

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



1 855 603-5572 toll-free from  
the USA and Canada

+1 (905) 608-8250 collect where available

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

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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## Manulife World Travel Insurance Youth/Student Deluxe Policy



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

EFFECTIVE NOVEMBER 2016

Don't forget your  
Wallet Card!



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POLICY #

11/2016

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## HELP IS JUST A PHONE CALL AWAY.

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

### Pre-Trip Information

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

### During A Medical Emergency

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

### Other Services

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

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## ABOUT MANULIFE

Whether you're travelling outside your province or out of the country for a few days or for a few months, Manulife offers the personalized coverage you need to be financially protected against the cost of unexpected emergencies that may happen prior to or during your trip. No one expects to have a medical emergency away from home, or to have to cancel a trip due to an unforeseen emergency. But these events happen and they can be disruptive and expensive.

Since the very beginning, when Sir John A. Macdonald, Canada's first Prime Minister, became President of the company in 1887, Manulife has been helping people feel financially secure.

Today, with millions of customers, Manulife offers a diverse range of financial protection products and wealth management services. Operating in 22 countries and territories worldwide, Manulife is a financially strong company committed to professionalism and real value to our customers.

Financial security. Comprehensive benefits. Competitive premiums. Easy-to-follow procedures. Consumer-friendly documentation. Caring assistance and claim services. They're all part of Manulife.

### 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**

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.

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.

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.

# YOUTH/STUDENT DELUXE POLICY

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

**1 855 603-5572** toll-free from the USA and Canada

**+1 (905) 608-8250** call collect where available

*Our Assistance Centre is there to help you*

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

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 *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) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Manulife has appointed Assured Assistance Inc. (“Assistance Centre”) as the provider of all assistance and claims services under this policy.

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### **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.**

## SCHEDULE OF BENEFITS

Limitations apply, please see policy for details

| BENEFIT SECTION  | YOUTH/STUDENT DELUXE PLAN                                      |
|--|--|
| <b>TRIP CANCELLATION / INTERRUPTION / DISRUPTION</b>         |  |
| Trip Cancellation (page 6)                                   | Up to Sum Insured (Maximum \$10,000)                           |
| Trip Interruption (page 7)                                   | Economy  |
| Tour/Cruise Cancellation (page 11)                           | Up to \$1,000  |
| Schedule Change (page 11)                                    | Up to \$1,000  |
| Accommodation & Meal Expenses for Trip Interruption (page 7) | Up to \$300  |
| Accommodation & Meal Expenses for Trip Disruption (page 12)  | Up to \$700  |
| <b>EMERGENCY MEDICAL (page 16)</b>                           |  |
| Hospital & Medical   | Up to \$5,000,000  |
| Accidental Dental  | Up to \$5,000,000  |
| Medical Evacuation & Return Home                             | Up to \$5,000,000  |
| Accommodation & Meal Expenses                                | Up to \$3,500  |
| Visit to Bedside   | Round Trip Economy Fare  |
| Return & Escort of Children                                  | Escort: Round Trip Economy + Children:<br>One Way Economy Fare |
| Repatriation of Remains                                      | Reasonable expenses  |
| Cremation/Burial at Destination                              | Up to \$5,000  |
| Vehicle Return   | Reasonable return cost   |
| Hospital Allowance   | Up to \$500  |
| Child Care Cost  | Up to \$500  |
| <b>TRAVEL ACCIDENT (page 22)</b>                             |  |
| Air Flight Accident  | Up to \$100,000  |
| Worldwide Accident   | Up to \$50,000   |
| <b>BAGGAGE &amp; PERSONAL EFFECTS (page 24)</b>              |  |
| Passport/Travel Visa Replacement-Travel Accommodations       | Up to \$200  |
| Delayed Luggage  | Up to \$400  |
| Delayed Sporting Equipment                                   | Up to \$150  |
| Lost Luggage Maximum Per Item                                | Up to \$500  |

