





**Manulife Travel Insurance**

**COVID-19 Emergency Medical Certificate  
of Insurance – Air Canada**

Updated February 1, 2021

Underwritten by  
The Manufacturers Life Insurance Company (Manulife).

 <p>Travel Insurance for Travelling Canadians</p> <p>IN CASE OF AN EMERGENCY, YOU MUST CALL OUR ASSISTANCE CENTRE:  <b>1 844-945-1469 +1 519 945-6029</b>  <small>toll-free from the USA and Canada collect to Canada from anywhere else in the world</small></p> <p>NAME _____ POLICY # _____</p> <p>_____</p> <p>EFFECTIVE DATE _____ EXPIRY DATE _____</p> <p>Please remember to keep this card in your wallet during your trip.</p>	 <p>Travel Insurance for Travelling Canadians</p> <p>IN CASE OF AN EMERGENCY, YOU MUST CALL OUR ASSISTANCE CENTRE:  <b>1 844-945-1469 +1 519 945-6029</b>  <small>toll-free from the USA and Canada collect to Canada from anywhere else in the world</small></p> <p>NAME _____ POLICY # _____</p> <p>_____</p> <p>EFFECTIVE DATE _____ EXPIRY DATE _____</p> <p>Please remember to keep this card in your wallet during your trip.</p>
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Updated February 1, 2021

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

### IN THE EVENT OF AN *EMERGENCY*

You must call the Assistance Centre immediately. *Our* Assistance Centre is there to help *you* 24 hours a day and is open every day of the year.

**1 844-945-1469** toll-free from the USA and Canada

**+1 519 945-6029** collect where available.

You must call the Assistance Centre before obtaining *emergency treatment*, so that we may provide pre-approval of *treatment*.

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

### INFORMATION ABOUT *YOUR* INSURANCE

This Certificate of Insurance is underwritten by The Manufacturers Life Insurance Company (Manulife). Manulife has appointed Active Claims Management Inc. (operating as Active Care Management) as the provider of all assistance and claims services under this Certificate of Insurance.

Manulife has issued **Group Insurance Policy Number 731** to Air Canada to cover *emergency* medical expenses incurred by *you* during *your trip*. This certificate covers losses arising from an *emergency* related to Coronavirus (COVID-19) only. **This certificate does not provide any insurance related directly or indirectly to cruises.**

This Certificate of Insurance summarizes the provisions of this group insurance and contains important information.

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

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

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

For more information, go to [www.thiaonline.com/Travel\\_Insurance\\_Bill\\_of\\_Rights\\_and\\_Responsibilities.html](http://www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html)

The Assistance Centre is open 24 hours a day, each day of the year.  
Immediate access to the Assistance Centre is also available through its TravelAid mobile app. Visit <http://www.active-care.ca/en/travelaid/> to download the app.

Please note that you must call the Assistance Centre in a medical emergency and prior to any treatment. Otherwise, you will have to pay 20% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf as soon as possible.

The Manufacturers Life Insurance Company



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Immediate access to the Assistance Centre is also available through its TravelAid mobile app. Visit <http://www.active-care.ca/en/travelaid/> to download the app.

Please note that you must call the Assistance Centre in a medical emergency and prior to any treatment. Otherwise, you will have to pay 20% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf as soon as possible.

The Manufacturers Life Insurance Company



## IMPORTANT NOTICE

### READ CAREFULLY BEFORE *YOU* TRAVEL

We want *you* to understand (and it is in *your* best interest to know) what *your* certificate includes, what it excludes, and what is limited (payable but with limits). Please take time to read through *your* certificate before *you* travel.

Italicized terms are defined in *your* certificate.

- Travel insurance covers claims arising from sudden and unexpected situations and typically not follow-up or recurrent care.
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (child born on *trip*, excessive use of alcohol).
- This insurance may not cover claims related to pre-existing *medical conditions*, whether disclosed or not.
- Contact *our* Assistance Centre before seeking *treatment* or *your* benefits may be limited.
- In the event of a claim *your* prior medical history may be reviewed.

