



**Transat**

## Visitor to Canada Policy

Effective August 2024

Underwritten by  
The Manufacturers Life Insurance Company (Manulife)

### 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 - Read Carefully Before You Travel

You have purchased a travel insurance policy - what's next? We want you to understand (and it is in your best interest to know) what your policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your policy before you travel. **Italicized terms are defined in your policy.**

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) 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 (i.e. medical conditions that are not stable, pregnancy, child born on trip, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to pre-existing medical conditions, whether disclosed or not at time of policy purchase.
- Contact the Assistance Centre before seeking treatment or your benefits may be limited.
- In the event of a claim your prior medical history may be reviewed.
- If you have been asked to complete a medical questionnaire and any of your answers are not accurate or complete, your policy will be voidable.

**It is your responsibility to understand your coverage. If you have questions, call 1 800 263-2356.**



#### IN THE EVENT OF AN EMERGENCY, CALL:

**1-800-764-6539**

Toll-free from the USA and Canada

**+1 (519) 251-7488**

Collect to Canada where available



NAME \_\_\_\_\_

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

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

**THIS POLICY IS UNDERWRITTEN** by The Manufacturers Life Insurance Company (Manulife). Claim payment and administrative services are provided by the administrator, Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as “Active Care Management,” “ACM,” “Global Excel Management,” and/or “Global Excel” as the provider of all assistance and claims services.



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](http://www.thiaonline.com)

## INTRODUCTION

### Policy Contract

This is *your* insurance *policy*, a contract detailing the terms and conditions of the insurance coverage *you* purchased. *Your application*, this *policy* and any riders or endorsements to it shall form the entire contract between *you* and the *company*. The *company* has sole authority for changing or waiving any of the terms, conditions or provisions stated in this *policy*.

### How to contact us

Prior to travelling, or when travelling and *you* require *emergency* assistance, call:

**1 800 764-6539** toll-free from the USA and Canada

**+1 (519) 251-7488** collect where available.

For coverage information or general enquiries, please contact Transat Travel Insurance Customer Service Centre at

**1 800 263-2356.**

## TRANSAT VISITOR TO CANADA POLICY

### 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*.

**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 Page 5 of this *policy*.

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

**1-800-764-6539** toll-free from the USA and Canada

**+1-519-251-7488** call collect where available

*Our* Assistance Centre is there to help *you*

**24 hours a day, every day of the year.**

*Our* Assistance Centre can also be contacted through the **Manulife TravelAid™** mobile app. Download the app through the Google Play™ store or the Apple App Store®. For more information, visit [active-care.ca](http://active-care.ca).

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

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

### 10-Day Free Look to Review this Policy

*You* have 10 days from *your* insurance purchase date to review this *policy*. If it does not meet *your* needs, *you* may terminate this insurance coverage and receive a premium refund if:

- (i) *you* have not departed on *your insured trip*; and
- (ii) there is no claim in progress.

To request a premium refund, simply contact *your* distributor of Transat Travel Insurance from whom *you* purchased the insurance.



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

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



 **Manulife**

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

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



 **Manulife**

## MEDICAL CONCIERGE SERVICES PROVIDED BY STANDBYMD™

Transat Travel Insurance is pleased to provide you with value-added medical concierge services.

### What services are available?

StandbyMD has an International network of medical providers and partners who provide services across time zones and who assure a quick and streamlined access to healthcare 24 / 7 / 365 all over the world. StandbyMD allows you to access multiple levels of personalized care ranging from:

- Teleconsultations for eligible cases (telephone / chat / videoconference access to a qualified physician who can assess your symptoms and provide treatment options)
- A network of visiting physicians (in 141 countries and over 4,500 cities)
- In-network clinics close to the patient
- In-network ERs located close to the patient only if necessary

In addition, when you travel within Canada or to the United States, StandbyMD offers the following services:

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eyeglasses or contact lenses and medical supplies.

**How does this service work?** StandbyMD's risk assessment algorithm triages patients according to their symptoms, profiles and location. Based on the information provided they are instantly referred to the most appropriate level of care their specific situation requires. StandbyMD uses a worldwide network of providers that offer high-quality care at preferred rates and direct billing solutions, minimizing the likelihood of paying out-of-pocket. 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.