## COVERAGE REQUIREMENTS

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

| Age Restrictions                         | Length of Travel    | Other Conditions  |
|--|---------------------|---|
| Over 30 days old and up to <i>age</i> 29 | Trips up to 30 days | Valid Canadian <i>government health insurance plan</i> . Coverage must be purchased for the full duration and for the full value of the prepaid non-refundable portion of the <i>trip</i> up to \$10,000. |

### Chaperone Coverage Conditions

- If travelling as a chaperone, be up to 65 years of *age* (at time of application).
- To be considered as a 'chaperone' *you* must be so appointed by an Elementary or Secondary School institution to accompany full time students up to 18 years of *age*.
- A chaperone must be insured under a valid Canadian *government health insurance plan* and coverage must be purchased for the full duration and for the full value of the prepaid nonrefundable portion of the *trip*.
- Chaperone coverage is available to a proportion of one (1) chaperone to five (5) students.

**Please check *pre-existing condition* exclusions applicable for Emergency Medical Coverage (see page 20) and/or Trip Cancellation/Trip Interruption Coverage (see page 13).**

### Travel Insurance Policy

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

## PERIOD OF COVERAGE

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

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

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

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

**Trip Cancellation Insurance** coverage begins at the time and date *you* pay the premium for that coverage.

**Top-Up Coverage:** If *you* purchased this insurance as a *Top-Up* to another plan, coverage starts after *you* leave home, on the start date of *Top-Up* coverage indicated on *your* application which must correspond to the first day after expiration of *your* other plan.

**For all other benefits,** coverage starts on *your departure date* when *you* leave home.

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

**Trip Cancellation Insurance** coverage ends on the earlier of:

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

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

- the date *you* return home\*;
- the expiry date, as shown on *your confirmation*; or
- when the number of days of coverage *you* purchased expires.

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

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

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

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

### Automatic Extension

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

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

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

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

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

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

### What If I Stay Longer Than Planned?

**Extensions:** If *you* have not left home, simply call *your* distributor of Travel Insurance to ask for the extension. If, however, *you* are already on *your trip* and need to apply for an extension of *your* coverage, simply call *your* distributor of Travel Insurance before the expiry date of *your* existing coverage. *You* may be able to extend *your* coverage, subject to an extra premium, as long as the total length of *your trip* does not exceed 30 days.

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

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

## TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

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

### When Does Coverage Apply?

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

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

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

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

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

### Trip Cancellation - Prior to Departure

If *you* must cancel *your trip* **prior to *your departure date*** as the result of the occurrence of any one of the Covered Events 1–30 (listed in the section Covered Events for Trip Cancellation or Trip Interruption Insurance), *you* will be reimbursed up to the **sum insured** as *you* selected at time of application:

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

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

### Trip Interruption - On or After Departure

If *your trip* is interrupted **on or after the *departure date*** as the result of the occurrence of any one of the Covered Events 1–30 (listed in the section Covered Events for Trip Cancellation or Trip Interruption Insurance), *you* will be reimbursed for:

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

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

2. a) The unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*); or  
b) If applicable, the next occupancy charge if *your travel companion*, with whom *you* have prepaid shared accommodation, cancels and *you* elect to continue the *trip* as originally planned.
3. Published cancellation fees imposed for the early return of a *rental vehicle* prior to the contracted date of return and published cancellation fees imposed by hotels for unused accommodations.
4. Extra expenses incurred for commercial accommodation and meals, essential telephone calls and taxi fares caused by the interruption of *your trip* due to the occurrence of any one of the Covered Events 1 to 30, up to **\$150 per day** to a maximum of **\$300**.  
Original receipts must be provided when claiming this benefit.
5. **In the event of *your* death** resulting from a covered *injury* or *sickness* while on the *trip*:

- a) the reasonable costs incurred for preparing and transporting *your* remains back to *your departure point* in Canada; or
- b) the cost of cremation and burial of *your* remains at the location where death occurs, to the maximum of **\$3,000**.

