**	**C, E & G**	**E & G**
25	‡ *You* or *your travelling companion* being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, scheduled during *your trip*.	**A**	**C, E & G**	**N/A**
26	‡ *You* or *your travelling companion*'s cruise is cancelled prior to the departure of the cruise ship due to mechanical failure, *grounding*, quarantine of cruise ship or the reposition of the cruise ship due to weather conditions, earthquakes or volcanic eruptions.	**A**	**C, E & G**	**E & G**
27	*Your* pregnancy, if diagnosed after the purchase of *your trip* and prior to *your departure date* when *you* choose not to travel.	**A**	**N/A**	**N/A**

- **Benefits A, B & C - Prepaid Travel Arrangements**

  If *your* covered reason entitles *you* to Benefits A, B or C, *you* will be entitled to reimbursement (up to the maximum sum insured) for:

  A. the non-refundable and non-transferable portion of *your* prepaid travel arrangements or *rebooking fees*, whichever is less; or

  B. the non-refundable and non-transferable unused portion of *your* prepaid travel arrangements; or

  C. the non-refundable and non-transferable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*.

  Note: *Your* entitlement to reimbursement will be reduced by the amount of any travel vouchers issued by the travel service supplier.

- **Benefits D, E & F - Transportation**

  If *your* covered reason entitles *you* to Benefits D, E or F, *you* will be entitled to reimbursement (up to the maximum sum insured) for the extra cost of *your* economy class:

  D. transportation via the most cost-effective route to rejoin a tour or group on *your trip*; or

  E. transportation via the most cost-effective route to *your departure point*; or

  F. one-way air fare via the most cost-effective route to *your* next destination (inbound and outbound) on *your trip*.

Please Note: If *you* are required to interrupt *your trip* to attend a funeral or travel to the bedside of a hospitalized *family member*, close friend, *caregiver*, business partner, or *key employee* where death is imminent, *you* have the option to purchase a ticket to the destination where the death or hospitalization has occurred. *You* will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost-effective route back to *your departure point* (applicable to covered reason #9). This option must be pre-authorized by *Global Excel*. This option can only be used once and if *you* chose this option, it will replace Benefit E.

- **Benefit G - Out-of-Pocket Expenses**

  G. If *your* covered reason entitles *you* to Benefit G, *you* will be entitled to reimbursement of up to the maximum specified in the SUMMARY OF BENEFITS, for *accommodation*, meals, telephone, taxi and *ridesharing services*, for expenses incurred if *your trip* is interrupted or if *your* return home is delayed beyond the scheduled *return date*.

- **N/A: Not Applicable**

B. ‡ BAGGAGE COVERAGE

The *Insurer* will reimburse the cost of replacement of an *insured person*'s baggage and personal property contained therein, due to theft, damage or loss by a *common carrier* when the baggage is checked with a *common carrier* or carried by the *insured person* on a *common carrier*, up to the maximum specified in the SUMMARY OF BENEFITS.

Payment is based on the actual replacement cost of any lost or stolen article provided the article is actually replaced; otherwise, payment is based on the actual cash value of the article at the time of loss or the maximum specified, whichever is less, with respect to any one item or set of items.

Additional Benefit - Business Expense: In the event of theft of *your* laptop or cell phone during *your trip*, the *Insurer* will reimburse up to the maximum specified in the SUMMARY OF BENEFITS, for the temporary use or rental of a computer, laptop or cell phone during *your trip*, provided such use or rental is required in connection with *your* business, trade or professional occupation. Original receipts and a police report are required for reimbursement.

SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

1. **Limitations of Coverage.** When a cause of cancellation occurs (the event or series of events that triggers one of the covered reasons listed in SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?) before *your departure date*, *you* must, as soon as reasonably possible:
   - cancel *your trip* with the travel agent, airline, tour company, carrier or travel authority etc.; and
   - advise *us*.

   The *Insurer*'s maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation.

