

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

# Manulife Global Travel Insurance Policy

Don't forget *your*  
Wallet Card!



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

+1 (519) 251-7821 collect where available

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

**Manulife**  
**GLOBAL**  
Travel Insurance



IN EVENT OF AN *EMERGENCY*, CALL:

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

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

NAME

POLICY #

**Manulife**  
**GLOBAL**  
Travel Insurance



IN EVENT OF AN *EMERGENCY*, CALL:

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

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

NAME

POLICY #



Manulife and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license.

**Manulife**  
**GLOBAL**  
Travel Insurance

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



MGPOL1115E

EFFECTIVE NOVEMBER 2015

## ABOUT MANULIFE

Whether you're travelling outside your province or out of the country for a few days or for a few months, Manulife offers the personalized coverage you need to be financially protected against the cost of unexpected emergencies that may happen prior to or during your trip. No one expects to have a medical emergency away from home, or to have to cancel a trip due to an unforeseen emergency. But these events happen and they can be disruptive and expensive.

Since the very beginning, when Sir John A. Macdonald, Canada's first Prime Minister, became President of the company in 1887, Manulife has been helping people feel financially secure.

### NOTICE REQUIRED BY THE ALBERTA INSURANCE ACT

**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.**

### 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 policy before you travel as your coverage may be subject to certain limitations or exclusions.
- Your policy may not provide coverage for medical conditions and/or symptoms that existed before your trip. Check to see how this applies in your policy 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 policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

**PLEASE READ YOUR POLICY CAREFULLY  
BEFORE YOU TRAVEL**

## HELP IS JUST A PHONE CALL AWAY.

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

### Pre-Trip Information

- ✓ Passport and 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, each day of the year. 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, each day of the year. 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.

## IMPORTANT INFORMATION ABOUT *YOUR* TRAVEL INSURANCE

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.

To be eligible for insurance under this policy, *you* must meet all the Eligibility Requirements outlined on Page 8 of this policy booklet.

A ***pre-existing condition*** exclusion applies to *your* coverage. It is ***your responsibility*** to review and understand the *pre-existing condition* exclusion that applies to *you*:

- *Trip* Cancellation and *Trip* Interruption Insurance: please review the *pre-existing condition* exclusions listed on Pages 23 to 24 of this policy booklet.
- *Emergency* Medical Insurance: please review the *pre-existing condition* exclusions listed on Pages 30 to 33 of this policy booklet.

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

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

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

*Our* Assistance Centre is there to help *you*  
24 hours a day, each 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 policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

## WHAT'S INSIDE

MEDICAL CONCIERGE SERVICES .....	3
SCHEDULE OF MAXIMUM BENEFITS BY PLAN .....	4
ELIGIBILITY .....	8
GENERAL INFORMATION ABOUT <i>YOUR</i> TRAVEL INSURANCE .....	8
<i>YOUR</i> COVERAGE STARTS .....	9
<i>YOUR</i> COVERAGE ENDS .....	10
Temporary Returns .....	10
Automatic Extension .....	11
To Stay Longer Than Planned .....	11
Annual Medical and Annual All-Inclusive Plans .....	12
<i>TRIP</i> CANCELLATION & INTERRUPTION INSURANCE .....	12
Benefits – What does <i>Trip</i> Cancellation Insurance cover? .....	13
Benefits – What does Misconnection Insurance cover? .....	16
Benefits – What does <i>Trip</i> Interruption Insurance cover? .....	17
Benefits – What does Delayed Return Insurance cover? .....	20
Benefits – What else does <i>Trip</i> Cancellation, <i>Trip</i> Interruption & Delayed Return Insurance cover? .....	21
Exclusions & Limitations – What does <i>Trip</i> Cancellation & Interruption Insurance not cover? .....	23
<i>Default</i> Protection Coverage .....	25
EMERGENCY MEDICAL INSURANCE .....	26
Benefits –	
What does <i>Emergency</i> Medical Insurance cover? .....	26
What does <i>Emergency</i> Medical Insurance cover? - Visitors Plans ..	27
Exclusions & Limitations – What does <i>Emergency</i> Medical Insurance not cover? .....	30
BAGGAGE LOSS, DAMAGE & DELAY INSURANCE .....	34
Benefits – What does Baggage Loss, Damage & Delay Insurance cover? .....	34
Exclusions & Limitations – What does Baggage Loss, Damage & Delay Insurance not cover? .....	34
FLIGHT & TRAVEL ACCIDENT INSURANCE .....	35
Benefits – What does Flight & Travel Accident Insurance cover? ..	35
Exclusions & Limitations – What does Flight & Travel Accident Insurance not cover? .....	35
RENTAL VEHICLE DAMAGE INSURANCE .....	36
Benefits – What does <i>Rental Vehicle</i> Damage Insurance cover? ..	36
Exclusions & Limitations – What does <i>Rental Vehicle</i> Damage Insurance not cover? .....	37
TERRORISM COVERAGE .....	37
WHAT ELSE DO <i>YOU</i> NEED TO KNOW? .....	38
HOW TO MAKE A CLAIM .....	40
DEFINITIONS .....	43
NOTICE ON PRIVACY .....	48

### IMPORTANT INFORMATION ABOUT *YOUR* INSURANCE:

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNA), 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 policy.

## MEDICAL CONCIERGE SERVICES

Manulife Global Travel Insurance is pleased to provide as an additional value-added service Medical Concierge Services to *you when travelling to the U.S., Mexico and the Dominican Republic*. These Medical Concierge Services include:

- *Physician* telephonic consultation 24/7 by a qualified *physician*
- 24/7 same-day coordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies
- 24/7 medical referrals to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or *hospitals* for evaluation and medical *treatment*
- 24/7 access to *physician* house call visits in **select cities in the U.S., Mexico and the Dominican Republic**
- *Physician* co-ordination to an Emergency Room
- Consulting *physician* will “fast track” *you* through the Emergency Room in **select cities in the U.S., Mexico and the Dominican Republic**
- Consulting *physician* will communicate with the *hospital* to ensure continuity of care

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

### MEDICAL CONCIERGE SERVICES PROVIDED BY THE **StandbyMD** PROGRAM.

Disclaimer, Waiver, and Limitation of Liability: StandbyMD is not a medical provider. Medical providers that StandbyMD uses are not employees, agents, nor in any way affiliated with StandbyMD; they simply accept medical referrals of patients from StandbyMD. StandbyMD does not have any real or implied control over the medical judgment of medical providers to whom they refer patients, nor does StandbyMD have any control of their actions or inactions. When making referrals under this policy, neither Manulife, its agents nor StandbyMD assume any responsibility for: (a) the availability of services, (b) their quality, (c) the results or outcome of any Treatment or service, (d) the outcome of not obtaining any treatment or services covered under these terms. 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 flowed 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.

**The StandbyMD program is provided by Healthcare Concierge Services Inc. Manulife and its agents are not responsible for the availability, quality, or results of services provided under the StandbyMD program.**



## Schedule of Maximum Benefits by Plan

PLANS		ALL-INCLUSIVE	CANADA ALL-INCLUSIVE**	NON-MEDICAL INCLUSIVE	ANNUAL ALL-INCLUSIVE	TRIP CANCELLATION & INTERRUPTION	GLOBAL MEDICAL
ELIGIBLE AGE*		NO LIMIT	NO LIMIT	NO LIMIT	UNDER AGE 85	NO LIMIT	UNDER AGE 60
MEDICAL CONCIERGE SERVICES		INCLUDED	INCLUDED	–	INCLUDED	–	INCLUDED
TRIP CANCELLATION & TRIP INTERRUPTION (Pages 12-26)							
TRIP CANCELLATION		COVERED AMOUNT	COVERED AMOUNT	COVERED AMOUNT	Up to \$1,500 per trip to a maximum of \$10,000 per year	COVERED AMOUNT	–
TRIP INTERRUPTION		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	COVERED AMOUNT	–
CANCEL FOR ANY REASON		SEE PAGE 13	SEE PAGE 13	SEE PAGE 13	SEE PAGE 13	SEE PAGE 13	–
MISCONNECTION		SAME CLASS	SAME CLASS	SAME CLASS	SAME CLASS	ECONOMY CLASS	–
EARLY RETURN		SAME CLASS	SAME CLASS	SAME CLASS	SAME CLASS	ECONOMY CLASS	–
DEFAULT PROTECTION		SEE PAGES 25-26	SEE PAGES 25-26	SEE PAGES 25-26	SEE PAGES 25-26	SEE PAGES 25-26	–
TERRORISM COVERAGE		SEE PAGES 37-38	SEE PAGES 37-38	SEE PAGES 37-38	SEE PAGES 37-38	SEE PAGES 37-38	–
ACCOMMODATION & MEALS		\$350/day maximum 2 days	\$350/day maximum 2 days	\$350/day maximum 2 days	\$350/day maximum 2 days	\$350/day maximum 2 days	–
DELAYED RETURN		SEE PAGE 20	SEE PAGE 20	SEE PAGE 20	SEE PAGE 20	SEE PAGE 20	–
ACCOMMODATION & MEALS		\$3,500	\$3,500	\$3,500	\$3,500	\$1,500	–

## EMERGENCY MEDICAL\*\*\* (Pages 26-34)


HOSPITAL & MEDICAL	\$5,000,000	\$5,000,000	–	–	\$5,000,000	–	\$5,000,000
ACCIDENTAL DENTAL	\$3,000	\$3,000	–	–	\$3,000	–	\$3,000
MEDICAL REPATRIATION	\$5,000,000	\$5,000,000	–	–	\$5,000,000	–	\$5,000,000
ACCOMMODATION & MEALS	\$500/day maximum \$5,000	\$500/day maximum \$5,000	–	–	\$500/day maximum \$5,000	–	\$350/day maximum \$3,500
EXPENSES FOR CHILD CARE	\$100/day maximum \$300	\$100/day maximum \$300	–	–	\$100/day maximum \$300	–	\$100/day maximum \$300
EXPENSES RELATED TO YOUR DEATH	SEE PAGE 27	SEE PAGE 27	–	–	SEE PAGE 27	–	SEE PAGE 27
TERRORISM COVERAGE	SEE PAGES 37-38	SEE PAGES 37-38	–	–	SEE PAGES 37-38	–	SEE PAGES 37-38
BAGGAGE LOSS, DAMAGE & DELAY (Pages 34-35)	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	–	–
PASSPORT REPLACEMENT	\$200	\$200	\$200	\$200	\$200	–	–
BAGGAGE DELAY	\$500	\$500	\$500	\$500	\$500	–	–
MAXIMUM PER ITEM	\$300	\$300	\$300	\$300	\$300	–	–
FLIGHT & TRAVEL ACCIDENT (Pages 35-36)							
FLIGHT ACCIDENT	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	–	–
TRAVEL ACCIDENT	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	–	–
RENTAL VEHICLE DAMAGE (Pages 36-37)	–	–	–	–	–	–	–

\* If you purchase any plan that includes Emergency Medical Insurance, your child must be at least 31 days old to be insured.

