



Senior  
**Discovery**  
tours  
Travel made easy

Don't forget your  
Wallet Card!



## Travel Certificate of Insurance

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

1 800 211-9093 toll-free from  
the USA and Canada

+1 (519) 251-7821 collect to Canada  
where available

Our Assistance Centre is there to help you  
24 hours a day, every day of the year

Accessible formats and communication supports  
are available upon request.

Visit [Manulife.com/accessibility](http://Manulife.com/accessibility) for more information.



PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8

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

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Manulife  
**GLOBAL**  
Travel Insurance



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NAME \_\_\_\_\_

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

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

EFFECTIVE APRIL 2018

## NOTICE REQUIRED BY PROVINCIAL LEGISLATION

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

## IMPORTANT NOTICE – PLEASE READ CAREFULLY

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

## PLEASE READ YOUR CERTIFICATE OF INSURANCE CAREFULLY BEFORE YOU TRAVEL

## IMPORTANT INFORMATION ABOUT YOUR INSURANCE:

We have issued group policy GSTSP311600 to Senior Discovery Tours. This certificate of insurance is subject to the terms and conditions of the group policy. In case of a discrepancy between this document and the group policy, the group policy will prevail. This certificate of insurance is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Manulife has appointed Active Claims Management Inc. (operating as "Active Care Management") as the provider of all assistance and claims services under this certificate of insurance. Please note that risks identified with ‡ throughout this document are covered by FNAIC.

## TRAVEL ASSISTANCE. ANYWHERE IN THE WORLD.

Before *you* travel, be sure to download ACM's free assistance & claims app, **ACM TravelAid™**. The GPS-enabled **ACM TravelAid™**, available from Google Play and App store, provides travellers with the following services, from anywhere in the world:

- Direct link to the assistance centre
- Healthcare provider information
- Directions to the nearest medical facility
- Official travel advisories
- Travel tips
- Claim submission support

The TravelAid mobile app can also provide *you* with local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips. We recommend that *you* download the app before *you* travel to avoid incurring roaming charges that may apply at *your* destination.

## HELP IS JUST A PHONE CALL AWAY.

Our multilingual Assistance Centre is there to help and support *you* 24 hours a day, every day of the year, with:

### Pre-Trip Information

- ✓ Passport and Visa information
- ✓ Health hazards advisory
- ✓ Weather information
- ✓ Currency exchange information
- ✓ Consulate and Embassy locations

### During A Medical Emergency

- ✓ Verifying and explaining coverage
- ✓ Referral to a doctor, *hospital*, or other health care providers
- ✓ Monitoring *your* medical *emergency* and keeping *your* family informed
- ✓ Arranging for return transportation *home* when medically necessary
- ✓ Arranging direct billing of covered expenses (where possible)

### Other Services

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

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

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

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

Before *you* travel download the free assistance & claim mobile app, **ACM TravelAid™**.

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

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

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### IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

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

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

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

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**+1 (519) 251-7821** collect where available

*Our* Assistance Centre is there to help *you*  
24 hours a day, every day of the year.

*Our* Assistance Centre can also be contacted through  
the **ACM TravelAid™** mobile application.

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

## MEDICAL CONCIERGE SERVICES

Manulife Global Travel Insurance is pleased to provide you with value-added medical concierge services when you have purchased Emergency Medical Insurance.

### What services are available? StandbyMD offers you:

- Anywhere you travel, telephone access to a qualified physician who can assess your symptoms and provide treatment options;
- In 86 countries and over 4000 cities, access to physician house call visits. In addition, when you travel to the United States, StandbyMD offers the following services:
- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies;
- Referral to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or more than 50,000 hospitals for evaluation and treatment;
- Physician co-ordination to an Emergency Room and, whenever possible in select cities, will "fast track" you through the Emergency Room.

How does this service work? The StandbyMD program will assist with co-ordinating payment of eligible expenses subject to the terms and conditions of the policy. To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card.

### MEDICAL CONCIERGE SERVICES PROVIDED BY THE Standby@MD PROGRAM:

#### Disclaimer, Waiver, and Limitation of Liability:

StandbyMD is not a medical provider. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals. StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy does not assume any responsibility for:

- the availability,
- their quality,
- the results or outcome of any treatment or service.

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

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

## ALL-INCLUSIVE TRAVEL INSURANCE PLAN AT-A-GLANCE

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

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

\* Default coverage is included.