**Disclaimer, Waiver, and Limitation of Liability:** StandbyMD is not intended to be a substitute for professional medical advice, it is provided for the purpose of assisting you in finding medical providers. The advice provided by StandbyMD is a recommendation only, and entirely voluntary. You still retain the right to choose for yourself, your own level of care regardless of StandbyMD's recommendation. 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.

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## SCHEDULE OF BENEFITS

VISITOR TO CANADA POLICY	
StandbyMD Medical Concierge Services	Included
<i>Deductible</i>	\$50 CDN <i>deductible</i> applies to each claim
EMERGENCY MEDICAL INSURANCE	
Hospital & Medical	Plan Limit: \$10,000, \$25,000, \$50,000, \$100,000, \$150,000
Accommodation & Meal Expenses	\$150 per day – Maximum \$1,500
Visit to Bedside	Round Trip Economy Fare + \$500 Travel Expenses
Repatriation of Remains	Plan Limit: \$10,000, \$25,000, \$50,000, \$100,000, \$150,000
Cremation-Burial at Destination	Up to \$3,000

## POLICY PARAMETERS

The Transat Visitor to Canada *Policy* is available to persons who have made travel arrangements with Transat Distribution Canada or through a distributor of Transat Travel Insurance or through an internet site made available by Transat Distribution Canada. Travel insurance must be purchased based upon *age*, length of travel and other restrictions set forth in this *policy*.

AGE	LENGTH OF TRAVEL	OTHER CONDITIONS
Over 30 days old and up to age 69*	Trips from 7 to 365 days	Plan I (sum insured \$10,000) or Plan II (sum insured \$25,000) or Plan III (sum insured \$50,000) or Plan IV (sum insured \$100,000) or Plan V (sum insured \$150,000).
Ages 70 to 84*	Trips from 7 to 365 days	Plan I (sum insured \$10,000) or Plan II (sum insured \$25,000) or Plan III (sum insured \$50,000) or Plan IV (sum insured \$100,000).

\* Please check *pre-existing condition* exclusions for **Emergency Medical Insurance** (see page 5).

The *Company* will reimburse eligible expenses and/or pay benefits for covered losses, subject to the terms, conditions, limitations and exclusions stated in this *policy*.

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

- named in *your application*,
- travelling together, and
- you* have purchased and paid for family coverage.

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

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

**Family Coverage Calculation:** Family coverage is available at 2 times the eldest adult rate.

## PERIOD OF COVERAGE

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

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

**For Emergency Medical Insurance**, coverage:

- If this insurance is purchased prior to *your arrival date* in Canada, coverage will start on the effective date stated on *your application*;
- OR
- if this insurance is purchased after *your arrival date* in Canada, coverage will start immediately upon the effective date stated on *your application* for expenses related to accidental *injury*, or 48 hours after such start date with respect to expenses related to *sickness*.

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

**For Emergency Medical Insurance**, *your coverage ends* on the earlier of:

- when *you* leave Canada to return *home*;
- the expiry date as shown in *your application*;
- no more than 365 days after the start date of insurance shown on *your application*; or
- the first day *you* become insured under a Canadian *government health insurance plan*.

### Automatic Extension

The *company* will extend *your coverage* automatically beyond the date *you* were scheduled to return *home* as per *your application* if:

- you* are in *hospital* on that date. In this case, the *company* will extend *your coverage* while in *hospital* and for up to 5 days after discharge from the *hospital*; or
- you* have a *medical condition* that does not require admission to *hospital* but prevents travel. In this case, the *company* will extend *your coverage* for up to 5 days.

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

### What If I Stay Longer Than Planned?

**Extensions:** *You* must make *your request* before *your expiry date* or the date *you* were scheduled to return *home* as per *your application*. If *you* have not had or expect to have a *medical condition* and do not have a pending claim, the extension may be issued upon request. Otherwise, the extension is subject to the approval of the Assistance Centre.

### How Do I Get a Refund of Premium?

If *you* return *home* before the date *you* were scheduled to return *home* as per *your application*, and have not had a cause for a claim or started a claim, *you* may ask for a refund of the premium for the unused days (minimum 7 days) of *your* Emergency Medical Insurance coverage. Simply contact *your* distributor of Transat Travel Insurance to ask for the refund and provide proof of the date *you* actually returned *home*. Please note, all travellers insured under the same *policy* must return together to be eligible for a refund.

