

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

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

Manulife Global Travel Certificate of Insurance



Accessible formats and communication supports are
available upon request.
Visit Manulife.com/accessibility for more information.

 **traveldiscounters.ca**
1-800-842-6943

 **Manulife**

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

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and First North American Insurance Company, a wholly owned subsidiary of Manulife.

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EFFECTIVE NOVEMBER 2019

Don't forget *your*
Wallet Card!



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MGUSPOL1119E-TD

NOTICE REQUIRED BY PROVINCIAL LEGISLATION

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

IMPORTANT NOTICE – PLEASE READ CAREFULLY

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

PLEASE READ YOUR CERTIFICATE OF INSURANCE CAREFULLY BEFORE YOU TRAVEL

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

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

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

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

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TRAVEL ASSISTANCE. ANYWHERE IN THE WORLD.

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

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

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

HELP IS JUST A PHONE CALL AWAY.

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, every day of the year, with:

Pre-Trip Information

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

During A Medical *Emergency*

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

Other Services

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

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IMPORTANT INFORMATION ABOUT *YOUR* TRAVEL INSURANCE

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

To be eligible for insurance under this certificate of Insurance, *you* must meet all the Eligibility Requirements outlined on Page 3 of this certificate of insurance 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 18-20 of this certificate of insurance.
- *Emergency Medical Insurance*: please review the *pre-existing condition* exclusions listed on Pages 25-27 of this certificate of insurance.

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

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

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

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IMPORTANT INFORMATION ABOUT *YOUR* INSURANCE:

We have issued group policy GTDSP7161113 to Travel Discounters. This certificate of insurance is subject to the terms and conditions of the group policy. In case of a discrepancy between this document and the group policy, the group policy will prevail. This certificate of insurance is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNA), a wholly owned subsidiary of Manulife. Please note that risks identified with ‡ throughout this document are covered by FNA. Manulife has appointed Active Claims Management (2018) Inc. (operating as “Active Care Management”) as the provider of all assistance and claims services under this certificate of insurance.

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 THIS INSURANCE *you* must pay the required premium to *your* travel consultant before *you* leave *home*. *You* must buy coverage for the entire duration of *your* trip.

Schedule of Maximum Benefits by Plan

PLANS		ALL-INCLUSIVE	TRIP CANCELLATION & INTERRUPTION
ELIGIBLE AGE*		NO LIMIT	NO LIMIT
TRIP CANCELLATION & TRIP INTERRUPTION (Pages 8-21)			
TRIP CANCELLATION		COVERED AMOUNT SELECTED	COVERED AMOUNT SELECTED
TRIP INTERRUPTION		UNLIMITED	COVERED AMOUNT SELECTED
CANCEL FOR ANY REASON		SEE PAGE 8	SEE PAGE 8
MISCONNECTION		SAME CLASS	ECONOMY CLASS
EARLY RETURN		SAME CLASS	ECONOMY CLASS
DEFAULT PROTECTION		SEE PAGE 20	SEE PAGE 20
ACT OF TERRORISM COVERAGE		SEE PAGE 30	SEE PAGE 30
ACCOMMODATION & MEALS		\$350/day - maximum 2 days	\$350/day - maximum 2 days
DELAYED RETURN / TRIP DELAY ACCOMMODATION & MEALS		SEE PAGE 16 \$3,500	SEE PAGE 16 \$1,500