\*\* Benefits for the Canada All-Inclusive Plan and Travel Canada Plan apply for trips in Canada only.

\*\*\* Emergency Medical coverage is limited to a maximum of \$25,000 if you do not have valid coverage under a government health insurance plan.

## Schedule of Maximum Benefits by Plan

 PLANS	MEDICAL PREFERRED	TRAVEL CANADA**	ANNUAL MEDICAL	VISITORS (a \$75 deductible applies to each claim)	RENTAL VEHICLE DAMAGE	BAGGAGE & PERSONAL EFFECTS
ELIGIBLE AGE*	AGE 60 & OLDER	NO LIMIT	UNDER AGE 85	<ul style="list-style-type: none"> <li>Visitors \$150,000 - Under age 70</li> <li>All other plans - Under age 86</li> </ul>	NO LIMIT	NO LIMIT
MEDICAL CONCIERGE SERVICES	AVAILABLE	AVAILABLE	AVAILABLE	-	-	-
TRIP CANCELLATION & TRIP INTERRUPTION (Pages 12-26)						
TRIP CANCELLATION	-	-	-	-	-	-
TRIP INTERRUPTION	-	-	-	-	-	-
CANCEL FOR ANY REASON	-	-	-	-	-	-
MISCONNECTION	-	-	-	-	-	-
EARLY RETURN	-	-	-	-	-	-
DEFAULT PROTECTION	-	-	-	-	-	-
TERRORISM COVERAGE	-	-	-	-	-	-
ACCOMMODATION & MEALS	-	-	-	-	-	-
DELAYED RETURN ACCOMMODATION & MEALS	-	-	-	-	-	-

## EMERGENCY MEDICAL\*\*\* (Pages 26-34)

HOSPITAL & MEDICAL	\$5,000,000	\$5,000,000	\$5,000,000	PLAN LIMIT: \$25,000; \$50,000; \$100,000, \$150,000	-	-
ACCIDENTAL DENTAL	\$3,000	\$3,000	\$3,000	\$3,000	-	-
MEDICAL REPATRIATION	\$5,000,000	\$5,000,000	\$5,000,000	PLAN LIMIT: \$25,000; \$50,000; \$100,000, \$150,000	-	-
ACCOMMODATION & MEALS	\$350/day maximum \$3,500	\$350/day maximum \$3,500	\$350/day maximum \$3,500	\$350/day maximum \$3,500	-	-
EXPENSES FOR CHILDCARE	\$100/day maximum \$300	\$100/day maximum \$300	\$100/day maximum \$300	\$100/day maximum \$300	-	-
EXPENSES RELATED TO YOUR DEATH	SEE PAGE 27	SEE PAGE 27	SEE PAGE 27	SEE PAGE 27	-	-
TERRORISM COVERAGE	SEE PAGES 37-38	SEE PAGES 37-38	SEE PAGES 37-38	NOT COVERED, SEE PAGES 37-38	-	-
BAGGAGE LOSS, DAMAGE & DELAY (Pages 34-35)					COVERED AMOUNT	
PASSPORT REPLACEMENT	-	-	-	-	-	\$200
BAGGAGE DELAY	-	-	-	-	-	\$500
MAXIMUM PER ITEM	-	-	-	-	-	\$300
FLIGHT & TRAVEL ACCIDENT (Pages 35-36)						
FLIGHT ACCIDENT	-	-	-	-	-	-
TRAVEL ACCIDENT	-	-	-	-	-	-
RENTAL VEHICLE DAMAGE (Pages 36-37)	-	-	-	-	\$60,000	-

\* If you purchase any plan that includes *Emergency Medical Insurance*, your child must be at least 31 days old to be insured.

\*\* Benefits for the Canada All-Inclusive Plan and Travel Canada Plan apply for trips in Canada only.

\*\*\* *Emergency Medical* coverage is limited to a maximum of \$25,000 if you do not have valid coverage under a government health insurance plan.

## ELIGIBILITY

### You are NOT eligible for coverage if:

- a) *you* have been advised by a *physician* not to travel; and/or
- b) *you* have been diagnosed with a terminal illness with less than 6 months to live; and/or
- c) *you* have a kidney condition requiring dialysis; and/or
- d) *you* have used home oxygen during the 12 months prior to the date of application.

### TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY

For insurance plans (except Visitors Plans) that include **Emergency Medical Insurance**, *you* must be a resident of Canada and covered under a **government health insurance plan**. For the **Rental Vehicle Damage Insurance**, *you* must have a valid driver's licence.

At the time of *your* application for coverage under an insurance plan *you* must meet the eligible *age* requirement for that plan. Please refer to the "Schedule of Maximum Benefits by Plan" section on pages 4 to 7.

#### For Visitors Plans:

- This policy may only be issued in Canada and coverage must not exceed 365 days.
- Application for insurance may be made before *you* arrive in Canada.
- On *your effective date* of insurance, *you* must be in Canada and under *age* 86 (under *age* 70 for \$150,000 plan).
- *You* may not be covered under more than one plan during *your trip*.
- *You* must not be under 31 days or over 85 years of *age* (over 69 years of *age* for the \$150,000 plan).

### For Medical Preferred, Travel Canada, Annual Medical and Annual All-Inclusive Plans:

*You* must complete the medical *questionnaire* to determine whether *you* meet eligibility requirements for coverage, and if so, to determine *your* rate category, if *you* are:

- **Age 60 or older** and applying for a Medical Preferred Plan or a Travel Canada Plan; or
- **Age 60 to 84** and applying for an Annual Medical Plan or an Annual All-Inclusive Plan.

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

The cancel for any reason benefit does not apply if *you* did not purchase *your* policy within **72 hours** of *your* initial *trip* booking or before any cancellation penalties became applicable. Coverage must be for the entire time that *you* are away from *home*, *you* must pay the required premium to *your* travel agent before *you* leave *home* and, where applicable, complete *our questionnaire*.

**Family coverage** is available to *you* if all family members to be insured under one policy are named in *your confirmation*, are under *age* 60 and *you* have purchased and paid for family coverage. The family coverage covers *you*, *your spouse* and *children*, and/or grandchildren while travelling together, for the plan purchased. **Exception: If *you* purchased family coverage under the Annual Medical Plan, family members DO NOT have to travel together.** *Children* and/or grandchildren must be at least 31 days of *age* to be insured under the plan purchased. A maximum of 2 adults is permitted under family coverage.

Plans	Family Premium Calculation
All-Inclusive Plan, Canada All-Inclusive Plan, Non-Medical Inclusive Plan	3 times the older (or only) parent's or grandparent's rate
Global Medical Plan, Travel Canada Plan, Annual Medical Plan, Visitors Plan	2 times the older (or only) parent's or grandparent's rate
Trip Cancellation & Interruption Plan, Medical Preferred Plan, Annual All-Inclusive Plan, Baggage and Personal Effects Plan and Rental Vehicle Damage Plan	Family coverage not available

### Children Under 2 Years of Age at No Extra Charge:

Available for the All-Inclusive, Canada All-Inclusive and Non-Medical Inclusive Plans. With the purchase of this insurance, coverage for *children* (or a *child*) more than 30 days old and under 2 years of *age* is provided at no extra charge.

### YOUR COVERAGE STARTS / YOUR EFFECTIVE DATE OF COVERAGE (means the date *your* coverage starts)

**For Trip Cancellation Insurance included in the All-Inclusive, Canada All-Inclusive, Non-Medical Inclusive and Trip Cancellation & Interruption Plans**, coverage starts at the date and time *you* pay the premium for that coverage.

**For Trip Cancellation Insurance included in the Annual All-Inclusive Plan**, coverage starts initially on the date and time *you* pay the premium for that coverage provided *you* have already purchased *your* prepaid travel arrangements. After that date, coverage starts each time *you* purchase *your* prepaid travel arrangements.

**For Rental Vehicle Damage Insurance**, coverage starts when *you* legally assume control of the *rental vehicle* as indicated on *your* rental contract, provided *you* have already purchased and paid the premium for that coverage.

**The Visitors Plan** coverages start on the later of i) the *effective date* of insurance as shown on *your confirmation*; or ii) the time and date *you* arrive in Canada from *home*.

**The Visitors Plans also provide coverage**, for up to 30 days, while travelling outside Canada as long as *your* side *trip* originates and terminates in Canada and does not exceed 49% of *your* total number of coverage days.

**For Emergency Medical Insurance included in the Annual Medical and Annual All-Inclusive Plans,** coverage starts initially on *your first travel date* and after that date, it starts every time *you leave home*. For the Annual Medical Plan, the *first travel date* must fall within 3 months of purchase.

