

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

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

+1 (519) 251-7821 collect where available

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

# Manulife Global Emergency Medical Policy



Accessible formats and communication supports  
are available upon request.  
Visit [Manulife.com/accessibility](http://Manulife.com/accessibility) for more information.



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

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The Manufacturers Life Insurance Company  
(Manulife).

**EFFECTIVE June 4, 2019**

Don't forget your  
Wallet Card!



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



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NAME \_\_\_\_\_

POLICY # \_\_\_\_\_

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NAME \_\_\_\_\_

POLICY # \_\_\_\_\_



GEMABC619E

## 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 limitations or exclusions.
- Your policy may not provide coverage for medical conditions and/or symptoms that existed before your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

### PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL



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 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 policy
- Know your rights

For more information, go to [www.thiaonline.com](http://www.thiaonline.com)

## 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.

Our multilingual Assistance Centre is there to help and support *you* 24 hours a day, every 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

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

### Other Services

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

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

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

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

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

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



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

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

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



## IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

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

To be eligible for insurance under this policy, ***you* must meet all the eligibility requirements outlined on Page 3 of this policy booklet.**

A ***pre-existing condition* exclusion applies** to *your* *Emergency* Medical Insurance coverage. It is ***your* responsibility** to review and understand the ***pre-existing condition* exclusion** that applies to *you* (listed on Pages 9 to 11 of this policy booklet).

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

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

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

*Our* Assistance Centre is there to help *you* 24 hours a day, 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 contact** the Assistance Centre in an *emergency*, ***you* will have to pay 25% of the eligible medical expenses** we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

### IMPORTANT INFORMATION ABOUT YOUR INSURANCE:

This policy is underwritten by The Manufacturers Life Insurance Company (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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## SCHEDULE OF BENEFITS

<b>Emergency Medical Plan</b>	
Eligible Age*	No Limit
Medical Concierge Services	Included
Medical <i>Questionnaire</i> Required	Yes - Age 60 or over
<b>Emergency Medical**</b>	
Hospital & Medical	\$5,000,000
Accidental Dental	\$3,000
Medical Repatriation	\$5,000,000
Accommodation & Meals	\$350/day maximum \$3,500
Expenses for Childcare	\$100/day maximum \$300
Expenses Related to <i>Your</i> Death	See Page 6
<i>Act of Terrorism</i> Coverage	See Page 11

\* *Your child* must be at least 31 days old to be insured under this plan.

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

## MEDICAL CONCIERGE SERVICES Provided by StandbyMD

Manulife Global Travel Insurance is pleased to provide you with value-added medical concierge services when you have 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.

## ELIGIBILITY

**You are NOT eligible for coverage if:**

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

If *you* are age 60 or over and *you* have completed a medical *questionnaire*, *you* must meet the Eligibility requirements indicated on the *questionnaire*. If *you* did not meet those requirements, *you* are NOT eligible to purchase this coverage.

**TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY**  
*You* must be a resident of Canada and covered under a *government health insurance plan* for the entire duration of the *trip*. 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.

*You* must complete the medical *questionnaire* to determine whether *you* meet eligibility requirements for coverage, and if so, to determine *your* rate category, if *you* are age 60 or over.

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

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

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

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

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

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

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

**Family Coverage Calculation:** Family coverage is available at 2 times the older (or only) parent’s or grandparent’s rate.

### THE DATE YOUR COVERAGE STARTS / YOUR EFFECTIVE DATE OF COVERAGE

Coverage starts when *you* leave *home*.

## THE DATE YOUR COVERAGE ENDS / YOUR COVERAGE EXPIRY DATE

**Coverage** ends on the earlier of:

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

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

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

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

## ADDITIONAL INFORMATION

### AUTOMATIC EXTENSION

We will extend *your* coverage automatically beyond the date you were scheduled to return *home* as per *your confirmation* if:

- your common carrier* is delayed. In this case, we will extend *your* coverage for up to 72 hours; or
- you* or *your travel companion* are hospitalized on that date. In this case, we will extend *your* coverage during the hospitalization and for up to 5 days after discharge from the *hospital*; or
- you* or *your travel companion* have an *emergency* that does not require hospitalization but prevents travel. In this case, we will extend *your* coverage for up to 5 days.

In any case, we will not extend any coverage beyond 12 months after *your effective date* of insurance.