2. **Benefits Limited to Incurred Expenses.** The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

SECTION 8 – WHAT ARE YOU NOT COVERED FOR?

A – PRE-EXISTING *MEDICAL CONDITION* EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

1. Any *medical condition* (other than a *minor ailment*) of *you*, a *family member*, a *travelling companion*, a *travelling companion*'s *family member*, a business partner, a close friend, a *key employee*, a *caregiver*, or a host at *trip* destination, if, in the 90 days before *your effective date*, that condition or a related condition has not been *stable*.

2. Any *medical condition* which, prior to the *effective date* of coverage, was such as to render expected medical consultation or hospitalization as probable or certain (based on prior medical history) to occur.

B – GENERAL EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

3. Trip cancellation, trip interruption or trip delay when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked.

4. A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.

5. The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.

6. Routine pre-natal care.

7. If *you* are pregnant, *your* pregnancy or the birth and delivery of *your* child, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care physician in *your province*. Note that a child born during a *trip* shall not be regarded as an *insured person* and shall not have coverage under this certificate for the entire duration of the *trip* in which the child is born, if born in the nine weeks before or after the expected delivery date.

8. Participation:
   a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
   b) in any motorized race or motorized speed contest on land, water, or in the air and training activities for these events on approved tracks or elsewhere; or
   c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.

9. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.

10. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.

11. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
   a) were under the influence of drugs or toxic substances, or
   b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
   c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.

12. Noncompliance with any prescribed medical therapy or medical *treatment* (as determined by the *Insurer*) or failure to carry out a *physician*'s instructions.

13. Anxiety or panic attack or a state of mental or emotional stress, unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.

14. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.

15. Loss arising as a result of work stoppage, or the bankruptcy or insolvency of a *common carrier*, travel agent, agency, broker or travel supplier.

In addition to the exclusions outlined above, the following exclusions apply to the Baggage benefit only. This insurance will not pay any expenses relating to or in any way associated with:

16. Animals, sporting equipment (except golf clubs and golf bags; skis, ski poles and ski boots; and racquets), cameras and accessory equipment, eye glasses, sunglasses, contact lenses, prosthetic devices including dentures, jewelry, china, art objects or breakage of fragile articles, furs, tickets, valuable papers and documents, credit cards and any other *negotiable instruments*, securities and money.

17. Confiscation, expropriation or detention by any government, public authority, customs or other officials.

18. Baggage or personal property lost, stolen or damaged during *commuting.*

19. Property illegally acquired, kept, stored or transported.

20. Loss or damage resulting from moths, vermin, deterioration or wear and tear.

21. Loss or damage caused by any imprudent action or omission by *you*.

SECTION 9 – ASSISTANCE SERVICES

If *you* need assistance before or while travelling, help is one call away. *Global Excel* provides the following services whenever possible:

Emergency Call Center. No matter where *you* travel, professional assistance personnel are ready to take *your* call. Please call *Global Excel* toll free at **1-833-685-2790** if in Canada or the United States, or call collect at **+ 519-735-9448** from anywhere else in the world.

TravelAid mobile app. 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/**

Benefit Information. *Global Excel* can help *you* understand what coverage is available to *you* under *your Policy*.

Claims Information. *Global Excel* will answer any questions *you* have about *your* claim, *Global Excel*'s standard verification procedures and the way that *your Policy* benefits are administered.

SECTION 10 – HOW DO YOU MAKE A CLAIM?

A. HOW TO MAKE A CLAIM

To submit a claim:

If in Canada or the United States, call toll free at: **1-833-685-2790**.

From anywhere else in the world, call collect to: **+ 519-735-9448**.

- During *your* call, *you* will be given all the information required to file a claim.
- *You* must contact *us* on the day the covered reason occurs or as soon as reasonably possible to advise *us* of the cancellation, interruption or delay of *your trip*.
- *You* must contact *us* on the day the baggage is lost, damaged or stolen.