**All Annual Medical and Annual All-Inclusive Plans** provide *you* with *Emergency Medical Insurance* coverage for unlimited travel within Canada but outside *your province or territory of residence*, without additional premium.

**For Top-Ups,** coverage starts after *you leave home*, on the start date of Top-Up coverage indicated on *your application* which must correspond to the first day after expiration of *your other plan*

**All other coverages** start on *your departure date* when *you leave home*.

**YOUR COVERAGE ENDS / YOUR COVERAGE EXPIRY DATE** (means the date *your coverage ends*)

**For Trip Cancellation Insurance,** *your coverage ends* on *your departure date* as indicated on *your confirmation*.

**For Rental Vehicle Damage Insurance,** *your coverage ends* on the earliest of:

- the date the rental agency reassumes control of the *rental vehicle* or the rental contract ends;
- the *expiry date* as shown on *your confirmation*;
- when the number of days of coverage *you purchased* expires; or
- 45 days after the rental contract started.

**Visitors Plan** coverages end on the earliest of the following:

- the date *you leave Canada* to return *home*;
- when the number of days of coverage *you purchased*, as shown in *your confirmation*, expires;
- no later than 365 days after *your effective date* of insurance; or
- the first day *you become insured* under a Canadian *government health insurance plan*.

**Other coverages** end on the earliest of:

- the date *you return home\**,
- the *expiry date* as shown on *your confirmation*; or
- when the number of days of coverage *you purchased* expires.

#### \* Temporary Returns

*Your insurance coverage will not end if, under your Trip Interruption coverage, you temporarily return to your province or territory of residence prior to your return date for the purpose of attending a funeral or to go to the hospital bedside of an immediate family member and then resume your trip. In such a case, your policy will remain in effect up to your return date. However, you will not be covered for any pre-existing condition, sickness or injury for which you, or any other person whose medical condition gives rise to a claim, had sought or received medical treatment, or for which medication had commenced, or been changed in type, usage or dosage during the 90-day period immediately prior to the date you resumed your trip.*

If *you* have requested and received prior approval from our Assistance Centre to return to *your destination* under the *Emergency Medical Insurance benefit #14, Return to Destination*, *your medical coverage* will be deemed not to have terminated but will be suspended for the duration of *your temporary return*. *Your medical coverage* will resume once *you begin travel* in accordance with the coverage restrictions set out under *Emergency Medical Insurance benefit #14, Return to Destination*.

In all cases of such temporary returns, there will be no refund of premium for any of the days that *you have returned to your home*.

#### 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 *your travel agent* to ask for the extension. If, however, *you are already on your trip* and need to apply for an extension of *your coverage*, simply call *your travel agent* before the expiry date of *your existing coverage*. *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 60 to 74 or 30 days for those age 75 and older covered by the All-Inclusive Plan and Canada All-Inclusive Plan;
- 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.** For Visitors Plans, a minimum premium of \$25 will apply to each extension.

#### ANNUAL MEDICAL AND ANNUAL ALL-INCLUSIVE PLANS

- Provide coverage for any number of *trips* taken within one year.
- For the Annual Medical Plan, each *trip* can be up to a maximum duration of 8, 18, 30 or 60 days or less, based upon the coverage duration *you* have chosen.
- For the Annual All-Inclusive Plan, each *trip* can be up to a maximum duration of 8, 18 or 30 days or less, based upon the coverage duration *you* have chosen.
- The Annual Medical and Annual All-Inclusive Plans are issued for a maximum coverage period of 365 days with an *expiry date* 365 days from the *first travel date*.
- For a *trip* to be covered under the benefits of the Annual Plans, it must start and end within the coverage period.

**Exception:** If a *trip* begins during the coverage period but extends beyond the *expiry date*, *you* can purchase:

- top-up coverage for any travel days that fall after the *expiry date*; or
- a new Annual Medical Plan or Annual All-Inclusive Plan, for the next 365-day period. The total duration of *your trip* cannot exceed the maximum coverage duration *you* have chosen for *your* Annual Plan, unless it is topped up.

**Top-Ups:** Top-ups are available for the Annual Medical Plan and the Annual All-Inclusive Plan. If *you* want to take a *trip* that is longer than the coverage duration *you* have chosen, simply contact *your* travel agent before *your* coverage expires to purchase coverage for the additional days required. If *you* are topping up another insurer's plan, it is *your* responsibility to confirm with that insurer that a top-up is permitted on *your* existing plan with no loss of coverage.

*You* will be able to top up *your* coverage if *you* pay the extra premium and the total length of *your trip* does not exceed 183 days (unless otherwise permitted by *your government health insurance plan*). An extension to the *trip* length may be allowed if *you* obtain written approval from *your government health insurance plan*.

#### REFUND OF PREMIUM

If *you* return *home* before the date *you* were scheduled to return *home* as per *your confirmation*, and have not had a cause for a claim or started a claim, *you* may ask for a refund of the premium for the unused days (minimum 7 days for Visitors Plans) of *your* Global Medical, Medical Preferred, Travel Canada or Visitors Plans purchased for *your trip*. Simply contact *your* travel agent to ask for the refund and provide proof of the date *you* actually returned *home*.

### TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE

Included in All-Inclusive, Canada All-Inclusive, Non-Medical Inclusive, Trip Cancellation & Interruption and Annual All-Inclusive Plans.

To have full coverage under Trip Cancellation & Trip Interruption Insurance, *you* must purchase coverage for the

full value of the non-refundable portion of *your trip* and for the full duration of *your trip*.

#### IMPORTANT CONDITION TO YOUR TRIP CANCELLATION COVERAGE

**IF *YOU* CANCEL FOR ANY REASON AND DECIDE NOT TO TRAVEL, COVERAGE IS AVAILABLE ONLY:**

- a) IF *YOU* PURCHASED *YOUR* POLICY WITHIN 72 HOURS OF BOOKING *YOUR TRIP*, OR**
- b) BEFORE ANY CANCELLATION PENALTIES BECAME APPLICABLE.**

**If *you* cancel for any reason and decide not to travel before *you* leave *home*, we will provide coverage as follows:**

- If *you* cancel *your trip* **14 days or more** before the departure date shown on *your confirmation*, we will pay up to **50%** of the covered amount for the prepaid portion of *your trip* that is non-refundable.

**Benefits – What does Trip Cancellation Insurance cover? If *you* are unable to travel due to a covered event listed immediately below that occurs before *you* leave *home*, we will pay up to the covered amount:**

- A. For the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date.
- B. For the next occupancy charge, if *your travel companion* must cancel his/her *trip* due to a covered event applicable to him/her, and *you* decide to go on *your trip* as planned.

#### What are the conditions that apply to Trip Cancellation Insurance?

To cancel a *trip* before *your* scheduled *departure date*, *you* must cancel *your trip* with the agent or *travel supplier* on the day the cause of cancellation occurs or on the next business day **at the latest**. Claims payment will be limited to the cancellation penalties specified in the *trip* contracts which are in effect on the next business day following the time the cause of cancellation occurs.

*Trip Cancellation* for a *medical condition* must be recommended by the *physician* attending the person who is the cause of the claim.

#### Events Covered Under Trip Cancellation Insurance: Medical Related Events

1. *You* or *your travel companion* develop(s) a *medical condition*.
2. 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*.
3. *Your* friend or the person whose guest *you* will be during *your trip* is admitted to a *hospital* in an *emergency*.
4. A *medical condition* which, in the written opinion of the attending *physician*, prevents *you* or *your travel companion* from participating in a sporting event when the purpose of *your trip* was to participate in that sporting event.
5. *You* or *your travel companion* are unable to be immunized or take preventative medication based on *your* or *your travel companion's* medical history that is required for

- entry into a country or region that is on your travel itinerary (provided the requirement became effective after the purchase of the travel arrangements and this insurance).
6. ‡ Sickness or *injury* of *your* service dog, provided that *you* are blind, visually impaired, or physically disabled and travel arrangements have been made for the dog to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for your service dog must be included in the covered amount insured under *your* selected plan.
  7. *You, your spouse, your travel companion or your travel companion's spouse* are quarantined.

#### Pregnancy and or Adoption

8. *You, your spouse, your travel companion or your travel companion's spouse* become(s) pregnant after *you* book *your trip* and *your departure date* falls in the 9 weeks before the expected delivery date or any time after that date.
9. *You or your travel companion* develop(s) complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
10. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* develops complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
11. *You, your spouse, your travel companion or your travel companion's spouse* legally adopt(s) a child and the date of the adoption falls during *your trip*.

#### Death

12. *You or your travel companion* die(s).
13. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* dies.
14. *Your friend* or the person whose guest *you* will be during *your trip* dies.
15. ‡ Death of *your* service dog, provided that *you* are blind, visually impaired, or physically disabled and travel arrangements have been made for the dog to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your* service dog must be included in the covered amount insured under *your* selected plan.

#### Work and/or Educational Obligations

16. ‡ *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*.
17. ‡ *You, your spouse, your travel companion or your travel companion's spouse*: a) lose a permanent job because of layoff or dismissal without just cause, or b) are transferred by *your / their* respective employer and must move from *your / their* respective principal residence.
18. ‡ A business meeting, conference or convention that is the main intent of *your trip* and was scheduled before *you* purchased this insurance, is cancelled for a reason beyond *your* control or the control of *your* employer. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, *you* must be a registered delegate.

19. ‡ The requirement that *you or your travel companion* attend a *professional career program* examination or a university or college course examination on a date that occurs during *your trip*, provided the examination date was published before *you* purchased this insurance and subsequently changed after such purchase.

