



Don't forget your
Wallet Card!



In the event of an emergency call the
Assistance Centre immediately

1-877-251-4517

toll-free from the USA and Canada

+1-519-251-7423

call collect where available

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



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

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

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08/2018

TRYTPOL818E



Travel Insurance

YOUTH POLICY

Effective August 30, 2018

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

In the event of an emergency, call

Transat Travel Insurance

1-877-251-4517

toll-free from the USA and Canada

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call collect where available

Policy Number

Name of Policy Holder

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Policy Number

Name of Policy Holder

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

Pre-Trip Information

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

During a Medical Emergency

- Verify and explain coverage
- Refer you to a medical provider
- Arrange direct billing of covered expenses (where possible)
- Monitor the medical emergency and keep your family informed
- Emergency Medical Evacuation/Return Home

Other Services

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

**IN THE EVENT OF AN EMERGENCY,
CALL THE ASSISTANCE CENTRE IMMEDIATELY
1 800 251-4517** toll-free from the USA and Canada
+1 (519) 251-7423 collect where available.

NOTICE REQUIRED BY PROVINCIAL LEGISLATION

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

Important Notice – Please Read Carefully

- Travel Insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel as your coverage may be subject to certain exclusions or limitations.
- A pre-existing exclusion may apply to a medical condition and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- If your plan provides travel assistance, you must notify our Assistance Centre if you experience a medical emergency or prior to treatment. Your policy may limit benefits if you fail to contact our Assistance Centre.

**Please read your policy carefully
before you travel**

Important Notice

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

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

Important Notice

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

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

YOUTH TRAVEL INSURANCE POLICY

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

1-877-251-4517 toll-free from the USA and Canada

+1 (519) 251-7423 call collect where available

Our Assistance Centre is there to help *you*

24 hours a day, every day of the year.

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

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

IMPORTANT INFORMATION ABOUT YOUR INSURANCE:

This *policy* is underwritten by The Manufacturers Life Insurance Company (“Manulife”) and First North American Insurance Company (a wholly owned subsidiary of Manulife and hereinafter referred to collectively as “Manulife”). Manulife has appointed Active Claims Management (2018) Inc. (operating as “Active Care Management”) as the provider of all assistance and claims services under this policy.

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MEDICAL CONCIERGE SERVICES PROVIDED BY StandbyMD

Transat Travel Insurance is pleased to provide *you* with value-added medical concierge services when *you* have purchased Emergency Medical Insurance coverage under this *policy*.

What services are available? StandbyMD offers *you*:

- Anywhere *you* travel, telephone access to a qualified *physician* who can assess *your* symptoms and provide *treatment* options;
- In 86 countries and over 4000 cities, access to *physician* house call visits.

In addition, when *you* travel to the United States, StandbyMD offers the following services:

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies;
- Referral to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or more than 50,000 *hospitals* for evaluation and *treatment*;
- *Physician* co-ordination to an Emergency Room and, whenever possible in select cities, will “fast track” *you* through the Emergency Room.

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

MEDICAL CONCIERGE SERVICES PROVIDED BY THE Standby@MD PROGRAM.

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

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

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

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

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

SCHEDULE OF BENEFITS

Limitations apply, please see *policy* for details

BENEFIT SECTION	YOUTH ALL-INCLUSIVE PLAN	YOUTH EMERGENCY MEDICAL PLAN
TRIP CANCELLATION / INTERRUPTION / DISRUPTION (page 6)		
Trip Cancellation (page 6)	Up to Sum Insured (Maximum \$5,000)	N/A
Trip Interruption (page 7)	Economy	N/A
Tour/Cruise Cancellation (page 11)	Up to \$1,000	N/A
Schedule Change (page 11)	Up to \$1,000	N/A
Accommodation & Meal Expenses for Trip Interruption (page 7)	Up to \$300	N/A
Accommodation & Meal Expenses for Trip Disruption (page 12)	Up to \$300	N/A
EMERGENCY MEDICAL (page 16)		
Hospital & Medical	Up to \$1,000,000	Up to \$1,000,000
Accidental Dental	Up to \$1,000,000	Up to \$1,000,000
Medical Evacuation & Return Home	Up to \$1,000,000	Up to \$1,000,000
Accommodation & Meal Expenses	Up to \$3,500	Up to \$150
Visit to Bedside	Round Trip Economy Fare	Round Trip Economy Fare
Return & Escort of Children	Escort: Round Trip Economy + Children: One Way Economy Fare	Escort: Round Trip Economy + Children: One Way Economy Fare
Repatriation of Remains	Reasonable expenses	Reasonable expenses
Cremation/Burial at Destination	Up to \$5,000	Up to \$3,000
Vehicle Return	Reasonable return cost	Reasonable return cost
Hospital Confinement Allowance	Up to \$500	Up to \$500
Child Care Cost	Up to \$500	Up to \$500
TRAVEL ACCIDENT (page 22)		
Air Flight Accident	Up to \$25,000	N/A
Worldwide Accident	Up to \$10,000	N/A
BAGGAGE & PERSONAL EFFECTS (page 23)		
Delayed Luggage	Up to \$100	N/A
Delayed Sporting Equipment	Up to \$150	N/A
Lost Luggage Maximum Per Item	Up to \$300	N/A

COVERAGE REQUIREMENTS

Travel insurance must be purchased based upon *age*, length of travel and other restrictions set forth in this *policy*.

Plan	Age Restrictions	Length Of Travel	Other Conditions
PACKAGE PLANS			
Youth All-Inclusive Plan	Over 30 days old and up to <i>age</i> 29	Trips up to 365 days	Valid Canadian government health insurance plan. Coverage must be purchased for the full duration and for the full value of the prepaid non-refundable portion of the <i>insured trip</i> up to \$5,000.
Youth Emergency Medical Only Plan	Over 30 days old and up to <i>age</i> 29	Trips up to 365 days	Valid Canadian government health insurance plan.

Please check the *pre-existing condition* exclusion for **Emergency Medical Coverage** (see page 20).

Travel Insurance Policy

Coverage for any benefit under this *policy* is subject to receipt of *your application* and payment of the required premium. In the event *you* incur eligible expenses and/or losses that are covered by the insurance plan *you* have purchased, the *company* will reimburse eligible expenses and/or pay benefits for covered losses, subject to the terms, conditions, limitations and exclusions stated in this *policy*.

PERIOD OF COVERAGE

THE DATE YOUR COVERAGE STARTS / YOUR EFFECTIVE DATE OF COVERAGE

The period of coverage under this *policy* shall not exceed 12 consecutive months for any one *insured trip*.

The *insured trip* must originate and terminate in Canada except for benefits under Trip Cancellation/Trip Interruption/Trip Disruption.

This insurance must be purchased prior to departure from *your province* or territory of residence in Canada and for the complete duration of the *insured trip*.

Trip Cancellation Insurance coverage begins at the time and date *you* pay the premium for that coverage (shown as the purchase date on *your application*).

If *you* purchased this insurance as a *Top-Up* to another plan, coverage starts after *you* leave home, on the start date of coverage specified in the *application* for *Top-Up* coverage and which must correspond to the first day after expiration of coverage under the other plan.

For all other benefits, coverage begins on *your departure date*.

THE DATE YOUR COVERAGE ENDS / YOUR COVERAGE EXPIRY DATE

Trip Cancellation Insurance coverage ends on the earlier of:

- a) *your departure date*; or
- b) the date *you* cancel *your trip*.

For all **other benefits**, *your* coverage ends on the earlier of:

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

***Your insurance coverage will not end if *you* temporarily return to Your Province or Territory of Residence**

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

If *you* have requested and received prior approval from *our* Assistance Centre, *you* may return to *your province* or territory of residence to attend special events. *Your* medical coverage will not terminate but will be suspended for the duration of *your* temporary return. *Your* medical coverage will resume once *you* begin travel but, if *you* receive *treatment* in Canada for *sickness* or *injury* during *your* temporary return, then any *treatment* received on *your* return to *your* destination relating to the *medical conditions* previously *treated* in Canada will not be covered.

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 province* or territory of residence.

Automatic Extension

Under Trip Interruption Insurance, the *company* will extend *your* coverage beyond the date *you* were scheduled to return home as per *your application*:

- a) for up to 10 days, if *you* have a *medical condition* that prevents *you* from returning home on that date; or
- b) for up to 30 days, if *you* are in *hospital* and that hospitalization prevents *you* from returning home on that date.

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

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

- a) *your* carrier is delayed. In this case, the *company* will extend *your* coverage for up to 72 hours; or
- b) *you* or *your travel companion* is in *hospital* on that date. In this case, the *company* will extend *your* coverage while in *hospital* and for up to 5 days after discharge from the *hospital*; or
- c) *you* or *your travel companion* has a *medical condition* that does not require admission to *hospital* but prevents travel. In this case, the *company* will extend *your* coverage for up to 5 days.