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

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

## COVERED EVENTS FOR TRIP CANCELLATION OR TRIP INTERRUPTION INSURANCE

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

### Medical Related Events

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

### Pregnancy and or Adoption

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

### Death

11. The unexpected death of *you, your travel companion*, or a member of *you or your travel companion's immediate family* travelling with *you on the trip*.
12. The unexpected death of a member of *you or your travel companion's immediate family, key-person* or of a friend not travelling with *you on the trip*.
13. The person whose guest *you* will be during *your trip* dies.

### Work and Educational Obligations

14. *You, your spouse, your parent/legal guardian or your travel companion* being transferred by the employer with whom *you, your parent/legal guardian, your spouse or travel companion* were employed at the time of application for this insurance, which requires a relocation of *you or your travel companion's* principal residence. (Please note that parent/legal guardian is applicable to Elementary or High School full-time students only.)
15. *You, your spouse or your travel companion* being called to emergency service as a member of a Police Force, Armed Forces, Reserves, Fire Fighting Unit or essential medical personnel.
16. *You, your spouse, your parent/legal guardian or your travel companion's* involuntary loss of permanent employment (excluding contract or self-employment), due to layoff or dismissal without just cause, provided that *you* had no knowledge of such action prior to the date of application for insurance. (Please note that parent/legal guardian is applicable to Elementary or High School full-time students only.)
17. The requirement that *you or your travel companion* attend a registered professional career course examination or a university or college course examination on a date that occurs during *your trip*, provided the examination had a set date and time that was published before *you* purchased this insurance and subsequently changed after such purchase.
18. *Your or your travel companion's* failure of an examination which requires *you or your travel companion* to re-sit the examination during *your trip*.
19. The cancellation of *your school trip* by the school board due to:
  - a teachers' labour strike; or
  - the school board determines there is a risk of harm to *you* during *your school trip* because of an identified threat arising from an event that occurred within 90 days of *your scheduled departure date*. In addition, the school *trip*, or a portion of the school *trip*, included a visit or a stay in the area or vicinity where the event occurred.
20. A business meeting, trade show, training course or convention that is the main intent of *your trip* and was scheduled before *you* purchased this insurance, is cancelled for a reason beyond *your* control, the control of *your* employer, the control of *your travel companion*, or the control of *your travel companion's* employer. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, *you* must be a registered delegate.

### Government and Legal

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

## Accommodations and Transportation

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

## Supplier Default

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

## Hijacking

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

## Weather

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

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

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

### Delays

1. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier* on which *you* or *your travel companion* are booked to travel for any portion of *your insured travel arrangements* to be delayed for a period of at least **30%** of the *trip* duration, and *you* choose not to continue with the *insured travel arrangements*, *you* will be reimbursed:
  - a) the unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*), published service fees, published cancellation fees and other administrative handling fees and service fees specifically indicated on *your confirmation*;
  - b) the one-way economy transportation via the most cost-effective itinerary back to *your departure point*.
2. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier* on which *your travel companion* is booked to travel to be delayed for a period of at least **30%** of the *trip* duration, and *your travel companion* cancels their travel arrangements, *you* will be reimbursed for the extra cost of the next occupancy charge, if *you* elect to continue *your trip* as originally planned.
3. Provided *you* had left enough travel time to comply with the *travel supplier's* normal check-in procedure, if *you* miss a connection (at any point in *your insured travel arrangements*) or are required to interrupt *your insured travel arrangements* as a direct cause of the following events:
  - i) **delay** of the private automobile in which *you* or *your travel companion* are travelling, caused by mechanical failure of that automobile, weather conditions, earthquakes or volcanic eruptions, a traffic accident or emergency road closure by police; or
  - ii) **delay or cancellation** of *your* or *your travel companion's* connecting *common carrier*, such as a commercial airline, ferry, cruise ship, bus, limousine, taxi or train, caused by mechanical failure of that *common carrier*, weather conditions, earthquakes or volcanic eruptions, unannounced strike, a traffic accident or emergency road closure by police; or
  - iii) *your* cruise ship is delayed or the itinerary is modified due to the *emergency medical condition* of another passenger;  
*you* will be reimbursed for:
    - a) the non-refundable unused portion of *your* prepaid *insured travel arrangements*, excluding the cost of prepaid unused transportation back to *your departure point*;
    - b) the extra cost of a one-way economy transportation via the most cost-effective itinerary to the next destination of *your trip*, inbound or outbound, including return to *your departure point*.

