

Underwritten by: The Manufacturers Life Insurance Company (Manulife).

Claims Administration and Assistance Services provided by: Active Care Management. Manulife has appointed Active Claims Management (2018) Inc. (operating as Active Care Management) as the provider of all assistance and claims services.

Managed by: The Destination: Travel Group Inc.

IMPORTANT NOTICE

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.

Please read this policy carefully before you travel

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 is subject to certain limitations and exclusions.

Exclusions apply to *accidental* bodily injury, sickness and/or medical conditions that existed prior to and/or during *your* trip.

Check to see how this applies in *your* policy and how it relates to *your* date of purchase, *departure date* and *effective date*.

In the event of an *emergency* *your* medical history will be reviewed when a claim is reported.

You must notify the Assistance Centre at + 1 (519) 945-1070 (collect) or 1-833-886-1070 within 24 hours of any *emergency* medical *treatment*. Failure to do so will result in *your* being responsible for 20% of any eligible expenses incurred unless *your* emergency prevents *you* from calling. *You* must call as soon as medically possible or have someone call on *your* behalf.

The Assistance Centre provides services 24 hours per day, 7 days a week.

IMPORTANT:

Your satisfaction is *our* priority. If *you* are not completely satisfied with this policy, *you* may cancel it within 10 days of purchase for a full refund, provided *you* have not left on *your* trip and have not experienced an event that would cause *you* to submit a claim.

Terms used in this policy that have been italicized have specific meanings and are defined in the Definitions section of this policy. Please be sure to refer to them while reviewing this policy.

Failure to comply with the claims procedures set out on Page 6 of this policy will result in loss of rights to or reduction of, benefits conferred under this policy.

Coverage under this policy is subject to certain terms, conditions, limitations and exclusions.

You may not have coverage for costs incurred due to *pre-existing* medical conditions or symptoms that began before the *effective date* of *your* policy. *You* should review this and all other exclusions that apply to *your* plan.

WHAT IF I HAVE AN EMERGENCY OR CLAIM?

You or someone on *your* behalf must notify the Assistance Centre (toll free 1-833-886-1070 or worldwide collect 519-945-1070) within 24 hours of admission to a *hospital* or before any *medical consultation* or surgery is performed.

LIMITS ON COVERAGE

If *you* fail to notify the Assistance Centre without reasonable cause, then *we* may reduce the benefits payable to *you* under this policy.

HOW DO I MAKE A CLAIM?

To apply for benefits under this policy, *you* will need to send a completed claim form (with all original bills and receipts from commercial organizations attached) to the Assistance Centre. Please take care in filling out the form, as any missing information may cause delay.

I WANT TO STAY LONGER. CAN I PURCHASE ADDITIONAL COVERAGE?

Yes, *you* can, subject to policy terms and conditions. Just call *your* agent or The Destination: Travel Group Inc. (1-855-337-3532) during business hours before coverage under *your* policy expires. *You* must be in good health, not know of any reason to seek medical attention and have not have incurred any losses during the first *period of coverage*.

ASSISTANCE

The Assistance Centre will use its best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. However, the Assistance Centre, the *insurer*, nor The Destination: Travel Group Inc. and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* or service received, or for failure of any person to provide or obtain medical *treatment* or services.

MANDATORY STATEMENT OF HEALTH AND CONSENT

We may require *you* to complete and sign an application, which may include a statement on *your* state of health with a consent to access *your* medical history when necessary.

ELIGIBILITY

Applicable to International Students studying in Canada:

To be eligible for coverage a person must, as of the *effective date*:

- be a *student* enrolled in a *school* in Canada; or
- be an accompanying *dependent** of an eligible *student*; and
- be currently in good health; and
- be less than 69 years of age at the time of application; and
- not be insured or eligible for benefits under a Canadian government health insurance plan. If *you* become eligible for and insured under the government health insurance plan of the province or territory in which *you* study, the insurance will then apply in excess of this provincial or territorial government health insurance plan.