### Children Under 2 Years Old at No Extra Charge:

With the purchase of this insurance, coverage for *children* (or a *child*) older than 30 days old and under 2 years old for the entire duration of *your trip* is provided at no extra charge.

## ELIGIBILITY

### TO BE ELIGIBLE FOR THIS INSURANCE

**You must be a resident of Canada and covered under a *government health insurance plan* for the entire duration of the *trip*. If at time of claim, it is discovered that *you* no longer have coverage under a *government health insurance plan*, the maximum amount payable for all eligible expenses combined will be limited to \$25,000.**

If *you* have purchased a *trip* from Senior Discovery Tours, *you* must pay the required premium before *you* leave *home*. *You* must buy coverage for the entire duration of *your trip*.

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

If *you* are *age* 75 or older, *you* must also meet all of the following eligibility requirements:

- *You* are not travelling against the advice of a *physician*.
- In the past five (5) years, *you* have not been diagnosed and/or been medically treated and/or been hospitalized and/or been prescribed or taken medication for three (3) or more of the following conditions: *Heart Condition*; Lung Condition; High Blood Pressure and/or Diabetes,
- *You* have never been diagnosed with Metastatic Cancer or a terminal illness with a life expectancy of less than two (2) years.

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

### THE DATE YOUR COVERAGE STARTS / YOUR EFFECTIVE DATE OF COVERAGE

Coverage starts when *you* leave *home*.

### THE DATE YOUR COVERAGE ENDS / YOUR COVERAGE EXPIRY DATE

Your coverage ends on the earlier of:

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

### AUTOMATIC EXTENSION

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

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

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

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

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

In this case, *we* will extend *your* coverage for up to 5 days.

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

### TO STAY LONGER THAN PLANNED

**Extensions:** If *you* have not left *home* yet, simply call Senior Discovery Tours to ask for the extension. If, however, *you* are already on *your trip* and need to apply for an extension of *your* coverage before the expiry date of *your* existing coverage, simply call Senior Discovery Tours. *You* may be able to extend *your* coverage as long as:

- the total length of *your trip* does not exceed 183 days (unless otherwise permitted by *your government health insurance plan*) or 60 days for those age 55 and older;
- you* pay the additional premium; and
- you* have had no event that has resulted or may result in a claim.

**Any extension is subject to the approval of the Assistance Centre.**

### REFUND OF PREMIUM

Please note that refunds are not available.

## TRIP INTERRUPTION INSURANCE

Please note that the maximum aggregate payable for all *Trip Interruption*, *Misconnection* and *Delayed Return* benefits listed below is \$1,500 per *trip*.

**Benefits - What does *Trip Interruption* Insurance cover? If *your trip* is interrupted due to a covered event listed immediately below that occurs on or after the day *you* plan to leave *home*, *we* will pay:**

- Up to \$1,000 for the prepaid portion of *your trip* that is non-refundable and non-transferable to another travel date less the prepaid unused transportation *home*.
- Your* additional and unplanned hotel and meal expenses, *your* essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of up to \$300 per day for up to 2 days (\$600 maximum total benefit) when no earlier transportation arrangements are available.
- Your* one-way economy class fare via the most cost-effective itinerary to *your* or *your group's* next destination, or to return *home*.

### Events Covered Under *Trip Interruption* Insurance:

#### Medical Related Events

- You* or *your travel companion* develop(s) a *medical condition*.
- A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* develops a *medical condition*.
- Your* friend or the person whose guest *you* will be during *your trip* is admitted to a *hospital* in an emergency.
- ‡ *You*, *your spouse*, *your travel companion* or *your travel companion's spouse* are quarantined.

#### Pregnancy and Adoption

- You* or *your travel companion* develop(s) any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
- A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* develops any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
- You*, *your spouse*, *your travel companion* or *your travel companion's spouse* legally adopt(s) a child and the actual date of the adoption falls during *your trip*.

#### Death

- You* or *your travel companion* die(s).
- A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* dies.

10. *Your friend dies or the person whose guest you will be during your trip dies.*

### Work and Educational Obligations

11. †*You, your spouse, your travel companion or your travel companion's spouse* are called to service as a reservist, firefighter, military or police staff during *your trip*.
12. †*You, your spouse, your travel companion or travel companion's spouse*: a) lose a permanent job because of lay-off or dismissal without just cause, or b) are transferred by *your / their* respective employer; and must move *your / their* respective principal residence.

