

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

**1 866 374-1656** toll-free from  
the USA and Canada.

**+1 (416) 977-5568** collect to  
Canada from anywhere else in the world.

Our Assistance Centre is there to help you  
24 hours a day, 365 days a year.

MANULIFE  
**Travel80** | TERM TRAVEL  
INSURANCE

The one travel product you'll ever need.



**Manulife Financial**  
With you every step of the way™

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**Manulife Travel80**  
TERM TRAVEL INSURANCE™

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NAME

POLICY #



Manulife Financial

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*Our Assistance Centre is there to help you*  
24 hours a day, 365 days a year.

**Please note that if *you* do not call the Assistance Centre in an *emergency* and 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* INSURANCE:

This policy is underwritten by The Manufacturers Life Insurance Company ("Manulife Financial"). Manulife Financial has appointed World Travel Protection as the provider of all assistance and claims services under this policy.

# MANULIFE TRAVEL80 TERM TRAVEL INSURANCE™

Designed to meet *your* out-of-province *emergency* medical travel insurance needs for years to come.

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

## 10-DAY SATISFACTION GUARANTEE

*You* have 10 days after receiving this policy to examine the coverage details, and return it to *your* broker for a refund if *you* are not completely satisfied. The policy will be void and any premium paid up to the end of the 10-day examination period will be refunded provided *you* have not incurred a claim during the 10-day review period. This right of cancellation does not apply to any reissued, substituted or consolidated policy continuing coverage that commenced under a previously issued policy.

## ELIGIBILITY

To be eligible for insurance under this policy, *you* must have applied and been approved for coverage by Manulife Financial after the *age* of 17 and before *age* 66. *You* must be a resident of Canada and have coverage under a *government health insurance plan* at the time of purchase and at the time of claim.

This plan excludes some medical conditions. Please see the section “Emergency Medical Benefits – Exclusions & Limitations – What is not covered?” for more information.

## GENERAL INFORMATION ABOUT YOUR TERM TRAVEL INSURANCE

- *Your* Term Travel Insurance provides *emergency* medical coverage for an unlimited number of *trips* taken during the term of this policy.
- Term Travel Insurance provides *you* with *emergency* medical coverage for unlimited travel within Canada outside *your* province or territory of residence.
- Each *trip* outside of Canada can be up to thirty (30) days.
- For any *trip* that is longer than thirty (30) days or extends beyond the *date of maturity*, top-up coverage is available from Manulife Financial for the additional days and under the same terms and conditions of this policy.
- *Your* annual premium is based on *your* *age*, at the time *your* application was received by *us*.
- Every ten (10) years that *your* plan is in force and *you* are claim-free, *you* will receive a return of premium equal to 50% of the premium *you* have paid for the previous ten (10) years. See the section “Return of Premium Benefit” for more details.
- In the event of a claim, *you* will be required to provide proof of *your* *departure date* and *your* *return date*. Proof can

include *your* plane ticket, train ticket, credit card or bank statement showing purchases in Canada just prior to *your departure date* and/or a stamped passport.

**NOTE:** The total duration of *your trip(s)* in any twelve (12) month period, including the extension, should not exceed 183 days (212 days if *you* reside in Ontario or Newfoundland) unless *you* obtain written approval from *your government health insurance plan*.

### WHEN COVERAGE FOR EACH TRIP STARTS

Coverage starts on *your effective date*.

### WHEN COVERAGE FOR EACH TRIP ENDS

*Your coverage ends on your expiry date*.

### WHEN THIS POLICY TERMINATES

This policy terminates on the earliest of:

- The *policy anniversary date* on or following *your* 80<sup>th</sup> birthday;
- the end of the grace period if any premium due has not been paid. See the section "What Else Do You Need to Know?" for more details.
- the next *premium due date* following the date *we* receive written notice from *you* that this policy is to be terminated;
- the date of *your* demise.