*Coverage for *dependents* is only available to International *Students* age 59 or younger.

Applicable to Canadian Students studying abroad:

To be eligible for coverage a person must, as of the *effective date*:

- be a *student* age 40 or younger at the time of application enrolled in a *school* outside Canada; or
- be an accompanying *dependent* under age 40 of an eligible *student*; and
- be currently in good health; and
- be insured under the government health insurance plan of the province or territory in which *you* reside, for the entire duration of *your* trip.

Effective Date

When an application has been made and the premium has been paid, coverage begins on the latest of the date:

- the completed application is accepted by *us* or its representative; or
- indicated as the *effective date* on the application; or
- you* depart from *your* country of origin.

Expiry Date

Coverage ends on the earliest of the date:

- indicated as the *expiry date* on *your* confirmation of coverage; or
- 365 days after the *effective date* for this policy; or
- you* no longer meet this policy's definition of *student*; or
- 60 days after *you* are no longer enrolled in a *school*.
- if *you* have purchased inbound coverage, the date *you* become insured under a government health insurance plan; or
- if *you* are a Canadian, the date *you* are no longer covered by a government health insurance plan; or
- the date *you* cease to be a *dependent* as defined in this policy.

DESCRIPTION OF COVERAGE

1. We agree to pay up to \$2,000,000 for *reasonable and customary* costs incurred unexpectedly as a result of *your sickness or injury* occurring as a result of an *emergency* during the *period of coverage*. Costs are paid for *emergency* hospitalization, *emergency* medical, or other covered costs as provided in the Benefits section, due to *sickness or injury* occurring during the *period of coverage*.
2. We will pay for eligible costs incurred, up to the sum insured, for acute *emergency sickness or injury* incurred during the *period of coverage*:
 - a) for **International Students** studying in Canada while you are travelling worldwide, other than your *country of origin*, provided you spend at least 51% of the *period of coverage* within Canada.
 - b) for **Canadian Students** studying abroad while you are travelling worldwide, provided you spend at least 51% of the *period of coverage* in your country of study. Coverage will be provided during *school breaks* as long as the insurance is in effect during these periods.
3. Your dependents are insured only when *dependent coverage* is selected and paid for at the time of application. Newborns will be covered from 15 days of age, provided they meet the eligibility requirements, following written approval by us.

BENEFITS

Benefits are payable for the following costs:

1. **Emergency Hospital**
We agree to pay for semi-private hospital accommodation and for *reasonable and customary* services and supplies for your *emergency care* during confinement as a resident in-patient.
2. **Emergency Medical**
We agree to pay for:
 - a) The *reasonable and customary* services of a legally licensed *physician*, surgeon or anaesthetist.
 - b) Diagnostics, lab tests and/or x-ray examinations as ordered by a *physician* for the purpose of diagnosis.
 - c) The use of a licensed local land or sea ambulance to the nearest *hospital*. If an ambulance is unavailable, we will reimburse up to \$150 for taxi expenses.
 - d) Private duty services of a registered graduate nurse (who is not related to you by blood or marriage), up to \$15,000.*
 - e) Rental of crutches, wheelchair or hospital-type bed (standard non-electric model only), not exceeding the purchase price; the cost of splints, trusses, braces or other approved prosthetic appliances; initial purchase of casts; artificial limbs, eyes or other approved prosthetic or medical appliances.*
 - f) Oxygen and rental of equipment for its administration.*
 - g) Blood and blood plasma, except when donated.* Must be pre-approved by the Assistance Centre.
3. **Professional Services**
The services of a legally licensed physiotherapist, chiropractor, chiropract, osteopath, podiatrist, acupuncturist, naturopath and speech therapist (all of whom are not related to you by blood or marriage). A referral from a *physician* is required for acupuncturist and naturopath. Not to exceed \$600 per practitioner per calendar year.
4. **Drugs or Medications**
Prescription drugs or medications that require a *physician's* written prescription, up to a maximum of \$10,000 not exceeding a one-month supply.
5. **Maternity Benefit**
We agree to reimburse up to \$25,000 for the costs, provided that the pregnancy commenced during the *period of coverage* and the costs are incurred in the country of study, for:
 - a) pre-natal care (including but not limited to tests and prescribed medication), and
 - b) involuntary termination of pregnancy or resulting complications,No benefits will be payable for expenses incurred for childbirth, voluntary termination of pregnancy, or post-natal care.
6. **Eye Examination**
When a minimum of 12 consecutive months of coverage has been purchased, we agree to reimburse the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system. Limited to one visit in any 12 consecutive months of coverage.
7. **Physical Examination**
When a minimum of 12 consecutive months of coverage has been purchased, we agree to reimburse the cost of one routine physical examination or one consultation and prescription for the "morning-after pill" in any 12 consecutive months of coverage, to a maximum of \$150.
8. **Emergency Air Transportation / Return to Country of Origin**
If a covered *sickness or injury* necessitates your immediate transportation or return to your *country of origin*, we agree to pay the cost of one-way transportation by the most appropriate means, including the use of an air ambulance or stretcher accommodation and medical escort if deemed medically *necessary* by the Assistance Centre, to the nearest appropriate medical facility or to your *country of origin*. To be eligible for reimbursement, the Assistance Centre must pre-approve these costs.