EMERGENCY MEDICAL* (Pages 21-27)			
HOSPITAL & MEDICAL		\$50,000 (\$5,000,000 CDN if you have a valid government health insurance plan.)	-
ACCIDENTAL DENTAL		\$3,000	-
AMBULANCE TRANSPORTATION EXPENSES		\$300,000 (\$5,000,000 CDN if you have a valid government health insurance plan.)	-
ACCOMMODATION & MEALS		\$500/day - maximum \$5,000	-
EXPENSES FOR CHILDCARE		\$100/day - maximum \$300	-
EXPENSES RELATED TO YOUR DEATH		SEE PAGE 22	-
TERRORISM COVERAGE		SEE PAGE 30	-
BAGGAGE LOSS, DAMAGE & DELAY (Pages 27-28)		\$1,500	-
PASSPORT REPLACEMENT		\$200	-
BAGGAGE DELAY		\$500	-
MAXIMUM PER ITEM		\$300	-
FLIGHT & TRAVEL ACCIDENT (Pages 28-29)			
FLIGHT ACCIDENT		\$100,000	-
TRAVEL ACCIDENT		\$50,000	-

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

GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

Coverage must be for the entire time that *you* are away from *home* and *you* must pay the required premium to *your* travel agent before *you* leave *home*.

The cancel for any reason benefit does not apply if *you* did not purchase *your* certificate of insurance within **72** hours of *your* initial *trip* booking or before any cancellation penalties became applicable.

Family coverage is available to *you* if all family members to be insured under one certificate of insurance are:

- named in *your confirmation*,
- all insured are under *age* 60,
- you* have purchased and paid for family coverage, and
- travelling together.

Family Coverage (a maximum of 2 adults) can include:

- you* (either as a parent or grandparent) and *your children/grandchildren*;
- you* and *your spouse* and *your children* or *grandchildren*; or
- three generations of a single family (grandparent[s], parent[s] and their *children*).

Children and/or *grandchildren* must be at least 31 days of *age* to be insured under the plan purchased.

The family rate is **3** times the older (or only) parent's or grandparent's rate for the All-Inclusive Plan. Family coverage is not available for the *Trip Cancellation & Interruption Plan*.

Children Under 2 Years Old at No Extra Charge:

If *your children* (or a *child*) is more than 30 days old, and will be under 2 years old for the entire duration of *your trip*, and *you* purchased the All-Inclusive Plan, coverage will be provided to that child at no extra charge.

THE DATE YOUR COVERAGE STARTS / YOUR EFFECTIVE DATE OF COVERAGE

Trip Cancellation coverage starts at the date and time *you* pay the premium for that coverage. **Trip Interruption** coverage starts on the day *you* plan to leave *home*.

For Emergency Medical Insurance included in the All-Inclusive Plan, coverage starts when *you* leave *home*.

All other coverages start on *your departure date*.

THE DATE YOUR COVERAGE ENDS / YOUR COVERAGE EXPIRY DATE

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

For Trip Interruption Insurance, *your* coverage ends on the earlier of:

- the date when *you* return to *your departure point* ; or
- on the expiry date as shown on *your confirmation*.

Other coverages end on the earliest of:

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

***Your insurance coverage will not end if *you* temporarily return home**

Your insurance coverage will not end if, under *your Trip Interruption coverage*, *you* temporarily return to *your state*,

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* coverage 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*.

ADDITIONAL INFORMATION

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 permitted otherwise by *your Canadian government health insurance plan*) or 60 days for those *age* 60 to 74 or 45 days for those *age* 75 and older covered by the 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.

REFUND OF PREMIUM

Please note that refunds are not available.

TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE

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 CANCEL FOR ANY REASON

If you **DO NOT** qualify for cancellation benefits under **Events Covered Under Trip Cancellation Insurance**, and you want to cancel your trip for any other reason, consider submitting a claim under this "Cancel for any Reason" benefit.

Cancel for any Reason coverage is available only:

- If you purchased your policy within 72 hours of booking your trip, or
- 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 you purchased 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 insured under your selected plan:

- For the prepaid unused portion of your trip that is non-refundable and non-transferable to another travel date.
- 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 the 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 an individual with a disability (physical, psychiatric or mental disability), 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) any 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 any complication of pregnancy within the first (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 an individual with a disability (physical, psychiatric or mental disability), 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. ‡ The cancellation of your or your travelling companion's business meeting, conference or convention which was the main intent of this trip and was scheduled before the purchase of this insurance. The cancellation must be for a reason beyond your or your travelling companion's control or your or your travelling companion's employer's control. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, you or your travel companion must be a registered delegate.
19. ‡ The requirement that you or your travel companion attend a registered professional career course 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 your home country issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after you purchase your insurance, advising or recommending that citizens of your home country not visit a specific destination included in your trip.