In all cases and for all plans, the *company* will not extend any coverage beyond 12 months after *your effective date* of insurance.

What If I Stay Longer Than Planned?

Extensions: If *you* have not left home, simply call *your* distributor of Travel Insurance to ask for the extension. If, however, *you* are already on *your insured trip*, please call the Assistance Centre prior to *your* expiry date. *You* may be able to extend *your* coverage, subject to an extra premium, as long as the total length of *your insured trip* does not exceed 365 days.

If *you* have not had or expect to have a *medical condition* or claim since *your policy* was issued, the extension will be issued right away. Otherwise, the extension is subject to the approval of the Assistance Centre.

Top-ups: To *Top-up* another insurer's plan for trips longer than the number of coverage days *you* have, simply call *your* distributor of Travel Insurance before *you* leave home for the additional coverage days required. It is *your* responsibility to confirm that a *Top-up* is permitted on *your* existing plan with no loss of coverage.

How Do I Get a Refund of Premium?

If *you* return home before the date *you* were scheduled to return home as per *your application*, and have not had a claim, *you* may ask for a refund of the premium for the unused days of *your* Emergency Medical Insurance coverage purchased for *your insured trip*. Simply contact *your* distributor of Travel Insurance to ask for the refund and provide proof of the date *you* actually returned home.

Please note, all travellers insured under the same *policy* must return together to be eligible for a refund.

TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

Included in the Youth All-Inclusive Plan Only

To be sure *you* have full coverage for *your insured trip*, *you* must have purchased Trip Cancellation, Trip Interruption and Trip Disruption coverage before any cancellation penalties applied.

When Does Coverage Apply?

Trip Cancellation applies when a covered risk occurs prior to *your departure date*.

Trip Interruption applies when a covered event occurs on or after *your departure date*.

Schedule Change applies when, after the start date of *your* coverage, the airline carrier providing transportation for a portion of *your insured trip* changes the scheduled departure of *your* flight to a later or earlier departure which results in the flight being unusable or causes *you* to miss a connection.

Cancellation of Your Tour/Cruise applies when *your* Tour/ Cruise is cancelled for reasons specified in the Tour/Cruise Cancellation Benefit section of the *policy*.

Trip Disruption applies when a covered risk occurs during the course of *your* travel to and from *your departure point* and causes a delay of *your* departure or delay of *your* return back to *your departure point*.

Trip Cancellation - Prior to Departure

If *you* must cancel *your insured trip* **prior to the departure date** shown on the *application* for insurance as the result of the occurrence of any one of the Covered Events 1–29 (listed in the section Covered Events for Trip Cancellation or Trip Interruption Insurance), *you* will be reimbursed up to the **sum insured** selected on *your application* for this insurance;

- a) the non-refundable portion of *your* prepaid *insured travel arrangements*, published service fees, published cancellation fees as well as other administrative handling fees and service fees specifically indicated by *your* travel supplier on *your application*; or
- b) the next occupancy charge, if *your travel companion* with whom *you* have prepaid shared accommodation cancels and *you* elect to travel as originally planned; or
- c) the change fee charged for rebooking *your insured travel arrangements* when such an option is made available by *your* travel supplier.

To cancel a trip prior to *your* scheduled departure date shown on the *application*, *you* must cancel *your insured trip* with the travel supplier immediately, or at the latest, the business day following the cause of cancellation.

Trip Interruption - On or After Departure

If *your insured trip* is interrupted **on or after the departure date** shown on the *application*, as the result of the occurrence of any one of the Covered Events 1–29 (listed in the section Covered Events for Trip Cancellation or Trip Interruption Insurance), *you* will be reimbursed for:

1. The extra cost of one-way economy transportation via the most cost-effective itinerary to continue *your insured trip* as originally booked, or to return to the original *departure point*.

If *you* are required to interrupt *your insured trip* to attend a funeral or go to the bedside of a hospitalized *immediate family member*, *you* have the option to purchase an economy round-trip ticket; and *you* will be reimbursed for the cost of the round-trip ticket, up to the amount of one-way economy transportation back to the *departure point of your insured trip*.

2. a) The unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*); or
b) If applicable, the next occupancy charge if *your travel companion*, with whom *you* have prepaid shared accommodation, cancels and *you* elect to continue the *insured trip* as originally planned.
3. Published cancellation fees imposed for the early return of a *rental vehicle* prior to the contracted date of return and published cancellation fees imposed by hotels for unused accommodations.
4. Extra expenses incurred for commercial accommodation and meals, essential telephone calls and taxi fares caused by the interruption of *your insured trip* due to the occurrence of any one of the Covered Events 1 to 29, up to **\$150 per day** to a maximum of **\$300**.

Original receipts must be provided when claiming this benefit.

5. **In the event of your death** resulting from a covered *injury* or *sickness* while on the *insured trip*:
 - a) the reasonable costs incurred for preparing and transporting *your* remains back to *your departure point* in Canada; or
 - b) the cost of cremation and burial of *your* remains at the location where death occurs, to the maximum of **\$3,000**.

No benefit is payable for the cost of a headstone, casket, urn and/or funeral service expenses.

No benefit will be payable under item Trip Interruption – On or After Departure, if *you* are eligible and qualify to receive the payment for the same expenses under any other benefit section of this *policy*.

EVENTS COVERED FOR TRIP CANCELLATION OR TRIP INTERRUPTION INSURANCE

Trip Cancellation or Trip Interruption of *your insured trip* must result from any one of the **UNFORESEEN EVENTS** listed below occurring during the period of coverage:

Medical Related Events

1. The unexpected *sickness or injury of you, your travel companion, or a member of your or your travel companion's immediate family or a key-person travelling with you on the insured trip.*
2. The unexpected *sickness or injury of a member of your or your travel companion's immediate family or a key-person, not travelling with you on the insured trip.*
3. Admission to *hospital* of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.
4. *You or your travel companion* are medically unable to receive an injection or medication that is suddenly required for entry into a country, region or city originally ticketed in *your insured travel arrangements*, provided this requirement was not mandatory on the date of *application* for insurance.
5. If *you* miss **75%** of *your insured trip* because *you* had to interrupt *your* travel due to the admission to *hospital* or death of *your immediate family member* or a *key-person* not travelling with *you*, a **\$750** travel voucher will be issued to *you*. The voucher is non-transferable and must be used within 180 days of the early *return date* and must be used at the travel agency that originally booked the interrupted *insured trip*.
6. Quarantine of *you, your travel companion* or the *spouse* or *children* of either.
7. Quarantine of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.

Pregnancy and or Adoption

8. Complications of pregnancy which occur within the first 31 weeks of *your or your travel companion's, or your spouse's or travel companion's spouse's* pregnancy.
9. Pregnancy that is diagnosed after the date of *your application* for this insurance, if the *insured trip* is scheduled to take place within 9 weeks or less of *your, your spouse's, your travel companion's or your travel companion's spouse's* expected date of delivery, or if the *physician* advises against travel in the first trimester of the pregnancy.
10. The early and unexpected birth of a *child to your immediate family member* or a *key-person* not travelling with *you* during *your insured trip*.
11. The legal adoption of a *child* by *you* or *your travel companion*, when the actual date of the adoption is scheduled to take place during the *insured trip* and the actual notice of the adoption was received after the date of *application* for insurance.

Death

12. The unexpected death of *you, your travel companion, or a member of your or your travel companion's immediate family or a key-person travelling with you on the insured trip.*

13. The unexpected death of a member of *your or your travel companion's immediate family, a key-person* or of a friend not travelling with you on the *insured trip*.
14. Death of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.

Work and/or Educational Obligations

15. *You, your spouse or your travel companion* being transferred by the employer with whom *you, your spouse or travel companion* were employed at the time of *application* for this insurance, which requires a relocation of *your or your travel companion's* principal residence.
16. *You, your spouse or your travel companion* being called to emergency service as a member of a Police Force, Armed Forces, Reserves, Fire Fighting Unit or essential medical personnel.
17. *You, your spouse or your travel companion's* involuntary loss of permanent employment (excluding contract or self-employment), due to layoff or dismissal without just cause, provided that *you* had no knowledge of such action prior to the date of application for insurance.
18. The requirement that *you or your travel companion* attend a professional career program examination or a university or college course examination on a date that occurs during *your insured trip*, provided the examination date which was published prior to the date of *application* for insurance was subsequently changed after *your* travel arrangements were made and after *you* purchased this insurance.
19. *Your or your travel companion's* failure of an examination which requires *you or your travel companion* to re-sit the examination during *your insured trip*.
20. The cancellation of *your school insured trip* by the school board due to:
 - a teachers' labour strike; or
 - the school board determines there is a risk of harm to *you* during *your school insured trip* because of an identified threat arising from an event that occurred within 90 days of *your* scheduled departure date.