9. **Transportation of Family**
We agree to reimburse up to a maximum of \$5,000 for the cost to transport one member of your family by round-trip economy class (using the most direct route), and \$150 per day up to a maximum of \$1,500 for the *reasonable and customary* costs incurred by the member of your family after arrival if:
 - a) the attending *physician* advises the necessary attendance by such a person; or
 - b) the local authorities legally require the attendance of a member of your family to identify your remains in the event of your death due to a covered *sickness or injury*.
10. **Non-Emergency Treatment**
When required as a result of a covered *emergency sickness or injury*, up to \$3,000 will be paid to continue medical *treatment*.
Must be pre-approved by The Assistance Centre.
11. **Accidental Dental**
We agree to reimburse you up to \$5,000 for *emergency treatment* or services to repair or replace your natural or permanently attached artificial teeth (including capped or crowned teeth) caused by an *accidental* blow to the face.
Treatment relating to any dental claim must be completed no later than 90 days after *treatment* began and must be completed prior to your return to your *country of origin*.
12. **Dental Emergencies**
We agree to reimburse you up to \$600 for the immediate relief of acute dental pain caused by other than a blow to the face.
Treatment relating to any dental claim must be completed no later than 90 days after *treatment* began and must be completed prior to your return to your *country of origin*.
13. **Wisdom Teeth**
We agree to reimburse you up to \$150 per tooth for dental and/or oral surgical procedures which are necessary for the extraction of impacted wisdom teeth.
14. **Return of Deceased**
In the event of your death due to a covered *sickness or injury*, we will pay up to \$15,000 for the return of your remains in a standard transportation container to your *country of origin*; or up to \$5,000 for the cremation or burial of your remains at the place of death. The cost of a coffin, urn or funeral service, is not covered.
15. **Mental Health Care**
We agree to reimburse the expenses incurred for *treatment* of mental, nervous or emotional disorders, as follows:
 - a) inpatient hospitalization, up to a lifetime maximum of \$25,000; and
 - b) outpatient services, up to a maximum of \$1,000 in any 12 consecutive months of coverage.
16. **Prescription Glasses, Contact Lenses, and Hearing Aids**
We will pay up to a maximum of \$200 for prescription glasses, contact lenses and hearing aids required as a result of *accidental injury*. This benefit does not cover the repair or replacement of prescription glasses, contact lenses and/or hearing aids.
17. **Tutorial Services**
We will pay up to \$20/hour to a maximum of \$400 for the costs of a qualified private tutorial service in the event you are hospitalized for 30 consecutive days or more.
18. **Trauma Counselling**
We will pay up to a maximum of \$500 for trauma counselling within 90 days from the date of your *emergency* covered under this policy. Our maximum liability is \$5,000 per event under this policy and all other policies issued by the company within one calendar year. Where the aggregate eligible claims within a calendar year exceed this limit, the eligible claims will be reduced on a pro-rata basis and will be paid at the end of the year.
19. **Tuberculosis Testing and Vaccination**
We will pay up to a maximum of \$100 for tuberculosis testing and vaccination or immunization during 12 consecutive months of coverage, provided the minimum term of insurance purchased is 180 days with no lapse in coverage. Coverage for tuberculosis testing is not payable if testing is mandated by the school board or school as a requirement for program enrolment.
20. **Accidental Death & Dismemberment**
The insurer agrees to pay up to a maximum sum insured of \$10,000, for loss of life, limb or sight occurring during the *period of coverage* resulting directly from *accidental injury*. The total aggregate limit for all losses under *Accidental Death & Dismemberment* is \$10 million.
 - a) **Flight Accident and Common Carrier**
as a result of an *accident* sustained during the *period of coverage* while riding as a fare-ticket passenger or while entering or leaving a lawfully operated licensed *common carrier*; or
 - b) **24-Hour Accident**
as a result of an *accident* during the *period of coverage* in any other situation not specifically mentioned under a) above.Benefits are payable according to the following schedule. Only one amount is payable (the largest) if the insured suffers more than one of these losses.
 - a) 100% of sum insured resulting from the same *accidental injury* for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.
 - b) 50% of sum insured resulting from the same *accidental injury* for loss of:
 - i. entire sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means total and irrecoverable loss of the entire sight.

