



Manulife Travel Insurance

Visitor to Canada Policy – Enhanced Plan

Effective October 2023

10-day free look period

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

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

To request a refund, contact us, the broker, or the travel agency where you purchased this insurance.

Underwritten by The Manufacturers Life Insurance Company (Manulife)

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

IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

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

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

It is your responsibility to understand your coverage. For coverage information or general inquiries, contact your travel agent or broker or Manulife Customer Service at 1-800-565-2338. You can also send an email to travel@manulife.ca.

TRAVEL ASSISTANCE AND CLAIM SUBMISSION FROM ANYWHERE IN THE WORLD

Manulife TravelAid™ app

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

Features of the app include:

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

Online claim submission

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

NOTICE REQUIRED BY PROVINCIAL LEGISLATION

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



TRAVEL HEALTH INSURANCE ASSOCIATION OF CANADA (THIA)

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

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

For more information, visit:

thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities

TABLE OF CONTENTS

In an <i>emergency</i> _____	3
Guidelines for reading this policy _____	3
Eligibility _____	3
General information about your travel insurance _____	4
<i>Insured services</i> _____	4
Exclusions & limitations _____	6
General conditions _____	7
General provisions _____	8
Definitions _____	9
Refund of premium or cancellation of policy _____	11
How to submit a claim _____	11
Notice on privacy and confidentiality _____	12

IN AN EMERGENCY

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

From Canada or USA: 1-877-878-0142
Collect, where available: +1(519) 251-5166

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

You must call the Assistance Centre before obtaining *emergency treatment*, so that we may:

- Confirm coverage
- Provide pre-approval of *treatment*

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

Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify they are contacted. If it is medically impossible for you to call when the *emergency* happens, we ask that someone call on your behalf as soon as possible.

For all other insurance coverage, you must call the Assistance Centre within 48 hours of the cause of your claim.

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

GUIDELINES FOR READING THIS POLICY

It is important you read and understand your policy before you travel. It is your responsibility to review the terms, conditions, and limitations outlined in this policy. When you read this policy, please keep this information in mind:

- All amounts in this policy are shown in Canadian dollars.
- Italicized words have a specific meaning. Refer to the [Definitions](#) section of this policy to find the meaning of each italicized word or phrase.
- “You,” “your,” and “yourself” means the person(s) identified as insureds on the *policy confirmation* or eligible applicant(s) listed on the application for this insurance and for whom premium has been received by us.
- “We,” “us,” and “our” means Manulife throughout this policy.
- Any claims you submit to us must be for items or events that are insured under this policy and for people who are included in this insurance coverage.
- All coverages are per person unless the context states otherwise.
- Words and terms that appear in the singular can be interpreted to mean the plural and vice versa unless the context indicates otherwise.

HOW TO CONTACT US

For coverage information or inquiries, contact your travel agent or broker, or call Manulife Customer Service at the number provided in your *policy confirmation*.

ELIGIBILITY

You are not eligible for this insurance if any of the following apply to you:

- Travelling against the advice of a *physician*
- Have been diagnosed with a terminal illness with less than 2 years to live
- Have been diagnosed with or received *treatment* within the last 2 years for a pancreatic, lung, brain, or liver cancer
- Have ever been diagnosed with any type of cancer that has spread from one part or organ of the body to another (metastatic cancer)
- Have had or are waiting for an organ or bone marrow transplant (excluding corneal transplant)
- Have ever been diagnosed with congestive heart failure
- Have been prescribed or used home oxygen in the last 12 months
- Require kidney dialysis
- Reside in a nursing home or long-term care facility
- Age 86 or older

We reserve the right to decline any application.

More than 1 person may be insured under the same policy. However, the *effective date* and *expiry date* must be identical for all applicants. Each applicant must pay their appropriate individual premium unless family rates apply.

Be sure to review the *waiting period* definition to determine if there is any time that you will not be reimbursed for expenses related to any sickness manifesting during that time.

GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

INSURING AGREEMENT

If, between the *effective date* and the *expiry date*, you suffer an unexpected *emergency* sickness or *injury* which results in your paying for or incurring costs for *insured services*, we will reimburse you or your designated assignee for such eligible expenses up to the policy limit shown on the *policy confirmation* less any applicable *deductible amount*, and subject to the *policy terms*.

REQUIREMENTS TO PURCHASE THIS POLICY

This coverage is available to you if you satisfy the eligibility requirements and pay the appropriate premium. If you are *age* 54 or under, we do not require a medical declaration.