### AUTOMATIC EXTENSION beyond *your* scheduled *return date*

- If *your common carrier* is delayed, *we* will extend *your* coverage for up to seventy-two (72) hours; or
- If *you* or *your travel companion* are hospitalized on that date, *we* will extend *your* coverage during the hospitalization and for up to five (5) days after discharge from the *hospital*; or
- If *you* or *your travel companion* have a *medical condition* that does not require hospitalization but prevents travel, *we* will extend *your* coverage for up to five (5) days.

In any case, *we* will not extend any coverage beyond twelve (12) months after the date *you* first leave *home*.

### TO TOP UP YOUR COVERAGE

To top up *your* Term Travel Insurance for *trips* longer than thirty (30) days, or *trips* that extend beyond the *date of maturity*, simply call the Customer Service Centre indicated on the back of *your* wallet card (attached to the front cover of this policy booklet) before *you* leave *home* or within the first 30 days of *your trip*.

**If *you* purchase top-up coverage from another company, *you* will not be covered under this Term Travel Insurance for any part of that *trip*.**

To purchase any top-up coverage, *you* must be a Term Travel Insurance policyholder in good standing with premium payments paid to date. Also, any top-up is subject to the approval of the Assistance Centre. If *your* term travel insurance policy is not in force, *you* will have no coverage for any portion of *your trip*.

Although *you* are guaranteed eligibility when *you* apply for top-up coverage *you* may be required to answer questions

about *your* health status so that *we* can determine *your* top-up premium.

If *you* are already on *your trip*, *you* may be able to top up *your* coverage, as long as:

- *you* pay the additional premium; and
- *you* have had no event that has resulted or may result in a claim.

## REFUNDS & CANCELLATIONS

Term Travel Insurance is not refundable. *You* can cancel *your* Term Travel Insurance at any time, to be effective on *your* next *premium due date*, if *we* receive written notice from *you* that this policy is to be terminated.

## EMERGENCY MEDICAL BENEFITS

*Emergency* Medical Benefits cover *you* up to a lifetime maximum aggregate of \$5,000,000 CDN for *covered expenses* incurred by *you* as a result of an *emergency* that begins unexpectedly during *your trip* and for which *you* need *medical attention*, but only if these *covered expenses* are not covered by *your government health insurance plan* or any other benefit plan.

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Please note that if ***you do not call*** the Assistance Centre in an *emergency* and 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.

### What is covered?

***We will cover benefits #5 through #11 below only if they have been authorized and arranged by the Assistance Centre.*** *Covered expenses* and benefits are subject to the policy's maximums, exclusions and limitations.

Benefits and eligible *covered expenses* include:

1. **Expenses for *emergency medical attention*** – *Reasonable and customary charges* for 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.

2. **Expenses for paramedical services –**  
Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 per profession.
3. **Expenses for ambulance transportation –**  
*Reasonable and customary charges* for local licensed ground ambulance service to transport *you* to the nearest most appropriate medical facility in an *emergency*.
4. **Expenses for *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, after *you* return *home*, to continue *medically necessary treatment* in the ninety (90) days after the accident).
5. **Expenses to bring someone to *your* bedside –**  
If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of an *emergency*, we will pay the economy class airfare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$300 for that person's hotel and meals and cover him/her with Manulife Financial *Emergency* Medical Insurance.
6. **Extra expenses for meals, hotel, phone calls and taxi –** If an *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, we will reimburse *you* up to \$150 per day to a maximum of \$1,500 for *your* extra meals, hotel, essential phone calls and taxi fares. We will only reimburse *you* for these expenses if *you* have actually paid for them.
7. **Expenses related to *your* death –** If *you* 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 the container;
  - the return *home* of *your* ashes, plus up to \$5,000 to cremate *your* body where *you* die; or
  - up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die.

In addition, if someone is legally 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, as well as up to \$300 for that person's hotel and meal expenses. *We* will also provide that person with Manulife Financial *Emergency Medical Insurance* for up to seventy-two (72) hours.