### Schedule Change Causing a Missed Connection

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

- a) if as a result of the *schedule change* to a portion of the *trip*, **the trip is no longer usable**: the change fee charged by the airline carrier, otherwise the extra cost of a one-way economy airfare on a commercial airline, to modify or replace the portion of the *trip* that was



rendered unusable so as to permit *you* to continue *your insured travel arrangements* as originally scheduled; or

- b) if as a result of the *schedule change* to another portion of *your travel arrangements*, **you misconnect with a portion of the trip**: the change fee charged by the airline carrier, or up to **\$1,000** for the extra cost of an economy one-way airfare via commercial airline by the most cost-effective itinerary to the next destination of *your trip*, either inbound or outbound (including return to *your departure point*).

### Cancellation of connecting airline carrier

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

### Tour/Cruise Cancellation Benefit

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

- a) **prior to your departure from your departure point**: *you* will be reimbursed for *your* non-refundable prepaid airfare that is not part of *your* Tour/Cruise package up to **\$1,000**;
- b) **after your departure from your departure point** but prior to the departure of the tour/cruise ship: *you* will be reimbursed for the lesser of:
- the change fee charged by the airline carrier(s) involved to return *you* to the *departure point* of *your trip*, if such an option is available; or
  - the extra cost of an economy one-way airfare on a commercial airline via the most cost-effective itinerary route to return to the *departure point* of *your trip* up to **\$1,000**.

### Lost or Stolen Passport

If *your* or *your travel companion's* passport and/or travel visa is lost or stolen during *your trip*, *you* will be reimbursed for reasonable travel and accommodation expenses until *your* replacement travel documentation is replaced. *You* will also be reimbursed for the change fee charged by the airline up to a maximum of **\$1,000** per person.

### Accommodation and Meals

If *your trip* is disrupted as a result of any of the events covered under sub-sections of the Trip Disruption Section of this policy and *you* necessarily incur extra expenses for commercial accommodation and meals, essential telephone calls and taxi fares, *you* will be reimbursed for such expenses up to **\$350 per day** to a maximum of **\$700**.

Original receipts must be provided when claiming this benefit.

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

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

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

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

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

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

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

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

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

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

7. If *your insured travel arrangements* were made via the internet, the benefits under Delay and Schedule Change will apply provided *your* booked travel arrangements meet these criteria: domestic airline connectors must be at least **two (2) hours** and at least **four (4) hours** if the connection involves an international connection or trans-border connection. With respect to mixed connections (such as airline connecting to a land tour or cruise or any other land-based connection), the scheduled time between arrival at the scheduled tour or cruise departure city and the scheduled tour or cruise departure must be at least **eight (8) hours**.
8. *Your claim for non-refundable prepaid travel arrangements or extra cost incurred as a result of Trip Cancellation, Trip Interruption or Trip Disruption must be substantiated with the following documentation (delay in providing the required information may delay the settlement of the claim and failure to provide the required documentation may invalidate or reduce the amount of your claim):*
  - a) in the case of Delay or Schedule Change Causing a Missed Connection, written verification from the delayed connecting *common carrier* or the connecting *common carrier* effecting the *schedule change* stating the reason for the delay/*schedule change* and the period of the delay;  
*You must also provide your detailed itinerary of the travel arrangements originally booked which must confirm that ample connection times were allowed for each leg of the travel;*
  - b) verification from the connecting *common carrier*, cruise line or tour operator of their cancellation;
  - c) verification from *your* tour operator or cruise ship company of their cancellation or *schedule change*;
  - d) originals of unused transportation tickets, original invoice from the travel provider, official receipts for the return transportation and receipts for hotel and accommodation expenses;
  - e) in all other cases *you* must provide to *us*, documentary evidence of the risk that is the cause of *your* cancellation, interruption or disruption, such as a death certificate, medical report, police report, court documents or other such corroborating documents;
  - f) if *your* cancellation/interruption coverage was purchased as *Top-up* coverage to complement travel insurance coverage that is in effect through another insurer, *you* must first claim under the other insurer's plan before making a claim under this insurance.