In addition, the school *insured trip*, or a portion of the school *insured trip*, includes a visit or a stay in the area or vicinity where the event occurred.

Government and Legal

21. The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory after *you* purchase *your* insurance, advising or recommending that Canadian residents should not visit a destination included in *your insured trip*.
22. *You, your travel companion* or the *spouse* or *children* of either are, during *your* coverage period, a) called to jury duty; b) subpoenaed as a witness; or c) required to appear as a defendant in a civil suit.
23. The non-issuance of *your* and/or *your travel companion's* travel visa (excluding an immigration or employment visa), for reasons beyond *your or your travel companion's* control, other than due to late application or a subsequent attempt for a visa that had previously been refused provided *you or your travel companion* were eligible to make such an application.

Accommodations and Transportation

24. A disaster which renders *your or your travel companion's* principal residence uninhabitable or place of business unusable.

25. The burglary of *your* or *your travel companion's* principal residence or place of business within 7 days of your scheduled departure date shown on the *application* and as a result *you* or *your travel companion* must remain behind to make the burglarized location secure or to meet with the insurance company or police authorities.
26. A disaster which renders uninhabitable the residence of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* or renders uninhabitable *your* pre-booked destination accommodations, which is not eligible for reimbursement from *your* tour operator.

Supplier Default

27. Complete cessation of operations by a contracted Travel Supplier or airline (excluding United States of America air carriers unless part of a package), provided the entity held a valid National Transportation Agency Licence and a valid operation certificate issued by Transport Canada.

Hijacking

28. Hijacking of *you*, *your travel companion* or the *spouse* or children of either.

Forces of nature

29. Weather conditions, earthquakes or volcanic eruptions causing the scheduled *common carrier*, on which *you* or *your travel companion* is booked to travel, to be delayed for a period of at least **30%** of the duration of *your insured trip*.

Trip Disruption (Delays, Schedule Change, Cancellations and Other Covered Events)

Trip Disruption of *your insured trip* must result from any one of the **UNFORESEEN EVENTS** listed below occurring during the period of coverage:

Delays

1. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier*, on which *you* or *your travel companion* are booked to travel for any portion of *your insured travel arrangements* to be delayed for a period of at least **30%** of the *insured trip* duration, and *you* choose not to continue with the *insured travel arrangements*, *you* will be reimbursed:
 - a) the unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*), published service fees, published cancellation fees and other administrative handling fees and service fees specifically indicated on *your application*;
 - b) the one-way economy transportation via the most cost-effective itinerary back to *your departure point*.
2. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier* on which *your travel companion* is booked to travel to be delayed for a period of at least **30%** of the *insured trip* duration, and *your travel companion* cancels their travel arrangements, *you* will be reimbursed for the extra cost of the next occupancy charge, if *you* elect to continue *your insured trip* as originally planned.
3. Provided *you* had left enough travel time to comply with the travel supplier's normal check-in procedure, if *you* miss a connection (at any point in *your insured travel arrangements*) or are required to interrupt *your insured travel arrangements* as a direct cause of the following events:

- i) **delay** of the private automobile in which *you* or *your travel companion* are travelling, caused by mechanical failure of that automobile, weather conditions, earthquakes or volcanic eruptions, a traffic accident or emergency road closure by police; or
 - ii) **delay or cancellation** of *your* or *your travel companion's* connecting *common carrier*, such as a commercial airline, ferry, cruise ship, bus, limousine, taxi or train, caused by mechanical failure of that carrier, weather conditions, earthquakes or volcanic eruptions, unannounced strike, a traffic accident or emergency road closure by police; or
 - iii) *your* cruise ship is delayed or the itinerary is modified due to the *emergency medical condition* of another passenger;
- you* will be reimbursed for:
- a) the non-refundable unused portion of *your* prepaid *insured travel arrangements*, excluding the cost of prepaid unused transportation back to *your departure point*;
 - b) the extra cost of a one-way economy transportation via the most cost-effective itinerary to the next destination of *your insured trip*, inbound or outbound, including return to *your departure point*.

Schedule Change Causing a Missed Connection

If there is a *schedule change* by the airline carrier on which *you* are booked to travel for any portion of *your insured trip* and this either renders unusable a portion of *your insured trip* or causes *you* to misconnect with a portion of *your insured trip*, *you* will be reimbursed for:

- a) if as a result of the *schedule change* to a portion of the *insured trip*, **the insured trip is no longer usable**: the change fee charged by the airline carrier, otherwise the extra cost of a one-way economy airfare on a commercial airline, to modify or replace the portion of the *insured trip* that was rendered unusable so as to permit *you* to continue *your insured travel arrangements* as originally scheduled; or
- b) if as a result of the *schedule change* to another portion of *your* travel arrangements, ***you* misconnect with a portion of the insured trip**: the change fee charged by the airline carrier, or up to **\$1,000** for the extra cost of an economy one-way airfare via commercial airline by the most cost-effective itinerary to the next destination of *your insured trip*, either inbound or outbound (including return to *your departure point*).

Cancellation of connecting airline carrier

Alternatively to the benefit available under 'Schedule Change Causing a Missed Connection', in the event there is a cancellation of a flight by an airline carrier that is providing a portion of *your insured travel arrangements*, *you* will be reimbursed for the non-refundable prepaid airfare that is no longer useful for *your insured trip* up to a maximum of **\$1,000**.

Tour/Cruise Cancellation Benefit

If *your insured trip* includes a Tour/Cruise and if such Tour/Cruise is cancelled for any reason other than supplier default and the cancellation occurs:

- a) **prior to your departure from your departure point**: *you* will be reimbursed for *your* non-refundable prepaid airfare that is not part of *your* Tour/Cruise package up to **\$1,000**;
- b) **after your departure from your departure point** but prior to the departure of the tour/cruise ship: *you* will be reimbursed for the lesser of:

- i) the change fee charged by the airline carrier(s) involved to return *you* to the *departure point of your insured trip*, if such an option is available; or
- ii) the extra cost of an economy one-way airfare on a commercial airline via the most cost-effective itinerary route to return to the *departure point of your insured trip* up to **\$1,000**.

Lost or Stolen Passport

If *your* or *your travel companion's* passport and/or travel visa is lost or stolen during *your insured 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 up to a maximum of **\$1,000** per person.

Accommodation and Meals

If *your insured trip* is disrupted as a result of any of the events covered under sub-sections of the Trip Disruption Section of this *policy* and *you* necessarily incur extra expenses for commercial accommodation and meals, essential telephone calls and taxi fares, *you* will be reimbursed for such expenses up to **\$150 per day** to a maximum of **\$300**.

Original receipts must be provided when claiming this benefit.

If the hotel room that is part of *your insured travel arrangements* is rendered uninhabitable due to a flood or natural disaster during *your insured trip*, *you* will be reimbursed up to a maximum of **\$250**.

In the event that the hotel room that is part of *your insured travel arrangements* is no longer available due to overbooking and *your* tour operator provides *you* with a lesser-quality hotel, *you* will be reimbursed up to a maximum of **\$250**.

Original receipts must be provided when claiming these benefits. Benefits available under this sub-section of Trip Disruption will apply provided that all travel arrangements were booked prior to or concurrently with the insured trip.

CONDITIONS & LIMITATIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

1. The sum insured under the Trip Cancellation coverage must be for the full value of prepaid *insured travel arrangements* that are subject to cancellation penalties or restrictions.
2. If before *your departure date* you are prescribed any *change in medication* or *treatment* that would make *your medical condition* not *stable and controlled* and therefore ineligible for coverage under the Emergency Medical Insurance coverage, *you* may apply for *our* special consideration of *your* particular medical circumstance through Customer Service.

To apply, *you* must provide *us* with:

- copies of the clinical notes from *your* treating *physician*, for the period starting when *you* booked *your* trip to the date of *your* request for consideration;
- authorization to *physicians* and *hospitals* signed by *you*;
- complete itinerary for *your* trip, including prepaid amounts, insured amounts, and cancellation penalties.