21. Terrorism Coverage (only for Canadians)

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

SPECIFIC CONDITIONS

You or someone on your behalf must notify the Assistance Centre within 24 hours of admission to a hospital or before any medical consultation or any surgery is performed.

Limits on Coverage

If you fail to do so without reasonable cause, we may reduce the benefits payable to you under this policy. You will be responsible for any expenses that are not payable by us.

We reserves the right, as reasonably required, to transfer you to any hospital or to transport you to your country of origin if you are unable to continue your studies due to a covered *sickness* or *injury*. If you refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after your refusal will not be covered and the payment of such costs becomes your sole responsibility. Coverage ceases upon your refusal and no coverage will be provided to you for the remainder of the *period of coverage*.

General Provisions of this policy apply. Refer to page 4

EXCLUSIONS

Benefits are not payable for costs incurred due to:

- Any *pre-existing medical condition* that was not *stable* within the 90 days immediately before your *effective date*.
- Any *pre-existing medical condition* or any related conditions for which, prior to your arrival date in Canada or country of study, you had, were scheduled or recommended for a *medical consultation* for the purpose of establishing a diagnosis, and for which results had not yet been received at the time of departure from your country of origin.
- Test and investigative consultation including, but not limited to biopsies, except when performed at time of an *emergency sickness* or *injury*, except as specified under the Non-Emergency Treatment (Benefit 10).
- Losses incurred due to:
 - any loss resulting from your *minor mental* or *emotional disorder*; and/or
 - your *self-inflicted injuries*, unless medical evidence establishes that the injuries are related to a mental health illness.Except as provided under Medical Health Care Benefit 15.
- Medical treatment and expenses incurred while in your country of origin.
- A *medical condition* which originated while visiting your country of origin during the *period of coverage* or any condition wholly or partly, directly or indirectly, related thereto.
- If you are Canadian, any *act of terrorism* directly or indirectly caused by, resulting from, arising out of or that is in connection with biological, chemical, nuclear or radioactive means.
- For inbound insured, an *act of terrorism*.
- An *act of war*.
- The participation by you or a dependent in:
 - protests; or
 - armed forces activities; or
 - a commercial sexual transaction; or
 - the commission or attempted commission of any criminal offence; or
 - the contravention of any statutory law or regulation in the area where the loss occurred.
- Any *sickness*, *injury* or *medical condition*, for which a diagnosis need not have been made, where the policy is purchased or the *trip* is undertaken for the purpose of securing medical treatment or advice.
- Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports you were affected by, or the *medical condition* causing the loss was in any way contributed to by:
 - your use of alcohol, prohibited drugs or any other intoxicant; or
 - your non-compliance with a prescribed treatment or medical therapy before or after the *effective date*; or
 - your use of medication or drugs that have not been approved by the appropriate government authority; or
 - your misuse of medication.
- Any treatment, investigation or hospitalization which is a continuation of, or subsequent to, an *emergency*, except as specified under the Non-Emergency Treatment benefit.
- Any treatment, investigation or hospitalization which exceeds 30 days following the initial day that outpatient treatment began, unless approved in advance by the Assistance Centre.