9. Any amount payable under this section will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and any other *travel supplier*) for the same cause.
10. Any liability under this benefit is subject to *you* not being aware, at the time of purchasing this policy, of any event that could reasonably prevent *you* from making the insured *trip* as booked.

## EXCLUSIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

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

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

## EMERGENCY MEDICAL INSURANCE

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

Eligible expenses shall consist of charges for:

1. **Emergency Hospital Services:** *Hospital* room and board charges or charges for an intensive care room. Alternatively the services of private duty nursing, performed by a registered nurse (R.N.) other than a relative, when ordered in writing by the attending *physician* expressly in lieu of hospitalization and arranged by the Assistance Centre. If *you* are on a cruise ship and are unable to pay directly as required by the cruise ship medical provider, the Assistance Centre will make arrangements for direct billing of covered expenses, where possible, on *your* behalf.
2. **Emergency Medical Services:** Services by a *physician* or surgeon when necessary to provide *treatment* due to an *emergency*.
3. **Diagnostic Services:** Diagnostic laboratory procedures and x-rays when necessitated by an *emergency* provided prior approval is obtained by contacting the Assistance Centre.
4. **Prescription Drugs:** Drugs and/or medications that are required to treat an *emergency*, provided they are obtained on the written prescription of a *physician* and dispensed by a licensed pharmacist. This includes the replacement cost of *your* drugs or medications that are lost, stolen or damaged during *your trip* to the lesser of **\$50** or the amount of medication required for the balance of *your trip*. Charges for vitamins, vitamin preparations, over-the-counter drugs or medications, contraceptives or birth control are not covered.
5. **Medical Equipment:** Rental or purchase of durable medical equipment for therapeutic purposes only, when necessitated by a medical *emergency*, provided prior approval is obtained by contacting the Assistance Centre.
6. **Emergency Dental Treatment:** Services of a licensed dentist or dental surgeon at *your* destination, when required to repair natural or permanently attached artificial teeth which are damaged due to an accidental blow to the head or mouth. Up to **\$1,500** will be reimbursed for continuing dental *treatment* following *your* return to Canada, provided the *treatment* is related to the accidental blow and the expenses are incurred within 180 days after the date of the accident.  
In the event that *you* require *emergency* dental *treatment* to relieve acute pain and suffering that is unrelated to an accidental blow to the head or mouth, up to a maximum of **\$300** will be payable.
7. **Emergency Paramedical Services:** Services of a chiropractor, 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:** Ground ambulance services to the nearest appropriate *hospital* or medical service provider when necessary due to a medical *emergency*. If an ambulance was medically necessary but not available, expenses will be reimbursed for local taxi fares. If local taxi services are required to get to and from the nearest medical service provider for an *emergency*, expenses will be reimbursed up to a maximum of **\$100**.
9. **Emergency Medical Evacuation/Return Home:** If, in the event of a medical *emergency*, *our* medical advisors and/or the Assistance Centre in consultation with *your* local attending *physician* determine that *you* should be transported to another *hospital* or back to *your* province or territory of residence in Canada for necessary medical *treatment*, the Assistance Centre will arrange for transportation under proper medical supervision and *we* will pay expenses for the following:
  - a) the extra cost of one-way economy transportation via the most cost effective itinerary back to *your* province or territory of residence in Canada. This benefit will extend to cover the cost of an airline seat upgrade if determined medically necessary and arranged by the Assistance Centre; or
  - b) a stretcher fare on a commercial flight via the most cost-effective itinerary back to *your* province or territory of residence in Canada, if a stretcher is medically necessary, and the round-trip economy class airfare via the most cost-effective itinerary, plus the reasonable fees and expenses for a qualified medical attendant to accompany *you*, when an attendant is medically necessary or required by the airline; or
  - c) air ambulance transportation, when appropriate and consistent with the diagnosis, is medically necessary and could not be omitted without adversely affecting *your* condition or quality of medical care.