Once this information is received, *we* will, within one business day at *our* discretion either:

- accept *your* claim under *our* Trip Cancellation & Trip Interruption Insurance; or
 - waive the change in *your medical condition* that would otherwise make *you* ineligible for benefits under *our* Emergency Medical Insurance.
3. *You* must cancel *your* scheduled trip with the agent or travel supplier on the day the cause of cancellation occurs or on the next business day at the latest. Claim 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.
 4. Cancellation or interruption of *your insured trip* as the result of *sickness* or *injury* requires written verification from the attending *physician* in the locality where the *sickness* or *injury* occurred, complete with the diagnosis and the medical necessity for cancellation or interruption (or for delay beyond the scheduled date of return) of *your insured trip*. A "Physician's Statement" is included in the Trip Cancellation Form. The information required on the Physician's Statement must be completed by the attending *physician* in order for the claim to be processed. If a *physician* was not consulted as required by these conditions or if the information required in the Physician's Statement is not completed by the attending *physician*, *your* claim will be denied. Settlement is limited to the amount of penalty that would have been levied by the travel supplier on the next business day following the date the *physician* first recommends cancellation.
 5. If travel is delayed for more than 10 days beyond the scheduled *return date*, benefits will be payable only upon satisfactory proof that the delay resulted from the *hospital* confinement of *you*, *your travel companion*, or an *immediate family member* who is accompanying *you* on the *insured trip*.
 6. In the event a contracted travel supplier or carrier ceases operations, the amount payable under this *policy* for actual financial loss is limited to the amount in excess of the amount recoverable from a provincial compensation fund, up to the sum insured to a maximum of **\$5,000**. This *policy* will not pay any other amounts with respect to such loss, and will in no circumstances provide or be deemed to provide primary coverage in respect of such loss.

The *company's* maximum aggregate liability under this *policy* and all other policies issued by the *company*, as a result of the financial default of any one contracted travel supplier, is \$1,000,000 regardless of the number of claims. Where the aggregate eligible claims exceed this limit, the eligible claims will be reduced on a pro rata basis. The *company's* maximum aggregate liability under this *policy* and all other policies issued by the *company* under this benefit is limited to \$5,000,000 per calendar year regardless of the number of incidents of default of contracted travel suppliers. Where the aggregate eligible claims in a calendar year exceed this limit, the eligible claims will be reduced on a pro rata basis and will be paid after the end of the calendar year. In the event the bankruptcy or insolvency occurs prior to departure, the maximum payable to *you* will be the non-refundable prepaid travel expenses; after departure, the maximum payable to *you* will be the unused portion of prepaid non-refundable travel expenses.

EXCLUSIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

This policy does not cover and no benefit is payable for any claim arising from:

7. If *your insured travel arrangements* were made via the internet, the benefits under Delay and Schedule Change will apply provided *your* booked travel arrangements meet these criteria: domestic airline connectors must be at least **two (2) hours** and at least **four (4) hours** if the connection involves an international connection or trans-border connection. With respect to mixed connections (such as airline connecting to a land tour or cruise or any other land-based connection), the scheduled time between arrival at the scheduled tour or cruise departure city and the scheduled tour or cruise departure must be at least **eight (8) hours**.
8. *Your* claim for non-refundable prepaid travel arrangements or extra cost incurred as a result of Trip Cancellation, Trip Interruption or Trip Disruption must be substantiated with the following documentation (delay in providing the required information may delay the settlement of the claim and failure to provide the required documentation may invalidate or reduce the amount of *your* claim):
 - a) in the case of Delay or Schedule Change Causing a Missed Connection, written confirmation from the delayed connecting carrier or the connecting carrier effecting the *schedule change* stating the reason for the delay/*schedule change* and the period of the delay;
You must also provide *your* detailed itinerary of the travel arrangements originally booked which must confirm that ample connection times were allowed for each leg of the travel;
 - b) confirmation from the connecting *common carrier*, cruise line or tour operator of their cancellation;
 - c) confirmation from *your* tour operator or cruise ship company of their cancellation or *schedule change*;
 - d) originals of unused transportation tickets, original invoice from the travel provider, official receipts for the return transportation and receipts for hotel and accommodation expenses;
 - e) in all other cases *you* must provide to the *company* documentary evidence of the risk that is the cause of *your* cancellation, interruption or disruption, such as a death certificate, medical report, police report, court documents or other such corroborating documents;
 - f) if *your* cancellation/interruption coverage was purchased as *Top-up* coverage to complement travel insurance coverage that is in effect through another insurer, *you* must first claim under the other insurer's plan before making a claim under this insurance.
9. Any amount payable under this section will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers) for the same cause.
10. Any liability under this benefit is subject to *you* not being aware, at the time of purchasing this *policy*, of any event that could reasonably prevent *you* from making the *insured trip* as booked.

1. *Your* or *your travel companion's* knowledge at time of booking or *application* for this insurance of any reason why the *insured trip* might be cancelled or abandoned.
2. Cancellation/interruption claims caused by a *medical condition* that arises during *your* period of coverage and:
 - a) for which a *physician* had advised against travel; or
 - b) for which *you* had travelled with the intention of obtaining *medical treatment*; or
 - c) for which *you* had received a notice of a *terminal* prognosis prior to travel; or
 - d) which had produced medical symptoms which would have caused an ordinarily prudent person to seek medical advice.
3. Travel for the purpose of visiting a person suffering from a *medical condition* and the *medical condition* (or ensuing death) of that person is the cause of Cancellation or Interruption of the *insured trip*.
4. Travel arrangements and expenses or losses related to travel arrangements not insured by this *policy*.
5. Losses that arise from missed connections or travel delay if there was insufficient connection time allowed under the originally booked travel arrangements.
6. Expenses incurred as the result of inadequate or invalid passport, visa or other documentation required by countries included in *your* travel arrangements.
7. *Your* inability to obtain the accommodations desired or *your* aversion to the trip or to the transportation.
8. If *your* insurance is purchased as *Top-up* coverage to another insurance coverage, any expenses related to a claim that occurred when the other insurance was in force.
9. Default by *your* travel supplier where:
 - i) at the time of booking the travel supplier was in receivership, insolvent or bankrupt or had sought protection from creditors under any bankruptcy, insolvency or similar legislation;
 - ii) the default is by a travel agency, agent or broker;
 - iii) the loss *you* incur is recoverable from any compensation plan or fund covering default by a travel supplier in *your* province or territory of residence in Canada; or
 - iv) the travel supplier is a United States of America airline, except when the airline tickets are issued by a tour operator and are one component of an inclusive package.

EMERGENCY MEDICAL INSURANCE

If *you* incur eligible expenses during the period of coverage as the result of an *emergency sickness or injury*, the *company* will pay the *reasonable and customary* charges in excess of any amount payable under *your* Canadian government health insurance plan for such expenses, up to the amount specified for any service subject to the overall maximum amount of **\$1,000,000**. Benefit payments under this *policy* will be coordinated with benefits available to *you* under any other type of insurance or prepaid plan, so that reimbursement from all sources will not exceed 100% of the eligible expenses incurred. In any event, coverage and benefits will cease immediately upon *your* arrival back to *your* province or territory of residence in Canada.

Eligible expenses shall consist of charges for:

1. **Emergency Hospital Services:** *Hospital* room and board charges or charges for an intensive care room. Alternatively the services of private duty nursing, performed by a registered nurse (R.N.) other than a relative, when ordered in writing by the attending *physician* expressly in lieu of hospitalization and arranged by the Assistance Centre. If *you* are on a cruise ship and are unable to pay directly as required by the cruise ship medical provider, the Assistance Centre will make arrangements for direct billing of covered expenses, where possible, on *your* behalf.
2. **Emergency Medical Services:** Services by a *physician* or surgeon when necessary to *treat an emergency*.
3. **Diagnostic Services:** Diagnostic laboratory procedures and x-rays when necessitated by an *emergency* provided prior approval is obtained by contacting the Assistance Centre.
4. **Prescription Drugs:** Drugs and/or medications that are required to *treat an emergency*, provided they are obtained on the written prescription of a *physician* and dispensed by a licensed pharmacist. This includes the replacement cost of *your* drugs or medications that are lost, stolen or damaged during *your insured trip* to the lesser of **\$50** or the amount of medication required for the balance of *your insured trip*. Charges for vitamins, vitamin preparations, over-the-counter drugs or medications, contraception or birth control are not covered.
5. **Medical Equipment:** Rental or purchase of durable medical equipment for therapeutic purposes only, when necessitated by a medical *emergency*, provided prior approval is obtained by contacting the Assistance Centre.
6. **Emergency Dental Treatment:** Services of a licensed dentist or dental surgeon at *your* destination, when required to repair natural or permanently attached artificial teeth which are damaged due to an accidental blow to the head or mouth. Up to **\$1,500** will be reimbursed for continuing dental *treatment* following *your* return to Canada, provided the *treatment* is related to the accidental blow to the head or mouth and the expenses are incurred within 180 days after the date of the accident.