## EMERGENCY MEDICAL INSURANCE

### Benefits - What does Emergency Medical Insurance cover?

If, during the period of coverage, *you* incur eligible expenses due to an *emergency sickness or injury*, the *company* will reimburse the *reasonable and customary* charges for such expenses, up to the amount specified for any service subject to the overall Sum insured under *your* selected plan as indicated on *your application* for this insurance.

### Eligible expenses shall consist of charges for:

- Emergency Hospital:** *Hospital room and board charges*, up to the semi-private room rate, or charges for the use of an intensive care room, if *medically necessary*.
- Emergency Medical Services:** Services by a *physician* or surgeon for medical *treatment* or surgical procedures for *treatment* of an *emergency*.
- Medical Procedures and Diagnostic Services:** All medical and diagnostic services or 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) **provided prior approval is obtained by the Assistance Centre**.
- Prescription Drugs:** The cost of drugs requiring a prescription which are necessary to *treat* an *emergency medical condition or injury*, when obtained on the written prescription of a *physician* and dispensed by a licensed pharmacist, excluding vitamins, vitamin preparations and over-the-counter drugs or medications.

5. **Medical Equipment:** Charges for rental or purchase of durable medical equipment for therapeutic purposes only, when necessitated by a medical *emergency*, provided prior approval is obtained by contacting the Assistance Centre.

6. **Emergency Dental Treatment:** Services of a licensed dentist or dental surgeon, when required to repair natural or permanently attached artificial teeth as the result of an accidental blow to the head or mouth. Expenses will be reimbursed on a *reasonable and customary* basis, up to a maximum of **\$1,500** for any one accident.

In the event that *you* require *emergency dental treatment* to relieve acute pain and suffering that is unrelated to an accidental blow to the head or mouth, up to a maximum of **\$300** will be payable.

7. **Emergency Paramedical Services:** Services of a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist when *medically necessary* as the result of an *emergency*, up to a maximum of **\$300** per category of practitioner. Excluded are charges for general examinations for “checkup” purposes, cosmetic treatments, or services performed by an *immediate family member*.

8. **Ground Ambulance:** Services for transportation to the nearest appropriate *hospital, physician* or medical service provider as the result of a medical *emergency*. If an ambulance was *medically necessary* but not available, expenses will be reimbursed for local taxi fares.

9. **Visit To Bedside:** Travel and accommodation expenses incurred for one relative or close friend to visit *you* at *your* bedside, in the event *you* suffer a critical *sickness or injury*, or when the attending *physician* states in writing that it is necessary for someone to visit *you* at *your* bedside, provided prior written approval is obtained by contacting the Assistance Centre; *you* will be reimbursed for:

- a) the round-trip economy transportation via the most cost effective itinerary for someone to be with *you*; plus
- b) up to **\$500** for commercial accommodation and meals.

10. **Accommodation and Meals:** Up to **\$150** per day (24 hours) and up to a maximum of **\$1,500** for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares in the event *you* are relocated to receive *emergency medical treatment* or delayed beyond the scheduled return date shown on the *application* for insurance due to a *sickness or injury* to *you, your travel companion, an immediate family member* or a *key-person* who is accompanying *you* on the *insured trip*. The claim must be supported by original receipts and the attending *physician’s* written diagnosis of the *sickness or injury*.

11. **Repatriation:** The reasonable costs actually incurred for the preparation and repatriation of *your* body or ashes to *your* country of permanent residence or up to **\$3,000** for cremation or burial at the place of death. Expenses for a headstone, casket and funeral services are not covered.

12. **Identification of Remains:** The round-trip economy transportation via the most cost-effective itinerary to transport one relative or close friend to the place where *your* remains are located, plus up to **\$500** for commercial accommodation and meals when someone is legally required to identify *your* remains before the body is released, provided prior written approval is obtained by contacting the Assistance Centre.