Accommodations and Transportation

24. ‡ Your or your travel companion's principal residence or place of business is burglarized within 3 days of your /their departure date and you /they are required to cancel your / their trip and stay 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 8.

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 causes a misconnection or a travel disruption which 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 or travel disruption 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 purchased the All-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 or Travel Disruption

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, because of a delay, schedule change or cancellation of your or your travelling companion's common carrier which causes a delay of at least 6 hours in arriving at your trip destination or returning to your home.

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 or travel disruption 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.

Exception: if *you* purchased the Trip Cancellation & Interruption Plan, coverage will be limited to the covered amount *you* selected at the time of application.

- 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. *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. *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, 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 applicable to *your* purchased plan (same class fare for the All-Inclusive Plan).
- F. If *you* have booked a cruise and insured it under the All-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 the *trip* was to participate in that sporting event.
5. ‡ Sickness or *injury* of *your* service dog, provided that *you* are an individual with a disability (physical, psychiatric or mental disability), 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) any 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 any complication of pregnancy within the first (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 an individual with a disability (physical, psychiatric or mental disability), 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. ‡ The cancellation of your or your travelling companion's business meeting, conference or convention which was the main intent of this trip and was scheduled before the purchase of this insurance. The cancellation must be for a reason beyond your or your travelling companion's control or your or your travelling companion's employer's control.
17. ‡ The requirement that you or your travel companion attend a registered professional career course 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 your home country issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after your departure date, advising or recommending that citizens of your home country not visit a specific 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.
27. ‡ If you have purchased the 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 nontransferable to another date. For this benefit to apply, the overbooked flight must have been insured under your All-Inclusive Plan.
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, for the length of time that you are prevented from travelling, pay for:

- A. Your additional and unplanned hotel and meal expenses, your essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of up to \$150 per day and \$1,500 in total for the Trip Cancellation & Interruption Plan and with a maximum of up to \$350 per day and \$3,500 in total for the All-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 the 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, 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. If the death or hospitalization of an *immediate family* member, close friend or *your key-person*, 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 Trip Interruption Insurance* of this certificate of insurance.
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*); and
 - 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 and the cost of a standard casket;

- 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 round-trip economy class airfare via the most cost-effective itinerary for that person and up to \$300 for that person's hotel and meal expenses. *We* will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this certificate of insurance for up to 72 hours.

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 certificate of insurance.
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, 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 \$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 arrangement must be insured for the entire non-refundable amount with an All-Inclusive Plan.

Exclusions & Limitations – What does *Trip Cancellation & Trip 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, under *Trip Cancellation* and *Trip Interruption Insurance*, 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 insurance purchase date or application date as indicated on *your confirmation*.

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 insurance purchase date or application date as indicated on *your confirmation*, 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 insurance purchase date or application date as indicated on *your confirmation*, 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, under *Trip Cancellation* and *Trip Interruption Insurance*, 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 insurance purchase date or application date as indicated on *your confirmation*.

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 purchase date or application date as indicated on *your confirmation*, 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 purchase date or application date as indicated on *your confirmation*, 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 date *you* purchased this coverage, and which may eventually prevent *you* from starting and/or completing *your covered trip* as booked when *you* purchase this insurance coverage.