8. **Expenses to bring you home** – If *your* treating *physician* recommends that *you* return *home* because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, *we* will pay for one or more of the following:
  - the extra cost of an economy class airfare via the most cost-effective itinerary;
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*;
  - the return cost of an economy class airfare 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*.
9. **Expenses to return children under your care** – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of *your emergency*, *we* will pay for the extra cost of one-way economy class airfare to return *children home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must be travelling with *you* and under *your* care during *your trip*.
10. **Expenses to return your travel companion home** – *We* will cover 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*, if *you* return *home* under benefit #8 above.
11. **Expenses to return your vehicle home** – If, because of an *emergency* *you* are unable to drive *home* the *vehicle* *you* used during *your trip*, *we* will cover up to \$2,000 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.
12. **Limited Terrorism Coverage** – Benefits are available if, due to an *act of terrorism*, *you* incur *emergency* medical expenses. See Terrorism Coverage on pages 9 and 10 for more details.

# EXCLUSIONS & LIMITATIONS

## What is not covered?

We will not pay any expenses or benefits relating to:

1. *Your heart condition* if, in the three (3) months before *your departure date*, you have taken any form of nitroglycerine for the relief of angina pain for *your heart condition*.
2. *Your lung condition* if, in the three (3) months before *your departure date*, you required *treatment*, or were treated, with oxygen or Prednisone for *your lung condition*.
3. Any of the following *medical conditions* or symptoms that lead to a diagnosis of such condition:
  - Heart condition
  - Lung condition
  - Stroke/CVA or mini stroke/TIA
  - Diabetes treated with medication
  - Peripheral vascular disease
  - Tumour; or cancer of all types except basal and squamous cell cancer
  - Chronic bowel disorder, diverticular disorder, bowel obstruction or surgery
  - Gastrointestinal bleeding; bleeding ulcer or perforated ulcer
  - Gall bladder disorder
  - Liver, kidney, bladder, prostate or reproductive system disorder
  - Pancreatitis
  - Aneurysm
  - Blood disorder
  - Organ transplant
  - Multiple sclerosis, Parkinsons

that have not been *stable* in the three (3) months prior to *your departure date*.
4. Any *medical condition* for which you required surgical intervention in the three (3) months prior to *your departure date*.
5. Any *medical condition* if it was reasonable to expect before you left *home* that you could need *treatment* during *your trip*.
6. Any *medical condition* when you knew, before you left *home*, or before the *departure date*, that you would need or be required to seek *treatment* for that *medical condition*.
7. Any *medical condition* or symptom for which future investigation or *treatment* was recommended and/or planned before you left *home*.

8. Any *medical condition* when you have taken *your trip* with the expectation of seeking *treatment* whether or not it was recommended or authorized by a *physician*.
9. Any *medical condition* that had caused *your physician* to advise you not to travel.
10. Any *pre-existing condition* that is listed on the *confirmation* you receive from us.
11. HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related condition (ARC).
12. Any expenses if you do not have valid coverage under a *government health insurance plan*.
13. *Covered expenses* that exceed the *reasonable and customary charges* where the *emergency* happens.
14. *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 which case, the 25% co-insurance does not apply).
15. Any *treatment* that is not for an *emergency*.
16. Any *emergency* if the answers provided in the application, including any top-up application, are not truthful and accurate and/or if you fail to advise us of a change from non-smoker status.
17. An *emergency* resulting from: 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; and any extreme adventure-seeking or sport.
18. Suicide, attempted suicide, or an intentional self-inflicted injury, whether sane or insane.
19. Committing or attempting to commit a criminal act.
20. Not following recommended or prescribed therapy or *treatment*.
21. Medication, drug or alcohol abuse.
22. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
23. *Your* routine pre-natal care; *your* pregnancy or childbirth; and/or complications of *your* pregnancy or childbirth when they happen in the nine (9) weeks before or after the expected date of delivery.
24. 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.
25. Any *emergency* that occurs or reoccurs after *our* medical advisors determine that *your emergency* has ended and/or recommend that you return *home* and you choose not to.

26. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage.
27. Expenses for an *emergency* resulting from an occupation or volunteer effort that is hazardous or dangerous. This includes, but is not limited to, construction or building efforts, or exploring in remote geographical areas.
28. Any loss resulting from an *act of war* or an *act of terrorism* when, before *your departure date*, a written formal warning was issued by the Department of Foreign Affairs and International Trade Canada, or any successor organization, advising Canadians not to travel to that country, region or city.
29. Any **medical condition** you suffer or contract in a specific country, region or city for which the Department of Foreign Affairs and International Trade Canada, or its successor organization, has issued a formal warning, before *your effective date*, advising Canadians not to travel to that specific country, region or city. In this exclusion "**medical condition**" is limited to the reason for which the formal warning was issued and includes complications arising from such **medical condition**.

### What are the other conditions that apply to this coverage?

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.

## TERRORISM COVERAGE

### What is covered?

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:

- *we* will provide benefits to *you* for *your covered expenses* subject to the maximums shown in the this policy;
- the benefits payable, as described above, are in excess of 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 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 the maximum aggregate payable limit

under all such policies, 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 \$35,000,000 for all *emergency* claims. Please note, this maximum is subject to change. *You* will be given notice of any change.

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.

### **Terrorism exclusion – What is not covered?**

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 *acts of terrorism* perpetrated by or involving the utilization of 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.

## **RETURN OF PREMIUM BENEFIT**

At the end of a return of premium period, *you* will be entitled to a return of 50% of the Term Travel Insurance premium *you* paid during an eligible return of premium period.

The return of premium period will begin on the later of:

- the *effective date* of the policy per *your confirmation*; or
- following the date of *your* most recent paid benefit under this policy; or
- the end date of the most recent return of premium period.

The return of premium period will end on the earlier of:

- 10 years;
- *your* demise; or
- this policy's *date of maturity*.

**NOTE:** The return of premium benefit excludes any premium paid for, or claims incurred during top-up coverage.

## Limitations

No return of premium benefit will be payable if:

- death occurs within the first two (2) years of the first premium payment or the latest *reinstatement date*;
- the policy terminates due to non-payment of premium;
- *you* cancel the policy before the return of premium period has been satisfied; or
- a benefit is paid during the return of premium period.

## WHAT ELSE DO YOU NEED TO KNOW?

This policy is issued on the basis of information provided in *your* application. *Your* entire contract with *us* consists of: this policy, *your* application for this policy (including any top-up application), the *confirmation* issued in respect of that application, and any other amendments or endorsements provided to *you* by Manulife Financial.

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. If this policy is made void, any top-up coverage added to this policy will also be void. 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*. Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act respecting contracts of accident and sickness insurance.

If a special provision is applied to *your* insurance coverage, the special provision will be endorsed on *your* policy. A special provision is a condition applied to *your* coverage without which this policy would not be in force. The special provision may include, but is not limited to, an extra premium or a limit on the level or type of risk insured.

## Premiums

Premiums are based on *your* age at the time *your* application was received by *us*.

The initial premium is due and payable at the time of purchase. Thereafter, each premium is due and payable on each *premium due date* 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 to reflect actual experience in the marketplace. Premiums are payable to the *date of maturity*, at which time *your* coverage will terminate.

Upon payment of the initial 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. If the premium is insufficient, *we* will charge and collect any underpayment. Coverage will be null and void if the premium is not paid in full or 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.

Except for the initial premium, a grace period of thirty (30) days beyond the due date will be granted, during which time *you* may pay in full any premium due, and this policy will stay in force subject to the termination provisions of this policy.

If a premium is paid after insurance terminates, or if this policy terminates prior to any top-up effective date, *we* are not liable for the payment of any benefits under this policy in respect of the insurance which ceased and any top-up under this policy. In that event, *we* will refund the amount of premium paid following termination and any premium paid for subsequent top-up coverage.