13. **Emergency Medical Return Home:** If, in the event of a medical *emergency*, the medical advisors of the *company* and/or the Assistance Centre in consultation with *your* local attending *physician* determine that *you* should be transported back to *your* country of permanent residence for continued medical *treatment*, the Assistance Centre will arrange for transportation under proper medical supervision and the *company* will pay expenses, subject to the limitation below, to return *you* to *your* country of permanent residence. Expenses will be paid for:

- a) the extra cost of one-way economy transportation via the most cost-effective itinerary back to *your* country of permanent residence; or
- b) a stretcher fare on a commercial flight via the most cost-effective itinerary back to *your* country of permanent residence, if a stretcher is *medically necessary*, and the cost of a return economy airfare on a commercial airline, plus the reasonable fees and expenses for a qualified medical attendant to accompany *you*, when an attendant is *medically necessary* or required by the airline; or
- c) air ambulance transportation, 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.

The amount payable under this benefit for Emergency Return Home expenses **is limited to an aggregate maximum of \$5,000 when the Plan Sum Insured selected and paid for by *you* is \$50,000** or less; otherwise the maximum amount payable under this section shall be up to the Plan Sum Insured selected and paid for as indicated on *your application* for this insurance.

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

## CONDITIONS & LIMITATIONS: EMERGENCY MEDICAL INSURANCE

- 1. *You* must incur the *emergency* medical expenses in Canada. However, coverage under this *policy* also includes the *emergency* medical expenses *you* incur during a side trip if the side trip begins in Canada. The time *you* spend in Canada must be greater than the length of time *you* spend on *your* side trip outside Canada. This side trip cannot be to *your* country of permanent residence.
- 2. If *you* are, on medical evidence, able to return to *your* country of permanent residence following the diagnosis of a covered *medical condition* or following *emergency medical treatment* for a covered *medical condition*, and such condition requires further medical *treatment*, services or surgery and *you* elect to have such further medical *treatment*, services or surgery performed before returning to *your* country of permanent residence, this *policy* will terminate and no benefits will be payable for such further medical *treatment*, services or surgery.

## EXCLUSIONS: EMERGENCY MEDICAL INSURANCE

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

- 1. **THE FIRST \$50 OF EACH AND EVERY CLAIM.**
- 2. Any person who is **less than 30 days old or 85 years of age or over** on the *effective date* of this coverage.
- 3. **25%** of the eligible expenses incurred under this Emergency Medical Insurance Section if *you* do not contact the Assistance Centre within the time period provided in this *policy* for giving notification, unless *you* were unconscious or physically unable to call.



4. Expenses incurred in connection with any *pre-existing condition* or related *medical condition* for which you have **taken, received or been prescribed medication or treatment in the 6 month period before your effective date**, or which during that time had produced symptoms which would cause an ordinarily prudent person to seek medical *treatment* or medication.
5. Expenses related to a *heart condition* if, in the **6 months** prior to the *effective date*, you had sought or received *treatment* or taken medication for ANY *heart condition*.
6. Expenses associated with any *treatment* you were receiving prior to the *effective date*, or that medical advisors were aware would arise during the *insured trip* as a result of your current state of health.
7. Your participation in:
  - any sporting activity for which you are paid;
  - any sport or activity indicated below:
    - any form of BASE jumping (ie: wingsuit flying);
    - hang-gliding;
    - spelunking;
    - hunting;
    - bungee jumping;
    - piloting an aircraft;
    - 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;
    - underwater activities involving the use of self-contained underwater breathing apparatus (unless you hold an open water diving certificate)
    - motorcycling (unless you hold a valid Canadian motorcycle driver's licence)
    - mopeds (unless you hold a valid Canadian driver's licence)
    - any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.
8. Expenses incurred for medical care or services where the *insured trip* was undertaken after a *physician* advised you not to travel or after receiving notice of a *terminal* prognosis.
9. Any *treatment*:
  - a) not required for the immediate relief of acute pain and suffering;
  - b) which can reasonably be delayed until expiration of your *policy* or your return to your country of permanent residence;
  - c) which you elect to have rendered or performed outside your country of permanent residence following *emergency treatment* for unexpected *sickness* or *injury*, and which on medical evidence would not prevent you from returning to your country of permanent residence prior to such *treatment* being performed; or
  - d) for follow-up *treatment*, recurrence of a *medical condition* or subsequent *emergency treatment* or hospitalization for a *medical condition* or related *medical conditions* for which you had received *emergency treatment* during your *insured trip*.
10. Any recurrence of any *sickness* or *injury* for which you were in *hospital* for more than **72 hours**, or for which admission to *hospital* was recommended by your medical practitioner, within the **365-day** period prior to the *effective date*.
11. Unless prior approval is provided by the Assistance Centre, any *emergency* air transportation, any medical procedures or diagnostic services or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization). All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
12. Transplants, including but not limited to, organ transplants or bone marrow transplants.
13. Expenses incurred whereby this *policy* was purchased specifically to obtain *hospital* or medical *treatment* outside your country of permanent residence whether or not recommended by your attending *physician*.
14. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
15. The cost of replenishing any medication that was in use on the *effective date* or for the maintenance of any course of *treatment* which had commenced prior to your date of arrival in Canada.
16. Preventive medicines, inoculations, birth control pills or devices, vitamins, vitamin preparations and over-the-counter drugs or medications.