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* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
4. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
5. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
6.
 - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
 - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
7. Any loss resulting from *your minor mental* or *emotional disorder*.
8.
 - routine pre-natal or post-natal care;
 - pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
9. *Your* child born during the *trip*.
10. A *medical condition*:
 - when *you* knew or for which it is reasonable to believe or expect that *treatment* will be required 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*.
11. A travel visa that is not issued because of a late application.
12. Any *medical condition* if the answers provided in the *questionnaire* (if applicable), are not truthful and accurate.
13. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism* Coverage provision.
14. Any *act of terrorism* or any *medical condition* *you* suffer or contract when an official travel advisory was issued by the Canadian government stating “Avoid all non-essential travel” or “Avoid all travel” regarding the country, region or city of your destination, before *your effective date*.
To view the travel advisories, visit the Government of Canada Travel site.
This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

15. *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 a plan that includes **Trip Cancellation & Trip 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
 - *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 certificate of insurance. 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 certificate of insurance.

If total claims otherwise payable for this type of coverage under all travel policies issued by *us*, resulting from the *default* of one or more *travel suppliers* occurring within an applicable time period, exceeds the 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:

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

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

Exclusions

We will not cover any expenses,, caused by or resulting from any of the following:

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

EMERGENCY MEDICAL INSURANCE

Included in the All-Inclusive Plan.

Benefits – What does *Emergency Medical Insurance* cover?

Emergency Medical Insurance covers *you* for up to \$5,000,000 CDN of *reasonable and customary expenses* incurred by *you* as a result of *emergency treatment* required by *you* during *your trip* if a *medical condition* begins unexpectedly after *you* leave *home* but only if these covered expenses are not covered by *your government health insurance plan* or any other benefit plan. If *you* do not have a valid *government health insurance plan*, *your* benefits under the *Emergency Medical Insurance* are limited to the *reasonable and customary expenses* up to \$50,000 for *emergency medical treatment* plus up to \$300,000 for ambulance transportation expenses. 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 certificate of insurance. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

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

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

1. **Expenses to receive emergency treatment** – Medical care received from a *physician* in or out of a *hospital*, the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary and could not be omitted without adversely affecting *your* condition or quality of medical care), the services of a licensed private duty nurse while *you* are in *hospital*, the rental or purchase (whichever is less) of a hospital bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about *your* condition, and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist.
2. **Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiroprapist or podiatrist, up to \$300 by profession.
3. **Expenses for ambulance transportation** – Reasonable and customary charges for local licensed ambulance service to transport *you* to the nearest qualified medical service provider in an *emergency*.
4. **Expenses 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 including the cost of a standard casket;
 - 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, when approved in advance by the Assistance Centre, we will pay the round-trip economy class airfare via the most cost-effective itinerary for that person and up to \$300 for that person's hotel and meal expenses. We will also provide that person with *Emergency* Medical Insurance under the same terms and limitations of this certificate of insurance for up to 72 hours.

5. **Expenses to bring you home** – If *your* treating *physician* recommends that *you* return *home* because of *your* *emergency* or if *our* medical advisors recommend that *you* return *home* after *your* *emergency*, when approved and arranged in advance by the Assistance Centre, we will pay the reasonable and customary expenses for:
 - the extra cost of an economy class fare via the most cost-effective itinerary; or
 - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and
 - the return cost of an economy class fare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's

reasonable fees and expenses, if this is medically necessary or required by the airline; or