- Travelling against the advice of a physician or any loss resulting from a *sickness* or *medical condition* that was diagnosed by a physician as *terminal* prior to the *effective date* of this policy.
- Injury* resulting from training for, competing or participating in:
 - motorized speed contests;
 - stunt activities;
 - any professional sport activities where you are paid for your participation whether you win or lose; or
 - high-risk activities.

- Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth, or complications thereof, except as specifically provided under the Maternity Benefit (Benefit 5).
- Medical expenses incurred by an infant 14 days old or less.
- Sickness* or *injury* resulting from a motor vehicle accident where you are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.
- Cosmetic surgery unless such surgery is a result of a covered *sickness* or *injury*.
- Any *medical consultation* that is elective or related to a prior elective procedure.
- Dental care, services or supplies, except as specifically provided under *Accidental Dental* (Benefit 11), *Dental Emergencies* (Benefit 12) or *Wisdom Teeth* (Benefit 13).
- Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.
- Costs that exceed the *reasonable and customary* rate for the area where the treatment or services are being performed.
- Loss or repair of or damage to eye glasses, contact lenses, hearing aids and/or prescriptions for any of these items.
- General assessments or checkups, or any services requested by a third party.
- Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, except while being transported under the terms of the *Emergency Air Transportation/Return to Country of origin* benefit.
- The purchase of:
 - medications or drugs not approved for use by the appropriate government authority; or
 - patent or proprietary medications; or
 - vitamins or vitamin preparations; or
 - drugs or medications which can be purchased without a prescription; or
 - acne medications; or
 - nicotine resin products; or
 - dietary supplements or weight loss products; or
 - quantities of any drug or medication which exceed a 30-day supply within one month prior to the policy *expiry date*; or
 - contraceptives prescribed for any purpose, with the exception of the "morning-after pill", which is limited to one per *period of coverage*; or
 - contraceptive consultation or testing, except as specifically provided under *Physical Exam* (Benefit 7); or
 - fertility drugs or testing; or
 - drugs, medications, or other costs paid for by any other agency; or
 - experimental drugs, preventative medications or vaccines (except as specifically stated in Benefit 19).
- Any loss incurred outside of your country of study, except for loss due to acute *emergency hospital* and other covered *emergency* costs due to *sickness* or *injury* occurring during the *period of coverage* while you are travelling, other than your country of origin, provided you spend the majority of the *period of coverage* within your country of study.
- Benefits are not payable for costs incurred due to any loss incurred in a city, region, or country when prior to the *effective date*, the Canadian Government issued a warning to avoid all travel, or to avoid non-essential travel to that city, region, or country, and such *injury* or *sickness* is due to, contributed to by, or resulting from the reason for the warning.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

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

The intention of such activity is to:

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

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

Change in medication means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) to test your blood levels; and a change from a brand name medication to a generic brand medication of the same dosage.