## GENERAL LIMITATIONS ON COVERAGE

### Applicable to all sections of the *Policy*

#### With respect to “Acts of Terrorism”

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

- We will provide benefits to you for your eligible expenses, up to a maximum aggregate of \$35,000,000 (CDN) for each *act of terrorism* (up to two (2) *acts of terrorism* within a calendar year); and
- The benefits payable, as described directly above, are in excess of all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers* and other insurance coverage (even where such other coverage is described as excess) and will only become available after you have exhausted all such other sources.

Any benefits payable pursuant to our **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.

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

#### EXCLUSION TO THIS TERRORISM COVERAGE PROVISION

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

## GENERAL EXCLUSIONS

### Applicable to all sections of the *Policy*:

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

1. Consequential loss of any kind, including loss of enjoyment and financial loss not otherwise specifically covered under this *policy*.
2. *Act(s) of terrorism* except as otherwise specifically provided in the General Limitations on Coverage Section of this *policy*.
3. • acts of war, whether declared or undeclared;
  - willing participation in a riot or civil disorder;
  - rebellion;
  - revolution;
  - ionizing radiation or poisoning of people by nuclear, radioactive, chemical and/or biological substances that causes sickness or death from any nuclear fuel or waste which results from the burning of nuclear fuels;
  - radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
4. Participation in armed forces training exercises or manoeuvres.
5. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
6. *Your minor mental or emotional disorders*.
7. • Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your insured trip*.
  - Any *medical condition* arising during *your insured trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
8. • routine pre-natal or post-natal care;
  - pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
9. *Your* child born during the *insured trip*.
10. Deliberate termination of *your* pregnancy.
11. Any expenses incurred by or on behalf of any person not named as an insured on the *application* for insurance.
12. Expenses which are recoverable or could have been recovered from any other source, including but not limited to any individual, group or prepaid employee insurance or private plan, credit card coverage, or *government health insurance plan* or any federal, provincial or other compensation fund.
13. *Your* commission of or attempt to commit any criminal offence or illegal act.
14. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder.
15. Any *medical condition* *you* suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before the *effective date*.

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

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

## DEFINITIONS

When italicized, the following words are defined as:

**Acts of Terrorism** or **Terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems. The intention of such activity is to:

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

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

**Application** means the printed form, computer printout, invoice or document which is used to make an *application* for this insurance as provided by *your* travel agent or the multi-stepped forms that must be completed by the applicant when purchasing the insurance electronically through the website made available by Transat Distribution Canada. The *application* confirms the insurance coverage *you* have purchased, sets forth the *departure date*, *departure point* and *return date* of the *insured trip*, and forms an integral part of the *policy* contract. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom arrangements were made for *your insured trip*.

**Child/Children** means *your* unmarried dependent son or daughter or *your* grandchild(ren) travelling with *you* or who join *you* during *your insured trip* and is either: i) under 26 years of *age*, or ii) *your* son, daughter or grandchild of any *age* who is mentally or physically disabled. In addition, for Emergency Medical Insurance, the *children* must be older than 30 days in order to be eligible for coverage under this *policy*.