### TO STAY LONGER THAN PLANNED

**Extensions:** If you have not left *home* yet, simply call *your* travel agent to ask for the extension. If, however, you are already on *your trip*, and need to apply for an extension of *your* coverage, simply call *your* travel agent before the expiry date of *your* existing coverage. You may be able to extend *your* coverage as long as:

- the total length of *your trip* does not exceed 183 days (unless permitted otherwise by *your government health insurance plan*);
- you pay the additional premium; and
- you have had no event that has resulted or may result in a claim.

**Any extension is subject to the approval of the Assistance Centre.**

### REFUND OF PREMIUM

If you return *home* before the date you were scheduled to return *home* as per *your confirmation*, and have not had a cause for a claim or started a claim, you may ask for a refund of the premium for the unused days. Simply contact *your* travel agent to ask for the refund and provide proof of the date you actually returned *home*.

## EMERGENCY MEDICAL INSURANCE

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

*Emergency Medical Insurance* covers you for up to \$5,000,000 CDN of *reasonable and customary* charges incurred by you as a result of *emergency treatment* required by you during *your trip* if a *medical condition* begins unexpectedly after you leave *home*, but only if these covered expenses are eligible expenses under this policy and are not covered by *your government health insurance plan* or any other benefit plan. The medical attention received must be required as part of *your emergency treatment* and ordered by a *physician* (or a dentist in the case of dental *treatment*).

**In the event of an *emergency*, call the Assistance Centre immediately: 1 800 211-9093** toll-free from the USA and Canada or +1 (519) 251-7821 collect where available.

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

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

Covered expenses and benefits are subject to the policy maximums, exclusions, limitations and any deductible amount (when applicable). The deductible amount, in CDN dollars, is the amount of covered expenses that you are responsible for paying per *emergency* medical claim. *Your* deductible amount applies to the amount remaining after any covered expenses are paid by *your government health insurance plan*.

**The eligible expenses include:**

- Expenses to receive *emergency treatment*** – Medical care received from a *physician* in or out of a *hospital*, the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary and could not be omitted without adversely affecting *your* condition or quality of medical care), the services of a licensed private duty nurse while you are in *hospital*, the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about *your* condition, and drugs that are prescribed for you and are available only by prescription from a *physician* or dentist.
- Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 by profession.
- Expenses for ambulance transportation** – *Reasonable and customary* charges for local licensed ambulance service to transport you to the nearest qualified medical service provider in an *emergency*.

4. **Expenses related to your death** – If *you* should die during *your trip* from an *emergency* covered under this insurance, we will reimburse *your* estate for:
- the return *home* of *your* body (in the standard transportation container normally used by the airline); plus up to \$5,000 to have *your* body prepared where *you* die including the cost of a standard casket;
  - up to \$5,000 to have *your* body prepared and the cost of a standard casket or urn, plus up to \$5,000 for *your* burial where *you* die; or
  - the return home of *your* ashes, plus up to \$5,000 to cremate *your* body where *you* die including the cost of a standard urn.

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

5. **Expenses to bring you home** – If *your* treating *physician* recommends that *you* return *home* because of *your* *emergency* or if *our* medical advisors recommend that *you* return *home* after *your* *emergency*, when approved and arranged in advance by the Assistance Centre, we will pay the *reasonable and customary* expenses for:
- the extra cost of an economy class fare via the most cost-effective itinerary; or
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and
  - the return cost of an economy class fare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline; or
  - the cost of air ambulance transportation, if this is medically necessary, is appropriate and consistent with the diagnosis and could not be omitted without adversely affecting *your* condition or quality of medical care.
6. **Extra expenses for meals, hotel, phone calls and taxi** – If a medical *emergency* prevents *you* or *your* travel companion from returning *home* as originally planned, or if *your* *emergency* medical treatment or that of *your* travel companion requires *your* transfer to a location that is different from *your* original destination, we will reimburse up to \$350 per day to *you* to a maximum of \$3,500 for *your* extra meals, hotel, essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares). We will only pay for these expenses if *you* have actually paid for them.