Common carrier means a licensed carrier offering its transportation services to paying passengers at published rates and scheduled times.

Country of origin means the country in which you maintained a permanent residence prior to entry into Canada or, if different, the country which issued your passport. If you have more than one passport, *country of origin* will be the country you indicated as such when applying for this insurance.

Dependent means:

your legally married spouse or a person with whom you have been cohabitating in a common-law relationship for at least 12 consecutive months prior to the date of application; and

- any unmarried children residing with you, who are more than 15 days of age and age 25 or under and dependent upon you for their sole means of support; and
- your parent, stepparent, legal guardian, brother, sister, stepbrother, or stepsister who are living with the student while in the country of study.

Dependents are covered only when dependent coverage is selected and paid for at the time of application.

Effective date means the date and time coverage begins as provided for in the section titled *Effective Date*.

Emergency means a sudden, unforeseen *sickness or injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An *emergency* is deemed to no longer exist when medical evidence indicates that *you* are able to continue *your trip* or return to *your* place of ordinary residence or *country of origin*.

Expiry date means the date coverage ends as indicated in the section titled *Expiry Date*.

High-risk activity(ies) includes any skiing or snowboarding out of bounds, heliskiing, ski jumping, skydiving, sky-surfing, scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters), white water rafting (except grades 1 to 4), street luge, skeleton activity, *mountaineering*, or participation in any rodeo activity.

Hospital means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Injury means bodily harm which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action and independent of *sickness* and all other causes.

Insurer means The Manufacturers Life Insurance Company (Manulife).

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

Medical consultation means any medical services obtained from a licensed medical practitioner for any *injury, sickness or medical condition*, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical signs or symptoms existed or were found during the check-up.

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 medication (anxiolytics) or no prescribed medication at all.

Mountaineering means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

Physician means a person:

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

Pre-existing medical condition means a *sickness, injury or medical condition*, whether or not diagnosed by a *physician*:

- a) for which *you* exhibited signs or symptoms; or
- b) for which *you* required or received *medical consultation*; and
- c) which existed prior to the *effective date* of *your* coverage.

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

School means a school, university, college or other recognized institution of learning that is accredited by the local authorities.

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

Stable means a *medical condition* is considered *stable* when all of the following statements are true:

- 1) there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*), and
- 2) there has not been any *change in medication*, or any recommendation or starting of a new prescription drug, and
- 3) the *medical condition* has not become worse, and
- 4) there has not been any new, more frequent or more severe symptoms, and
- 5) there has been no hospitalization or referral to a specialist, and
- 6) there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results, and
- 7) there is no planned or pending *treatment*.

All of the above conditions must be met for a medical condition to be considered *stable*.

Student means a person:

- a) who regularly attends *school*, college, university, or other accredited educational institution; and
- b) who is enrolled in a minimum of 60% of the usual course requirements for the program in which they are enrolled; or
- c) who remains in their country of study for up to 60 days immediately after completion of studies as described under a) and b) of this definition.

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

Treatment means medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing or surgery.

Important: Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Trip means the time beginning with *your effective date* and ending with *your expiry date*, as shown on *your* application.

We, us, our means Manulife.

You or Your means an eligible person named on the application, who has been accepted by the *insurer* or its authorized representative, and has paid the required premium for a specific plan of insurance.

GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you* and *we* are not responsible for and will not be bound by any assignment entered into by *you*.

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

Automatic Extension of Coverage

Coverage will be automatically extended for up to 72 hours in the event of a delay during the *period of coverage* of the conveyance in which *you* are riding or are scheduled to ride as a passenger. This delay must be due to circumstances beyond *your* control and the conveyance must be scheduled to arrive during the *period of coverage*.