In the event that *you* require *emergency* dental *treatment* to relieve acute pain and suffering that is unrelated to an accidental blow to the head or mouth, up to a maximum of **\$300** will be payable.
7. **Emergency Paramedical Services:** Services of a chiropractor, chiroprapist, physiotherapist, osteopath or podiatrist when *medically necessary* as the result of an *emergency*, up to a maximum of **\$300** per category of practitioner. Excluded are charges for general examinations for “checkup” purposes, cosmetic treatments, or services performed by an *immediate family member*.

8. **Ground Ambulance:** Ground ambulance services to the nearest appropriate *hospital* or medical service provider when necessary due to a medical *emergency*. If an ambulance was *medically necessary* but not available, expenses will be reimbursed for local taxi fares. If local taxi services are required to get to and from the nearest medical service provider for a minor *emergency*, expenses will be reimbursed up to a maximum of **\$100**.

9. **Emergency Medical Evacuation/Return Home:** If, in the event of a medical *emergency*, the medical advisors of the *company* and/ or the Assistance Centre in consultation with *your* local attending *physician* determine that *you* should be transported to another *hospital* or back to *your* province or territory of residence in Canada for necessary medical *treatment*, the Assistance Centre will arrange for transportation under proper medical supervision and the *company* will pay expenses for the following:

- a) the extra cost of one-way economy transportation via the most cost effective itinerary back to *your* province or territory of residence in Canada. This benefit will extend to cover the cost of an airline seat upgrade if determined *medically necessary* and arranged by the Assistance Centre; or
- b) a stretcher fare on a commercial flight via the most cost-effective itinerary back to *your* province or territory of residence in Canada, if a stretcher is *medically necessary*, and the round-trip economy class airfare via the most cost-effective itinerary, plus the reasonable fees and expenses for a qualified medical attendant to accompany *you*, when an attendant is *medically necessary* or required by the airline; or
- c) air ambulance transportation, when appropriate and consistent with the diagnosis, is medically necessary and could not be omitted without adversely affecting *your* condition or quality of medical care.

Emergency Medical Evacuation/Return Home Services under this section must be approved and arranged in advance by contacting the Assistance Centre.

10. **Accommodation and Meals:** Up to **\$350 per day** (24 hours) to a maximum of **\$3,500** under the Youth All Inclusive Plan or up to **\$150** under the Youth Emergency Medical Plan which provides coverage for *emergency* medical expenses for commercial accommodation and meals, essential telephone calls, taxi fares or rental vehicle charges in the event *you* are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled *return date* shown on the *application* for insurance due to a *sickness or injury* to *you*, *your travel companion*, an *immediate family member* or a *key-person* who is accompanying *you* on the *insured trip*. The claim must be supported by original receipts and the attending *physician's* written diagnosis of the *sickness or injury*.
11. **Visit To Bedside:** Travel and accommodation expenses incurred for one relative or close friend to visit at *your* bedside due to a critical *sickness or injury*, or when the attending *physician* states in writing that it is necessary for someone to travel to, remain with, and/or escort *you* back to *your* province or territory of residence in Canada, provided prior written approval is obtained by contacting the Assistance Centre; *you* will be reimbursed for:
 - a) the round-trip economy transportation via the most cost-effective itinerary for someone to be with *you*; plus
 - b) up to **\$500** for commercial accommodation and meals.

If the Assistance Centre must arrange for a visit to bedside, Emergency Medical Insurance will be automatically extended under the same terms and limitations of this *policy* (subject to meeting the eligibility requirements of the *policy*) to cover such relative or close friend until *you* are medically fit to return home.

12. **Return & Escort of Children:** If *you* are admitted to *hospital* for more than 24 hours due to an *emergency*, or *you* must return to Canada due to an *emergency medical condition* covered by this *policy*, *children* or grandchildren travelling with *you* during *your insured trip* or who had joined *you* during *your insured trip* will be returned to Canada and reimbursement will be made for:
- the extra cost of one-way economy transportation via the most cost-effective itinerary to return the *children* back to their province or territory of residence in Canada; and
 - the round-trip economy transportation and overnight hotel accommodation for the services of an escort, if required.
13. **Return of Travel Companion:** If *your travel companion* is prevented from returning by means of originally scheduled transportation due to *your* death or medical evacuation, expenses will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary to return *your travel companion* back to his/her province or territory of residence.
14. **Travel Expenses Due to Repatriation of Travel Companion:** If *you* are prevented from returning by means of *your* originally scheduled transportation due to the death or medical evacuation of *your travel companion*, *you* will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary back to *your* province or territory of residence.
15. **Repatriation:** The reasonable costs actually incurred for preparing and returning *your* body or ashes to *your* province or territory of residence in Canada; or up to the maximum amount shown in the Schedule of Benefits for burial or cremation in the place where the death occurs. Expenses for a headstone, casket and/or funeral service charges are not covered.
16. **Identification of Remains:** The round-trip economy transportation via the most cost-effective itinerary to transport one relative or close friend to the place where *your* remains are located, plus up to **\$450** for commercial accommodation and meals, when someone is legally required to identify *your* remains before the body is released; provided prior written approval is obtained by contacting the Assistance Centre. Emergency Medical Insurance will be automatically extended under the same terms and limitations of this *policy* (subject to meeting the eligibility requirements of the *policy*) to cover such relative or close friend during the period required to identify *your* remains but for not more than 3 business days.
17. **Vehicle Return:** The reasonable costs incurred for returning *your vehicle* to *your* residence or the nearest appropriate rental depot when *you* are unable to do so due to an *emergency*.
18. **Hospital Confinement Allowance:** **\$50** for each full 24-hour period in excess of the first 48 hours of *hospital* confinement, when *you* are confined as an inpatient for *treatment* in a *hospital* outside *your* province or territory of residence in Canada, subject to a maximum of **\$500**.
19. **Baggage Repatriation:** In the event of an *emergency*, and the Assistance Centre is arranging to return *you* to *your* province or territory of residence in Canada, if there is insufficient space to accommodate *your* baggage and/or personal effects aboard the transport provided, the *company* will reimburse *you* up to **\$200** to cover the cost of shipping *your* baggage and/or personal effects to the original *departure point* of *your insured trip*.
20. **Child Care Cost:** The *company* will reimburse *you* up to **\$50** per day to a maximum of **\$500** for professional *child* care costs in the event *you* are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled *return date* shown on the *application* for insurance due to *your* *sickness* or *injury*. Receipts from the professional *child* care provider will be required.

CONDITIONS & LIMITATIONS: EMERGENCY MEDICAL INSURANCE

- In the event of an *emergency* which requires assistance, medical *treatment* or admission to *hospital*, *you* must call the Assistance Centre immediately at 1 877 251-4517 toll-free from the USA and Canada or +1 (519) 251-7423 collect where available, prior to *treatment* or admission to *hospital* or within 24 hours after a life or organ threatening *emergency*, unless *you* are unconscious or physically unable. If faced with such inability, as an alternative, someone else (family member, *travel companion*, *hospital* or medical staff) must call on *your* behalf. If *you* do not contact the Assistance Centre within the time specified, *you* will be responsible for paying 25% of any eligible expenses incurred.
- If *you* experience a medical *emergency* during *your insured trip*, the Assistance Centre must be notified and, in consultation with its medical advisors and the local attending *physician*, reserves the right to return *you* to Canada prior to any *treatment* or following *emergency* *treatment* or *your* admission to *hospital* for a *sickness* or *injury*, if on medical evidence *you* are able to return to Canada without endangering *your* life or health. If *you* elect not to return to Canada following the medical advisor's recommendation to do so, any expenses incurred for continuing *treatment* performed outside Canada with respect to such *emergency* will not be covered and all coverage and benefits under this *policy* will cease.
- If *you* are not covered under a Canadian government health insurance plan on the date the claim is incurred, reimbursement for eligible expenses incurred under this Emergency Medical Insurance Section will be limited to a maximum of **\$25,000**.