If you are *age* 55 to 85, this coverage is available to you if you truthfully and accurately answered No to all questions on the medical declaration and paid the appropriate premium.

If you are not eligible for this policy based on your answers in the medical declaration, you may be able to purchase one of our other Manulife Travel Insurance Visitor to Canada plans.

YOUR COVERAGE EFFECTIVE DATE

Your coverage starts on the *effective date*. Review the [Definitions](#) section to determine your *effective date*.

If you purchase your coverage after your *arrival date*, a *waiting period* may apply. Refer to the definition of *waiting period* in the [Definitions](#) section of this policy.

If you are arriving **prior to** the effective date shown on your *policy confirmation*, coverage does not start until this effective date or until we receive proper notification to change your *effective date*. A *waiting period* will apply if you have already arrived and request a date change to an earlier *effective date*. If you will arrive **later than** the effective date shown on your *policy confirmation*, you must contact Manulife Customer Service or the travel agency or broker where you purchased your coverage, prior to this effective date to request a date change. If notification of late arrival is received after the *effective date*, there will be no refund for the premium paid for coverage between the effective date shown on your *policy confirmation* and the date we receive your request for the date change. For any approved date change, a revised *policy confirmation* will be issued.

At no time will we advance your original *effective date* more than 2 years from the original *effective date* selected when the policy was issued. At the end of 2 years from your original *effective date*, if you do not have a scheduled *arrival date*, the policy must be cancelled. Notification of cancellation will be sent to the last known mailing and email addresses. Your premium will be refunded less a \$25.00 processing fee.

If you are purchasing coverage to extend your trip, you will receive a new policy with *policy terms* starting on the effective date stated on that *policy's confirmation*.

YOUR COVERAGE EXPIRY DATE

Your coverage ends on the *expiry date*. Review the [Definitions](#) section to determine your *expiry date*.

TRAVELLING OUTSIDE CANADA: SIDE TRIPS AND TRIP BREAKS

Side trips

This insurance provides coverage while travelling outside Canada, excluding to your *country of origin*, if your side trip starts and ends in Canada and does not exceed the lesser of the following:

- 30 days per policy
- 49% of your total number of coverage days as stated on your *policy confirmation*.

During your [Coverage period](#), if you take a side trip outside of Canada that is longer than the number of days permitted in this policy for side trips outside of Canada, your coverage under this policy will be suspended for the remainder of your side trip, but your coverage will not be terminated and your *expiry date* will not change. When you return to Canada, your coverage will resume.

Trip breaks

If you request and receive pre-approval from the Assistance Centre, you may return to your *country of origin* without terminating your coverage. Your coverage will be suspended but will not terminate after you leave Canada and while you are in your *country of origin*. Your suspension of coverage will end, and your coverage will be reinstated when you arrive in Canada. There will be no refund of premium for any of the days while you are in your *country of origin* and your *expiry date* will not change.

Note: We will not provide coverage for any expenses that arise from any sickness, disease, symptom, or *injury* that presented, recurred, or for which *treatment* was received during any trip break or after the number of days permitted for your side trip outside of Canada.

INSURED SERVICES

HOSPITAL AND MEDICAL

Subject to the *policy terms*, we will reimburse you for eligible expenses incurred by you, that are in excess of any other sums which you are legally entitled to recover from any health insurance plan or any other valid and collectible policy of insurance and your *deductible amount*, for:

1. Emergency medical attention

Reasonable and customary charges for:

- Medical care received from a *physician* in or out of a *hospital*
- The cost of a *hospital* room (semi-private room when available or an intensive care unit when medically necessary)
- Tests that are needed to diagnose or learn more about your condition
- Drugs that are prescribed for you and available only by prescription from a *physician*

Note: This policy does not cover cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated test(s) or charges, magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by the Assistance Centre.

2. Extended healthcare

Private duty registered nursing or licensed home care providers and rental of a hospital bed, wheelchair, crutches, splints, canes, slings, trusses or braces or other prosthetic appliance up to \$5,000 following *emergency insured services* when prescribed in writing by a *physician*. The use of any private duty registered nurse or licensed home care provider must be authorized in advance by the Assistance Centre.

3. Healthcare practitioner services

Services provided by a *healthcare practitioner*, up to a combined total of \$1,000 for a covered *emergency*, when you have received prior written referral from a *physician*.

4. Local ambulance service

The use of a licensed local ambulance service for *emergency* transportation.

5. Prescription medications

Prescription medications up to \$500 and not exceeding a 30-day supply when these medications are prescribed on an outpatient basis. We will not reimburse you for any medications that can be purchased over the counter without a prescription.