Coverage will be automatically extended for up to 5 days, if *you* are hospitalized due to a covered *sickness or injury* on or before the coverage *expiry date*.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to *you* during one *period of coverage*. Benefits are only payable to *you* under one policy during the *period of coverage*. If more than one policy issued by *us* is in effect at the same time, benefits will only be paid under one insurance policy, the one with the highest amount of insurance. Benefits are only payable for the plans and the specific amount of insurance selected, paid for and accepted by the Assistance Centre on *our* behalf at the time of application. Any benefits payable do not include interest charges. Benefits payable as a result of *your* death will be payable to *your* Estate.

Conformity with Law

Any policy provision in conflict with any law to which this policy is subject is hereby deemed to be amended to conform thereto.

Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing *hospital, medical* or therapeutic coverage.

The Assistance Centre, on *our* behalf, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party under any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

You may not claim or receive in total more than 100% of the loss caused by the insured event.

If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$100,000, the Assistance Centre will not coordinate benefits with that provider on *our* behalf, except in the event of *your* death.

Currency

All amounts stated in the policy, including premium, are in Canadian dollars. At the option of the Assistance Centre, benefits may be paid in the currency of the country where the loss occurred. If currency conversion is necessary, the exchange rate on the date the service was rendered to *you* will be used.

Emergency Assistance

The Assistance Centre will use its best efforts to provide assistance for a medical emergency arising anywhere in the world. However, the Assistance Centre, the *insurer*, nor The Destination: Travel Group Inc. and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

Extending Your Trip

Applicable to International *Students* studying in Canada:

If *you* decide to apply for additional coverage before *you* have left *your* country of origin, contact *your* agent or The Destination: Travel Group Inc. at 1-855-337-3532.

If you decide to apply for additional coverage after you have left your country of origin, you may apply for a new term of coverage if you:

- purchase additional coverage before the *expiry date*; and
- are in good health; and
- have no reason to seek *treatment* during the new term of coverage.

If you have incurred a claim, the Assistance Centre and the insurer will review your file before deciding on granting a new term of coverage.

Each policy or *period of coverage* is considered a separate contract and all limitations and exclusions will apply.

The Assistance Centre on the insurer's behalf reserves the right to decline any request for new terms of coverage.

Applicable to Canadian Students studying abroad:

If you decide to apply for additional coverage before you have left your province or territory of residence, contact your agent or The Destination: Travel Group Inc. at 1-855-337-3532.

If you decide to apply for additional coverage after you have left your province or territory of residence, you may apply for a new term of coverage if you:

- purchase additional coverage before the *expiry date*; and
- are in good health; and
- have no reason to seek *treatment* during the new term of coverage.

If you have incurred a claim, the Assistance Centre on the insurer's behalf will review your file before deciding on granting a new term of coverage.

Each policy or *period of coverage* is considered a separate contract and all limitations and exclusions will apply.

The Assistance Centre on the insurer's behalf reserves the right to decline any request for new terms of coverage.

General Terms

Insurance terms and conditions are subject to change with each new policy purchased, without prior notice.

Governing Law

This policy will be governed by the laws of the Canadian province or territory where the policy was issued.

Limit on Liability

It is a condition precedent to liability under this policy that on the *effective date*, you are in good health and know of no reason to seek medical attention.

Limitation of Action

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

Misrepresentation or Nondisclosure

Your failure to disclose or misrepresentation of any material fact, attempted fraud, or fraud, either at the time of application or at the time of claim, shall render the entire contract null at the insurer's option, and any claim submitted thereunder shall not be payable.

Where there is an error as to your age, provided that your age is within the insurable limits of this policy, the premiums will be adjusted according to your correct age.

Premiums

The total premium amount is due and payable at the time of application.

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

Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the policy, you agree to:

- reimburse the insurer for all *emergency* medical and *hospital* costs paid under the policy from any amounts you receive from a third party responsible (in whole or in part) for your *injury* or *sickness* whether such amounts are paid under a judgment or settlement agreement;
- whenever reasonable, initiate a legal action against the third party to recover your damages, which include *emergency* medical and *hospital* costs paid under the policy;
- include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement you reach with the third party;
- act reasonably to preserve the insurer's rights to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- keep the insurer informed of the status of any legal action against the third party; and
- advise your counsel of the insurer's right to reimbursement under the policy.