### **Reinstatement**

*You* may apply to have this policy reinstated within two (2) years of the due date of the first unpaid premium by providing:

- a written application to *us*; and
- proof of good health satisfactory to *us*.

Reinstatement will be subject to the eligibility requirements of this policy. *Your effective date* and *policy anniversary date* will be adjusted to match *your reinstatement date*. *Your* premiums will continue to be based on *your age* at the time of initial application.

At no time will *we* pay a claim for any *emergency* that occurs during any period the policy has lapsed due to non-payment of premium, regardless of whether the claim is presented before or after a *reinstatement date*.

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

This plan is a second payor plan. If there are other third party liability, group or individual, basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third party liability insurance in force at the same time as this policy, amounts payable under this policy are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are insured under such coverage.

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 each 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.

## HOW TO MAKE A CLAIM

**IN THE EVENT OF AN *EMERGENCY*,  
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**1 866 374-1656** toll-free from the USA and Canada

**+1 (416) 977-5568** collect to Canada from  
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*Our Assistance Centre* is ready to assist *you* 24 hours a day, 365 days a year.

Please note that if *you* do not call the Assistance Centre in an *emergency* and prior to receiving *treatment*, *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, the eligible expenses 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 due to illness or *injury* during *your trip*, *your* proof of claim must be sent to *us* within ninety (90) days of *your* loss.

If **you** are making a claim, we will need:

- a) original itemized receipts for all bills and invoices;
- b) medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment was medically necessary*;
- c) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident;
- d) proof of payment by *you* and by any other benefit plan;
- e) proof of travel (including *departure* and *return dates*); and
- f) *your* historical medical records (if *we* determine applicable).

**To whom will we pay your benefits?** We will pay the *covered expenses* under this insurance to the provider of the service or to *you*, or, in the case of *your* demise, *your* estate. Any return of premium benefit payable shall be paid to *you*, or, in the case of *your* demise, *your* estate upon proof of death.

*You* must repay *us* any amount paid or authorized by *us* on *your* behalf if *we* determine that the amount was 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?** If *you* disagree with *our* claim decision, the matter may be submitted to arbitration under the arbitration law in the Canadian province or territory where *you* resided at the time of claim against this policy. Legal action to recover a claim must start within the twelve (12) months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before courts of the Canadian province or territory where *you* resided at the time of claim against this policy.

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

## DEFINITIONS

When italicized in this policy, the term:

***Act of terrorism*** means any activity occurring within a seventy-two (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, 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 put in fear 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 when *your* application was received by *us*.

***Child, Children*** means an unmarried, dependent son or daughter or *your* grandchild(ren) under the age of twenty-one (21) or, if a full-time student, under the age of twenty-six (26); also, an unmarried dependent son or daughter of any age, if mentally or physically handicapped.

***Common carrier*** means a conveyance, (bus, taxi, train, boat, plane 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.

***Covered expense*** means *reasonable and customary charges you* incur for supplies and services which are eligible under this policy and which are either in excess of and/or not covered under *your government health insurance plan* or any other plan.

***Date of maturity*** means the date *your* coverage under this policy terminates because *you* have attained the age of eighty (80).

**Departure date** means the date *you* leave *home*.

**Effective date** means the later of:

- the date shown on *your confirmation*; or
- *your departure date*.

**Emergency** means a sudden and unforeseen occurrence of a *medical condition* that begins during the period of insurance, and requires *medical attention*. 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 earliest of:

- *your return date*; or
- thirty (30) days from, and including, the date *you* leave *home*; or
- the *expiry date* as shown on *your confirmation*; or
- when *your policy* terminates.

**Government health insurance plan** means the health coverage that the provincial and territorial governments provide to residents of Canada.

**Home** means *your* Canadian province or territory of residence.

**Hospital** means a facility that is licensed as a hospital where in-patients receive medical care, 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, 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 during the *trip* and that is caused by external and purely accidental means, directly and independently of illness or disease and all other causes.