6. Extra expenses for meals, hotel, phone calls, and taxi

If a medical *emergency* prevents you or your travel companion from returning to your *country of origin* as originally planned, or if your *emergency* medical *treatment* or that of your travel companion requires your transfer to a location that is different from your original destination, we will reimburse you up to \$150 per day to a maximum of \$1,500 for your extra hotel, meals, essential calls and taxi fares. We will only pay for these expenses if you have actually paid for them.

Note: We consider travel companions to a maximum of 3 people, including yourself.

7. Expenses to return children under your care

If you are admitted to *hospital* for more than 24 hours or must return to your *country of origin* because of an *emergency*, we will pay for the extra cost of the children's economy class airfare home via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The children must have been under your care during your trip and covered under this policy.

8. Expenses to bring someone to your bedside

If you are travelling alone and are admitted to a *hospital* for 5 days or more because of a medical *emergency*, we will pay up to \$3,000 for the return economy class airfare via the most cost-effective itinerary for 1 immediate family member or 1 close friend to be with you. We will also pay up to \$500 for that person's hotel and meals and cover them under the same *emergency* medical insurance plan purchased by you, until you are medically fit to return to your *country of origin*.

9. Expenses related to your death

In the event of your death, up to \$7,500 for the combined cost for:

- Preparing your body for cremation
- Transportation (including a standard shipping container normally used by the airlines) to your place of burial

The cost of preparing related legal documentation. In no event will we pay for the cost of a coffin or urn or grave markers of any kind, flowers, ceremony, or reception expenses. This benefit must be authorized and arranged by the Assistance Centre.

10. Repatriation and air ambulance

If your treating *physician* and our medical advisors recommend that you return to your *country of origin* because of your *emergency* or after your *emergency treatment*, we will pay for 1 or more of the following:

- The extra cost of an economy class fare via the most cost-effective itinerary
- A stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary
- The return economy class fare of a qualified medical attendant via the most cost-effective itinerary to accompany you, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline
- The cost of air ambulance transportation if it is medically necessary.

This benefit must be authorized and arranged by the Assistance Centre.

11. Emergency dental

Up to \$4,000 for *treatment* to natural teeth and repairs to dentures or other dental devices if such *treatment* is necessitated by a direct unintended or unexpected blow to your face.

12. Relief of dental pain

Up to \$300 for the immediate relief of acute dental pain not caused by a direct blow to the face and for which you have not previously received *treatment* or advice.

13. Return excess baggage

When approved in advance by the Assistance Centre, up to \$300 for the return of your excess baggage. This benefit is payable if you return to your *country of origin* under [Repatriation and air ambulance](#) or [Expenses related to your death](#).

14. Obtaining medical records

Obtaining hospital, medical or *healthcare practitioner* records, or a medical report from a *physician* or *healthcare practitioner* provided we request the record or report.

Under no circumstances will we reimburse you for the cost of completing the claim form.

ACCIDENTAL DEATH AND DISMEMBERMENT

In the case of accidental death and dismemberment, we provide the following benefits:

- Up to \$25,000 if an *injury* causes you to die, to become completely and permanently blind in both eyes, or to have 2 of your limbs fully severed above your wrist or ankle joints, within 365 days of the accident.
- Up to \$12,500, if an *injury* causes you to become permanently blind in 1 eye, or to have 1 of your limbs fully severed above your wrist or ankle joint, within 365 days of the accident.

If you have more than 1 *injury* during your trip, we will pay the applicable insured sum only for the 1 accident that entitles you to the largest benefit amount.

In addition to the other [Exclusions and limitations](#), Accidental death and dismemberment benefits are not payable if your death or *injury* results directly or indirectly from any of the following:

- Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew
- An illness or disease, even if the proximate cause of its activation or reactivation is the result of an *injury*.

If your body is not found within 12 months of the accident, we will presume that you died as a result of your *injury*. Death benefits will be payable to your estate.

Accidental death and dismemberment benefits are in excess of the policy limit.

EXCLUSIONS & LIMITATIONS

We will not reimburse you for *insured services* or pay an Accidental death and dismemberment claim and/or any other expenses directly or indirectly related to the items listed in this section.

1. Pre-existing conditions

Please review the [definitions](#) of *pre-existing condition* and *stable* as you read this section.