#### Government and Legal

20. ‡ *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*.
21. ‡ *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.
22. ‡ *Your or your travel companion's* passport is not issued within the time confirmed to *you / them* in writing by Passport Canada, provided that *you or your travel companion* had personally submitted the application to an authorized passport office and that it had been reviewed and found satisfactory by Passport Canada authorized personnel. This applies only to Canadian citizens.
23. ‡ The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after *you* purchase *your* insurance, advising or recommending that Canadian residents should not visit a destination included in *your trip*.

#### Accommodations and Transportation

24. ‡ *You or your travel companion's* principal residence or place of business is burglarized within 3 days of *your / their departure date* and as a result *you or your travel companion* must cancel *your / their trip* and remain behind to make the burglarized location secure or to meet with the insurance company or police authorities.
25. ‡ *You, your spouse, your travel companion or travel companion's spouse* are unable to occupy *your / their* principal residence or to operate *your / their* place of business because of an event that is independent of any intentional or negligent act on *your / their* part.
26. ‡ A natural disaster renders *your* pre-booked destination accommodation uninhabitable after *you* book *your trip*. This benefit is only applicable if your prepaid accommodation arrangements are not eligible for reimbursement by the travel supplier.

#### Hijacking

27. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are hijacked.

If *you* do not qualify for cancellation benefits under "Events Covered Under *Trip Cancellation Insurance*" section, consider submitting a claim under the "Cancel for any Reason" coverage as described on Page 13.

**Benefits – What does Misconnection Insurance cover?**  
If any of the covered events listed immediately below occurs before or after *your* originally scheduled departure date and prevents *you* from travelling as shown on *your confirmation*, we will pay:

- A. Up to the covered amount, to a maximum of \$1,000, for *your* misconnection expenses for:
  - i. the lesser of; the change fee charged by the airline for *your* missed connection or the cost of *your* one way economy transportation via the most cost-effective itinerary to the next destination,
  - ii. the unused prepaid portion of *your trip* (less the prepaid unused transportation *home*) that is non-refundable and non-transferable to another travel date (provided such expenses are not reimbursable by any other source).

**Exception:** If *you* purchased a ticket or pass to travel by plane and, at the same time, purchased the All-Inclusive Plan, the Canada All-Inclusive Plan, the Annual All-Inclusive Plan, or the Non-Medical Inclusive Plan, this insurance will cover up to \$2,000 for the extra cost of *your* same class transportation via the most cost effective itinerary to the next destination, when *you* are eligible for misconnection and delay benefits.

- B. *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 \$350 per day for up to 2 days when no earlier transportation is available.

#### **Misconnection Insurance Covered Events:**

1. ‡ *You* miss *your* next connecting *common carrier* because the *common carrier* that is providing transportation for a portion of *your trip* leaves later than originally scheduled.
2. ‡ The *common carrier* that is providing transportation for a portion of *your trip* leaves earlier than originally scheduled and the ticket *you* have purchased for *your* prior connection via another *common carrier* becomes unusable.
3. ‡ *You* or *your travel companion* are delayed for at least 6 hours in arriving at *your trip* destination or returning to *your home* due to the delay or schedule change or cancellation of *your* or *your travel companion's common carrier*.
4. ‡ *You* miss *your* next connecting *common carrier* because the airline with whom *you* have booked an earlier connecting flight (that is included in *your* insured prepaid travel arrangements) cancels such earlier flight.
5. ‡ *Your* earlier connecting *common carrier* has been rendered unusable because the airline with whom *you* have booked a subsequent connecting flight (that is included in *your* insured prepaid travel arrangements) cancelled the subsequent flight.
6. ‡ *You* miss a connection because of a delay in clearing customs and security controls due to *your* or *your travel companion's* mistaken identity. *You* must have been scheduled to arrive at *your* point of boarding in time to comply with the *travel supplier's* check-in procedure.
7. ‡ *You* miss a connection because the cruise ship *you* are travelling on is delayed (or the itinerary is modified) because of another passenger's medical emergency.

Only misconnection expenses outlined under this Misconnection Insurance will be payable.

*You* must make reasonable efforts to continue on *your trip* as originally planned. The amount payable will be reduced by any amounts paid or payable by the rescheduled or delayed *common carrier*.

**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:

- A. Up to the covered amount for the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date less the prepaid unused transportation *home*.
- B. If *you* have booked and paid for a golf package, we will also pay up to \$100 for each unused day of *your trip*, to a maximum of \$500 for *your* prepaid non-refundable green fees. Alternatively, if *you* have booked and paid for a ski package, we will pay up to \$100 for each unused day of *your trip*, to a maximum of \$500 for *your* prepaid non-refundable ski package (lift passes; ski school fees; rental of a snowboard, skis, ski poles, bindings and/or boots).
- C. In addition, we will pay *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 \$350 per day for up to 2 days when no earlier transportation arrangements are available.
- D. We will pay *your* extra cost of one-way economy class fare via the most cost-effective itinerary to *your* or *your* group's next destination, or to return *home*.

**Exception:** If *you* purchased a ticket or pass to travel by plane and, at the same time, purchased the All-Inclusive Plan, the Canada All-Inclusive Plan, the Annual All-Inclusive Plan or the Non-Medical Inclusive Plan, this insurance will cover the extra cost of *your* same class transportation via the most cost-effective itinerary to *your* or *your* group's next destination, or to return *home* when *you* are eligible for benefits under this insurance.

- E. If *you* must interrupt *your trip* to attend a funeral or to go to the bedside of a hospitalized *immediate family* member, we will reimburse *you* for the cost of a round-trip ticket *you* have paid for, up to the amount of a one-way fare to return *home* applicable to *your* purchased plan (same class fare for the All-Inclusive Plan, the Canada All-Inclusive Plan, the Annual All-Inclusive Plan or the Non-Medical Inclusive Plan and economy fare for the Trip Cancellation Plan).
- F. If *you* have booked a cruise and insured it under the All-Inclusive Plan, the Canada All-Inclusive Plan or the Non-Medical Inclusive Plan; and *you* are unable to attend an activity *you* booked while on the cruise ship, we will cover up to \$100 for each missed activity, to a maximum of \$500.

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

##### **Medical Related Events**

1. *You* or *your travel companion* develop(s) a *medical condition*.

2. 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*.
3. *Your* friend or the person whose guest *you* will be during *your trip* is admitted to a *hospital* in an *emergency*.
4. A *medical condition* which, in the written opinion of the attending *physician*, prevents *you* or *your travel companion* from participating in a sporting event when the purpose of *your trip* was to participate in that sporting event.
5. ‡ Sickness or *injury* of *your* service dog, provided that *you* are blind, visually impaired, or physically disabled and travel arrangements have been made for the dog to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your* service dog must be included in the covered amount insured under *your* selected plan.
6. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are quarantined.

### Pregnancy and/or Adoption

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

### Death

10. *You or your travel companion* die(s).
11. A member of *your immediate family* or *your key-person*, a member of *your travel companion's* immediate family or their *key-person* dies.
12. *Your* friend or the person whose guest *you* will be during *your trip* dies.
13. ‡ Death of *your* service dog, provided that *you* are blind, visually impaired, or physically disabled and travel arrangements have been made for the dog to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your* service dog must be included in the covered amount insured under *your* selected plan.

### Work and/or Educational Obligations

14. ‡ *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*.
15. ‡ *You, your spouse, your travel companion or your travel companion's spouse*: a) lose a permanent job because of layoff or dismissal without just cause, or b) are transferred by *your / their* respective employer and must move from *your / their* respective principal residence.
16. ‡ A business meeting, conference or convention that is the main intent of *your trip* and was scheduled before *you* purchased this insurance, is cancelled for a reason beyond *your* control or the control of *your* employer. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, *you* must be a registered delegate.

17. ‡ The requirement that *you or your travel companion* attend a *professional career program* examination or a university or college course examination on a date that occurs during *your trip*, provided the examination date was published before *you* purchased this insurance and subsequently changed after such purchase.

### Government and Legal

18. ‡ *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*.
19. ‡ *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.
20. ‡ 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*.
21. ‡ If *your or your travel companion's* passport and/or travel visa is lost or stolen during *your trip*, *you will be* reimbursed for reasonable travel and accommodation expenses until *your* replacement travel documentation is replaced. *You* will also be reimbursed for the change fee charged by the airline.

### Accommodations and Transportation

22. ‡ *You, your spouse, your travel companion or travel companion's spouse* are unable to occupy *your / their* principal residence or to operate *your / their* place of business because of an event that is independent of any intentional or negligent act on *your / their* part.
23. ‡ A natural disaster renders *your* pre-booked destination accommodation uninhabitable after *you* book *your trip*. This benefit is only applicable if *your* prepaid accommodation arrangements are not eligible for reimbursement by the travel supplier.
24. ‡ *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger vehicle, when the delay is caused by the mechanical failure of *your* connecting private passenger vehicle, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions. *Your* connecting private passenger vehicle must have been scheduled to arrive at *your* point of boarding in time to comply with the travel supplier's check-in procedure.
25. ‡ If *your trip* is interrupted and the planned time of arrival is delayed for any reason beyond *your* control, we will reimburse *you* for the reasonable and customary charges of taking an alternate route to the planned destination provided that the primary reason for *your trip* was to be present at a school graduation, wedding, funeral, sporting, theatrical, musical or other commercial entertainment event or conference, and such event cannot be delayed as a result of *your* late arrival.