EXCLUSIONS: EMERGENCY MEDICAL INSURANCE

This insurance does not cover and no benefits will be payable for:

1. A *pre-existing condition* or related *medical condition* which was not **stable and controlled** during the **3-month** period before *your effective date*.
2. Any *medical condition* for which it was reasonable to expect, before you left home, that you would need *treatment* during *your insured trip*.
3. Any *emergency* when, prior to the purchase date, you had not met all of the eligibility requirements (if applicable).
4. Expenses incurred for medical care or services where the *insured trip* was undertaken contrary to medical advice or after receiving notice of a *terminal* prognosis.
5. Any *treatment*:
 - a) not required for the immediate relief of acute pain and suffering;
 - b) which can reasonably be delayed until you return to your province or territory of residence in Canada;
 - c) which you elect to have rendered or performed outside your province or territory of residence in Canada following *emergency treatment* for unexpected *sickness* or *injury*, and which on medical evidence would not prevent you from returning to your *departure point* prior to such *treatment* being performed; or
 - d) for follow-up *treatment*, *recurrence* of a *medical condition* or subsequent *emergency treatment* or hospitalization for a *medical condition* or related *medical conditions* for which you had received *emergency treatment* during *your insured trip*.
6. Transplants, including but not limited to, organ transplants or bone marrow transplants.
7. Expenses incurred whereby this *policy* was purchased specifically to obtain *hospital* or *medical treatment* outside your province or territory of residence in Canada whether or not recommended by a *physician*.
8. Any cosmetic, investigative and/or elective surgery or *treatment*, and or any expenses that arise as a result of complications from such surgery or *treatment*.
9. The cost of replenishing any drugs or medications that were in use on *your departure date* or for the maintenance of any course of *treatment* that commenced prior to *your departure date* unless the replacement is required to replace *your* eligible drugs or medications that were damaged, lost or stolen during *your insured trip*.
10. Preventive medicines, inoculations, birth control pills or devices, vitamins, vitamin preparations and over-the-counter drugs or medications.
11. Any person who is less than 30 days old on *your effective date*.

12. Unless prior approval is provided the Assistance Centre, any *emergency* air transportation, any medical procedures or diagnostic services or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization). 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.

If you are not eligible for coverage in accordance with the eligibility requirements on the date of *your application*, the *company* will declare *your* coverage null and void from inception and no benefits will be payable.

Limitation on Assistance Centre Services

The *company* and/or the Assistance Centre reserve the right to suspend, curtail or limit services in any area or country in the event of:

- a) rebellion, riot, military uprising, war; or
- b) labour disturbances, strikes; or
- c) nuclear accident(s), act(s) of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services.

The Assistance Centre will use its best efforts to provide services to the best of its ability during any such occurrence.

The Assistance Centre's obligation to provide services described in this *policy* is subject to the terms, conditions, limitations and exclusions set out in this *policy*. The medical professional(s) suggested or designated by the *company* or the Assistance Centre to provide services in accordance with the benefits and terms of this *policy* are not employees of the *company* or the Assistance Centre.

Therefore, neither the *company* nor the Assistance Centre shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any *treatment* or service you may receive or your failure to obtain or receive any *treatment* or service.

TRAVEL ACCIDENT INSURANCE

Included in the Youth All-Inclusive Plan only.

If *you* sustain a covered *injury*, during the period of coverage, which results in a covered loss described herein within 12 consecutive months of a covered accident, the *company* will pay the applicable benefit. The liability of the *company* shall not exceed the sum insured shown in the Schedule of Benefits in this *policy*.

1. **Air Flight Accident:** Death, loss of limb(s) or sight resulting from an *injury* sustained while riding as a passenger, boarding or alighting from a flight of an aircraft for which tickets have been issued prior to departure and operated by a licensed airline maintaining published schedules, or chartered airline, or airport limousine or bus or surface *vehicle* substituted by the airlines. Aircraft must be properly licensed, fixed-wing, and multi-engined, having an authorized take-off weight of not less than 4,536 kg (10,000 lbs.).

This benefit covers only air travel for a single *insured trip* for which tickets were issued and/or purchased prior to the date of *application* for this insurance. No coverage is provided for travel on any flight that is purchased after the date of *application* for this insurance, unless a separate *application* is made and the appropriate premium paid. For the purposes of this benefit, a single *insured trip* means air travel arrangements which were booked and paid for on or prior to the date of *your application* and which form part of *your* travel itinerary as of such date.

Death, loss of limb(s) or sight resulting from an *injury* sustained while riding as a passenger, boarding or alighting from a conveyance provided by a *common carrier* used primarily for passenger service, such as a taxi, train or boat while making a connection with a covered flight.

2. **Worldwide Accidents:** Death, loss of limb(s) or sight resulting from an *injury* sustained during the period of coverage not resulting from incidents described in item 1 above.

Covered Loss:

- Accidental Death
- Loss of Limb(s) must be a complete and permanent physical separation of a hand at or above the wrist or of a foot at or above the ankle.
- Loss of Sight must be an irrecoverable loss of the entire sight of one or both eyes.

Benefit Payable:

- a) **100%** of the sum insured in the event of death or loss of limbs (two or more) or loss of sight of both eyes.
- b) **50%** of the sum insured in the event of loss of a limb or sight in one eye.

If *you* suffer more than one of the above stated losses as the result of one *injury*, the *company's* liability shall be limited to the amount payable for one loss.

Disappearance: If *your* body is not found within one year after the date of disappearance as a result of the sinking or destruction of the conveyance in which *you* were riding at the time of the covered accident and under such circumstances as would be covered, then it will be presumed that *you* have died an accidental death and the *company* will pay the applicable benefit.

Limitation of Liability and Aggregate Limit: The maximum aggregate amount of Travel Accident Insurance for which *you* can be covered under this *policy* and all other Travel Accident Insurance policies issued by the *company* is limited to **\$1,000,000**. Any amount purchased in excess of this amount will be void and the premiums paid for it will be refunded.

The *company's* maximum aggregate liability under this *policy* and all other Travel Accident Insurance policies issued by the *company* with respect to any one aircraft accident is limited to **\$25,000,000**, which will be shared proportionately among all claimants entitled to claim. In addition, the *company's* maximum aggregate liability under this *policy* and all other Travel Accident Insurance policies issued by the *company* under this benefit with respect to more than one aircraft accident occurring during a calendar year is limited to **\$25,000,000**.

EXCLUSIONS: TRAVEL ACCIDENT INSURANCE

This insurance does not cover and no benefit is payable for any death, loss or disablement arising from:

1. Disease or any physical defect, infirmity or *sickness* which existed prior to the commencement of the *insured trip*.
2. Injuries sustained while parachuting or sky-diving during the *insured trip*.

BAGGAGE AND PERSONAL EFFECTS INSURANCE

Included in the Youth All-Inclusive Plan only.

If *your* baggage and/or personal effects are lost, stolen or damaged during *your insured trip*, the *company* will, at its option, reimburse *you* by payment, replacement or repair, after making proper allowance for wear and tear or depreciation, up to the sum insured as shown in the Schedule of Benefits.

The maximum amount payable under this benefit for any one item shall not exceed the original purchase price made for the item or the maximum amount per item shown in the Schedule of Benefits.

In addition, if *your* driver's licence and/or birth certificate is lost or stolen, up to an aggregate total of **\$50** will be reimbursed to replace these items.

Passport & Travel Visa Replacement

If *your* passport and/or travel visa is lost or stolen during *your insured trip*, *you* will be reimbursed for the *reasonable and customary* cost for a replacement passport and/or travel visa, and up to the amount shown in the Schedule of Benefits, with respect to travel and commercial accommodation expenses actually incurred while waiting to receive the replacement passport and/or travel visa during *your insured trip* or after *you* return home.

Delayed Luggage

Notwithstanding Exclusion (6) of this Section, if *you* are deprived of *your* checked luggage for at least **10 hours** due to delay or misdirection while in transit and before returning to *your departure point of your insured trip*, the *company* will reimburse *you* up to **\$100** for the emergency purchase of essential items of personal clothing, necessary toiletries and up to **\$150** for the rental cost of sporting equipment if the purpose of *your insured trip* was to participate in a sporting event and *your* sporting equipment was included in the delayed checked baggage. Written proof from the travel company or airline of the delay or misdirection must be submitted with any claim along with original receipts for such purchases.

Delayed Wheelchair

If there is a delay or misdirection of *your* wheelchair for at least **10 hours** by the *common carrier* while en route and before returning to *your departure point of your insured trip*, *you* will be reimbursed up to **\$100** for the rental of a like device for use during *your insured trip*. Written confirmation of the delay or misdirection must be obtained from the carrier or airline and submitted along with original receipts when claiming under this benefit.

CONDITIONS & LIMITATIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

In order for a claim to be eligible under this benefit:

1. *Your* period of coverage must not be less than the total period commencing from the date of departure from Canada and ending with the date of *your* return to Canada.
2. *You* must not leave property unattended in a public place or in an unlocked and unattended *vehicle* or building.
3. *You* must act in a prudent manner and exercise all reasonable care for the safety, security and supervision of the property at all times.
4. *You* must endeavor to minimize any loss and not abandon any damaged property.
5. *You* must notify the police promptly, or if the police are not available, the hotel manager, tour guide or transportation authorities of any loss due to theft, burglary, robbery, malicious mischief, disappearance or loss, and obtain written confirmation of the loss.
6. *You* must provide a police report showing forcible entry when loss is due to break-in of a *vehicle*.
7. *You* must provide proof of ownership and receipts for each item being claimed.