If you are under *age* 55 or if you are *age* 55 to 85, completed the medical declaration, and were able to purchase this plan, we do not pay any expenses related to:

- Any *pre-existing condition* that was not *stable* in the 180 days before your *effective date*

- A heart condition that was not *stable* or that required any form of nitroglycerine to relieve angina pain in the 180 days before your *effective date*
 - A lung condition that was not *stable* or that required *treatment* with oxygen or prednisone in the 180 days before your *effective date*
2. Any sickness, disease, or symptom that manifests before or during the *waiting period* even if related expenses are incurred after the *waiting period*.
 3. Any sickness, disease, symptom, or *injury*:
 - When you knew, prior to your *effective date*, that you would need or be required to seek *treatment* for that *medical condition* during your trip; and/or
 - For which, prior to your *effective date*, it was reasonable to expect that you would need *treatment* during your trip; and/or
 - For which future investigation or *treatment* was planned prior to your *effective date*; and/or
 - Which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 180 days prior to the *effective date*; and/or
 - That had caused a *physician* to advise you not to travel.
 4. Any expenses or benefits if the information provided on your application for insurance is not truthful and accurate or you did not meet the eligibility requirements.
 5. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) including but not limited to, magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, or charges unless approved by the Assistance Centre prior to being performed, except in extreme circumstances where such procedures are performed on an *emergency* basis immediately upon admission to a *hospital*.
 6. Your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
 7. Any claim that results from or is related to your commission or attempted commission of a criminal offence or illegal act.
 8. Any *medical condition* that is the result of you not following *treatment* as prescribed to you, including prescribed medication.
 9. Any *medical condition*:
 - Including symptoms of withdrawal, arising from, or in any way related to, your chronic use of alcohol, drugs, or other intoxicants whether prior to or during your [Coverage period](#).
 - Arising during your [Coverage period](#), from or in any way related to, the abuse of alcohol, drugs, or other intoxicants.
 10. Any loss resulting from your *minor mental or emotional disorder*.

11. Any non-*emergency*, investigative, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
12. General health examinations or services.
13. Prescription drugs or medicines, *treatment*, appliances or devices provided to monitor or maintain any *pre-existing condition*.
14. An *emergency* resulting from any of the following:
 - Mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pickaxes, anchors, bolts and lead-rope or top-rope anchoring equipment to ascend or descend a mountain
 - Rock climbing
 - Parachuting, skydiving, hang-gliding, or using other air-supported sporting device
 - Participating in a motorized speed contest including training activities
 - Your professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is your principal paid occupation
15. Any of the following:
 - Pregnancy that commences prior to the *effective date*
 - Your routine pre-natal or post-natal care
 - Your pregnancy, delivery, or complications of either arising 9 weeks before the expected date of delivery or 9 weeks after
16. Medical *treatment* or services provided to your child born during your [Coverage period](#).
17. The provision of *insured services* to children under 30 days of *age*.
18. An *act of war* or an *act of terrorism* when you are outside of Canada and covered under this insurance.
19. A continuation of *treatment* or service first recommended or prescribed by a *physician* or *healthcare practitioner* before the *effective date* of this policy or where such *insured services* were first initiated before the *effective date* of this policy or during the *waiting period*, or for holders of a valid multiple-entry visa issued by the Government of Canada, during a return to your *country of origin* during the [Coverage period](#).
20. Your medical or health assessment or any form of report or document supporting an application to obtain immigrant status or extend your visa in Canada or any recommended *treatment* resulting from such health assessment.
21. Any medical *treatment* or follow-up visit outside of Canada when the *emergency* occurred in Canada.
22. Any *emergency* that occurs or recurs after our medical advisors recommend that you return to your *country of origin*, and you choose not to. (Review [Loss of coverage](#))
23. The ongoing *treatment*, recurrence, or complication of a *medical condition* when you have already received *emergency treatment* for that condition during your [Coverage period](#) and our Assistance Centre determines that your medical *emergency* has ended.
24. Any *medical condition* you suffer or contract in a specific country, region or city outside of Canada, while covered under the [Side trips](#) provision or while on an uninterrupted flight to or from Canada if a Government of Canada travel advisory, issued before you travel to that location, advises to Avoid non-essential travel or to Avoid all travel to that specific country, region, or city. In this exclusion, *medical condition* is limited, related or due to the reason for the travel advisory.
25. Any medical *treatment* for which you are eligible and/or covered under a *government health insurance plan (GHIP)*.
26. Covered expenses that exceed 80% of those we would normally pay if you do not contact the Assistance Centre within 24 hours of *hospitalization* unless your *medical condition* makes it impossible for you to call. If your *medical condition* makes it medically impossible for you to call, someone must call on your behalf.
27. Any expenses arising from any sickness, disease, symptom, or *injury* that is presented, recurred, or for which *treatment* was received during:
 - Any suspension of coverage during any [Side trips](#); and/or
 - Any [Trip breaks](#).