26. ‡ A delay in *your* departure due to mechanical failure, weather conditions, earthquakes, volcanic eruptions, or grounding of *your* air transportation causes *you* to miss *your* scheduled cruise and *you* choose not to travel. This is applicable only if *your* airfare and cruise are insured with Manulife Global Travel Insurance and purchased through the same travel agent from whom *you* purchased *your* cruise and if *you* purchased the All-Inclusive Plan, the Canada All-Inclusive Plan or the Non-Medical Inclusive Plan.
27. ‡ If *you* have purchased the All-Inclusive Plan, the Canada All-Inclusive Plan, the Non-Medical Inclusive Plan or the Annual All-Inclusive Plan and the flight *you* are booked to fly on is overbooked and *you* are denied boarding as a result, we will pay up to \$1,000 for the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another date. For this benefit to apply, the overbooked flight must have been insured under *your* All-Inclusive, Canada All-Inclusive, Non-Medical Inclusive or Annual All-Inclusive.
28. *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting *common carrier*, when the delay is caused by the mechanical failure of *your* connecting *common carrier*, a traffic accident, an emergency police-directed road closure, weather conditions, an unannounced strike, earthquakes or volcanic eruptions. The *common carrier* must have been scheduled to arrive at *your* point of boarding in time to comply with the travel supplier's check-in procedure.

#### Weather

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

#### Hijacking

30. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are hijacked.

**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 pay up to the covered amount for the length of time that *you* are prevented from travel. We will pay:

- 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 and \$1,500 in total. Maximums are \$350 and \$3,500 respectively for the All-Inclusive Plan, the Canada All-Inclusive Plan, the Annual All-Inclusive Plan or the Non-Medical Inclusive Plan.
- B. Up to the covered amount for the extra cost 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 *your* attending *physician* at *your* destination.
- Exception:** If *you* purchased a ticket or pass to travel by *plane* and, at the same time, purchased the All-Inclusive Plan, the Canada All-Inclusive Plan, the Annual All-Inclusive Plan or the Non-Medical Inclusive Plan, this insurance will cover the

extra cost of *your* same class transportation via the most cost-effective itinerary to return *home* when *you* are eligible for misconnection and delay benefits.

#### 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. *Your friend* or the person whose guest *you* are during *your trip* is admitted to *hospital* with an *emergency* or dies.

#### Vacation Voucher

Applicable exclusively if *you* purchased the All-Inclusive Plan, the Canada All-Inclusive Plan, the Non-Medical Inclusive Plan or the Annual All-Inclusive Plan. If the death or hospitalization of an *immediate family* member, close friend, business associate or key employee, who has not accompanied *you* on the *trip*, prompts *you* to return earlier than *your* return date and *you* consequently miss at least 70% of *your* scheduled package tour, we will on *your* request issue a voucher to a maximum of \$750.

#### Vacation Voucher Limitations

1. Eligibility to receive the benefit under Vacation Voucher is dependent upon approval and payment of a valid *trip* interruption claim under the *Trip Cancellation and Interruption Insurance* of this policy.
2. The redeemable voucher is:
  - a. payable only to *you*;
  - b. valid until the expiry date indicated on the voucher (a period of 180 days from the date of *your* early return from *your* interrupted *trip*);
  - c. nontransferable; and
  - d. not redeemable in cash.
3. The replacement trip must:
  - a. begin before the expiry date on the voucher; and
  - b. be purchased through a Travel Agency that offers Manulife Global Travel Insurance

#### What else does *Trip Cancellation, 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 the covered amount.
2. In the event *you* die after the start of *your trip*: We will reimburse *your* estate, up to the covered amount, for *your* prepaid unused *trip* arrangements, plus 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 \$5,000 to have *your* body prepared where *you* die including the cost of a standard casket or urn;
  - up to \$5,000 to have *your* body prepared and the cost of a standard casket or urn, plus up to \$5,000 for *your* burial where *you* die; or
  - the return *home* of *your* ashes, plus up to \$5,000 to



cremate *your* body where *you* die including the cost of a standard urn.

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

3. *We* will reimburse *you* up to \$1,000 for the non-refundable prepaid airfare of a domestic flight (covers flights booked for travel within Canada only) that *you* had booked to connect with another airline carrier that is providing transportation for a portion of *your trip*, if the connecting flight is subsequently cancelled after *you* purchased this insurance. For this benefit to apply, both the connecting flight and the cancelled flight must be insured under *your* Manulife Global Travel Insurance policy.
4. If the primary reason for *your trip* was to attend a ticketed commercial event (sport, musical or other commercial entertainment) for which *you* had purchased and paid for tickets prior to booking *your trip* and purchasing this insurance, and such event is subsequently cancelled by the promoter of the event, *we* will pay, up to the covered amount, for the following:
  - a) If the event is cancelled before *you* leave *home*: 50% of the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date.
  - b) If the event is cancelled after *you* leave *home*:
    - i) the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date (less prepaid unused transportation *home*); and
    - ii) up to \$1,000 for the additional cost of one-way transportation via the most cost-effective itinerary (being the lesser of a one-way economy transportation or the change fee charged by the airline on existing tickets if this option is available) to return *you home*.
5. ‡ For the All-Inclusive Plan, the Canada All-Inclusive Plan and the Non-Medical Inclusive Plan, if *you* or *your travel companion* have prepaid airfare and commercially booked land arrangements (such as commercial accommodations, rental vehicle fees, commercial excursions) that are not part of a cruise or tour package and the cruise or tour is cancelled for any reason except *default*, *we* will reimburse *you*, up to a maximum of \$2,000:
  - a) **If the Cruise or Tour cancelled Prior to Departure:** the prepaid portion of the non-refundable airfare and land arrangements; or
  - b) **If the Cruise or Tour cancelled After Departure:** the additional cost of *your* one-way transportation via the most cost-effective itinerary to return *home* (being the lesser of a one-way fare or change fee charged by the airline if this option is available) and the non-refundable portion of *your* prepaid land arrangements.

For this benefit to apply, the cruise or tour, the airfare and the land arrangements must be insured for the entire

non-refundable amount with an All-Inclusive, Canada All-Inclusive or Non-Medical Inclusive Plan.

6. ‡ For the All-Inclusive Plan, the Canada All-Inclusive Plan and the Non-Medical Inclusive Plan, if during *your trip* *you* were delayed by 6 hours or more by an airline carrier that was providing a portion of *your* travel arrangements and as a result *you* incurred additional necessary and reasonable expenses for meals, telephone calls, internet usage fees and taxi fares, *we* will reimburse *you* up to a maximum of \$100 for such expenses. If the delay occurred overnight, *we* will also reimburse *you* an additional \$100 for overnight commercial accommodations. The maximum amount reimbursable in respect of this benefit is limited to \$200 per person per *trip* and can only be claimed if no other compensation was provided or offered by the delayed airline carrier and no other claim for these expenses were otherwise presented under any other section of the *Trip Cancellation /Interruption /Misconnection* sections of this policy. The overall sum insured for this benefit in case of family coverage is \$400 per *trip*.

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

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

If the *Trip Cancellation* covered amount purchased is less than \$20,000, *we* will not cover any expenses for a *medical condition* related to *you*, *your spouse*, or *your children*, if that *medical condition* was not *stable* in the 3 months before the *effective date* for this insurance.

In addition to the "*stable*" requirement, *we* will not cover any expenses relating to:

- *your/their* heart condition if, in the 3 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 3 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.

If the *Trip Cancellation* covered amount purchased is \$20,000 or more, *we* will not cover any expenses for a *medical condition* related to *you*, a member of *your immediate family*, *your travel companion*, *your key-person*, or the person whose guest *you* are during *your trip*, if that *medical condition* was not *stable* in the 12 months before the *effective date* for this insurance.

In addition to the "*stable*" requirement, *we* will not cover any expenses relating to:

- *your/their* heart condition if, in the 12 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 12 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.

We will not pay for losses or expenses incurred for, or as the result of, the following events which are applicable to all coverages detailed in this section, including **Trip Cancellation, Trip Interruption, Misconnection and Delayed Return Insurance**:

1. Any reason, circumstance, event or *medical condition* affecting *you* or anyone, which *you* were aware of on or before the *effective date*, and which may eventually prevent *you* from starting and/or completing *your* covered *trip* as booked when *you* purchase this insurance coverage.
2. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
3. *Your* suicide, attempted suicide or *your* intentional self-inflicted injury whether sane or insane.
4. *Your* committing or attempting to commit a criminal act.
5. Not following a prescribed therapy or *treatment*.
6. Any *medical condition*, sickness, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
7. An emotional or mental disorder (except an acute psychosis) that does not require admission to a *hospital*.
8.
  - 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*.
9. 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 3 months before leaving *home*; and/or
  - that caused a *physician* to advise *you* not to go on *your trip*.
10. A travel visa that is not issued because of a late application.
11. Any *medical condition* if the answers provided in the *questionnaire* (if applicable), are not truthful and accurate.
12. An *act of war* or *act of terrorism*. For all Plans, except Visitors, limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
13. Any loss resulting 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*,

when, before the *effective date* for this insurance, 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.

14. *Your* cancelling for any reason and deciding not to travel if *you* did not purchase this insurance within 72 hours of booking *your trip* or before any cancellation penalties applied.

### DEFAULT PROTECTION COVERAGE

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

If *you* have purchased **Trip Cancellation & Interruption Insurance** and *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:
  - a) for *default* prior to *your departure date*: the non-refundable portion of the amount that *you* prepaid for such undelivered *travel services* up to the covered amount of the *Trip Cancellation* coverage that *you* purchased in connection with *your trip*; or
  - b) for *default* after *your departure date*:
    - the non-refundable portion of the amount that *you* prepaid for such undelivered *travel services* up to the covered amount 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;
    - *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares up to a maximum of \$200 per day for up to 3 days; and
    - up to the covered amount for the extra cost of *your* economy class transportation via the most cost-effective itinerary to *your* next destination or to return *you home*.

### Benefit Limits

The amount payable to *you* in respect of any one *trip* will not exceed \$3,500 CDN; and will not exceed \$7,500 CDN for all persons who are covered under the same Manulife Global Travel Insurance policy. Any benefits payable shall also be subject to an overall maximum aggregate payable limit specified below relating to all in-force travel policies issued by *us*, including this policy. 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 maximum aggregate 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 maximum aggregate payable limit.