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

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

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

12. **Return & Escort of Children:** If you are admitted to *hospital* for more than 24 hours due to an *emergency*, or you must return to Canada due to an *emergency medical condition* covered by this policy, *children* or grandchildren travelling with you during your *trip* or who had joined you during your *trip* will be returned to Canada and reimbursement will be made for:

- a) the extra cost of one-way economy transportation via the most cost-effective itinerary to return the *children* or grandchildren back to their province or territory of residence in Canada; and
- b) the round-trip economy transportation and overnight hotel accommodation for the services of an escort, if required.

13. **Return of Travel Companion:** If your *travel companion* is prevented from returning by means of originally scheduled transportation due to your death or medical evacuation, expenses will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary to return your *travel companion* back to his/her province or territory of residence.

14. **Travel Expenses Due to Repatriation of Travel Companion:** If you are prevented from returning by means of your originally scheduled transportation due to the death or medical evacuation of your *travel companion*, you will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary back to your province or territory of residence.

15. **Repatriation:** The reasonable costs actually incurred for preparing and returning your body or ashes to your province or territory of residence in Canada; or up to the maximum amount shown in the Schedule of Benefits for burial or cremation in the place where the death occurs. Expenses for a headstone, casket and/or funeral service charges are not covered.

16. **Identification of Remains:** The round-trip economy transportation via the most cost-effective itinerary to transport one relative or close friend to the place where your remains are located, plus up to \$450 for commercial accommodation and meals, when someone is legally required to identify your remains before the body is released; provided prior written approval is obtained by contacting the Assistance Centre. Emergency Medical Insurance will be automatically extended under the same terms and limitations of this policy (subject to meeting the eligibility requirements of the policy) to cover such relative or close friend during the period required to identify your remains but for not more than 3 business days.

17. **Vehicle Return:** The reasonable costs incurred for returning your *vehicle* to your residence or the nearest appropriate rental depot when you are unable to do so due to an *emergency*.

18. **Hospital 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*.

19. **Baggage Repatriation:** In the event of an *emergency*, and the Assistance Centre is arranging to return you to your province or territory of residence in Canada, if there is insufficient space to accommodate your baggage and/or personal effects aboard the transport provided, we will reimburse you up to \$200 to cover the cost of shipping your baggage and/or personal effects to the original departure point of your *trip*.

20. **Child Care Cost:** We will reimburse you up to \$50 per day to a

maximum of \$500 for professional *child* care costs in the event you are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled *return date* due to your *sickness* or *injury*. Receipts from the professional *child* care provider will be required.

## CONDITIONS & LIMITATIONS: EMERGENCY MEDICAL INSURANCE

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

## EXCLUSIONS: EMERGENCY MEDICAL INSURANCE

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

1. A pre-existing condition or related medical condition which was not stable during the 3-month period before your effective date.
2. Any medical condition for which it was reasonable to expect, before you left home, that you would need treatment during your trip.
3. Any emergency when, prior to the purchase date, you had not met all of the eligibility requirements (if applicable).
4. **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. This exclusion will not apply if you (or your beneficiary) demonstrate that numerous and repeated attempts were made (telephone, fax) to contact the Assistance Centre but were unsuccessful through no fault of you.
5. Expenses incurred for medical care or services where the trip was undertaken contrary to medical advice or after receiving notice of a terminal prognosis.
6. Any treatment:
  - a) not required for the immediate relief of acute pain and suffering;
  - b) which can reasonably be delayed until you return to your province or territory of residence in Canada;
  - c) which you elect to have rendered or performed outside your province or territory of residence in Canada following emergency treatment for unexpected sickness or injury, and which on medical evidence would not prevent you from returning to your departure point prior to such treatment being performed; or
  - d) for follow-up treatment, a medical condition that occurs or reoccurs or subsequent emergency treatment or hospitalization for a medical condition or related medical conditions for which you had received emergency treatment during your trip;
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. Transplants, including but not limited to, organ transplants or bone marrow transplants.
9. Expenses incurred whereby this policy was purchased specifically to obtain hospital or medical treatment outside your province or territory of residence in Canada whether or not recommended by a physician.
10. The cost of replenishing any drugs or medications that were in use on your departure date or for the maintenance of any course of treatment that commenced prior to your departure date unless the replacement is required to replace your eligible drugs or medications that were damaged, lost or stolen during your trip.
11. Preventive medicines, inoculations, birth control pills or devices, vitamins, vitamin preparations and over-the-counter drugs or medications.
12. Any person who is less than 30 days old on your effective date;