Note: Each time you purchase another policy from us, each new policy will have a new *effective date* even if you are continuing the same visit to Canada (or other country covered under the [Travelling outside Canada: Side trips and Trip breaks](#) provision).

GENERAL CONDITIONS

COORDINATION OF BENEFITS

This policy is intended to provide benefits in excess of those provided by any health insurance plan or any other valid collectible policy of insurance.

If you have other coverage, you must first seek reimbursement for the *insured services* from such insurance plan or such policy and you may only submit a claim for reimbursement of *insured services* under this policy after the other insurer has assessed your claim. In submitting a claim for reimbursement of *insured services*, you must provide us with the other insurer's written assessment of your claim submission.

LOSS OF COVERAGE

If you have an *emergency* covered under this policy, and our Assistance Centre determines that you are able to travel, we reserve the right to transfer you to your *country of origin*. If you choose not to return, you will no longer be covered for any *insured services* under this policy that relate directly or indirectly to such *emergency*. Any related expenses incurred after you choose not to return will not be covered and will become your sole responsibility.

COVERAGE PERIOD

This policy provides coverage for losses arising from a sudden and unforeseeable medical *emergency* occurring between your effective date and expiry date as shown on your *policy confirmation*. Coverage will not be issued for more than 365 days at a time.

POLICY LIMIT

The policy limit you purchased is the maximum per insured we will reimburse you regardless of the number of *insured services* received by you during the [Coverage period](#). If you are insured under more than 1 policy underwritten by us, our liability will not exceed your actual expenses and the maximum you are entitled to is the largest policy limit available to you in any 1 policy.

BENEFIT LIMITS

Maximum limits in this policy are per insured per policy, unless otherwise specified.

CONTINUING TREATMENT

The coverage provided under this policy for any ongoing *treatment*, recurrence or complication relating to the *emergency* for which you have already received *emergency treatment* during the [Coverage period](#), will terminate when the first of these events occurs:

- The Assistance Centre has determined that your *emergency* has ended
- The aggregate policy limit has been exhausted
- We notify you that coverage has been terminated under the [Loss of coverage](#) provision.

Any follow-up appointment that is scheduled or required after the *expiry date* of the policy must be pre-approved by the Assistance Centre and will only be considered for reimbursement if the initial *emergency* is reported to the Assistance Centre prior to the *expiry date* and if that initial *emergency* is a payable claim; otherwise, notwithstanding any of the above, coverage terminates on the *expiry date*.

GENERAL PROVISIONS

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

AUTOMATIC EXTENSION

If you are unavoidably delayed on your scheduled return to your *country of origin*, through no fault of your own, coverage will automatically be extended beyond your *expiry date*:

- For the length of your delay to a maximum of 72 hours if your common carrier is delayed; or
- If you are *hospitalized* on your *expiry date*. In this case, we will extend your coverage during the *hospitalization* up to a maximum of 365 days or until, in our opinion, you can be discharged from the *hospital* and for up to 5 days after discharge from the *hospital*; or until you can be evacuated to your *country of origin*, whichever is earlier; or

- If you have a medical *emergency* that occurs within the 5 days prior to your *expiry date* that does not require *hospitalization* but prevents travel as confirmed by a *physician*. In this case, we will extend your coverage for up to 5 days.

MATERIAL FACTS

Any fraudulent act, misrepresentation, or omission in the submission of a claim, or any misrepresentation or omission to disclose any fact material to the assessment of our risk during the application process, including our determination that you were ineligible for this insurance at the time of application, may void the coverage available under the policy against which the claim was filed.

SUBROGATION

If you suffer an eligible loss under the [Insured services](#) section and in so doing acquire any right of action against another party, we have the right to proceed, in your name, but at our expense, against third parties who may be responsible for giving rise to a claim under this policy. You will cooperate fully before, during and after the [Coverage period](#).

SUIT

No action or arbitration proceeding for the recovery of any claim under this policy shall be commenced more than 1 year after the date of *injury* or the date on which you first received any *insured services* arising out of unexpected *emergency* sickness or disease. If, under the law of the province or territory in which this policy was issued, such limitation period is invalid, then any claim shall be void unless such action or arbitration proceeding was initiated within the time permitted by the laws of such province or territory.