The maximum aggregate limits are:

- \$1,000,000 CDN with respect to the *default* of any one (1) *travel supplier*; and
- \$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:

- Loss or damage, incurred by *you*, which is or can be recovered from any other source, including any federal, provincial or other compensation fund;
- 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;
- Loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker;
- 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*;
- Losses incurred by an individual who has not purchased coverage for *Trip Cancellation & Interruption Insurance* coverage under the Manulife Global Travel Insurance policy, in connection with *your trip* which resulted in such losses;
- Insurance purchased or *trips* booked after the *default*; or
- Travel services* that were actually provided.

## EMERGENCY MEDICAL INSURANCE

Included in All-Inclusive, Canada All-Inclusive, Annual All-Inclusive, Global Medical, Travel Canada, Annual Medical, Medical Preferred and Visitors Plans.

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

*Emergency Medical Insurance* covers *you* for up to \$5,000,000 CDN (\$25,000, \$50,000, \$100,000 or \$150,000 as chosen for Visitors Plans) of *covered expenses* incurred by *you* as a result of *medical attention* required by *you* during *your trip* if a *medical condition* begins unexpectedly after *you* leave *home* or after *you* arrive in Canada for Visitors Plans, 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 where available. 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.

We will cover benefits 5 to 14 only if they have been authorized and arranged by the Assistance Centre.

For Visitors Plans, eligible *covered expenses* include those described under benefits 1 to 10 listed below.

Subject to the policy's maximums, exclusions and limitations, the eligible *covered expenses* are:

- Expenses to receive *emergency medical attention*** – 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*), 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.
  - Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 by profession.
  - 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*.
  - 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 \$5,000 to have *your* body prepared where *you* die and the cost of a standard casket or urn;
    - up to \$5,000 to have *your* body prepared and the cost of a standard casket or urn, plus up to \$5,000 for *your* burial where *you* die; or
    - the return *home* of *your* ashes, plus up to \$5,000 to cremate *your* body where *you* die including the cost of a standard urn.
- In addition, if someone is required to identify *your* body and must travel to the place of *your* death, we will pay the economy class airfare via the most cost-effective itinerary for that person and up to \$300 for that person's hotel and meal expenses. We will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to 72 hours.
- 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*, we will pay 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*.
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 \$350 per day to *you* to a maximum of \$3,500 (\$500 and \$5,000 respectively for the All-Inclusive Plan, the Canada All-Inclusive Plan and the Annual All-Inclusive Plan) 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 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*, we will pay the economy class fare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$500 for that person's hotel and meals and cover him/her under *Emergency Medical Insurance*, under the same terms and limitations of this policy, until *you* are medically fit to return *home*. For a *child* insured under this policy, this benefit is available immediately upon his/her *hospital* admission.
  8. **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 except for the Visitors Plans, where the benefit is up to \$3,000 during *your trip*.)
  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*, we will pay for the extra cost of 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. We will cover him/her under the *Emergency Medical Insurance*, under the same terms and limitations of this policy for a qualified escort. The *children* or grandchildren must have been under *your* care during *your trip* and be covered under this policy.
  10. **Expenses for childcare** – If *you* are admitted to *hospital*, we will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the *child's* parent, member of the *immediate family*, *your travel companion*, or the person whose guest *you* are during the *trip*. We will reimburse *you* up to \$100 per day to a maximum of \$300 per *trip*. The *child(ren)/grandchild(ren)* must have been under *your* care during *your trip*.
  11. **Expenses to return *your* pet(s) (Not an applicable benefit for Visitors Plans)** – When approved in advance and arranged by the Assistance Centre, we will pay for the extra cost of economy class transportation, up to \$500, to return *your* pet(s) (domestic dog(s) and/or cat(s)) *home* via the most cost-effective itinerary, if:
    - a) *your* treating *physician* recommends that *you* return *home* because of *your* medical condition;
    - b) *our* medical advisors recommend that *you* return *home* after *your* emergency treatment; or
    - c) *you* die.
  12. **Expenses to return *your travel companion* home (Not an applicable benefit for Visitors Plans)** – We will pay the extra cost of one-way economy class airfare via the most cost-effective itinerary, to return *your travel companion* (who is travelling with *you* at the time of *your* emergency and insured under *our* travel medical insurance plan) *home*, if *you* return *home* under Benefit #5 above.
  13. **Expenses to return *your vehicle* home (Not an applicable benefit for Visitors Plans)** – If, because of a medical *emergency*, hospitalization, death or repatriation, *you* are unable to drive *home* the *vehicle* *you* used during *your trip*, 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.
  14. **Return to Destination (Not an applicable benefit for Visitors Plans)** – When approved in advance by the Medical Director of the Assistance Centre and provided *your* attending *physician* determines no further *treatment* is required, *you* will be reimbursed the extra cost of one-way economy transportation to return to *your trip* destination after *you* are returned to *your home* for *emergency treatment* under Benefit #5 (Expenses to bring *you* *home*). Once *you* return to *your trip* destination, a recurrence of the *medical condition* which required *your* return *home* or any related condition will not be covered under this policy. This benefit can only be used once during *your trip* and only if the return can be arranged within the original period of coverage.
  15. **Hospital Allowance (Not an applicable benefit for Visitors Plans)** – If *you* are hospitalized for 48 hours or more, we will reimburse *you* up to \$50 per day, to a maximum of \$500 for *your* incidental expenses (telephone calls, television rental, etc.) while *you* are in the *hospital*.
  16. **Baggage Return (Not an applicable benefit for Visitors Plans)** – If *you* return *home* under Benefit #5 above, we will pay the extra costs to return *your* baggage to *your home*.
  17. **Expenses to replace prescription drugs (Not an applicable benefit for Visitors Plans)** – We will pay up to a maximum of \$50 if *you* have misplaced or have forgotten *your* prescription medication during *your trip* and it is necessary for



you to continue taking the prescribed medication. Charges for vitamins, vitamin preparations, over-the-counter drugs, contraception or birth control are not covered.

18. **Hearing Aid (Not an applicable benefit for Visitors Plans)** – Up to \$200 for the replacement of a hearing aid due to theft, loss or breakage during *your trip* and assistance to co-ordinate the replacement.
19. **Vision Care (Not an applicable benefit for Visitors Plans)** – Up to \$200 for the replacement of prescription eyeglasses due to theft, loss or breakage during *your trip* and assistance to co-ordinate the replacement.

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

We will not pay any 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. The *pre-existing condition* exclusion which applies to you depends on the plan you purchased and *your age* at the time you purchased this policy as outlined below.

All-Inclusive Plan:	
Under Age 75	<i>Pre-existing condition</i> exclusion 1
Age 75 or over	<i>Pre-existing condition</i> exclusion 3

Canada All-Inclusive Plan:	
No <i>pre-existing condition</i> exclusion applies.	

Global Medical Plan:	
Under Age 60	<i>Pre-existing condition</i> exclusion 1

Medical Preferred, Annual Medical and Annual All-Inclusive Plans:	
Under Age 60	<i>Pre-existing condition</i> exclusion 1
Age 60 or older Plan A+	No <i>pre-existing condition</i> exclusion applies.
Age 60 or older PLAN A	<i>Pre-existing condition</i> exclusion 1
Age 60 or older PLAN B and PLAN C	<i>Pre-existing condition</i> exclusion 2
Age 60 or older PLAN D	<i>Pre-existing condition</i> exclusion 4

Travel Canada Plan:	
Under Age 60	No <i>pre-existing condition</i> exclusion applies.
Age 60 or older Plan A+, Plan A, Plan B & Plan C	No <i>pre-existing condition</i> exclusion applies.
Age 60 or older PLAN D	<i>Pre-existing condition</i> exclusion 4

#### *Pre-existing condition* exclusion 1

We will not pay any expenses relating to:

- a *pre-existing condition* that was not *stable* in the **three (3) months** before *your effective date*; and/or
- a heart condition, if, in the **three (3) months** before *your effective date*, any heart condition has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- a lung condition if, in the **three (3) months** before *your effective date*, any lung condition has not been *stable* or you required *treatment* with oxygen or prednisone for any lung condition.

#### *Pre-existing condition* exclusion 2

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*; and/or
- 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.

#### *Pre-existing condition* exclusion 3

We will not pay any expenses relating to:

- a *pre-existing condition* that was not *stable* in the **twelve (12) months** before *your effective date*; and/or
- a heart condition, if, in the **twelve (12) 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 **twelve (12) months** before *your effective date*, any lung condition has not been *stable* or you required *treatment* with oxygen or prednisone for any lung condition.

#### *Pre-existing condition* exclusion 4

We will not pay any expenses relating to:

- a *pre-existing condition* for which you have taken, received, or been prescribed medication and/or *treatment* in the **six (6) months** before *your effective date*; and/or
- a heart condition, if, in the **six (6) months** before *your effective date*, you have taken, received or been prescribed medication and/or *treatment* for any heart condition 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*, you have taken, received or been prescribed medication and/or *treatment* for any lung condition or you required *treatment* with oxygen or prednisone for any lung condition.