7. **Expenses to bring someone to your bedside** – If *you* are travelling alone and are admitted to a *hospital* for 3 days or more because of a medical *emergency*, when approved in advance by the Assistance Centre, we will pay the round-trip economy class fare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$500 for that person's hotel and meals and cover him/her under *Emergency Medical Insurance*, under the same terms and limitations of this policy, until *you* are medically fit to return *home*. For a *child* insured under this policy, this benefit is available immediately upon his/her *hospital* admission.
8. **Expenses for emergency dental treatment** – If *you* need *emergency* dental treatment, we will pay:
- up to \$300 for the relief of dental pain; and
  - if *you* suffer an accidental blow to the mouth, up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,000 during *your* trip and up to \$1,000 to continue medically necessary treatment in the 90 days after the accident).
9. **Expenses to return children under your care** – If *you* are admitted to *hospital* for more than 24 hours or must return *home* because of an *emergency*, when approved in advance by the Assistance Centre, we will pay for the extra cost of one-way economy class airfare to return *your* children or grandchildren *home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. We will cover him/her under the *Emergency Medical Insurance*, under the same terms and limitations of this policy for a qualified escort. The children or grandchildren must have been under *your* care during *your* trip and be covered under this policy.
10. **Expenses for childcare** – If *you* are admitted to *hospital*, we will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the *child's* parent, member of the *immediate family*, *your* travel companion, or the person whose guest *you* are during the trip. We will reimburse *you* up to \$100 per day to a maximum of \$300 per trip. The *child(ren)/grandchild(ren)* must have been under *your* care during *your* trip.
11. **Expenses to return your domestic dog and/or cat** – When approved in advance by the Assistance Centre, we will pay up to \$500 for the extra cost of economy class transportation to return *your* domestic dog(s) and/or cat(s) *home* via the most cost-effective itinerary, if:
- a) *your* treating *physician* recommends that *you* return *home* because of *your* medical condition;
  - b) *our* medical advisors recommend that *you* return *home* after *your* *emergency* treatment; or
  - c) *you* die.

12. **Expenses to return your travel companion home** – We will pay the extra cost of one-way economy class airfare via the most cost-effective itinerary, to return your travel companion (who is travelling with you at the time of your emergency and insured under our travel medical insurance plan) home, if you return home under Benefit #5 (Expenses to bring you home).
13. **Expenses to return your vehicle home** – If, because of a medical emergency, hospitalization, death or repatriation, you are unable to drive home the vehicle you used during your trip, when approved in advance by the Assistance Centre, we will cover up to the reasonable cost charged by a commercial agency to bring your vehicle home. If you rented a vehicle during your trip, we will cover its return to the rental agency.
14. **Return to Destination** – When approved in advance by the Assistance Centre and provided your attending physician determines no further treatment is required, you will be reimbursed the extra cost of one-way economy transportation to return to your trip destination after you are returned to your home for emergency treatment under Benefit #5 (Expenses to bring you home). Once you return to your trip destination, a recurrence of the medical condition which required your return home or any related condition will not be covered under this policy. This benefit can only be used once during your trip and only if the return can be arranged within the original period of coverage.
15. **Hospital Allowance** – If you are hospitalized for 48 hours or more, we will reimburse you up to \$50 per day, to a maximum of \$500 for your incidental expenses (telephone calls, television rental, etc.) while you are in the hospital.
16. **Baggage Return** – If you return home under Benefit #5 (Expenses to bring you home), when approved in advance by the Assistance Centre, we will pay the extra costs to return your baggage to your home.
17. **Expenses to replace prescription drugs** – Up to \$50 if you have misplaced or have forgotten your prescription medication during your trip and it is necessary for you to continue taking the prescribed medication. Charges for vitamins, vitamin preparations, over-the-counter drugs, contraception or birth control are not covered.
18. **Hearing Aid** – Up to \$200 for the replacement of a hearing aid due to theft, loss or breakage during your trip and assistance to co-ordinate the replacement.
19. **Vision Care** – Up to \$200 for the replacement of prescription eyeglasses due to theft, loss or breakage during your trip and assistance to co-ordinate the replacement.

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

We will not pay for any losses, expenses or benefits relating to:

1. **A pre-existing condition.** When reading this section, please take the time to review the definitions of “pre-existing condition” and “stable” at the end of this booklet. The pre-existing condition exclusion which applies to you depends on **your age at the time you purchased this policy** as outlined below.