- the cost of air ambulance transportation, if this is medically necessary, is appropriate and consistent with the diagnosis and could not be omitted without adversely affecting *your* condition or quality of medical care.
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 \$500 per day and \$5,000 in total for *your* extra meals, hotel, essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares). We will only pay for these expenses if *you* have actually paid for them.
 7. **Expenses to bring someone to your bedside** – If *you* are travelling alone and are admitted to a *hospital* for 3 days or more because of a medical *emergency*, when approved in advance by the Assistance Centre, we will pay the round-trip economy class fare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$500 for that person's hotel and meals and cover him/her under *Emergency* Medical Insurance, under the same terms and limitations of this certificate of insurance, until *you* are medically fit to return *home*. For a *child* insured under this certificate of insurance, this benefit is available immediately upon his/her *hospital* admission.
 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.)
 9. **Expenses to return children under your care** – If *you* are admitted to *hospital* for more than 24 hours or must return *home* because of an *emergency*, when approved in advance by the Assistance Centre, we will pay for the extra cost of 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 certificate of insurance for a qualified escort. The *children* or *grandchildren* must have been under *your* care during *your trip* and be covered under this certificate of insurance.
 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 domestic dog and/or cat** – When approved in advance and arranged by the Assistance Centre, we will pay up to \$500 for the extra cost of economy class, transportation to return *your* 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** – 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 (Expenses to bring you home).
13. **Expenses to return your vehicle home** – If, because of a medical *emergency*, hospitalization, death or repatriation, *you* are unable to drive *home* the *vehicle* you used during *your trip*, when approved in advance by the Assistance Centre, we will cover up to the reasonable cost charged by a commercial agency to bring *your vehicle home*. If you rented a *vehicle* during *your trip*, we will cover its return to the rental agency.
14. **Return to Destination** – When approved in advance by 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 certificate of insurance. 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** – 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** – If *you* return *home* under Benefit #5 (Expenses to bring you home), when approved in advance by the Assistance Centre, we will pay the extra costs to return *your baggage* to *your home*.
17. **Expenses to replace prescription drugs** – 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** – 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** – 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 for any losses, expenses or benefits relating to:

1. **A pre-existing condition.** When reading this section, please take the time to review the definitions of “*pre-existing condition*” and “*stable*” at the end of this booklet. The *pre-existing condition* exclusion which applies depends on the plan *you* purchased and *your age* at the time *you* purchased this certificate of insurance as outlined below. We will not pay any expenses relating to a *pre-existing condition* that was not stable in the:

All-Inclusive Plan:	
Under Age 75	3 months before you leave home.
Age 75 or older	12 months before you leave home.

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

- a *heart condition* if, within the required period of being *stable*, 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, within the required period of being *stable*, any *lung condition* has not been *stable* or *you* required *treatment* with oxygen or prednisone for any *lung condition*.
2. Any *medical condition* when prior to *your departure date*, *you* had not met all the Eligibility Requirements.
 3. Expenses that exceed: a) \$5,000,000 CDN if *you* have a valid *government health insurance plan* or b) \$50,000 for *emergency medical treatment*, and c) \$300,000 for ambulance transportation expenses.
 4. Covered expenses that exceed the *reasonable and customary* charges where the medical *emergency* happens.
 5. 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).
 6. Any *treatment* that is not for an *emergency*.
 7. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.

8. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if *our* medical advisors determine that *your emergency* has ended.
9. A *medical condition*:
 - when *you* knew or for which it is reasonable to believe or expect that *treatment* will be required 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.
10. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.
11. For certificate of insurance extensions or Top-Ups: any *medical condition* which first appeared, was diagnosed or treated after the scheduled *departure date* and prior to the *effective date* of the insurance extension or Top-Up.
12. An *emergency* resulting from an accident that occurs while *you* are participating in:
 - any sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation;
 - any sport or activity indicated below:
 - any form of BASE jumping (ie: wingsuit flying);
 - hang-gliding;
 - rock climbing;
 - mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment;
 - any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.
13. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
14. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
15. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
16. • Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
 - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
17. Any loss resulting from *your minor mental or emotional disorder*.
18. • routine pre-natal or post-natal care;
 - pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
19. *Your* child born during the *trip*.
20. For insured *children* under 2 years of *age*: any *medical condition* related to a birth defect.
21. Any *treatment*, services or supplies not medically necessary, or any medical procedures and/or tests (**including** MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
22. 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.
23. Any further medical *treatment* if *our* medical advisors determine that *you* should transfer to another facility or return to *your* home province/territory of residence for *treatment*, and *you* choose not to.
24. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism* Coverage provision.
25. Any *act of terrorism* or any *medical condition* *you* suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.
To view the travel advisories, visit the Government of Canada Travel site.
This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

‡ BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

Included in the All-Inclusive Plan.