**Company, we, us, our**, means The Manufacturers Life Insurance Company.

**Deductible** means the amount of covered expenses that *you* are responsible for paying per person per claim under Emergency Medical coverage.

**Departure Date** means the date *you* leave *home* on *your insured trip*.

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

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

- a) If this insurance is purchased prior to *your* arrival date in Canada, coverage will start on the effective date stated on *your application*; OR
- b) if this insurance is purchased after *your* arrival date in Canada, coverage will start immediately upon the effective date stated on *your application* for expenses related to accidental *injury*, or 48 hours after such start date with respect to expenses related to *sickness*.

**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 or *you* are able to return to *your* country of permanent residence for further *treatment*.

**Government Health Insurance Plan** means coverage that governments of *your home* or *your country* of residence provide to *you*.

**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 country* of residence or origin; or *your place* of departure before arriving in Canada.

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

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

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

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

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

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

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

**Physician** means a person:

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

**Policy** means this Transat Visitor to Canada *Policy* and *your application* for insurance hereunder, which is issued in consideration of payment of the required premium.

**Pre-Existing Condition(s)** means any *medical condition* that exists before *your effective date*.

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

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

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

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

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

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

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

**Treat, Treated** or **Treatment** means hospitalization, 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.

**You** or **Your** means a person who is eligible and named on the *application* for insurance under the *policy*, including *you*, *your spouse* or a dependent *child*, when family coverage is purchased and the required premium has been paid.

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



## GENERAL CONDITIONS

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

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

**Misrepresentation:** This policy is issued on the basis of information in your application or provided in connection with your application.

When completing the application, your answers must be complete and accurate. In the event of a claim, we will review your medical history. If any of your answers are found to be incomplete or inaccurate:

- your coverage will be void;
- which means your claim will not be paid.

You must be accurate and complete in your dealings with us at all times.

We will not pay a claim if you, any person insured under this policy or anyone acting on your behalf makes a fraudulent, false or exaggerated statement or claim.

**Contract:** This policy is non-participating. You are not entitled to share in our divisible surplus.

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

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

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

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

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

**Limitation of Action:** If you disagree with our claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where your policy was issued. If mutually agreeable, legal actions may also be brought in the province where the head office of the company is located.

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.

## CLAIM PROVISIONS

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

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

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

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

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

**Notice of Claim and Proof of Claim:** To make a claim for benefits under this policy, your written proof of claim and your fully completed Travel Insurance claim form(s) must be submitted to us within 90 days after the event, but not more than 12 months after the date of such event or loss. More information on the documentation that must be submitted with your written proof of claim is provided below.

Written proof of claim shall include:

- i) the completion of any claim forms furnished by the company;
- ii) original receipts;
- iii) a written report, complete with the diagnosis by the attending physician, if applicable, and any other form of documentation deemed necessary by the company to validate your claim;
- iv) an official document such as a death certificate that establishes cause of death will also be required if death is the cause of the claim.

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

### Written claims correspondence should be mailed to:

Transat Travel Insurance  
c/o Global Excel Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8

### Claims Submission

#### Mobile app

Use the app to begin the process to file a claim and track *your* claim status.

#### Online

Visit [manulife.acmtravel.ca](http://manulife.acmtravel.ca) to submit *your* claim online. For faster and easier submissions, have all *your* documents available in electronic format, such as a PDF or a JPEG.

You may also call the Assistance Centre directly to inquire about *your* claim status at **1 855 841-4788**.

For coverage information or general enquiries, please contact the Transat Customer Service Centre at **1 800 263-2356**.

**email:** [transattravelinsurance@manulife.ca](mailto:transattravelinsurance@manulife.ca)

**Claim Payments:** Benefit payments will be made to *you* or, to facilitate matters, to the service provider. In the event of *your* death, any balance remaining or benefits payable for loss of life will be paid to *your* estate.

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

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

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

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

## NOTICE ON PRIVACY AND CONFIDENTIALITY

At Manulife<sup>1</sup> protecting your personal information and respecting your privacy is important to us.