### Government and Legal

13. †*You, your spouse, your travel companion or your travel companion's spouse* are called to jury duty or to be a defendant in a civil suit or are subpoenaed to be a witness during *your trip*.
14. †*Your or your travel companion's* travel visa is not issued for a reason beyond *your / their* control, provided the documentation shows *you or your travel companion* were eligible to apply, that the refusal is not due to a late application, and the application is not a subsequent attempt for a visa that had been previously refused.
15. † The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after *your departure date*, advising or recommending that Canadian residents should not visit a destination included in *your trip*.

### Accommodations and Transportation

16. †*You, your spouse, your travel companion or your travel companion's spouse* are unable to occupy *your / their* respective principal residence or to operate *your / their* respective place of business because of a natural disaster.
17. †*You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger *vehicle or common carrier*, when the delay is caused by the mechanical failure of *your* connecting private passenger *vehicle or common carrier*, a traffic accident, an emergency police-directed road closure or weather conditions. *Your* connecting private passenger *vehicle or common carrier* must have been scheduled to arrive at *your* point of boarding at least 1.5 hours before the scheduled time of departure.

### Weather

18. † Weather conditions, earthquakes or volcanic eruptions cause delays to at least 30% of *your trip* and *you* choose not to travel.

### Hijacking

19. †*You, your spouse, your travel companion or your travel companion's spouse* are hijacked.

### Benefits - What does Misconnection Insurance cover?

**If any of the covered events listed immediately below prevents you from travelling as shown on your confirmation, we will pay for your misconnection expenses, being the lesser of:**

- a) the change fee charged by the airline for *your* missed connection if this option is available, or
- b) up to \$1,000 for the cost of *your* one-way economy transportation via the most cost-effective itinerary to the next destination. *Your* travel arrangements must have been booked with the Travel Agency *you* purchased this certificate of insurance from.

### Misconnection Insurance covered events:

1. †*You* miss *your* next connecting flight because the *plane* that is providing transportation for a portion of *your trip* leaves later than originally scheduled.
2. † The *plane* that is providing transportation for a portion of *your trip* leaves earlier than originally scheduled and the ticket *you* have purchased for *your* prior connector flight via another airline becomes unusable.

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

### Benefits - What does Delayed Return Insurance cover?

**If any of the covered events listed immediately below happens after you leave home and makes it impossible for you to return home as shown on your confirmation, we will, for the length of time that you are prevented from travelling, pay up to \$1,500 for:**

- A. *Your* additional and unplanned hotel and meal expenses, *your* essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of up to \$150 per day.
- B. Up to \$1,000 for the extra costs of *your* economy class transportation via the most cost-effective itinerary to return *home*. If the delay is a result of a *medical condition*, it must be on the advice of the attending *physician* at *your* destination.

### Delayed Return Insurance covered events:

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

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

1. ‡ In the event *your travel companion's plane* is delayed by weather conditions, earthquakes or volcanic eruptions for at least 30% of *your trip*, and *your travel companion decides* not to go on the *trip* as booked, *we* will cover the cost of *your next occupancy charge* up to \$1,000.
2. In the event *you die* after the start of *your trip*: *We* will reimburse *your estate* up to \$1,000 for *your prepaid unused trip arrangements*.

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

The following exclusions are applicable to all coverages detailed in this section, including *Trip Interruption, Misconnection and Delayed Return Insurance*:

1. Any expense in excess of \$1,500 in the aggregate for all *Trip Interruption, Misconnection and Delayed Return* benefits.
2. A *medical condition* that was not *stable* in the **6 months** before *your effective date*.  
In addition to the "*stable*" requirement, we will not cover any expenses relating to:
  - *your / their heart condition* if, in the **6 months** before the *effective date* for this insurance, any of *your / their heart condition(s)* has/have not been *stable* or *you/ they* have taken any form of nitroglycerine for the relief of angina pain; and/or
  - *your / their lung condition* if, in the **6 months** before the *effective date* for this insurance, any of *your / their lung condition(s)* has/have not been *stable* or *you/ they* required *treatment* with oxygen or prednisone for any lung condition.
3. *Trip Cancellation* expenses incurred before departure.
4. Any reason, circumstance, event or *medical condition* affecting *you* or anyone, which *you* were aware of on or before the date *you* purchased this coverage, and which may eventually prevent *you* from starting and/or completing *your* covered trip as booked when *you* purchase this insurance coverage.
5. Travel arrangements booked through the Travel Agency for which no premium was paid at the time of the initial deposit or when cancellation penalties apply; travel arrangements not booked with the Travel Agency *you* purchased this certificate of insurance from.
6. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
7. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
8. Any *sickness, death or injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).