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. Jewellery or cameras (including camera equipment) are respectively considered a single item.

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

We will not cover expenses or benefits relating to:

1. Animals, perishable items, bikes that are not checked as baggage with the *common carrier*, household items and furniture, artificial teeth or limbs, hearing aids, glasses of any type, contact lenses, money, tickets, securities, documents, items related to *your* occupation, antiques or collector items, items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, *your* imprudence or omission.
3. Unaccompanied baggage, personal property left in an unattended *vehicle*, 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 at a destination when, an official travel advisory was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.
To view the travel advisories, visit the Government of Canada Travel site.

FLIGHT & TRAVEL ACCIDENT INSURANCE

Included in the All-Inclusive Plan.

Benefits – What does Flight & Travel Accident Insurance cover?

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

1. If an accidental *injury* sustained during *your trip* causes *you* to die, to become completely and permanently blind in both eyes or to have two of *your* limbs fully severed above *your* wrist or ankle joint in the 12 months after the accident, we will pay \$100,000 under Flight Accident Insurance; or \$50,000 under Travel Accident Insurance.
2. If an accidental *injury* sustained during *your trip* causes *you* to become completely and permanently blind in one eye or to have one of *your* limbs fully severed above *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.

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?

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

1. An *emergency* resulting from an accident that occurs while *you* are participating in:
 - any sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation;
 - any sport or activity indicated below:
 - any form of BASE jumping (ie: wingsuit flying);
 - hang-gliding;
 - rock climbing;
 - mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment;
 - any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.
2. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
3. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
4. Any claim that results from or is related to *your* or *your* beneficiary's commission or attempted commission of a criminal offence or illegal act.
5. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
6.
 - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
 - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.

7. Any loss resulting from *your minor mental or emotional disorder*.
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 *injury*.
9. An *act of war* or *act of terrorism*.
10. Any *act of terrorism* or any *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.

To view the travel advisories, visit the Government of Canada Travel site.

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

ACT OF TERRORISM COVERAGE

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

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

Any benefits payable pursuant to *our Emergency Medical Insurance and Trip Cancellation & Trip Interruption Insurance* shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *us*, including this certificate of insurance. If total claims otherwise payable for a type of coverage under all travel policies issued by *us*, resulting from one or more *acts of terrorism* occurring within an applicable time period, 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 Insurance Coverage	Maximum Aggregate for Each Act of Terrorism (CDN\$)
<i>Emergency Medical</i>	\$35,000,000
<i>Trip Cancellation & Trip Interruption</i>	\$2,500,000

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

Exclusion to this Act of Terrorism Coverage provision

Notwithstanding any provision to the contrary within this certificate of insurance or any endorsement thereto, this certificate of insurance does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, resulting from, arising out of or in connection with any *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 certificate of insurance is issued on the basis of information provided in *your* application (including the *questionnaire* if required). *Your* entire contract with *us* consists of: this certificate of insurance; *your* application for this certificate of insurance (including the completed and signed *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 certificate of insurance, (including any request for extension or top-up of coverage for benefits), at the time of claim or at any other moment during *your* coverage period.

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

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

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

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

Limitation of Liability

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

Premium

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

Upon payment of premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and we have received your completed application (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 certificate of insurance period by written endorsement if an underpayment in premium cannot be collected.

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 certificate of insurance. If it does not meet *your* needs, *you* may cancel it and get the premium refunded by notifying *us*. *Your* ability to cancel the certificate of insurance 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 certificate of insurance, we will have the right to proceed, in *your* name, but at our expense, against third parties who may be responsible for giving rise to a claim under this certificate of insurance. *You* will execute and deliver such documents as are necessary and cooperate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights.