*Visitors Plan – all ages We will not pay any expenses relating to ...
<ul style="list-style-type: none"> <li>a <i>pre-existing condition</i> for which <i>you</i> have taken, received or been prescribed medication and/or <i>treatment</i> in the <b>six (6) months</b> before <i>your effective date</i>; and/or</li> <li>a heart condition, if, in the <b>six (6) months</b> before <i>your effective date</i>, <i>you</i> have taken, received or been prescribed medication and/or <i>treatment</i> for any heart condition or <i>you</i> have taken any form of nitroglycerine for the relief of angina pain; and/or</li> <li>a lung condition, if, in the <b>six (6) months</b> before <i>your effective date</i>, <i>you</i> have taken, received or been prescribed medication and/or <i>treatment</i> for any lung condition or <i>you</i> required treatment with oxygen or prednisone for any lung condition.</li> </ul>
<p>We will not pay any expenses for a <i>pre-existing condition</i> for which <i>you</i> were hospitalized either more than once, or for at least 2 consecutive days, in the <b>12-month</b> period before <i>your effective date</i> of insurance.</p>

- Any *medical condition* when, prior to departure, *you* had not met all the Eligibility Requirements or truthfully and accurately answered all the questions in the medical *questionnaire* (if applicable).
- Expenses that exceed \$25,000, if *you* do not have valid coverage under a *government health insurance plan*.  
**(Not applicable to Visitors Plans)**
- Covered expenses that exceed the *reasonable and customary charges* where the medical *emergency* happens.
- 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).
- Any *treatment* that is not for an *emergency*.
- 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.
- 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 3 months before *your effective date*; and/or
  - that had caused *your physician* to advise *you* not to travel.
- For policy extensions or Top-Ups: any *medical condition* which first appeared, was diagnosed or treated after the *departure date* and prior to the *effective date* of the insurance extension or Top-Up.

- An *emergency* resulting from: hang-gliding, rock climbing, *mountaineering*, 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.
- Suicide, attempted suicide, or an intentional self-inflicted injury whether sane or insane.
- Committing or attempting to commit a criminal act.
- Not following recommended or prescribed therapy or *treatment*.
- Any *medical condition*, sickness, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
- A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
- your* routine prenatal care;
  - 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;
  - your* child born during *your trip*.
- For insured *children* under 2 years of *age*: any *medical condition* related to a birth defect.
- 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.
- Any *emergency* that occurs or re-occurs after *our* medical advisors recommend that *you* return *home* following *your emergency*, and *you* choose not to.
- An *act of war* or *act of terrorism*. For all Plans, except Visitors, limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
- Any loss resulting 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*, 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.
- Specifically for Visitors Plans**, any claim within the *waiting period* that is not the result of an accidental bodily *injury* if *you* purchase this insurance after *your* arrival date in Canada.
- Specifically for Visitors Plans**, charges in excess of:
  - \$150,000 in total if *you* have purchased the \$150,000 plan;
  - \$100,000 in total under the \$100,000 plan;
  - \$50,000 in total under the \$50,000 plan or
  - \$25,000 under the \$25,000 plan.

**Benefits – What are the other conditions that apply to Emergency Medical Insurance?**

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.

Neither *we* nor *our* agents or administrators are responsible for the availability, quality or result of any medical *treatment* or transportation, or for *your* failure to obtain medical *treatment*.

## ‡ BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

Included in All-Inclusive, Canada All-Inclusive, Non-Medical Inclusive, Annual All-Inclusive and Baggage and Personal Effects Plans.

Maximum coverage under this policy cannot exceed **\$2,000** per *trip*.

### 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. The *reasonable and customary charges* for the replacement of a lost or stolen passport, driver's licence, birth certificate or travel visa. In addition, we will cover up to a maximum of \$200 per *trip* for travel and accommodation expenses *you* actually incur while waiting to receive the replacement travel documents.
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 \$100 per day to a maximum of \$500 in total for the rental of golf clubs or ski equipment or for the purchase of reasonable golf accessories (golf balls, gloves, tees, etc.) or ski accessories (ski equipment includes snowboards, bindings, boots or poles, etc.) in the event *your* checked golf clubs or ski equipment are delayed by the *common carrier* for at least 10 hours while *you* are en route. This benefit is payable only when the delay happens before *your return home*.
4. 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 \$1,500 (if *you* have purchased the Baggage and Personal Effects Plan, we will pay up to the maximum covered amount *you* selected when *you* purchased this insurance). Jewellery or cameras (including camera equipment) are respectively considered a single item.

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

For Baggage Loss, Damage & Delay Insurance, 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 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.

See other conditions under How to Make a Claim.

## FLIGHT & TRAVEL ACCIDENT INSURANCE

Included in All-Inclusive, Canada All-Inclusive, Non-Medical Inclusive and Annual All-Inclusive Plans.

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

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

1. If an accidental bodily *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 \$100,000 under Flight Accident Insurance; or \$50,000 under Travel Accident Insurance as included in All-Inclusive, Canada All-Inclusive, Non-Medical Inclusive and Annual All-Inclusive Plans.
2. If an accidental bodily *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 *your* wrist or ankle joint in the 12 months after the accident, we will pay \$50,000 under Flight Accident Insurance or \$25,000 under Travel Accident Insurance as included in All-Inclusive, Canada All-Inclusive, Non-Medical Inclusive and Annual All-Inclusive Plans.
3. If *you* sustain more than one accidental bodily *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?

For Flight & Travel Accident Insurance, we will not cover expenses or benefits relating to:

1. Hang-gliding, rock climbing, *mountaineering*, parachuting or skydiving; 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.

2. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
3. Suicide, attempted suicide, or an intentional self-inflicted injury whether sane or insane.
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 *medical condition*, sickness, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
7. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
8. A loss caused directly or indirectly from an existing disease or bodily infirmity, even if the proximate cause of its activation or reactivation is the result of an accidental bodily *injury*.
9. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the Terrorism Coverage provision.
10. Any loss resulting 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*, 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.

## ✚ RENTAL VEHICLE DAMAGE INSURANCE

Included in *Rental Vehicle Damage Plan*.

**Benefits – What does *Rental Vehicle Damage Insurance* cover?**  
We will cover the following *Rental Vehicle Damage Insurance* benefits:

1. Up to \$60,000 for the liability imposed upon *you* by law or assumed by *you* under the *vehicle* rental agreement, and resulting from physical loss or damage to a *rental vehicle* while it is under *your care*, custody and control, or that of a person who is permitted to operate the *rental vehicle* under the rental agreement; for the number of days of coverage purchased; and for a maximum of 45 days.
2. Benefits include: a) *our* investigation, negotiation or settlement of *your claim* on *your behalf* and as we deem appropriate, b) *our* defending in *your name*, on *your behalf* and at *our cost*, any civil action brought against *you* on account of the loss or damage to the *rental vehicle*, c) *our* payment of all costs assessed against *you* in any civil action we defend and any interest accruing after judgment upon that part of the judgment that is within the limit of the insurer's liability, and d) *our* payment of towing costs, general average, salvage, fire department charges, customs duties and reasonable costs for loss of use of the *rental vehicle* for which *you* are responsible.
3. Coverage is valid only if *you* book *your vehicle* rental from a duly authorized and licensed commercial car rental agency.

4. If the commercial rental agency requires it, *you* must examine the *rental vehicle* and record, in writing, all existing damages before accepting the *rental vehicle*, and keep a copy of that damage record in case *you* have a claim.

## Exclusions & Limitations – What does *Rental Vehicle Damage Insurance* not cover?

For *Rental Vehicle Damage Insurance*, we will not cover expenses or benefits for:

1. Contents of the *rental vehicle*, liability other than for loss of or damage to the *rental vehicle*, or expenses assumed or waived by the *vehicle* rental agency or its insurers or payable under any other insurance.
2. Loss or damage arising from, caused by or contributed to by driving or operation of the *rental vehicle* by *you* or any other person while a) under the influence of intoxicating substances, b) participating in a speed test or contest, c) carrying passengers for compensation or hire, d) being used for commercial delivery, transporting contraband or illegal trade, or e) in violation of the terms of the *rental vehicle* agreement.
3. Loss or damage arising from, caused by, or contributed to by: a) the mechanical failure or breakdown of any part of the *rental vehicle*, rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing; b) the conversion or any dishonest act committed by *you* or any other party of interest, *your* employees or agents, or any person to whom the property may be entrusted (bailees for hire excepted); c) *your* failure to preserve or protect the property, or *your* neglect or abuse of the property; or d) contamination by radioactive material.
4. An *act of war* or *act of terrorism*.

## 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 policy, this insurance will provide coverage as follows:

- For all ***Emergency Medical Insurance and Trip Cancellation & Interruption Insurance*** coverage, except for Visitors Plans, we will provide benefits to *you* for *your covered 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 Cancellation & Interruption Insurance* shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *us*, including this policy. 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, exceed this maximum aggregate 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 maximum aggregate payable limit.

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

Type of Coverage	Maximum Aggregate for Each Act of Terrorism (CDN\$)
Emergency Medical	\$35,000,000
Trip Cancellation & Trip Interruption	\$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 Terrorism Coverage provision**

Notwithstanding any provision to the contrary within this policy or any endorsement thereto, this policy 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 *act 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 policy is issued on the basis of information provided in *your* application (including the medical *questionnaire* if required). *Your* entire contract with *us* consists of: this policy; *your* application for this policy (including the completed and signed medical *questionnaire*, if required); the *confirmation* issued in respect of that application; and any other amendments or endorsements resulting from extensions or top-ups of coverage.

**This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy, extension or top-up of coverage for benefits under this policy.**

This policy is non-participating. *You* are not entitled to share in *our* divisible surplus. Neither *we* nor *our* agents or administrators are responsible for the availability, quality or results of any medical *treatment* or transportation, or for *your* failure to obtain medical *treatment*.

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

This policy shall be governed by and construed in accordance with the laws of the province or territory of residence of the insured. For Visitors to Canada, this policy shall be governed by the laws of the Canadian province or territory where this policy was issued.

**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.**

**Premium**

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

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 (including the *questionnaire*, if applicable) 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 policy period by written endorsement if an underpayment in premium cannot be collected.