Failure to comply with these requirements may result in the loss of *your* right to claim for property lost, stolen or damaged.

EXCLUSIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

This insurance does not cover and no benefit is payable for any loss arising from:

1. Theft or loss not reported immediately to the police or carriers and failure to obtain a written report from the police or carriers to substantiate the loss.
2. Baggage or personal effects left unaccompanied or left in an unattended *vehicle* which was not locked in the trunk, or baggage or personal effects shipped under a freight contract.
3. Wear and tear, depreciation, mechanical or electrical breakdown or deterioration, pre-existing defect or flaw, dampness of atmosphere or extremities of temperature.
4. Breaking or scratching of fragile articles (other than cameras or binoculars) unless caused by fire or accident to the vehicle in which they are being carried.
5. Lost, damaged or stolen bonds, coupons, stamps, negotiable instruments, deeds, manuscripts, securities of any kind, bullion, precious metals, traveller's samples, tools of trade, or any containers used to transport such items or parts thereof.
6. Confiscation, detention, requisition or destruction by Customs or other authorities, or delay except as covered under Delayed Luggage.
7. Depreciation in value of money or shortage of money due to error or omission.
8. Any amount in excess of the maximum specified in the Schedule of Benefits for any one item.
9. Animals, self-propelled conveyances of any kind or their equipment, bicycles unless checked as baggage with a *common carrier*, household effects, retainers, artificial teeth and limbs, non-prescription eyeglasses or contact lenses, cigarettes, alcohol, food, professional or occupational equipment or property, antiques and collectors' items, property illegally acquired, kept, stored or transported; sporting equipment, where such loss or damage is due to the use thereof.
10. Jewellery and cameras (including camera equipment) which is placed in the custody of a *common carrier*.
11. Loss in respect of articles specifically or otherwise insured on a valued basis by another insurer while this insurance is in effect.
12. Articles purchased while on the *insured trip* for personal use unless receipts are provided with *your* claim.
13. Any computer software or the restoration of any lost or corrupted data.

GENERAL LIMITATIONS ON COVERAGE

With respect to “Acts of Terrorism”

Applicable to all sections of this *Policy*

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

- For **Travel Accident Insurance** and **Baggage & Personal Effects Insurance**, benefits will be payable up to a maximum of **100%** of the sum insured for any eligible loss; and
- For all **Trip Cancellation and Trip Interruption Insurance** and **Emergency Medical Insurance**, *we* will provide benefits to *you* for *your* covered expenses subject to the maximum shown in the benefits section and this provision;
- The benefits payable, as described directly above, are in excess of all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only become available after *you* have exhausted all such other sources.

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

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

Type of Insurance Coverage	Maximum Aggregate for Each Act of Terrorism (CDN\$)
Trip Cancellation & Trip Interruption	\$2,500,000
Emergency Medical	\$35,000,000

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

EXCLUSION TO THIS TERRORISM COVERAGE PROVISION

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

GENERAL EXCLUSIONS

Applicable to all sections of the *Policy*:

This insurance does not cover and no benefit is payable for any claim arising from:

1. Consequential loss of any kind, including loss of enjoyment and financial loss not otherwise specifically covered under this *policy*.
2. *Your* participation in organized professional sporting activities, motorized racing or other speed contests, mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead or top-rope anchoring equipment, rock-climbing, underwater activities involving the use of self-contained underwater breathing apparatus (unless *you* hold an open water diving certificate), motorcycling (unless *you* hold a valid Canadian motorcycle driver's licence), mopeds (unless *you* hold a valid Canadian driver's licence), hang-gliding, spelunking, hunting, bungee jumping, or piloting an aircraft.
3. *Act(s) of terrorism* except as otherwise specifically provided in the General Limitations on Coverage Section of this *policy*.
4. Acts of war, invasion, foreign enemies, hostilities or warlike operations, whether war be declared or not, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportion of or amounting to an uprising, military or usurped power.
5. Participation in armed forces training exercises or manoeuvres.
6. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
7. *Your* minor mental or emotional disorders.
8. *Your* abuse of drug(s), medication(s), including over-the-counter medications, alcohol or other intoxicants, illicit drugs or any condition (including *your* death) resulting therefrom.
9. Any *injury* *you* sustain as a result of *your* driving a motor vehicle while *your* ability to drive is impaired by drugs or alcohol with an alcohol level of or more than 80 milligrams to 100 millilitres of blood as well as any condition (including *your* death) resulting from the *injury* so sustained.
10. a) *your* routine prenatal care;
b) *your* pregnancy, childbirth, any complication(s) related to *your* pregnancy or childbirth, when any such event, in any combination, happen(s) in the nine (9) weeks before or after the expected date of delivery;
c) *your* child born during *your* trip.
11. Deliberate termination of *your* pregnancy.
12. Any expenses incurred by or on behalf of any person not named as an insured on the *application* for insurance, including but not limited to an infant born after the *effective date* of the period of coverage.
13. Expenses which are recoverable or could have been recovered from any other source, including but not limited to any individual, group or prepaid employee insurance or private plan, credit card coverage or Canadian government health insurance plan.

14. *Your* commission of or attempt to commit any willful, criminal or malicious act.
15. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder.
16. When, before the *effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadian residents not to travel to that country, region or city where *your* loss resulted from a specific or related *medical condition* which *you* contracted in a foreign country during *your insured trip*.
17. Ionizing radiation or poisoning of people by nuclear, radioactive, chemical and/or biological substances that causes *sickness* or death from any nuclear fuel or waste which results from the burning of nuclear fuels; or the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
18. If *your* insurance is purchased as *Top-up* coverage to another insurance coverage, any expenses related to a claim that occurred when the other insurance was in force.

DEFINITIONS

When italicized, the following words are defined as:

Acts of Terrorism or 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.

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

Application means the printed form, computer printout, invoice or document which is used to make an *application* for this insurance as provided by *your* travel agent or the multi-stepped forms that must be completed by the applicant when purchasing the insurance electronically through the website made available by the distributor of Travel Insurance. The *application* confirms the insurance coverage *you* have purchased, sets forth the *departure date*, *departure point* and *return date* of the *insured trip*, and forms an integral part of the *policy* contract. 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 arrangements were made for *your insured trip*.

Change in Medication means the medication dosage, frequency or type has been reduced, increased, or stopped 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 who join *you* during *your insured trip* and is either:

- i) under 26 years of *age*, or ii) *your* son, daughter or grandchild of any *age* who is mentally or physically disabled. In addition, for Emergency Medical Insurance, the *children* must be older than 30 days in order to be eligible for coverage under this *policy*.

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

Company, we, us, our means The Manufacturers Life Insurance Company and First North American Insurance Company.

Departure Date means the date *you* leave home.

Departure Point means the place *you* leave from on the first day of coverage and are scheduled to return or ticketed to return to on the last day of coverage.

Effective Date means the date on which *your* coverage begins.

- a) For Trip Cancellation included in the Youth All-Inclusive Plan, coverage begins at the date and time *you* pay the premium for that coverage (the purchase date of *your application*).
- b) Coverages for other benefits are indicated on page 4.

Emergency means an unforeseen *sickness* or *injury* that requires immediate *treatment* to prevent or alleviate existing danger to life or health. An *emergency* no longer exists when medical evidence indicates that the person is able to return to his or her province, territory of residence or country of permanent residence, or continue with the *insured trip*.

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 *your* heart, or angina
- 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

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

Immediate Family or **Immediate Family Member** means *spouse*, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, 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 directly by external and purely accidental means, and independent of *sickness* or disease.

Insured Travel Arrangement(s) means travel arrangements whose reservation and booking has been made on *your* behalf and are insured under this *policy*. Coverage must be for the full value of the travel arrangements that are subject to cancellation penalties or restrictions.

Insured Trip means the period of coverage shown on *your application* for insurance under the *policy* and described in further detail in this *policy* booklet.

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(s) means an irregularity in *your* health which required or requires medical advice, consultation, investigation, *treatment*, care, service or diagnosis by a *physician*.

Medically Necessary means *treatment* or services that are required to alleviate pain or suffering resulting from an unexpected *sickness* or *injury*.

Minor Mental or Emotional Disorders means emotional or anxiety states, situational crisis, stress, anxiety or panic attacks, or other mental health disorders, which are *treated* with minor tranquilizers or anti-anxiety (anxiolytics) medication or for which no medication was prescribed.

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

Policy means this travel insurance *policy* and *your application* for insurance hereunder, which is issued in consideration of payment of the required premium.