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount we pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy. If the total amount of all accident insurance *you*

have under policies issued by *us* is more than \$100,000, *our* aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

IN THE EVENT OF A CLAIM

In the event of an **emergency**, call the Assistance Centre immediately, prior to receiving **treatment**: **1 800 211-9093** toll-free from the USA and Canada or **+1 (519) 251-7821** collect where available. The Assistance Centre is ready to assist *you* 24 hours a day, every day of the year.

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

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

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

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 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 Manulife Travel Insurance Customer Service Centre 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 or *trip* delay, or c) other appropriate documentation if the claim is not for medical reasons. For example: copy of the subpoena if cancelling due to jury duty or being called as witness. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required.

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 appropriate and consistent with the diagnosis and could not be omitted without adversely affecting *your* condition and quality of medical care and cannot be delayed until *your* return *home*; d) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident; e) proof of travel (including *departure date* and return date); and f) *your* historical medical records (if we determine applicable).

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

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item 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.

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

Except in the case of *your* death, we will pay the *reasonable and customary expenses* under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if we determine that the amount is not payable under *your* certificate of insurance. If *you* have paid *your* premium in U.S. dollars all amounts shown throughout this contract are in U.S. dollars except for the \$5,000,000 CDN *Emergency Medical*, the *Act of Terrorism* and *default* maximum aggregate limits. Otherwise, if *you* paid *your* premium in Canadian dollars all amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, we will use *our* exchange rate on the date *you* received the service outlined in *your* claim. We will not pay for any interest under this insurance.

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

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

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act*, or in the *Limitations Act, 2002* in Ontario, or other applicable legislation.

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

DEFINITIONS

When italicized in this certificate of insurance, the term:

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

The intention of such activity is to:

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

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

Age means *your age* at time of application.

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

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

Child, Children means *your* unmarried, dependent son or daughter or *your grandchild(ren)* travelling with *you* or joins *you* during *your trip* and is either: i) under 21 years of *age*, ii) under 26 years of *age* if full-time student; or iii) *your child* of any *age* who is mentally or physically disabled.

In addition, the *children* must be older than 30 days of *age* to be covered under this certificate of insurance.

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

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

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

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

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

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

- For *Trip Cancellation Insurance*, coverage starts at the date and time *you* pay the premium for that coverage, indicated as the purchase date on *your confirmation*.
- For *Emergency Medical Insurance*, coverage starts when *you* leave *home*.
- 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 *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by Assistance Centre indicates that no further *treatment* is required at destination or *you* are able to return to *your* province or territory of residence for further *treatment*.

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 *Trip Interruption Insurance*, *your* coverage ends the earlier of:
 - a) the date when *you* return to *your departure point*; or
 - b) on the expiry date as shown on *your confirmation*.
- Other coverages end on the earliest of these dates:
 - a) the date *you* return *home*; or
 - b) on the expiry date, as shown on *your confirmation*.

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

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

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

Home means *your* state, province or territory of residence. If *you* requested *your* coverage to start when *you* leave *your* home country, *home* means *your* home country. In the case of *Trip Interruption*, *Flight and Travel Accident*, and *Baggage Insurance*, it means the *departure point*.

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

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

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

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

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

Minor mental or emotional disorder means:

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

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

Physician means a person:

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

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 any *medical condition* that exists prior to *your effective date*.

Questionnaire means the document *you* must fill out truthfully and accurately if the non-refundable value of *your trip* is \$30,000 or more.

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

Sickness means illness, disease, disorder or any symptom.

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

Stable means a *medical condition* is considered *stable* when all of the following statements are true:

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

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

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

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

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

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

Treatment means hospitalization, a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery.

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

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

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

We, us, our means FNAIC in connection with risk identified with ‡ throughout this document; and Manulife in connection with all other coverages under this policy.

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*.

In this certificate of insurance, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

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, Waterloo, Ontario N2J 4C6.

You may also visit Manulife at <https://www.manulife.ca/privacy-policies.html> for further details about *our* Privacy Policy.