ARBITRATION

If you disagree with our claim decision, the matter will be submitted to arbitration under the arbitration law in the Canadian province or territory where your policy was issued. Legal action to recover a claim must start within 12 months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before the courts of the Canadian province or territory where your policy was issued.

MEDICAL EXAMINATION

To determine the validity of a claim under this policy, we may obtain and review medical records from your attending *physician(s)*, including the records from your *physician(s)* in your *country of origin*. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to you before you incurred a claim under this policy.

In addition, we have the right, and you shall afford us the opportunity, to have you medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If you die, we have the right to request an autopsy, if not prohibited by law.

STATUTORY CONDITIONS

The statutory conditions governing accident and sickness insurance, of the Insurance Act of the province or territory in which this policy was issued, are incorporated into and form part of this policy.

PREMIUM PAYMENT REQUIREMENT

We provide the insurance described in this policy in return for payment of the premium shown and subject to all the *policy terms*. This insurance will be in effect only if the premium is paid in full at the time of application and on or before the policy *effective date*.

If the incorrect premium is charged, or if any payment is rejected for any reason, or if any information or required forms are missing, we will either modify the [Coverage period](#) or declare the policy void.

CANADIAN CURRENCY CLAUSE

Premium, limits, sums paid by or to us, and all amounts referenced in this policy are in Canadian currency.

GOVERNING LAW

It is understood and agreed that this policy shall be construed and governed by the laws of the province or territory in which this policy was issued. Without limiting the foregoing, it is agreed that, in hearing any dispute arising out of any *policy terms*, arbitrators, or any court shall apply the substantive and procedural law of the province or territory in which the policy was issued.

DEFINITIONS

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

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

- Instill fear in the general public;
- Disrupt the economy;
- Intimidate, coerce or overthrow a sitting government or occupying power; and/or
- Promote political, social, religious, or economic objectives.

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

age — the attained *age* on the *effective date* of this policy. If you request a change to the *effective date*, your policy may be subject to a premium change or modified eligibility requirements based on your *age* on that new *effective date*. The maximum *age* under this policy is 85 and the minimum *age* is 30 days.

arrival date — the date and time you arrive in Canada from your *country of origin*. If you are a holder of a valid multiple-entry visa issued by the Government of Canada, *arrival date* does not apply to any re-entry into Canada following any temporary return to your *country of origin* during your [Coverage period](#).

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

Exceptions: The routine adjustment of Coumadin, Warfarin, or insulin, as long as they are not newly prescribed or stopped and there has been no change in your *medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

country of origin — the country in which you maintained a permanent residence immediately prior to your *arrival date*.

deductible amount — the amount of eligible expenses that you are responsible for paying per claim per insured before our obligation to reimburse any eligible expenses begins. Your *deductible amount* that you selected at the time you purchased this coverage, applies to the amount remaining after any eligible expenses are paid by any other benefit plan you may have. The deductible amount is shown on your *policy confirmation* and applies per policy per insured.

effective date — the latest of:

- The time and date you apply for this insurance
- 12:01 AM on the effective date as shown on your *policy confirmation*
- Your *arrival date*

When coverage is purchased prior to leaving your *country of origin* with an *effective date* equal to the date and time you are scheduled to arrive in Canada, coverage will also be provided with no additional premium during your uninterrupted flight directly to Canada. An uninterrupted flight shall include a stop-over provided you do not leave the airport.

Note: Each time you purchase another policy from us, the new policy will have a new *effective date*.

emergency — a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by the Assistance Centre indicates that no further *treatment* is required, or you are able to return to your *country of origin* for further *treatment* or continue with the trip.

expiry date — the earliest of:

- 11:59 PM on the expiry date indicated on your *policy confirmation*
- 11:59 PM on an earlier date calculated by us due to an incorrect or insufficient or lapsed premium payment
- The date and time you leave Canada or any other country (except as permitted under the [Travelling outside Canada: Side trips and Trip breaks](#) provision)
- The date we receive proof that you are eligible and covered under a *GHIP*. Note: Until acceptable proof of coverage under a *GHIP* is received, this policy will continue to provide eligible benefits that are not covered by your *GHIP*.

At no additional premium, coverage will be provided during an uninterrupted flight from Canada directly to your *country of origin*. An uninterrupted flight shall include a stop-over provided you do not leave the airport.

You may return to your *country of origin* without cancelling your policy. Your coverage will be suspended while you are in your *country of origin* and will resume when you return to Canada. There will be no refund of premium related to your suspension of coverage while in your *country of origin* and your *expiry date* will not change.

family — a maximum of 2 parent(s) or legal guardian(s) plus their unmarried children under *age 22* dependent on them for their sole means of support and visiting Canada with them.