Pre-Existing Condition(s) means a *medical condition* that existed before the *effective date*.

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

Recurrence means the appearance of symptoms caused by or related to a *medical condition* which was previously diagnosed by a *physician* or for which *treatment* was previously received.

Rental Vehicle means a passenger automobile, station wagon or a mini-van, which is designed and manufactured to transport a maximum of 7 passengers and which is used exclusively for transporting passengers during *your insured trip* and that *you* rent, under a written contract, from a commercial rental agency licensed under the law of its jurisdiction. Sports Utility Vehicles (SUV) are included provided they are not used as off-road vehicles and are driven on maintained roads. **Excluded** is any *vehicle* which is a truck, panel van, bus, motorcycle, moped, motorbike, recreational vehicle, all-terrain vehicle, camper, trailer, exotic car, antique automobile (an automobile which is more than 20 years old), or any *vehicle* designed primarily for off-road use.

Return Date means the date on which *you* are scheduled to return to *your departure point*, as shown on *your application*.

Schedule Change means the late departure of an airline carrier causing *you* to miss *your* next connecting flight via another airline carrier, or the early departure of an airline carrier rendering unusable the ticket *you* had purchased for *your* prior connector flight by another airline carrier. *Schedule change* does not mean a change resulting from a strike, labour disruption, security alert or bankruptcy.

Sickness means the acute illness, acute pain and suffering or disease that requires *emergency* medical *treatment* or hospitalization due to the sudden and unforeseen onset of symptoms during the period of coverage.

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

Stable and Controlled means that all of the following apply:

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

Terminal means a *medical condition* for which, prior to *your effective date*, a *physician* gave a prognosis of eventual death, or palliative care was received.

Top-Up means the coverage *you* purchase from the *company* before *your* date of departure from *your departure point*, to add to *your* insurance coverage that is in effect through another source for a portion of *your* trip duration.

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

Treat, Treated or Treatment means hospitalization, prescribed medication (including medication prescribed “as needed”), medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner. **Important:** Any reference to testing, tests, test results, or investigations excludes genetic tests. “Genetic test” means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Vehicle, for the purposes of the *Vehicle* Return benefit under the Emergency Medical Insurance section, means a private or rented automobile (including a motorcycle) not licensed to carry passengers for hire and which is of the pleasure type, including a self-propelled mobile home, recreational or Sport Utility Vehicle, pick-up truck, or a passenger van used for *your* personal transportation.

You or Your means a person who is eligible and named on the *application* for insurance under the *policy* and for whom the required premium has been paid.

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

GENERAL CONDITIONS

Statutory Conditions: 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 or territory of residence, respecting contracts of accident and sickness insurance.

Applicable Law: This *policy* is governed by the laws and regulations of the Canadian province or territory where this *policy* was issued.

Contract: *Your application*, this *policy* and any riders or endorsements to it shall form the entire contract between *you* and the *company*. The *company* has sole authority for changing or waiving any of the terms, conditions or provisions stated in this *policy*.

This *policy* 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.

Conformity with Existing Laws: Any provision of this *policy* which is in conflict with any federal, provincial or territorial law where this *policy* is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this *policy* shall apply.

Currency: All premiums and benefits under this *policy* are payable in Canadian currency. To facilitate payments to providers, the *company* will pay claims in the currency of the country where the charges are incurred, based on: i) the rate of exchange set by any chartered bank in Canada on the last date of service, or ii) the date the payment is issued to the provider of service.

Eligibility Requirements: If at the time of *application* *you* do not meet the Eligibility Requirements outlined in this *policy*, *your* insurance is void and the *company's* liability is limited to a refund of the premium paid.

Premium Payment: *Your policy* takes effect when the required premium is paid, subject to the terms and conditions outlined in the *policy*. No coverage will be provided if: i) the required premium is not paid, ii) *your* cheque is not honoured, or iii) credit card charges are declined for any reason.

Refund of Premium: If *you* return to *your departure point* before *your* scheduled *return date*, *you* may request a refund of the premium *you* paid for the unused days provided that:

- a) *you* submit proof of *your* date of return; and
- b) *you* have not incurred a claim for benefits under the *policy*.

A request for a premium refund must be submitted to a distributor of Travel Insurance. If a claim is received by the *company* after a request for premium refund has been processed, *you* will be financially responsible for payment of the claim.

Limitation of Liability: *Our* liability under this *policy* 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 *policy*. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

Limitation of Action: 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 *your application* for this *policy*.

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.

All legal actions or proceedings must be brought in the province or territory in Canada where *you* were residing at the time the insurance was purchased, or if mutually agreeable, the action can be brought in the province where our head office is located.

CLAIM PROVISIONS

Assignment of Benefits: Where the *company* has paid expenses or benefits to *you* or on *your* behalf under this *policy*, the *company* has the right to recover, at its own expense, those payments from any applicable source or any insurance *policy* or plan that provides the same benefits or recoveries. This *policy* also allows the *company* to receive, endorse and negotiate eligible payments from those parties on *your* behalf. When the *company* receives payment from any Canadian provincial or territorial government health insurance plan, any other insurer or any other source of recovery to the *company*, the respective payor is released from any further liability with respect to the claim.

Secondary Coverage: Coverage under this *policy* is secondary to all other sources of recovery. Any benefits payable under this *policy* are in excess of any other coverage *you* may have with any other insurer or any other source of recovery.

Coordination of Benefits: Benefit payments under this *policy* will be coordinated with benefits available to *you* under any other insurance *policy* or plan, so that payments made under this *policy* and any other *policy* or plan do not exceed **100%** of the eligible expenses incurred. Coordination of the Emergency Medical Insurance benefits will be in accordance with the Coordination of Benefits Guidelines issued by the Canadian Life and Health Insurance Association with respect to Out of Country/Province Medical Expenses.

However, if *you* are covered as an active or retired employee under *your* current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is:

- a) \$50,000 or less, Coordination of Benefits will not apply to such amount; or
- b) more than \$50,000, Coordination of Benefits will apply only to the amount of insurance in excess of \$50,000.

Notice of Claim and Proof of Claim: To make a claim for benefits under this *policy*, *your* written proof of claim and *your* fully completed 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 proof of claim shall include:

- i) the completion of any claim forms furnished by the *company*;
- ii) original receipts;
- iii) a written report, complete with the diagnosis by the attending *physician*, if applicable, and any other form of documentation deemed necessary by the *company* to validate *your* claim;

- iv) documentation required by the *company* to substantiate cancellation, interruption, travel delay or *schedule change* if for other than medical reasons. 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;

For example:

- copy of the subpoena if cancelling due to jury duty or being called as witness;
- report from the police or other local authority documenting the loss or theft of passport and or travel visa;
- letter from the airline confirming the change in the scheduled flight or the cause of the flight delay.

Original substantiating claims documentation must be provided; however, the *company* may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this *policy*. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to the *company*.

Or visit ACM's website www.active-care.ca, to learn more about the claim submission process and to download the free ACM TravelAid™ mobile application.

Written claims correspondence should be mailed to:

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

Online Claims Submission

For quick and easy claim submission, please have all of *your* documents available [in electronic format] and visit <https://manulife.acmtravel.ca> to submit *your* claim online.

Tel: 1 855 317-1193

Claim Payments: Benefit payments will be made to *you* or to any person or entity having a valid assignment to such benefits. In the event of *your* death, any balance remaining or benefits payable for loss of life will be paid to *your* estate, unless otherwise indicated.

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

Rights of the Company and Claimant: When *you* purchase this *policy*, *you* agree to provide the *company* with access to all pertinent records or information about *you* from any licensed *physician*, dentist, medical practitioner, *hospital*, clinic, insurer, individual, institution or other provider of service to determine the validity of any claim submitted by *you* or on *your* behalf.

Right of Examination: The *company* has the right, and *you* must afford it the opportunity, to have *you* medically examined when and as often as may be reasonably required, when a claim under this *policy* is pending. In the event of death, the *company* has the right to request an autopsy, subject to any laws relating thereto.

Right of Recovery: In the event that *you* are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any *policy* provision, the *company* has the right to collect from *you* any amount which it has paid on *your* behalf to medical providers or other parties.

Subrogation: If *you* suffer a loss caused by a third party, the *company* has the right to subrogate *your* rights of recovery against the third party for any benefits payable to or on *your* behalf and will, at its own expense and in *your* name, execute the necessary documents and take action against the third party to recover such payments. *You* must not take any action or execute any documents after the loss that will prejudice the *company's* rights to such recovery.

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 the *company* works 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 below *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.

The Manufacturers Life Insurance Company
First North American Insurance Company

August 2018