**IT IS IMPORTANT AND *YOUR* RESPONSIBILITY TO UNDERSTAND *YOUR* COVERAGE. IF *YOU* HAVE QUESTIONS, CALL 1-866-521-8506.**

## DEFINITIONS

Italicized words have a specific meaning as explained below.

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

The intention of such activity is to:

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

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

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

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

**Departure date** means the date *you* leave Canada on *your round-trip international flight*.

**Emergency** means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by the Assistance Centre indicates that no further *treatment* is required at destination or *you* are able to return to *your* province or territory of residence for further *treatment*.

**Government health insurance plan (GHIP)** means the health insurance coverage that the provincial or territorial governments provide to residents of Canada.

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

**Hospital** means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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

**Injury** means sudden bodily harm that *you* sustain during the *trip* and that is caused by external and purely accidental means.

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

**Minor mental or emotional disorder** means:

- Having anxiety or panic attacks, or
- Being in an emotional state or in a stressful situation.

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

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

**Return date** means the *return date* stated on *your* travel itinerary supplied to *you* by Air Canada.

**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 for other comparable services or supplies in a similar circumstance.

**Sickness** means illness, disease, or any symptom related to that illness and/or disease.

**Travel companion** means someone who shares *trip* arrangements with *you* on this *trip*, up to a maximum of three (3) persons.

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

**Trip** means the period of time between *your departure date* and *your return date*, and cannot exceed a maximum duration of 21 days.

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

**You, Your** means the person who is eligible for coverage under this certificate as indicated on the travel itinerary issued to *you* by Air Canada.

## ELIGIBILITY

To be eligible for this insurance:

- You must be a resident of Canada;
- You must be covered by *your GHIP* for the entire duration of *your trip*. It is *your* responsibility to check that *you* do have this coverage;
- You must have made a new booking for *your round-trip international flight* with an Air Canada ticket (number must start with code 014), including at least one flight marketed or operated by Air Canada, that includes this insurance;
- You must be an **Aeroplan Member** and have a valid and unique Aeroplan number associated with *your* ticket before checking into the first flight that departs Canada. This eligibility requirement is not applicable to *children* less than 2 years old;
- Your entire *trip* outside of Canada is 21 days or less, including the date *you* leave Canada and the date *you* return to Canada;
- You must not have been advised by a *physician* not to travel.

### WHEN YOUR COVERAGE STARTS

Coverage starts on the *departure date*.

### WHEN YOUR COVERAGE ENDS

Coverage ends on the earliest of:

- The date *you* return to Canada as stated on *your* travel itinerary supplied to *you* by Air Canada; or
- You return back to Canada earlier than *your* original scheduled *return date*; or
- When the Group Policy, is cancelled by *us* or Air Canada or is amended to no longer provide *emergency* medical insurance; or
- The date *you* are no longer eligible for coverage.

### AUTOMATIC EXTENSION

An automatic extension of *emergency* medical coverage is provided if:

- *your common carrier* is delayed. In this case, we will extend *your* coverage for up to seventy-two (72) hours;
- *you* have been advised by a medical professional to quarantine/self-isolate, as a result of COVID-19, beyond *your return date*. In this case, we will extend *your* coverage for the duration of *your* quarantine and up to three (3) days after *your* quarantine/self-isolation period;
- *you* are hospitalized on *your return date*. In this case, we will extend *your* coverage during the hospitalization up to a maximum of 365 days or until, in *our* opinion, *you* are stable for discharge from the *hospital* or for evacuation *home*, whichever is earlier, and for up to five (5) days after discharge from the *hospital*.

## Emergency Medical Insurance

### WHAT DOES EMERGENCY MEDICAL INSURANCE COVER?

*Emergency* Medical Insurance covers *you* for up to \$200,000 CDN for *reasonable and customary* expenses that *you* incur because of a positive COVID-19 test result during *your trip*.