All Ages - Plan A	<b>Pre-existing condition exclusion 1</b>
Age 60 or older Plan B & Plan C	<b>Pre-existing condition exclusion 2</b>

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

We will not pay any expenses relating to:

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

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

We will not pay any expenses relating to:

- a pre-existing condition that was not stable in the **six (6) months** before your effective date; and/or
  - a heart condition, if, in the **six (6) months** before your effective date, any heart condition has not been stable or you have taken any form of nitroglycerine for the relief of angina pain; and/or
  - a lung condition, if, in the **six (6) months** before your effective date, any lung condition has not been stable or you required treatment with oxygen or prednisone for any lung condition.
2. Any medical condition when, prior to your departure date, you had not met all the eligibility requirements or truthfully and accurately answered all the questions in the medical questionnaire (if applicable).
  3. Expenses that exceed a maximum of \$25,000, if you do not have valid coverage under a government health insurance plan for the entire duration of your trip.
  4. Covered expenses that exceed the reasonable and customary charges where the medical emergency happens.
  5. Covered expenses that exceed 75% of the cost we would normally have to pay under this insurance, if you do not contact the Assistance Centre at the time of the emergency, unless your medical condition makes it medically impossible for you to call (in that case, the 25% co-insurance does not apply).
  6. Any treatment that is not for an emergency.

7. Any cosmetic, investigative and/or elective surgery or *treatment*, and/or any expenses that arise as a result of complications from such surgery or *treatment*.
8. The continued *treatment* of a *medical condition* when you have already received *emergency treatment* for that condition during *your trip* and our medical advisors determine that *your medical emergency* has ended.
9. A *medical condition*:
  - when you knew, before you left home, or before the *effective date* of coverage, that you would need or be required to seek *treatment* for that *medical condition* during *your trip*; and/or
  - for which it was reasonable to expect before you left home or prior to the *effective date* that you would need *treatment* during *your trip*; and/or
  - for which future investigation or *treatment* was planned before you left home; and/or
  - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 3 months before *your effective date*; and/or
  - that had caused *your physician* to advise you not to travel.
10. For policy extensions or Top-Ups: any *medical condition* which first appeared, was diagnosed or treated after the *departure date* and prior to the *effective date* of the insurance extension or Top-Up.
11. An *emergency* resulting from: hang-gliding; rock climbing; mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment; participating in a motorized speed contest; or *your* professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation.
12. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
13. Committing or attempting to commit a criminal act.
14. Not following recommended or prescribed therapy or *treatment*.
15. Any *sickness*, death or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol or any other toxic substance(s).
16. Any loss resulting from *your minor mental or emotional disorder*.
17. 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*.
18. For insured *children* under 2 years of *age*: any *medical condition* related to a birth defect.
19. Any *treatment*, services or supplies not medically necessary, or any medical procedures and/or tests (**including** but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
20. 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.
21. Any *emergency* that occurs or re-occurs after *our* medical advisors recommend that you return home following *your emergency*, and you choose not to.
22. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism* Coverage provision.
23. 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 trip*; and/or
  - an *act of war* or an *act of terrorism*.

## ACT OF TERRORISM COVERAGE

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

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

Any benefits payable pursuant to our **Emergency Medical Insurance** 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\$)
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 Act of Terrorism Coverage provision**

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

### **WHAT ELSE DO YOU NEED TO KNOW?**

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

**This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance, either at the time of application for this policy (including any request for extension or top-up of coverage for benefits), at the time of claim or at any other moment during *your* coverage period.**

This 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.

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

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

#### **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.

#### **Premium**

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

Upon payment of premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and *we* have received *your* completed application (including the *questionnaire*, if applicable) prior to *your* departure date. If the premium is insufficient for the period of coverage selected, *we* will:

1. charge and collect any underpayment; or
2. shorten the policy period by written endorsement if an underpayment in premium cannot be collected.

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

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

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

This is second payor coverage. *You* may have other in-force plans or contracts such as, but not limited to, third party liability, auto insurance, group or individual health insurance providing hospital, medical or therapeutic coverage. In this case, the amounts payable under this insurance are limited to that portion of *your* eligible expenses that are in excess of the amounts provided by those other in-force plans or contracts.

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

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

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are

entitled to is the largest amount specified for the benefit in any one policy. If the total amount of all accident insurance you have under policies issued by us is more than \$100,000, our aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

## IN THE EVENT OF A CLAIM

**In the event of an emergency, call the Assistance Centre immediately, prior to receiving treatment: 1 800 211-9093 toll-free from the USA and Canada or +1 (519) 251-7821 collect where available.**

The Assistance Centre is ready to assist you 24 hours a day, every day of the year.

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

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

If 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.