13. Unless prior approval is provided by contacting the Assistance Centre, any emergency air transportation; surgery; MRI; CAT Scan; cardiac procedures including but not limited to cardiac catheterization, angioplasty surgery.
14. If your insurance is purchased as Top-up coverage to another insurance coverage, expenses related to a sickness or injury that occurred when the other insurance was in force.

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

### Limitation on Assistance Centre Services

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

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

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

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

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

## TRAVEL ACCIDENT INSURANCE

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

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

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

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

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

### Covered Loss:

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

### Benefit Payable:

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

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

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

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

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

## EXCLUSIONS: TRAVEL ACCIDENT INSURANCE

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

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

## BAGGAGE AND PERSONAL EFFECTS INSURANCE

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

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

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

### Passport & Travel Visa Replacement

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

### Delayed Luggage

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

### Delayed Wheelchair

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

## CONDITIONS & LIMITATIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

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

1. *Your* period of coverage must not be less than the total period commencing from the date of departure from Canada and ending with the date of *your* return to Canada.
2. *You* must not leave property unattended in a public place or in an unlocked and unattended *vehicle* or building.

3. *You* must act in a prudent manner and exercise all reasonable care for the safety, security and supervision of the property at all times.
4. *You* must endeavor to minimize any loss and not abandon any damaged property.
5. *You* must notify the police promptly, or if the police are not available, the hotel manager, tour guide or transportation authorities of any loss due to theft, burglary, robbery, malicious mischief, disappearance or loss, and obtain written verification of the loss.
6. *You* must provide a police report showing forcible entry when loss is due to break-in of a *vehicle*.
7. *You* must provide proof of ownership and receipts for each item being claimed.

## EXCLUSIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

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

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

## GENERAL LIMITATIONS ON COVERAGE

### With respect to “Acts of Terrorism”

#### Applicable to all sections of this Policy

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

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

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

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

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

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

#### EXCLUSION TO THIS TERRORISM COVERAGE PROVISION

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

## GENERAL EXCLUSIONS

### Applicable to all sections of the Policy:

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

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



## DEFINITIONS

When italicized, the following words are defined as:

**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.

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

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

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

**Child, children,** means *your* unmarried, dependent son or daughter or *your* grandchild(ren) travelling with *you* or 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, for Emergency Medical Insurance, 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 (if applicable) and *your* trip arrangements. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom *you* made arrangements for *your* trip.

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

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

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

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

- a) For Trip Cancellation, coverage begins at the date and time *you* pay the premium for that coverage (the purchase date of *your* coverage).
- b) For *Top-Up* coverage to another plan, coverage starts after *you* leave home, on the start date of *Top-Up* coverage indicated on *your* application which must correspond to the first day after expiration of *your* other plan.
- c) For all other benefits, coverage starts on *your* departure date.

16. Any expenses incurred related to a travel warning if *you* choose to travel to or within a country or within a specific region of a country listed in any level of a travel warning after the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadians not to travel to that country, region or city included in *your* trip.
17. Ionizing radiation or poisoning of people by nuclear, radioactive, chemical and/or biological substances that causes *sickness* or death from any nuclear fuel or waste which results from the burning of nuclear fuels; or the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
18. If *your* insurance is purchased as *Top-up* coverage to another insurance coverage, any expenses related to a claim that occurred when the other insurance was in force.