- *You* will be asked to substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The *Insurer* is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to *you* for completion.
- When making a claim, *we* may require that a Claim & Authorization form be completed and that supporting documentation such as the following be provided:
  - A medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was impossible, the diagnosis and all dates of *treatment*.
  - Written evidence of the covered reason which was the cause of cancellation, interruption or delay.
  - Tour operator terms and conditions.
  - Copy of *your* invoice showing payment of prepaid travel arrangements, including the *common carrier* ticket.
  - Complete original unused transportation tickets and vouchers.
  - All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
  - Original passenger receipts for new tickets.
  - A copy of the initial claim report submitted to the *common carrier* and proof of submission of the loss to and the result of any settlement by the *common carrier*.
  - For the Baggage benefit, original receipt confirming that the property has actually been replaced or the original receipt for the lost, stolen or damaged item.
  - For the Business Expense benefit, original receipts and a police report.
  - Reports from the police or local authorities documenting the cause of the missed connection.
  - Detailed invoices and/or receipts from the service provider(s).
- **Failure to complete the required Claim & Authorization form in full may delay the assessment of *your* claim.**

Online Claim Submission:

Visit **https://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.

All pertinent documents should be sent to:

Global Excel Management Inc.
P.O. Box 1237 Stn A, Windsor, Ontario N9A 6P8

or

Global Excel Management Inc.
73 Queen Street, Sherbrooke, Quebec J1M 0C9

B. OTHER CLAIM INFORMATION

- During the processing of a claim, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense. *You* agree that the *Insurer* and its agents have:
  a) *Your* consent to verify *your* health card number and other information required to process *your* claim with the relevant government and other authorities; and
  b) *Your* authorization to *physicians*, *hospitals* or *medical facilities*, and other medical providers to provide to *us*, any and all information they have regarding *you*, while under observation or *treatment*, including *your* medical history, diagnoses and test results; and
  c) *Your* agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.
- *You* may not claim or receive in total more than 100% of *your* total covered expenses or the actual expenses which *you* incurred, and *you* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount was not payable under the terms of *your* insurance.

SECTION 11 – WHAT ELSE DO YOU NEED TO KNOW?

1. **Canadian Currency.** Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.

2. **Payment of Benefits.** All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person* unless another beneficiary is designated in writing to *Global Excel* or the *Insurer*.

3. **Other Insurance.** This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under, any other liability, group or individual plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is $50,000 or less.

4. **Rights of Examination.** As a condition precedent to recovery of insurance money under the *Policy*,
   a) the claimant under the *Policy* must give *us* an opportunity to examine the person of the *insured person* when and so often as *we* may reasonably require while the claim hereunder is pending, and
   b) in the case of death of the *insured person*, *we* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

5. **Misrepresentation and Non-Disclosure.** 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 certificate:
   - 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.

6. **Applicable Law.** The *Policy* as between the *Insurer* and the *participant* or any *insured person,* is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.

7. **Material Facts.** No statements or representations made by employees of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.

8. **Subrogation**. If *you* incur expenses due to the fault of a third party, *you* assign to *us* the right to take action against the party at fault in *your* name. This will require *your* full cooperation with *us* and *we* will pay for all of the related expenses.

9. **Limitation Periods.** 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.

10. **Evidence of Age.** The *Insurer* reserves the right to request proof of age of any *insured person.*

11. **When Money Payable.** All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.

12. **Examination of the *Policy*.** The *Policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.

SECTION 12 – DEFINITIONS

Throughout this certificate, italicized terms have the specific meaning described below:

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury.

Accommodation means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

Business Meeting means a meeting, trade show, conference, training course, or convention, scheduled before *your effective date*, between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*.

Caregiver means a person entrusted with the care of the *dependent* child on a permanent, full-time basis and whose services cannot reasonably be replaced.