After *your* medical *emergency treatment* has started, the Assistance Centre must assess and pre-approve additional medical *treatment*. If *you* undergo tests as part of a medical investigation, *treatment* or surgery, obtain *treatment* or undergo surgery that is not pre-approved, *your* claim will not be paid. This includes but is not limited to MRI, MRCP, CAT Scan, CT Angiogram, sonograms, ultrasounds, Nuclear Stress Test, biopsies, Angiogram, Angioplasty, cardiovascular surgery including any associated diagnostic test(s), Cardiac Catheterization or any surgery. Reimbursement is subject to the terms and conditions of this certificate.

Covered expenses and benefits are subject to the certificate's maximums, exclusions and limitations.

The eligible covered expenses include:

#### 1. Expenses for *emergency treatment* –

Expenses for medical care related to COVID-19 received from a *physician* in or out of a *hospital*; the cost of a semi-private *hospital* room, the services provided from a licensed private duty nurse while *you* are in *hospital*, the rental or purchase (whichever is less) of a hospital bed, wheelchair, brace, crutch or other medical appliance; tests that are needed to diagnose or find out more about *your* condition; and drugs that are prescribed for *you* and are available only by prescription from a *physician*.

#### 2. Expenses for ambulance transportation –

Expenses for local licensed ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency* related to COVID-19.

#### 3. Expenses related to *your death* –

If *you* die during *your trip* due to COVID-19, we will reimburse *your* estate for:

- up to \$5,000 to have *your* body prepared where *you* die and the cost of the standard transportation container normally used by the airline, plus the return *home* of *your* body;
- up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die; or
- up to \$5,000 to cremate *your* body where *you* die, plus the return *home* of *your* ashes.

In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, we will pay the return economy class airfare via the most cost-effective itinerary for that person, and up to \$300 for that person's hotel and meal expenses.

#### 4. Expenses to bring *you home*/Emergency Air Transport –

If *your* treating *physician* or if *our* medical advisors recommend that *you* return *home*, due to COVID-19 or related complications, we will pay for the following:

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

#### 5. Meals and Accommodation -

If *your* COVID-19 related medical *emergency* prevents *you* from returning *home* or requires *your* transfer to a location that is different from *your* original destination, we will reimburse *you* up to \$150 per day to a maximum of \$2,100 for *your* meals, hotel and taxi fares.

#### 6. Childcare expenses –

We will pay up to a maximum of \$75 per day to a maximum of \$500 for childcare cost incurred by *you* during *your trip* to care for *your children* travelling with *you* and remaining with *you* at destination while *you* are hospitalized due to COVID-19, as an in-patient during *your trip*. Original receipts from the professional childcare provider are required and the professional childcare provider must be someone other than *immediate family* or *travelling companion*.

## 7. Expenses to return *children under your care* –

If *you* are admitted to *hospital* due to COVID-19 for more than twenty-four (24) hours or must return *home* because of an *emergency* related to COVID-19, we will pay for the extra cost of one-way economy class airfare to return the *children home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must have been under *your care* during *your trip* and covered under a COVID-19 *Emergency Medical Certificate of Insurance* underwritten by *us*.

## 8. Return *Travel Companion* –

We will cover the extra cost of one-way economy class airfare via the most cost-effective itinerary, to return *your travel companion* (who is travelling with *you* at the time of *your emergency*) *home*, if *you* are repatriated *home*. The *travel companion* must be covered under COVID-19 *Emergency Medical Certificate of Insurance* underwritten by *us*.

## 9. *Hospital Allowance* -

When *you* are hospitalized for 48 hours or more due to COVID-19 during *your trip*, we will reimburse *you* \$50 per day up to a maximum of \$300 for *your* telephone, parking and television out-of-pocket expenses. Expenses must be supported by original receipts.