**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*.

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

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

- An abnormal cardiac test result
- Any heart valve disorder
- Atrial fibrillation
- Chest pain or discomfort due to *your* heart, or angina
- Heart attack, or myocardial infarction, or cardiac arrest
- Heart failure
- Heart murmur (Do not include a murmur *you* had as a child if *your physician* has advised that *you* do not have a 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
- Rapid, or slow, or irregular heart beats for which *your physician* has prescribed medication, or for which *you* have undergone surgery or cardioversion
- *Treatment* with a pacemaker and/or a cardiac defibrillator device
- Water on the lungs or swelling of the ankles due to a heart disorder

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

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

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

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

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

**Medical Condition** means *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 *travelling companion* or a member of *your immediate family*.

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

**Reasonable and Customary charges** 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.

**Rental Vehicle** means a passenger automobile, mini- van, self-propelled mobile home, self-propelled camper truck or self-propelled trailer that *you* use during *your trip* and rent, under a written contract, from a commercial rental agency licensed under the laws of its jurisdiction. Excluded is any vehicle which is a: truck, panel van, bus, sport utility vehicle while you use it off road, automobile designed and manufactured primarily for off-road use while it is being used off road, motorcycle, moped, motorbike, recreational vehicle (other than self-propelled motor homes), all-terrain vehicle, non self-propelled camper or trailer, automobile that is more than 20 years old, limousine, or exotic vehicle of these or similar makes: Aston Martin, Bentley, Ferrari, Porsche or Rolls Royce.

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

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

**Sickness** means 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 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.

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

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

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

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

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

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

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed health care practitioner, including but not limited to prescribed medication, investigative testing and surgery related to any *sickness, injury* or symptom.

**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) and First North American Insurance Company (FNAIC).

**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.**

## GENERAL CONDITIONS

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

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

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

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, *we* will pay claims in the currency of the country where the charges are incurred, based on: i) the rate of exchange set by any chartered bank in Canada on the last date of service, or ii) the date the payment is issued to the provider of service.

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

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

**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 the *our* decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where *you* were residing 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 other applicable legislation.

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

## CLAIM PROVISIONS

**Assignment of Benefits:** Where *we* have paid expenses or benefits to *you* or on *your* behalf under this policy, *we* have the right to recover, at *our* 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 *us* to receive, endorse and negotiate eligible payments from those parties on *your* behalf. When *we* receive payment from any *government health insurance plan*, any other insurer or any other source of recovery to *us*, 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 *us*;
- 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 *us* to validate *your* claim;
- iv) documentation required by *us* to substantiate cancellation, interruption, travel delay or *schedule change* if for other than medical reasons. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required;

For example:

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

Original substantiating claims documentation must be provided; however, *we* 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 *us*.

Written claims correspondence should be mailed to:

**Manulife World Travel Insurance Youth/Student Deluxe Insurance**  
c/o Assured Assistance Inc.

PO Box 97, Station A

Mississauga, Ontario L5A 2Y9

**Tel: 1 855 603-5573**

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

**Rights of the Insurance Company and Claimant:** When *you* purchase this policy, *you* agree to provide *us* 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:** *We* have the right, and *you* must afford *us* 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, *we* have 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, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical providers or other parties.

**Subrogation:** If *you* suffer a loss caused by a third party, *we* have the right to subrogate *your* rights of recovery against the third party for any benefits payable to or on *your* behalf and will, at *our* 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 *our* rights to such recovery.

## **NOTICE ON PRIVACY:**

**Your privacy matters.** *We* are committed to protecting the privacy of the information *we* receive about *you* in the course of providing the insurance *you* have chosen. While *our* employees need to have access to that information, *we* have taken measures to protect *your* privacy. *We* ensure that other professionals, with whom *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 below *our* Notice on Privacy and Confidentiality.

**Notice On Privacy And Confidentiality.** The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a “financial services file” from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk, 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 consent to the use of personal information to offer you products and services is optional and if you wish to discontinue such use, you may write to Manulife at the address shown below. 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, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6

The Manufacturers Life Insurance Company  
First North American Insurance Company