If *you* have purchased an annual plan or if *you* have purchased insurance for a period of coverage of 183 days or more, *you* have 10 days from the date of purchase to review this policy. If it does not meet *your* needs, *you* may cancel it and get the premium refunded by notifying *us*. *Your* ability to cancel the policy may be affected if *you* have already departed on *your trip*.

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

**How does this insurance work with other coverages that *you* may have?**

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), 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 policy, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this policy. *You* will execute and deliver such documents as are necessary and 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.



## HOW TO MAKE 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 where available. The Assistance Centre is ready to assist *you* 24 hours a day, each 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 policy (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 *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.

To make a claim for benefits under this policy, *your* written proof of claim and *your* fully completed Manulife Global Travel Insurance claim form(s) must be submitted to *us* within 90 days (30 days for *Rental Vehicle Damage*) after the event, but not more than 12 months after the date of such event or loss.

More information on the documentation that must be submitted with *your* written proof of claim is provided below.

Written claims correspondence should be mailed to:

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

*You* may also call the Assistance Centre directly to inquire about *your* claim status at: **1 855 841-4793**

For coverage information or general enquiries, please contact the Manulife Travel Customer Service at **1 866 298-2722**.

**If *you* are making a *Trip Cancellation & 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; or 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 expenses *you* may have had; d) any other invoice or receipt supporting *your* claim; and e) the entire medical file 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 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 30 days immediately after such filing deadline.

**If *you* are making an *Emergency Medical Insurance 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 support that the *treatment* was *medically necessary*; d) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident; e) proof of travel (including departure and return dates); and f) *your* historical medical records (if *we* determine applicable). For the Visitors Plans, *we* would also need a copy of *your* airfare ticket and passport or receipts confirming travel dates and entry into Canada.

**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 covered under this insurance, *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.

If ***you* are making a Rental Vehicle Damage Insurance claim**, the following conditions apply:

1. *We* will need: a) *your rental vehicle* invoice, b) *your* rental agreement with the record of the damages that existed when *you* picked up the *rental vehicle*, c) the police report and *rental vehicle* agency report, and d) an estimate of repair costs or the repair bill.
2. *You* must not undertake any repairs other than those that are immediately necessary for the protection of the *rental vehicle* from further loss or damage, nor remove any physical evidence of the loss or damage without *our* consent.

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

Except in the case of *your* death, *we* will pay the *covered expenses* under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if *we* determine that the amount is not payable under *your* policy. 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?**

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 other applicable legislation.

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

## DEFINITIONS

When italicized in this policy, the term:

***Act of terrorism*** means any activity, occurring within a 72-hour period, save and except an *act of war*, against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- use of, or a threat to use, force or violence; or
- commission of, or a threat to commit, a dangerous act; or
- commission of, or a threat to commit, an act that interferes with or disrupts an electronic, information or mechanical system;

and the effect or intention of the above is to:

- intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against its conduct or policies; or
- intimidate, coerce or instill fear in the civilian population or any segment thereof; or
- disrupt any segment of the economy; or
- further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

***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* as calculated 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 an unmarried, dependent son or daughter or *your* grandchild(ren) under the *age* of 21 or, if a full-time student, under the *age* of 26. Also, an unmarried dependent son or daughter of any *age*, if mentally or physically handicapped. In addition, a *child* must be at least 31 days old to be covered under this policy.

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

***Confirmation*** means the document or set of documents confirming *your* insurance coverage under this policy and, where applicable, *your trip* arrangements. It includes the medical *questionnaire*, if required, and the application for this policy, once *you* have completed and submitted it with the required premium to *us*. 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*.

**Covered expenses** means *reasonable and customary charges you incur for supplies and services which are eligible expenses under the Emergency Medical Insurance provisions and which are either in excess of and/or not covered under your government health insurance plan or any other plan.*

**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 home* unless you requested *your coverage* to start when you leave Canada. For the Visitors Plans, it means the date *you leave home*.

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

- For *Trip Cancellation* included in the All-Inclusive, Canada All-Inclusive, Non-Medical Inclusive and *Trip Cancellation* Plans, coverage starts at the date and time *you pay* the premium for that coverage, indicated as the purchase date on *your confirmation*.
- For *Trip Cancellation Insurance* included in the Annual All-Inclusive Plan, coverage starts initially on the date and time *you pay* the premium for that coverage, indicated as the purchase date on *your confirmation*, provided *you* have already purchased *your prepaid travel arrangements*. After that date, coverage starts each time *you purchase your prepaid travel arrangements*.
- *Rental Vehicle Damage Insurance* starts when *you* legally assume control of the *rental vehicle* as indicated on *your rental contract*.
- The Visitors Plans coverages start on the later of: i) the *effective date* of insurance as shown on *your confirmation*; or ii) the time and date *you arrive* in Canada from *home*.
- For *Emergency Medical Insurance* included in the Annual Medical and Annual All-Inclusive Plans, coverage starts initially on *your first travel date* and after that date, it starts every time *you leave home*. For the Annual Medical Plan, the *first travel date* must fall within 3 months of purchase.
- For Top-Ups, coverage starts after *you leave home*, on the start date of Top-Up coverage indicated on *your application* which must correspond to the first day after expiration of *your other plan*.
- All other coverages start on *your departure date*.

**Emergency** means a sudden and unforeseen occurrence of a *medical condition* that begins during the period of insurance and requires immediate *treatment*. An *emergency* no longer exists when the Assistance Centre determines that *you* are able to continue *your trip* or return *home*.

**Expiry date** means the date *your coverage* ends.

- For *Trip Cancellation Insurance*, *your coverage* ends on *your departure date* as indicated on *your confirmation*.
- *Rental Vehicle Damage Insurance* ends on the earliest of:
  - a) the date the rental agency reassumes control of the *rental vehicle* or the rental contract ends;
  - b) the *expiry date* as shown on *your confirmation*;

- c) when the number of days of coverage *you purchased* expires; or
  - d) 45 days after the rental contract started.
- The Visitors Plans coverages end on the earliest of the following:
    - a) the date *you leave Canada* to return *home*;
    - b) when the number of days of coverage *you purchased* expires, as per *your confirmation*;
    - c) no more than 365 days after *your effective date* of insurance;
    - d) the first day *you become insured* under a Canadian *government health insurance plan*.
  - Other coverages end on the earliest of these dates:
    - a) the date *you return home*;
    - b) on the *expiry date*, as shown on *your confirmation*; or
    - c) when the number of days of coverage *you purchased* expires.

**First travel date** means *your planned departure date*, as recorded on *your confirmation*.

**Government health insurance plan** means the health insurance coverage that a Canadian provincial or territorial government provides to its residents; or for the Visitors Plans, coverage that governments of *your home* or *your country* of residence provide to *you*.

**Home** means *your Canadian province or territory of residence*. If *you* requested *your coverage* to start when *you leave Canada*, *home* means Canada. In the case of *Trip Interruption*, Flight and Travel Accident, and Baggage Insurance, it means the place *you leave from* on the first day of coverage and are scheduled or ticketed to return to on the last day of coverage. For the Visitors Plans, it means *your country of residence or origin*; or *your place of departure* before arriving in Canada.

**Hospital** means a facility that is licensed as a *hospital* 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 *you sustain* and that is caused by external and purely accidental means, directly and independently of illness or disease and all other causes.

**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 attention** means *treatment* required for the immediate relief of an acute symptom or that, according to a *physician*, cannot be delayed until *you return home*. It must

be ordered by and received from a licensed *physician* during the *trip* or received from a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist during the *trip*.

**Medical condition** means *injury*, illness, disease or symptom, complication of pregnancy within the first thirty-one (31) weeks of pregnancy, or a mental or emotional disorder that requires admission to a *hospital*, or acute psychosis.

**Medically necessary** in reference to a given service or supply means such service or supply: a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; b) is not experimental or investigative in nature; c) could not be omitted without adversely affecting *your* condition or quality of medical care; d) cannot be delayed until *your* return *home*; and e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily for reasons of convenience.

**Mountaineering** means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pickaxes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

**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* or a member of *your* immediate family.

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

**Pre-existing condition** means a *medical condition* that exists before *your* effective date of insurance.

**Professional career program** means a registered course where a formal examination takes place at a set date and time.

**Questionnaire** means the document *you* must fill out truthfully and accurately to confirm *your* eligibility and rate category for *our* Medical Preferred, Travel Canada, Annual Medical or Annual All-Inclusive Plans. *You* must also fill out a *questionnaire* if *you* are purchasing a plan that includes Trip Cancellation & Interruption Insurance, and the non-refundable value of *your* *trip* is \$30,000 or more.

**Reasonable and customary charges** 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*.

**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.

**Spouse** means someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the *effective date* of this insurance.

**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 and accommodations with *you*. No more than four (4) individuals (including the insured) will be considered *travel companions* on any one *trip*.

**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 a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed medical practitioner, including but not limited to prescribed medication, investigative testing and surgery related to any sickness, *injury* or symptom.

**Trip** means the period of time that begins on the date *you* leave *home* and ends on the earliest of these dates:

- a) the date *you* return *home*;
- b) the expiry date, as shown on *your* *confirmation*; or
- c) when the number of days of coverage *you* purchased expires.

**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).

***Waiting period*** means:

- a) the 48-hour period following *your effective date* of insurance if *you* purchase this insurance within 30 days of arrival in Canada;
- b) the 8-day period following *your effective date* of insurance if *you* purchase this insurance more than 30 days after arrival in Canada.

The *waiting period* applies to any claim that is not the result of an accidental bodily *injury*.

***We, us, our*** means First North American Insurance Company (FNA) in connection with Baggage Insurance and coverage for the risks identified with ‡ throughout this document; and The Manufacturers Life Insurance Company (Manulife) in connection with all other coverages under this policy. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

***You, 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 services and the investigation of claims, and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. *Your* file is secured in *our* offices or those of *our* administrator or agent. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.