## 10. *Phone call expenses* -

We will pay for phone calls to or from *our* Assistance Centre regarding *your* COVID-19 related medical *emergency*. *You* must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during *your trip*.

## 11. *Terrorism Coverage* –

When an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this certificate, coverage is available for up to two (2) *acts of terrorism* within a calendar year and up to a maximum aggregate payable limit of \$35 million for all eligible *emergency* medical in-force policies and certificates issued and administered by *us*. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

# Emergency Medical Exclusions & Limitations

## WHAT DOES *EMERGENCY MEDICAL INSURANCE* NOT COVER?

We will not pay any expenses or benefits relating directly or indirectly to:

1. If within the last thirty (30) days before *your departure date*; Any expenses related to COVID-19 or any COVID-19 related complications, if:
  - *you* have undergone a COVID-19 test, and *you* have received a positive COVID-19 test result; or
  - *you* have been diagnosed with COVID-19 by a medical professional; or
  - because of contact tracing, *you* have been quarantined or self-isolated.
2. If in the last 15 days before *your departure date* *you* experience any COVID-19 symptoms, and those symptoms lead to a positive COVID-19 test result during *your trip*. Symptoms may include but are not limited to: new or worsening cough, shortness of breath or difficulty breathing, having a fever, chills, fatigue or weakness, muscle or body aches, new loss of smell or taste, headache, gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)

or feeling very unwell. This exclusion does not apply if, in the last 15 days before *your departure date*, *you* were tested for any COVID-19 symptoms and received a negative COVID-19 test result following the appearance of these symptoms.

3. Any medical *treatment* for any *medical condition* not related to COVID-19 or COVID-19 related complications.
4. Any *injury*.
5. Any *medical condition* *you* suffer or contract while *you* are on *your cruise* or in any destination included in *your cruise itinerary*.
6. The cost of and any expenses for a COVID-19 test that is mandated by any body with appropriate authority (such as a government or a transportation service) for entry into or exit from a country/jurisdiction or to use its services.
7. Any *emergency* when, *you* had not met all of the eligibility requirements.
8. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by the Assistance Centre prior to being performed. 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 immediately upon admission to *hospital*.
9. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
10. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if *our* medical advisors determine that *your emergency* has ended.
11. A *medical condition* or symptoms:
  - when *you* knew or for which it was reasonable to believe or expect before *you* left *home* or before the effective date of coverage, that *treatment* will be required during *your trip*; and/or
  - for which future investigation or *treatment* was planned before *you* left *home*; and/or
  - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before leaving *home*; and/or
  - that had caused *your physician* to advise *you* not to travel.
12. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, whether or not it was authorized by a *physician*, as well as any directly or indirectly related complication.
13. *Your* self-inflicted injuries, unless medical evidence establishes that the *injuries* are related to a mental health illness.
14. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
15. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
16. Any loss resulting from *your minor mental or emotional disorder*.
17. *Your* child born during *your trip*.
18. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
19. Any further medical *treatment* if *our* medical advisors determine that *you* should transfer to another facility or return to *your home* province/territory of residence for *treatment*, and *you* choose not to.

20. Any *act of terrorism* or any *medical condition* you suffer or contract when an official travel advisory issued by Government of Canada states, "Avoid all travel" regarding the country, region or city of *your* destination, before *your departure date*.  
To view the travel advisories, visit the Government of Canada Travel site.
21. Any *act of terrorism* caused by biological, chemical, nuclear or radioactive means.
22. An *act of war*.

## WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?

Please call the Assistance Centre at the time of *your* medical *emergency*; *you* will receive the necessary claims assistance. If it is medically impossible for *you* to call when the *emergency* happens, *we* ask that someone call on *your* behalf.