9. Not following a prescribed therapy or *treatment*.
10. Any loss resulting from *your minor mental or emotional disorder*.
11. *Your* committing or attempting to commit a criminal act.
12. a) *your* routine prenatal care;  
b) *your* pregnancy, childbirth, any complication(s) related to *your* pregnancy or childbirth, when any such event, in any combination, happen(s) in the nine (9) weeks before or after the expected date of delivery;  
c) *your child* born during *your trip*.
13. A *medical condition*:
  - that occurs during a *trip* when *you* knew that *treatment* may be sought or required for that condition; and/or
  - for which it was reasonable to expect before *you* left *home* that *you* would need *treatment* during *your trip*; and/or
  - for which future investigation or *treatment* was planned before *you* left *home*; and/or
  - which caused symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 6 months before leaving *home*; and/or
  - that caused a *physician* to advise *you* not to go on *your trip*.
14. A travel visa that is not issued because of a late application.
15. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism Coverage* provision.
16. When, before the *effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadian residents not to travel to that country, region or city where *your* loss resulted from:
  - a specific or related *medical condition* which *you* contracted in a foreign country during *your trip*; and/or
  - an *act of war* or an *act of terrorism*.

## DEFAULT PROTECTION COVERAGE

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

If *you*:

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

*you* for the non-refundable portion of the amount that *you* prepaid for such undelivered *travel services* up to \$1,500 of the *Trip Interruption* coverage that *you* purchased in connection with *your trip* except prepaid unused transportation *home* and subject to the following Benefit Limits:

### Benefit Limits

The amount payable to *you* in respect of any one *trip* will not exceed \$1,500 CDN and \$7,500 CDN for all persons who are covered under the same Manulife Global certificate of insurance. Any benefits payable shall also be subject to an overall aggregate maximum payable limit specified below relating to all in-force travel policies issued by *us*, including this certificate of insurance.

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

The maximum aggregate limits are:

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

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

### Exclusions

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

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

- f) Insurance purchased or *trips* booked after the *default*; or
- g) *Travel services* that were actually provided.

## EMERGENCY MEDICAL INSURANCE

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

*Emergency Medical Insurance* covers *you* for up to \$5,000,000 CDN of *reasonable and customary* expenses, incurred by *you* as a result of *emergency treatment* required by *you* during *your trip* if a *medical condition* begins unexpectedly after *you* leave *home*, but only if these covered expenses are not covered by *your government health insurance plan* or any other benefit plan. The medical attention must be required as part of *your emergency treatment* and ordered by a *physician* (or a dentist in the case of dental *treatment*).

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

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

Subject to the certificate of insurance's maximums, exclusions and limitations, the eligible covered expenses are:

1. **Expenses to receive *emergency treatment*** – Medical care received from a *physician* in or out of a *hospital*, the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary and could not be omitted without adversely affecting *your* condition or quality of medical care), the services of a licensed private duty nurse while *you* are in *hospital*, the rental or purchase (whichever is less) of a hospital bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about *your* condition, and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist.
2. **Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 by profession.
3. **Expenses for ambulance transportation** – *Reasonable and customary* charges for local licensed ambulance service to transport *you* to the nearest qualified medical service provider in an *emergency*.
4. **Expenses for *emergency dental treatment*** – If *you* need *emergency dental treatment*, we will pay:



- up to \$300 for the relief of dental pain; and
- if *you* suffer an accidental blow to the mouth, up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,000 during *your trip* and up to \$1,000 to continue medically necessary *treatment* in the 90 days after the accident and after *you* return *home*).

5. **Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for 3 days or more because of a medical *emergency*, when approved in advance by the Assistance Centre, *we* will pay the round-trip economy class fare via the most cost-effective itinerary for someone to be with *you*. *We* will also pay up to \$300 for that person's hotel and meals and cover him/her under this Emergency Medical insurance (subject to eligibility and they must be *stable* for the 12 month period prior to their *departure date*) until *you* are medically fit to return *home*. For a *child* insured under this certificate of insurance, this benefit is available immediately upon his/her *hospital* admission.

6. **Extra expenses for meals, hotel, phone calls and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency* medical *treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, *we* will reimburse up to a maximum of \$300 per day and \$3,000 in total for *your* extra meals, hotel, essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares). *We* will only pay for these expenses if *you* have actually paid for them.