If you choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these services will be reimbursed to you on the basis of the reasonable and customary charges that we would have paid directly to such provider. Medical charges that you pay may be higher than this amount; therefore, you will be responsible for any difference between the amount you paid and the reasonable and customary charges reimbursed by us. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

To make a claim for benefits under this policy, your written proof of claim and your fully completed Manulife Global Travel Insurance claim form(s) must be sent or 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 sent or submitted with your written proof of claim is provided on the following pages.

### Written claims correspondence should be mailed to:

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

### Online Claims Submission

For quick and easy submission of your Proof of Claim, visit <https://manulife.acmtravel.ca> and please have all of your documentation available [in electronic format].

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

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

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

- a) original itemized receipts for all bills and invoices;
- b) proof of payment by you and by any other benefit plan;
- c) medical records including complete diagnosis by the attending physician or documentation by the hospital, which must support that the treatment was appropriate and consistent with the diagnosis and could not be omitted without adversely affecting your condition and quality of medical care and cannot be delayed until your return home;
- d) proof of the accident if you are submitting a claim for dental expenses resulting from an accident;
- e) proof of travel (including departure date and return date); and
- f) your historical medical records (if we determine applicable).

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

Except in the case of your death, we will pay the reasonable and customary expenses under this insurance to you or the provider of the service, less any applicable deductible. Any sum payable for loss of life will be payable to your estate. You must repay us any amount paid or authorized by us on your behalf if we determine that the amount is not payable under your policy. All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, we will use our exchange rate on the date you received the service outlined in your claim. We will not pay for any interest under this insurance.

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

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

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

If you die, we have the right to request an autopsy, if not prohibited by law.

## DEFINITIONS

When italicized in this policy, the term:

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

The intention of such activity is to:

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

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

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

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

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

**Child, Children** means *your* unmarried, dependent son or daughter or *your grandchild(ren)* travelling with *you* or joins *you* during *your trip* and is either: i) under 21 years of age, ii) under 26 years of age if full-time student; or iii) *your child* of any age who is mentally or physically disabled. In addition, the *children* must be older than 30 days of age.

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

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

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

**Effective date** means the date on which *your* coverage starts. Coverage starts when *you* leave *home*.

**Emergency** means an unforeseen *sickness* or *injury* that requires immediate medical *treatment*. An *emergency* no longer exists when the Assistance Centre determines that the person is able to return to his or her province, territory of residence or country of permanent residence, or continue with the *trip*.

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

- Coverage ends on the earlier of these dates:
  - a) the date *you* return *home*; or
  - b) on the expiry date, as shown on *your confirmation*.

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

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

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

**Home** means *your* Canadian province or territory of residence. If *you* requested *your* coverage to start when *you* leave Canada, *home* means Canada.

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

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

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

**Medical condition** means *sickness*, *injury*, disease or symptom, complication of pregnancy within the first thirty-one (31) weeks of pregnancy.

**Minor mental or emotional disorder** means:

- having anxiety or panic attacks, or
  - being in an emotional state or in a stressful situation
- A *minor mental or emotional disorder* is one where *your treatment* includes only minor tranquilizers or minor anti-anxiety (anxiolytics) medication or no prescribed medication at all.

**Physician** means a 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*.

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

**Questionnaire** means the document *you* must fill out truthfully and accurately to confirm *your* eligibility and rate category.

**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* for a similar *sickness* or *injury* or for other comparable services or supplies for similar circumstance.

**Sickness** means illness, disease, disorder or any symptom.

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

**Stable medical condition** means that all of the following apply:

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

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

**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.

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

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

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

**You, your** means the person(s) named as the insured(s) on the *confirmation*, for whom insurance coverage was applied for and for whom the appropriate premium was received by *us*.

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

## NOTICE ON PRIVACY

**Your privacy matters.** *We* are committed to protecting the privacy of the information *we* receive about *you* in the course of providing the insurance *you* have chosen. While *our* employees need to have access to that information, *we* have taken measures to protect *your* privacy. *We* ensure that other professionals, with whom *we* work in giving *you* the services *you* need under *your* insurance, have done so as well. To find out more about how *we* protect *your* privacy, please read *our* Notice on Privacy and Confidentiality.

**Notice on Privacy and Confidentiality.** The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. *Your* file is secured in *our* offices or those of *our* administrator or agent. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Waterloo, Ontario N2J 4C6. For further details about *our* Privacy Policy, *you* may also visit Manulife at <https://www.manulife.ca/privacy-policies.html>.

The Manufacturers Life Insurance Company