### Personal Information Statement

"We", "us" and "our" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

### Why do we collect, use, and disclose your personal information?

For the purposes of establishing and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

### What personal information do we collect?

Depending on the product or service, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, your date of birth, driver's license, passport number or your Social Insurance Number (SIN)
- Financial information, investigative reports, credit bureau report, and/or a consumer report
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Banking and employment information
- Medical information that any organization or person has about you
- Any test that may be necessary for underwriting purposes
- Other personal information that we may require to administer your products or services and manage our relationship with you

We use fair and lawful means to collect your personal information.

### Where do we collect your personal information from?

Depending on the product or service, we collect personal information from:

- Your completed applications and forms
- Other interactions between you and us
- Other sources, such as:
  - Your advisor or authorized representative(s)
  - Third parties with whom we deal with in issuing and administering your products or services now, and in the future
  - Public sources, such as government agencies, credit bureaus and internet sites
  - Financial institutions
  - Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
  - The MIB, Inc. (formerly known as the Medical Information Bureau)
  - Health Care Professionals, including Medical Practitioners, health care institutions, pharmacy and any other medically-related facility

### What do we use your personal information for?

Depending on the product or service, we will use your personal information to:

- Administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us make decisions and understand our customers better so we can improve the products and services we provide
- Perform audits, and investigations and protect you from fraud
- Determine your eligibility for, and provide you with details of, other products and services that may be of interest to you
- Automate processing to help us make decisions about your interactions with us, such as, applications, approvals or declines

### Who do we disclose your personal information to?

Depending on the product or service, we disclose your personal information to:

- Persons, financial institutions, reinsurers, and other parties with whom we deal with in issuing and administering your product or service now, and in the future
- Authorized employees, agents and representatives
- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your doctor
- Public health authorities as required

Except where there are contractual restrictions, these people, organizations and service providers are both within Canada and outside of Canada. Therefore, your personal information may be subject to interprovincial or cross-border transfers in order to provide services to you and subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

### Withdrawing your consent

You may withdraw your consent for us to use your personal information for certain uses, subject to legal and contractual restrictions.

You may not withdraw your consent for us to collect, use, or disclose personal information we need to issue or administer your products and services. If you do so, we may not be able to provide you with the products or services requested or we may treat your withdrawal of consent as a request to terminate or refusal the product or service.

If you wish to withdraw your consent, phone our customer care center at 1-888-MANULIFE (626-8543) or 1-888-MANUVIE (626-8843) in Quebec or write to the Privacy Officer at the address below.

### Accuracy

You will notify us of any change to your contact information. If your information has changed, or if you need to make a correction of any inaccuracies to your personal information in our files, you may contact your travel agent or Manulife Customer Service.

### Access

You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. Requests can be sent to:

Privacy Officer Manulife  
P.O. Box 1602, Del Stn 500-4-A  
Waterloo, Ontario N2J 4C6  
or [Canada\\_Privacy@manulife.ca](mailto:Canada_Privacy@manulife.ca)

For more information you can review our [Canadian Privacy Policy | Ten Privacy Principles | Manulife](#). Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email.

Manulife, "we", "us", "our" refers to: The Manufacturers Life Insurance Company— Canadian Division operations, Manulife Securities Inc., Manulife Securities Investment Services Inc., Manulife Securities Insurance Inc., Manulife Asset Management Limited, Manulife Assurance Company of Canada, First North American Insurance Company, Manulife Bank of Canada, and affiliates of these entities.

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Google Play is a trademark of Google LLC.

Accessible formats and communication supports are available upon request.

Visit [Manulife.ca/accessibility](https://www.manulife.ca/accessibility) for more information.

## TRAVEL ASSISTANCE.

### ANYWHERE IN THE WORLD.

Before *you* travel, be sure to download the Manulife TravelAid mobile app through the Google Play store or the Apple App Store. It 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 Manulife TravelAid mobile app can also provide *you* with local emergency telephone numbers (such as 911 in North America), and pre- and post departure travel tips. We recommend that *you* download the app before *you* travel to avoid incurring roaming charges that may apply at *your* destination.

### HELP IS JUST A PHONE CALL AWAY.

Enjoying *your* trip should be the first thing on *your* mind. *Our* Assistance Centre is there to help *you* with the following and provide multilingual support 24 hours a day, 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  
1 800 764-6539** toll-free from the USA and Canada  
**+1 (519) 251-7488** 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  
Manulife TravelAid mobile app.