7. **Expenses related to *your* death** – If *you* should die during *your trip* from an *emergency* covered under this insurance, *we* will reimburse *your* estate for:

- the return *home* of *your* body (in the standard transportation container normally used by the airline), plus up to \$3,000 to have *your* body prepared where *you* die and the cost of a standard casket;
- up to \$3,000 to have *your* body prepared and the cost of a standard casket or urn, plus up to \$3,000 for *your* burial where *you* die; or
- the return *home* of *your* ashes. plus up to \$3,000 to cremate *your* body where *you* die including the cost of a standard urn.

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

8. **Expenses to bring *you* home** – If *your* treating *physician* recommends that *you* return *home* because of

*your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, when approved and arranged in advance by the Assistance Centre, *we* will pay the *reasonable and customary* expenses for:

- the extra cost of an economy class fare via the most cost-effective itinerary; or
- a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and
- the return cost of an economy class fare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline; or
- the cost of air ambulance transportation, if this is medically necessary, is appropriate and consistent with the diagnosis and could not be omitted without adversely affecting *your* condition or quality of medical care.

9. **Expenses to return *children* under *your* care** – If *you* are admitted to *hospital* for more than 24 hours or must return *home* because of an *emergency*, when approved in advance by the Assistance Centre, *we* will pay for the extra cost of the one-way economy class airfare to return *your children* or *grandchildren* *home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* or *grandchildren* must have been under *your* care during *your trip* and be covered under this certificate of insurance.

10. **Expenses for a *travel companion* to accompany *you* home** – If *you* have a *travel companion* and must return *home* because of a medical *emergency*, *we* will pay the extra cost of one-way economy class airfare via the most cost-effective itinerary for that person to accompany *you* *home*.

11. **Expenses to return *your* vehicle home** – If because of a medical *emergency*, hospitalization, death or repatriation, *you* are unable to drive *home* the vehicle *you* used during *your trip*, when approved in advance by the Assistance Centre, *we* will cover up to the reasonable cost charged by a commercial agency to bring *your vehicle* *home*. If *you* rented a *vehicle* during *your trip*, *we* will cover its return to the rental agency.

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

*We* will not pay for any losses, expenses or benefits relating to:

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

- We will not pay any expenses relating to a *pre-existing condition* that was not *stable* in the six (6) months before *your effective date*. In addition, we will not cover any expenses relating to:
- a *heart condition*, if, in the six (6) months before *your effective date*, any *heart condition* has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
  - a lung condition if, in the six (6) months before *your effective date*, any lung condition has not been *stable* or *you* required *treatment* with oxygen or prednisone for any lung condition.
2. Expenses that exceed \$25,000, if *you* do not have valid coverage under a *government health insurance plan* for the entire duration of *your trip*.
  3. Covered expenses that exceed the *reasonable and customary* charges where the medical *emergency* happens.
  4. Covered expenses that exceed 75% of the cost *we* would normally have to pay under this insurance, if *you* do not contact the Assistance Centre at the time of the *emergency*, unless *your medical condition* makes it medically impossible for *you* to call (in that case, the 25% co-insurance does not apply).
  5. Any *treatment* that is not for an *emergency*.
  6. The continued *treatment* of a *medical condition* when *you* have already received *emergency treatment* for that condition during *your trip* and *our* medical advisors determine that *your medical emergency* has ended.
  7. A *medical condition*:
    - when *you* knew, before *you* left *home*, or before the *effective date* of coverage, that *you* would need or be required to seek *treatment* for that *medical condition* during *your trip*; and/or
    - for which it was reasonable to expect before *you* left *home* that *you* would need *treatment* during *your trip*; and/or
    - for which future investigation or *treatment* was planned before *you* left *home*; and/or
    - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 6 months before *your effective date*; and/or
    - that had caused *your physician* to advise *you* not to travel.
  8. An *emergency* resulting from: hang-gliding, rock climbing, mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment, participating in a motorized speed contest; or *your* professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation.
  9. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
  10. Committing or attempting to commit a criminal act.
  11. Not following recommended or prescribed therapy or *treatment*.
  12. Any *sickness*, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
  13. Any loss resulting from *your minor mental or emotional disorder*.
  14.
    - a) *your* routine prenatal care;
    - b) *your* pregnancy, childbirth, any complication(s) related to *your* pregnancy or childbirth, when any such event, in any combination, happen(s) in the nine (9) weeks before or after the expected date of delivery;
    - c) *your child* born during *your trip*.
  15. For insured *children* under 2 years of *age*: any *medical condition* related to a birth defect.
  16. Any *treatment*, services or supplies not medically necessary, or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
  17. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
  18. Any *emergency* that occurs or re-occurs after *our* medical advisors recommend that *you* return *home* following *your emergency*, and *you* choose not to.
  19. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism* Coverage provision.
  20. When, before the *effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadian residents not to travel to that country, region or city where *your* loss resulted from:
    - a specific or related *medical condition* which *you* contracted in a foreign country during *your trip*, and/or
    - an *act of war* or an *act of terrorism*.

## BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

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

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of the baggage and effects that belong to *you* and that *you* use during *your trip*. More specifically, we will pay up to the covered amount for the following expenses:

1. Up to \$100 in total per *trip* for the replacement of a lost or stolen passport, driver's licence, birth certificate or travel visa.
2. Up to \$500 in total per *trip* for necessary toiletries and clothing when *your* checked luggage is delayed by the carrier for at least 10 hours while *you* are en route. This benefit is payable only when the delay happens before *your* return *home*.
3. Up to \$300 per *trip* for any item or set of items which is lost, stolen or damaged during *your trip* to a maximum of \$1,000. Jewellery or cameras (including camera equipment) are respectively considered a single item.

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

We will not cover expenses or benefits relating to:

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

## FLIGHT & TRAVEL ACCIDENT INSURANCE

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

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

1. If an accidental *injury* sustained during *your trip* causes *you* to die, to become completely and permanently blind in both eyes or to have two of *your* limbs fully severed above *your* wrist or ankle joint in the 12 months after the accident, we will pay:
  - a) \$50,000 under Travel Accident insurance; or
  - b) \$100,000 under Flight Accident insurance.
2. If an accidental *injury* sustained during *your trip* causes *you* to become completely and permanently blind in one eye or to have one of *your* limbs fully severed above a wrist or ankle joint in the 12 months after the accident, we will pay:
  - a) \$25,000 under Travel Accident insurance; or
  - b) \$50,000 under Flight Accident insurance.
3. If *you* sustain more than one accidental *injury* during *your trip*, we will pay the applicable insured sum only for the one accident that entitles *you* to the largest benefit amount.

For Flight Accident Insurance, the accident giving rise to *your injury* must happen:

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

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

We will not pay for losses or expenses incurred for, or as the result of the following:

1. Hang-gliding, rock climbing, mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment, parachuting or skydiving; participating in a motorized speed contest; or *your* professional participation in a sport, snorkelling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation.
2. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.

3. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
4. A criminal act or an attempt to commit such an act by *you* or *your* beneficiary.
5. Not following recommended or prescribed therapy or *treatment*.
6. Any *sickness*, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
7. Any loss resulting from *your minor mental or emotional disorder*.
8. A loss caused directly or indirectly from an existing disease or body infirmity, even if the proximate cause of its activation or reactivation is the result of an accidental *injury*.
9. An *act of war* or *act of terrorism*.
10. When, before the *effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadian residents not to travel to that country, region or city where *your* loss resulted from a specific or related *medical condition* which *you* contracted in a foreign country during *your trip*.

## ACT OF TERRORISM COVERAGE

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

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

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

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

Type of Insurance Coverage	Maximum Aggregate for each Act of Terrorism (CDN\$)
<i>Emergency Medical</i>	\$35,000,000
<i>Trip Interruption</i>	\$2,500,000

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

### Exclusion to this Act of Terrorism Coverage provision

Notwithstanding any provision to the contrary within this certificate of insurance or any endorsement thereto, this certificate of insurance does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, resulting from, arising out of or in connection with any *acts of terrorism* perpetrated by biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

## WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this certificate of insurance is issued on the basis of information provided in *your* application. *Your* entire contract with *us* consists of: this certificate of insurance; *your* application for this certificate of insurance; the *confirmation* issued in respect of that application; and any other amendments or endorsements resulting from extensions of coverage.

**This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance, either at time of application, extension of coverage or claim for benefits under this certificate of insurance.**

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

The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

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

**Despite any other provision contained in the contract, the contract is subject to the applicable statutory conditions in the Insurance Act, as applicable in *your* province of residence, respecting contracts of accident and sickness insurance.**

### Limitation of Liability

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

### Premium

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

Upon payment of premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and *we* have received *your* completed application prior to *your departure date*. If the premium is insufficient for the period of coverage selected, *we* will:

1. charge and collect any underpayment; or
2. shorten the certificate of insurance period by written endorsement if an underpayment in premium cannot be collected.

Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

### How does this insurance work with other coverages that I may have?

This is second payor coverage. *You* may have other in-force plans or contracts such as, but not limited to, third party liability, auto insurance, group or individual health insurance providing *hospital*, medical or therapeutic coverage. In this case, the amounts payable under this insurance are limited to that portion of *your* eligible expenses that are in excess of the amounts provided by those other in-force plans or contracts.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less, *we* will not coordinate payment with that coverage. If *your* lifetime maximum is more than \$50,000, *we* will coordinate payment), to a maximum of the largest amount specified by any such insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this certificate of insurance, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this certificate of insurance. *You* will execute and deliver such documents as are necessary and cooperate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights.

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy. If the total amount of all accident insurance *you* have under policies issued by *us* is more than \$100,000, *our* aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

## IN THE EVENT OF A CLAIM

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

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

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

If it is medically impossible for *you* to call when the **emergency** happens, the 25% co-insurance will not apply. In this case, we ask that *you* call as soon as *you* can or that someone call on *your* behalf. Do not assume that someone will contact the Assistance Centre for *you*. It is *your* responsibility to verify that the Assistance Centre has been contacted.

If at time of claim, it is discovered that *you* no longer have coverage under a **government health insurance plan**, the maximum amount payable for all eligible expenses combined will be limited to \$25,000.

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these services will be reimbursed to *you* on the basis of the **reasonable and customary charges** that we would have paid directly to such provider. Medical charges that *you* pay may be higher than this amount; therefore *you* will be responsible for any difference between the amount *you* paid and the **reasonable and customary charges** reimbursed by *us*. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

### Written claims correspondence should be mailed to:

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

To make a claim for benefits under this certificate of insurance, *your* written proof of claim and *your* fully completed Manulife Global Travel Insurance claim form(s) must be submitted to us within 90 days after the event, but not more than 12 months after the date of such event or loss.

*You* may also call the Assistance Centre directly to inquire about *your* claim status at: **1 877 882-2955**.

If **you are making a Trip Interruption Insurance claim**, we will need proof of the cause of the claim, including:

- a) a medical certificate completed by the attending *physician* and stating why travel was not possible as booked, if the claim is for medical reasons;

- b) a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to a misconnection.

We will also need, as applicable:

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

### If **you are making a Default Protection claim**,

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

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

- a) original itemized receipts for all bills and invoices;
- b) proof of payment by *you* and by any other benefit plan;
- c) medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must state that the *treatment* was appropriate and consistent with the diagnosis and could not be omitted without adversely affecting *your* condition and quality of medical care and cannot be delayed until *your* return *home*;
- d) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident;
- e) proof of travel (including *departure date* and return dates); and
- f) *your* historical medical records (if we determine applicable).

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

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item, *you* must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide or transportation authorities. *You* must also take all precautions to protect, save or recover the property

immediately, and advise *us* as soon as *you* return *home*. Your claim will not be valid under this insurance if *you* do not comply with these conditions.

2. If the property *you* have checked with a *common carrier* is delayed, *we* will continue to provide coverage until the property is delivered by the carrier.
3. *We* cover the current actual cash value of *your* property when it is lost or damaged. *We* also reserve the option to repair or replace *your* property with other of similar kind, quality and value. *We* may also ask *you* to submit damaged items for an appraisal of the damage. If a lost or damaged article is part of a set, *we* will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.
4. If *you* need to make a claim under this insurance, *we* will need: a) copies of reports from the authorities as proof of loss, damage or delay; and b) proof that *you* owned the articles, and receipts for their replacement.

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

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

**Who will *we* pay *your* benefits to if *you* have a claim?**

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

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

If *you* disagree with our claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where *you* reside at the time of application for this certificate of insurance.

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.

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

**Important telephone numbers:** For coverage information, general enquiries, to apply for an extension or a refund of premium, please call the Customer Service Centre at **1 877 666-2767**.

## DEFINITIONS

When italicized in this certificate of insurance, the term:

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

The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a sitting government or occupying power; and/or
- promote political, social, religious or economic objectives.

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

***Age*** means *your* age at time of application.

***Change in medication*** means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medication(s) has/have been prescribed.

**Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) to test *your* blood levels; and a change from a brand name medication to a generic brand medication of the same dosage.

***Child, Children*** means *your* unmarried, dependent son or daughter or *your* grandchild(ren) travelling with *you* or joins *you* during *your* trip and is either: i) under 21 years of *age*; ii) under 26 years of *age* if full-time student; or iii) *your* child of any *age* who is mentally or physically disabled. In addition, for *Emergency Medical Insurance*, the *children* must be older than 30 days of *age*.

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

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

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

**Departure date** means the date *you* leave for *your trip*.

**Departure point** means the place *you* leave from for *your trip* and are going to return to.

**Effective date** means the date on which *your* coverage starts. All coverages start on *your departure date*.

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

**Expiry date** means *your* coverage ends on the earliest of these dates:

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

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

**Heart condition** means **ANY** disorder relating to *your* heart. *Heart conditions* include but are not limited to the following:

- An abnormal cardiac test result
- Atrial fibrillation
- Chest pain or discomfort due to the heart, or angina
- Heart failure, or heart attack, or myocardial infarction, or cardiac arrest
- Heart murmur (Does not include a murmur that existed as a child if the physician has advised that there is no murmur as an adult.)
- Narrowing or blockage of a coronary artery, or coronary artery disease
- Prior heart surgery of any kind, including but not limited to angioplasty, bypass surgery, valvuloplasty, valve replacement, heart ablation surgery, heart transplantation or surgery for any congenital heart disorder
- Any heart valve disorder, or any rapid, or slow, or irregular heartbeats or heart rates for which a *physician* has prescribed medication, or for which there has been surgery or cardioversion
- *Treatment* with a pacemaker or a cardiac defibrillator device
- Water on the lungs or swelling of the ankles due to a heart disorder

**Home** means *your* Canadian province or territory of residence. In the case of *Trip Interruption*, *Flight and Travel Accident*, and *Baggage Insurance*, it means the *departure point*.

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

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

**Injury** means sudden bodily harm that is caused by external and purely accidental means, and independent of *sickness* or disease.

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

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

**Minor mental or emotional disorder** means:

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

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

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

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

**Pre-existing condition** means a *medical condition* that existed before *your effective date*.

**Reasonable and customary** means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same *treatment* for a similar *sickness* or *injury* or for other comparable services or supplies for similar circumstance.

**Rental vehicle** means a private passenger automobile, mini-van, self-propelled mobile *home*, self-propelled camper truck or self-propelled trailer that *you* use during *your trip* and rent, under a written contract, from a commercial rental agency licensed under the laws of its jurisdiction. *We* do not mean any of the following: truck, van, bus, sport utility vehicle while *you*



use it off road, automobile designed and manufactured primarily for off-road use while it is being used off road, motorcycle, moped, motorbike, recreational vehicle (other than self-propelled motor homes), all-terrain vehicle, non self-propelled camper, non self-propelled trailer, automobile that is more than 20 years old, limousine, or exotic vehicle of these or similar makes: Aston Martin, Bentley, Ferrari, Porsche or Rolls Royce.

**Sickness** means illness, disease, disorder or any symptom.

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

**Stable medical condition** means that all of the following apply:

- there has not been any new symptom(s); and
- existing symptom(s) have not become more frequent or severe; and
- a *physician* has not determined that the *medical condition* has become worse; and
- no test findings have shown that the *medical condition* may be getting worse; and
- a *physician* has not provided, prescribed, or recommended any new medication, any *change in medication*; and
- a *physician* has not provided, prescribed or recommended any new *treatment* or any change in *treatment*; and
- there has been no admission to a *hospital* or specialty clinic; and
- a *physician* has not advised a visit to a specialist or to have further testing, and there has been no testing for which the results have not yet been received.

**Travel companion** means someone who shares *trip* arrangements with *you* on any one *trip*, up to a maximum of 5 persons including *you*.

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

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

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

**Treatment** means hospitalization, prescribed medication (including medication prescribed "as needed") medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner.

**Important:** Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Trip** means the period of time between *your* effective date and expiry date as shown on *your confirmation*.

**Vehicle** includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

**We, us, our** means FNAIC in connection with risk identified with ‡ throughout this document; and Manulife in connection with all other coverages under this certificate of insurance coverage.

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

## NOTICE ON PRIVACY

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

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

The Manufacturers Life Insurance Company  
First North American Insurance Company

## NOTES