Common Carrier means any land, water, or air conveyance operated under a license for the transportation of passengers for hire and for which a ticket has been obtained. Common carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, cruise and/or recreational activity, regardless of whether such conveyance is licensed. Rental vehicles are not considered common carriers.

Commuting means the regular or frequent travel between residence and place of employment usual to the *insured person*.

Departure Date means the date on which *you* leave *your province* from *your departure point*.

Departure Point means the place from *your province you* depart from on the first day and return to on the last day of *your trip*.

Dependent means:

a) the *spouse*; and

b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The applicable age limits on the *departure date* for a dependent child are specified in the SCHEDULE OF BENEFITS. However, coverage will continue beyond the age limit specified in the SCHEDULE OF BENEFITS for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he reached the age when insurance would normally terminate.

Effective Date means the date and time *you* make the initial non-refundable deposit for *your trip* and before any cancellation penalties have been incurred.

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

Family Member means *your spouse* or *your travelling companion*'s *spouse*, and *your* or *your travelling companion*'s mother, father, step-parent, in-law, daughter, son, step-child, sister, brother, step sibling, grandparent, grandchild, aunt, uncle, niece or nephew.

Global Excel means Global Excel Management Inc., the assistance and claims service provider under this certificate.

Government Health Insurance Plan means the health care coverage provided by Canadian provincial and territorial governments to their residents.

Grounding means the complete and continuous withdrawal at or about the same time in the interest of safety, of one or more aircraft or cruise ship(s) from operation due to a mandatory order of Transport Canada, or other civil aviation or marine authority, because of an existing, alleged or suspected like defect, fault or condition affecting the safe operation of two or more such aircraft or cruise ships, whether such aircraft or cruise ships so withdrawn are owned or operated by the same or different persons, firms or corporations.

Hospital or **Medical Facility** means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include an extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Insurer means The Manufacturers Life Insurance Company and First North American Insurance Company.

Key Employee means an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

Medical Condition means an *accident,* sickness or disease (or a condition related to that *accident,* sickness or disease).

Minor Ailment means any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 days prior to the *effective date* of a *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Negotiable Instrument means a document guaranteeing the payment of a specific amount of money, either on demand, or at a set time, with the payer usually named on the document. Negotiable instruments are unconditional orders or promises to pay, and include, but are not limited to cheques, drafts, bearer bonds, some certificates of deposit, promissory notes, and bank notes (currency).

Participant means an eligible individual whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

Period of Insurance means the period of time between *your effective date* and *your return date*.

Physician means a person:

- who is not *you* or *your family member* or *your travel companion*
- licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment.*

Policy means the Group Travel Insurance contract (Group Primary Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *trip* cancellation, *trip* interruption, trip delay and baggage insurance coverage to its *participants* and their *dependents*. The Policy Number is set out in the SCHEDULE OF BENEFITS.

Policyholder means the company or organization to which the *Policy* is issued.

Province means *your* Canadian province or territory of permanent residence.

Rebooking Fees mean the additional amounts charged to *you* to change *your* original ticket prior to *your departure date*, excluding any difference in fare between the original amount and the new amount, or the charges for a different booking class.

Return Date means the date on which *you* are scheduled to return to *your departure point*.

Ridesharing Services mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

Spouse means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

Stable means any *medical condition* (other than a *minor ailment*) for which all the following statements are true:

a) there has been no new diagnosis, *treatment* or prescribed medication;
b) there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand medication to a generic brand medication (provided that the dosage is not modified);
c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
d) there have been no test results showing deterioration; and
e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that *medical condition*.

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

Termination Age means the age stated in the SCHEDULE OF BENEFITS at which the *participant*'s and the *spouse*'s coverage terminates.

Travel Companion or **Travelling Companion** means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

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 a period of travel outside *your province* for which:

a) There is a *departure point* and a destination; and

b) There is a predetermined and recorded *departure date* and *return date* on the confirmation of *your* prepaid travel arrangements.

Vehicle means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver.