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

healthcare practitioner — a licenced acupuncturist, chiropractor, chiropractor, osteopath, physiotherapist or podiatrist (other than yourself or a member of your immediate family) who is lawfully entitled to provide such healthcare in the state, province or territory in which the *insured services* are provided.

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

hospitalization, hospitalized — admitted to a *hospital* and receiving *treatment* as an in-patient.

injury — sudden bodily harm that is caused directly by external and purely accidental means. For Accidental death and dismemberment, the *injury* must also be independent of sickness or disease.

insured services — only those services, *treatments*, equipment, and medications identified in the [Insured services](#) section of this policy and provided while you are in Canada or while on an uninterrupted flight to or from Canada as described in the definitions of *effective date* and *expiry date* or while covered under the [Side trips](#) outside of Canada provision.

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

minor mental or emotional disorder — having anxiety or panic attacks or being in an emotional state or stressful situation. A *minor mental or emotional disorder* is one where your *treatment* includes only minor tranquilizers or minor anti-anxiety (anxiolytics) medication or no prescribed medication at all.

physician — a person who is:

- Not you or a member of your immediate family or your travel companion
- Licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

policy confirmation — document or set of documents confirming your insurance and the dates you are covered under this policy. It may include the medical declaration (if required) and the application for this policy, once it has been completed, signed, and submitted with the required premium to us.

policy terms — all benefits, provisions, definitions, conditions, limitations, and exclusions in this policy of insurance.

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

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

stable — a *medical condition* when all of the following statements are true:

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

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

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

waiting period — a period, starting from the *effective date* of this policy, during which premiums are payable but claims resulting from any sickness will be not eligible for reimbursement. Any sickness that manifests itself during the *waiting period* is not covered even if related expenses are incurred after the *waiting period*.

A *waiting period* will apply if you:

- Purchase this policy after your *arrival date*; or
- Fail to properly notify us of your actual *arrival date* (as explained in the [Your coverage effective date](#) section)

The *waiting period* is 72 hours if these circumstances occur within the first 30 days after your *arrival date*.

The *waiting period* is 7 days if these circumstances occur 31 days or more after your *arrival date*.

A *waiting period* of 7 days also applies to this policy if you purchase consecutive policies from us with no gap in coverage, and if you choose to make any of the following coverage changes, relative to the coverage on the prior policy:

- Decrease the deductible amount
- Change from a Manulife Visitor to Canada plan that does not cover *stable pre-existing conditions* to a plan that does
- Increase your aggregate policy limit

The *waiting period* will be waived if:

- This policy is purchased on or before the *expiry date* of a Visitor to Canada policy already issued by us to take effect on the day following such *expiry date*, provided there is no increase in the aggregate policy limit, no decrease in the *deductible amount*, and there is no change from a Manulife Visitor to Canada plan that does not cover *stable pre-existing conditions* to a plan that does; or
- This policy is purchased before your *arrival date* (unless you failed to notify us as explained in the [Your coverage effective date](#) section); or
- We specifically waive or modify the *waiting period*.

REFUND OF PREMIUM OR CANCELLATION OF POLICY

Requests for premium refunds due to non-arrival can be submitted for consideration as long as this insurance has not been issued as part of the requirements necessary to obtain or maintain a visitor visa, in which case proof of visa refusal or withdrawal of the visa application must be provided.

You can cancel your insurance and obtain a partial refund of the unused premium amount when you provide proof that you are covered under a *GHIP*; or with proof of return to your *country of origin* provided that there has been no claim paid or denied.

If you are applying for a partial refund and a claim has been paid or denied, you may apply to have such claim(s) withdrawn. The amount of claim(s) paid will be deducted from the refund amount plus a file handling fee of \$300 per claim will also be deducted. A denied claim will be subject to a file handling fee of \$500 per claim. The file handling fee and any other adjustments will be deducted from any amount to be refunded.

If you become eligible for coverage under a *GHIP*, we will consider your cancellation request from the date we receive acceptable proof. Such requests cannot be backdated because this insurance policy provides *insured services* and other benefits that are not provided by government health insurance. If you return to your *country of origin*, we will consider refunding back to that date to a maximum of 60 days. If your cancellation request is received more than 30 days after the date you returned to your *country of origin*, we will require acceptable proof that you did not visit Canada between the date you returned to your *country of origin* and the date you submitted your cancellation request. We reserve the right to refuse to go

back more than 60 days prior to the date we receive the request and acceptable proof.