**If *you* are making an *Emergency Medical Insurance* claim, *we* will need:**

- original itemized receipts for all bills and invoices;
- proof of payment by *you* and by any other benefit plan;
- medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was medically necessary;
- proof of travel (including *departure date* and *return date*); and
- *your* historical medical records (if *we* determine applicable).

In the event of a claim, *you* will be required to provide proof of *your departure date* and/or *your return date*. Proof can include *your* plane ticket, train ticket, or a stamped passport.

### **To whom will *we* pay *your* benefits, if *you* have a claim?**

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

All amounts shown throughout this Certificate are in Canadian dollars. If currency conversion is necessary, *we* will use *our* exchange rate on the date *you* received the service outlined in *your* claim. *We* will not pay for any interest under this insurance.

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

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

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

Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

**Notice and Proof of Claim.** Claims must be reported within thirty (30) days of occurrence of a claim arising under this certificate. *Your* proof of claim must be sent to *us* within ninety (90) days of the date a claim has occurred or the service was provided.

**Failure to Give Notice or Proof of Claim.** Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one year from the date of the occurrence arising under this certificate, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

**Forms for Proof of Claim.** The Assistance Centre will furnish forms for proof of claim within fifteen (15) days after receiving notice of claim. If *you* have not received the forms within that time, *you* may submit *your* proof of claim in the form of a written statement of the cause or nature of the accident, *sickness* or *injury* or insured risk giving rise to the claim and the extent of the loss.

Claims correspondence should be mailed to:

Manulife Travel Insurance c/o Active Care Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8

All money payable under this contract shall be paid by *us* within sixty (60) days after proof of claim and all required documentation has been received.

## WHAT ELSE DO YOU NEED TO KNOW?

This Certificate of Insurance summarizes *your* coverage under the group policy. The group policy governs. The coverage under this certificate may be cancelled or changed by *us* at any time without notice.

This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact or circumstance concerning this Certificate of Insurance. *You* must be accurate and complete in *your* dealings with *us* at all times. *We* will not pay a claim if *you*, or any person insured under this certificate or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

### **Limitation of Liability**

*Our* liability under this certificate 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 certificate, nor *our* agents or administrators assume any responsibility for the availability, quality, results or outcome of any *treatment* or service, or *your* failure to obtain any *treatment* or service covered under the terms of this certificate.

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

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

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

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will co-ordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this Certificate of Insurance, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this Certificate of Insurance. *You* will execute and deliver such documents as are necessary and co-operate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights.

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

## Notice on Privacy

**Your privacy matters.** *We* are committed to protecting the privacy of the information *we* receive about *you* in the course of providing the insurance *you* have chosen. While *our* employees need to have access to that information, *we* have taken measures to protect *your* privacy.

*We* ensure that other professionals, with whom *we* work in giving *you* the services *you* need under *your* insurance, have done so as well.

To find out more about how *we* protect *your* privacy, please read *our* Notice on Privacy and Confidentiality.

**Notice on Privacy and Confidentiality.** Manulife collects information about *you* from Air Canada to administer this insurance coverage. 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, ON N2J 4C6.

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

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

**1 844-945-1469**

Toll-free from the USA and Canada.

**+1 519 945-6029**

Collect to Canada from anywhere else in the world.

*Our Assistance Centre is ready to assist you 24 hours a day, each day of the year.*

**HELP IS JUST A PHONE CALL AWAY**

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

**Pre-Trip Information**

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

**During a Medical Emergency**

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

**Other Services**

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

**IMPORTANT TELEPHONE NUMBERS:**

For coverage information or general enquiries, or to apply for an extension or a refund of premium, please call the Customer Service Centre at the number provided in *your confirmation*.

Written correspondence should be mailed to:

**Manulife Travel Insurance**

c/o Active Care Management  
P.O. Box 1237 Stn A  
Windsor, ON N9A 6P8

*You* may also call the Assistance Centre directly for specific information on how to submit a claim or to enquire about *your* claim status at: **1 844-945-1469** or **+1 519 945-6029**.



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