**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 during *your trip* from a *physician*, physiotherapist, chiropractor, osteopath, chiropodist, podiatrist or dentist.

**Medical condition** means *injury*, illness or disease, symptom, complication of pregnancy within the first thirty-one (31) weeks of pregnancy, 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 primarily 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 to *your* Canadian province or territory of residence; and
- e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

**Mountaineering** means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pickaxes, anchors, bolts, carabineers 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*.

**Policy anniversary date** means the twelve (12) month period following the *effective date* of this policy and each twelve (12) month period thereafter.

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

**Premium due date** means the first day of the month following the *effective date* of this policy and:

- the *policy anniversary date*, if premiums are being paid annually; or
- the first day of each month, if premiums are being paid monthly.

**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* of a similar sickness or *injury*.

**Reinstatement date** means the first day of the month following the date *your* application for reinstatement of this policy has been approved by *us*.

**Renewal date** means the first day of the month following each *policy anniversary date*.

**Return date** means the date *you* arrive *home*.

**Stable** means a *medical condition* for which:

- there have been no new symptoms, and existing symptoms have not become more frequent or more severe or there have been no test results showing deterioration; and/or
- a *physician* has not determined that the condition has become worse; and/or
- a *physician* (or other medical professional) has not prescribed or recommended a new prescription medication or change in medication dosage or frequency. **Exceptions:** routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not new or stopped prescriptions); change from a brand name to equivalent generic drug of the same dosage; and/or
- a *physician* (or other medical professional) has not prescribed or recommended a change in *treatment* for that condition; and or
- there has been no admission to a hospital and/or *you* are not awaiting results of further investigation for that *medical condition*.

**Travel companion** means someone who shares *trip* arrangements and accommodations with *you*, and who is insured under a policy underwritten by Manulife Financial. No more than three (3) individuals (including *you*) will be considered *travel companions* on any one *trip*.

**Treatment** means medical consultation, advice, care and/or service provided by a licensed medical practitioner. This includes, but is not limited to medical, therapeutic or diagnostic procedures, investigative testing, surgery, or prescribed drugs (including pills and inhaled, injected or topical medications).

**Trip** means any travel away from *home* and for which coverage is in effect.

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

**We, us, our** means The Manufacturers Life Insurance Company (Manulife Financial).

**You, your** means the person named as the insured on the *confirmation*, for whom insurance coverage was applied and approved, and the appropriate premium has been 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, administer the policy and process claims. To protect the confidentiality of this information, Manulife Financial 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 Financial 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* consent to the use of personal information to offer *you* products and services is optional and if *you* wish to discontinue such use, *you* may advise *us* by calling 1 800 268-3763 or e-mailing *us* at [travel@manulife.com](mailto:travel@manulife.com). *Your* file is secured in *our* offices. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P.O. Box 4262, Stn A, Toronto, ON M5W 5T4.

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

**1 866 374-1656** toll-free from the USA and Canada

**+1 (416) 977-5568** collect to Canada from  
anywhere else in the world.

## Help is just a phone call away

Enjoying *your trip* should be the first thing on *your* mind. *Our* multilingual Assistance Centre is there to help and support *you* 24 hours a day, 365 days a year with:

### **Pre-Trip Information**

- ✓ Passport and travel 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 *physician, hospital, or other* healthcare provider
- ✓ 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 with obtaining prescription drugs
- ✓ Assistance in obtaining legal help or bail bond

## Other Important Phone Numbers

For coverage information, general enquiries, to apply for top-up coverage, please call the number indicated on the back of *your* wallet card (attached to the front cover of this policy booklet).

Written correspondence should be mailed to:  
Manulife Financial Travel Insurance  
Affinity Markets, Customer Service  
P.O. Box 4262, Toronto, Ontario M5W 5T4

*You* may also call the Assistance Centre directly for specific information on how to make a claim or to inquire about *your* claim status.