If you leave Canada but spend time in a country covered under the [Travelling outside Canada: Side trips and Trip breaks](#) provision, you must advise us prior to exiting Canada if you do not want to be covered in that other country. Failure to notify us prior to your exit date will result in premium being retained to cover all or part of that side trip.

If you withdraw a claim to apply for a premium refund, or if a refund of premium has been requested for any other reason outlined in this policy, we will not consider any further expenses under the policy, regardless of the date the expense was incurred.

All refunds are subject to approval by Manulife, and we reserve the right to refuse any refund request. Refunds will be credited to the same credit card used to charge the premium.

HOW TO SUBMIT A CLAIM

Immediate access to the Assistance Centre is also available through the Manulife TravelAid mobile app. The app is available in the Google Play store or the Apple App Store.

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

For all other insurance coverage, you must call our Assistance Centre within 48 hours of the cause of your claim.

Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify that the Assistance Centre has been contacted.

If you choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, eligible expenses will be reimbursed to you based on the *reasonable and customary* charges that we would have paid directly to such provider. Medical charges that you pay may be higher than this amount. Therefore, you will be responsible for any difference between the amount you paid, and the *reasonable and customary* charges reimbursed by us.

NOTICE AND PROOF OF CLAIM

Claims must be reported within 30 days of occurrence of a claim arising under this contract. Your proof of claim must be sent to us within 90 days of the date a claim has occurred, or the service was provided.

Attach all documentation requested in the claim form, and send it to:

Manulife Travel Insurance Claims
c/o Global Excel Management
P.O. Box 1237, Stn. A
Windsor, ON N9A 6P8 Canada

Online claim submission

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

We need the following information when you submit your claim:

1. Original, itemized bills and invoices
2. Proof of payment by you (receipts)
3. Proof of payment from any other insurance plan
4. Applicable medical records, including:
 - Complete diagnosis by the attending *physician*
 - Documentation from the *hospital* that the *treatment* was appropriate and consistent with your diagnosis
 - Documentation that states the *treatment* could not be delayed until you returned to your *country of origin* without adversely affecting your condition and quality of medical care
5. A letter from the referring *physician* recommending *treatment* of a *healthcare practitioner* as explained in the [healthcare practitioner services benefit](#)
6. Proof of travel, including your departure date and return date (airline ticket, passport, or visa)
7. Copy of police report (in the case of a motor vehicle accident)
8. Your historical medical records if we ask for them

If a claim is made under Accidental death and dismemberment

We will need:

1. Police, autopsy, or coroner's report
2. Medical records
3. Death certificate, if applicable

NOTICE ON PRIVACY AND CONFIDENTIALITY

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

Personal Information Statement (PIS)

In this statement, "you" and "your" refer to the policyowner or holder of rights under the contract, the insured and the parent or guardian of any child named as insured who is under the legal age for providing consent. "We", "us", "our" and "the company" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Updates to this statement and further information about our privacy practices are posted to manulife.ca.

We collect, use, verify and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. You have given us your consent during the application process for us to collect, use, and disclose your personal information, as set out in this PIS. Any

alterations to the consent must be agreed to in writing by the company.

What personal information do we collect?

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

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

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

Where do we collect your personal information from?

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

Who do we disclose your information to?

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

The abovementioned people, organizations and service providers are both within Canada and jurisdictions outside Canada and would therefore be subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

The personal information you provided in this application:

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

How long do we keep your information?

The longer of:

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

Withdrawing your consent

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

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

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

Accuracy and access

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

Privacy Officer

Manulife

500 King Street North

Waterloo, ON N2J 4C6

privacy_office_canadian_division@manulife.com

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

HELP IS JUST A PHONE CALL AWAY

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

From Canada or USA: 1-877-878-0142

Collect, where available: +1(519) 251-5166

Pre-trip assistance

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

During a medical *emergency*

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

Other services

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

TravelAid is a trademark of Active Claims Management (2018) Inc. and is used Manulife and its affiliates under license. StandbyMD is a trademark of Healthcare Concierge Services Inc, owned by Global Excel Management Inc. App Store is a trademark of Apple Inc. Google Play is a trademark of Google LLC. Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license. P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8. Accessible formats and communication supports are available upon request. Visit [Manulife.ca/accessibility](https://www.manulife.ca/accessibility) for more information. © 2023 The Manufacturers Life Insurance Company. All rights reserved.