We, **Our** and **Us** mean the *Insurer*, or its authorized representatives or *Global Excel*, as applicable.

You, **Your** and **Insured Person(s)** mean the *participant* or *participant*'s *dependents* covered under the *Policy*, whether they travel together or not.

IMPORTANT NOTICE ABOUT THE INSURED PERSON'S PERSONAL INFORMATION

NOTICE ON PRIVACY AND CONFIDENTIALITY
At Manulife[i] protecting your personal information and respecting your privacy is important to us.

Personal Information Statement
"We", "us" and "our" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Why do we collect, use, and disclose your personal information?
For the purposes of establishing and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

What personal information do we collect?
Depending on the product or service, 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, driver's license, passport number or your Social Insurance Number (SIN)
- Financial information, investigative reports, credit bureau report, and/or a consumer report
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Banking and employment information
- Medical information that any organization or person has about you
- Any test that may be necessary for underwriting purposes
- Other personal information that we may require to administer your products or services and manage our relationship with you

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

Where do we collect your personal information from?
Depending on the product or service, we collect personal information from:
- Your completed applications and forms
- Other interactions between you and us
- Other sources, such as:
  - Your advisor or authorized representative(s)
  - Third parties with whom we deal with in issuing and administering your products or services now, and in the future
  - Public sources, such as government agencies, credit bureaus and internet sites
  - Financial institutions
  - Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
  - The MIB, LLC (formerly known as the Medical Information Bureau)
  - Health Care Professionals, including Medical Practitioners, health care institutions, pharmacy and any other medically-related facility

What do we use your personal information for?
Depending on the product or service, we will use your personal information to:
- Administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us make decisions and understand our customers better so we can improve the products and services we provide
- Perform audits, and investigations and protect you from fraud
- Determine your eligibility for, and provide you with details of, other products and services that may be of interest to you
- Automate processing to help us make decisions about your interactions with us, such as, applications, approvals or declines

Who do we disclose your personal information to?
Depending on the product or service, we disclose your personal information to:
- Persons, financial institutions, reinsurers, and other parties with whom we deal with in issuing and administering your product or service 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
- Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
- 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 doctor
- Public health authorities as required

Except where there are contractual restrictions, these people, organizations and service providers are both within Canada and outside of Canada. Therefore, your personal information may be subject to interprovincial or cross-border transfers in order to provide services to you and 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.

Withdrawing your consent
You may withdraw your consent for us to use your personal information for certain uses, subject to legal and contractual restrictions.
You may not withdraw your consent for us to collect, use, or disclose personal information we need to issue or administer your products and services. If you do so, we may not be able to provide you with the products or services requested or we may treat your withdrawal of consent as a request to terminate or refusal the product or service.
If you wish to withdraw your consent, phone our customer care center at 1-888-MANULIFE (626-8543) or 1-888-MANUVIE (626-8843) in Quebec or write to the Privacy Officer at the address below.

Accuracy
You will notify us of any change to your contact information. If your information has changed, or if you need to make a correction of any inaccuracies to your personal information in our files, contact your travel agent or broker or Manulife Customer Service.

Access
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. Requests can be sent to: Privacy Officer Manulife, P.O. Box 1602, Del Stn 500-4-A, Waterloo, Ontario N2J 4C6 or Canada_Privacy@manulife.ca
For more information you can review our Canadian Privacy Policy | Ten Privacy Principles | Manulife. Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email.

[i]Manulife, "we", "us", "our" refers to. The Manufacturers Life Insurance Company— Canadian Division operations, Manulife Securities Inc., Manulife Securities Investment Services Inc., Manulife Securities Insurance Inc., Manulife Asset Management Limited, Manulife Assurance Company of Canada, First North American Insurance Company, Manulife Bank of Canada, and affiliates of these entities.

IDENTIFICATION OF INSURER

This insurance product is underwritten by The Manufacturer Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC) a wholly owned subsidiary of Manulife.

Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8, 1-800-565-2338 or visit www.manulife.ca