Your obligations under this section of the policy in no way restrict the insurer's right to bring a subrogated claim in your name against the third party and you agree to cooperate with the insurer fully should the insurer choose to exercise its right of subrogation.

Sanctions

Benefits are not payable under this policy for any losses or expenses incurred due to or as a result of your travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

Time

Applicable to International Students studying in Canada: This policy will be governed by the local time of the Canadian province or territory in which your policy was issued.

Applicable to Canadian Students studying abroad: This policy will be governed by the local time of the Canadian province or territory in which you normally reside.

STATUTORY CONDITIONS

Contract

The application, this policy, any document (including but not limited to the completed medical questionnaire, Confirmation of Coverage) attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

The Assistance Centre on the insurer's behalf reserves the right to decline any application or any request for new terms of coverage.

Waiver

The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of Application

The insurer shall, upon request, furnish you or a claimant under the contract a copy of the application.

Material Facts

No statement made by you or a person insured at the time of application for the contract shall be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Termination

You may at any time request that this contract be terminated and the insurer shall, as soon as practical after you make the request, refund the amount of premium actually paid by you that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the insurer at the time of the termination.

Refer to Refunds

Notice and Proof of Claim

Please refer to the Claims Procedures on page 6.

You or the claimant, if other than you, shall be responsible for providing the Assistance Centre with the following:

- receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
- any payment made by any other insurance plan or contract, including a government hospital/ medical plan; and
- supporting medical documentation, at the request of the Assistance Centre.

If you do not provide the required supporting documentation, your claim will not be paid.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

- the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* or *disability* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- in the case of your death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than 1 year after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting the Assistance Centre Claims Department and shall be furnished to you upon request.

Rights of Examination

The claimant shall provide the insurer with the opportunity to examine you when and so often as it reasonably requires while a claim is pending. In the case of your death, the insurer may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

When Money Payable

All money payable under this contract shall be paid by the insurer within 60 days after the insurer has received proof of claim.

REFUNDS

A full refund will be provided for policies which are returned within 10 days of purchase and requested in writing prior to the *effective date* of coverage.

When submitting your refund request, please include:

- a written request; and
- a copy of your confirmation of coverage; and
- confirmation of your early departure such as boarding pass or itinerary, or any other written proof of your early return to your country of origin; and
- any other documentation to support your refund request.

Refunds are payable when:

- The student fails to meet visa entry eligibility requirements.
- You return your country of origin 30 days or more prior to the *expiry date* of coverage, without intending to return to Canada.
- The student is no longer enrolled in a school within Canada or the country of study.
- You become covered under a provincial or territorial health/medical plan.

Premium refund requests, regardless of method of payment, should be submitted to The Destination: Travel Group Inc.

There will be no refund of premium if any losses have been incurred whether or not a claim has been made.

Premiums which are 100% refundable are subject to a \$10 administration fee, except when cancelled during the 10 day examination period.

Partial cancellations are charged a \$25 administration fee. These fees are deducted from the net premium to be refunded. Refunds will not be provided for amounts less than the minimum required premium for the plan purchased.

Refunds will be calculated from the date of permanent return to *your country of origin*, or from the date *you* became covered under a provincial or territorial government health care plan (inbound *students* only) or the day *you* are no longer enrolled in a *school* within Canada or *your* country of study.

CLAIMS PROCEDURES

Important Notes:

1. IF **YOU ARE MAKING A MEDICAL CLAIM**, we will need:

- a) original itemized receipts for all bills and invoices;
- b) proof of payment by *you* and by any other benefit plan;
- c) medical records including complete diagnosis by the attending *physician* or documentation by the hospital, which must support that the *treatment* was medically necessary;
- d) proof of the *accident* if *you* are submitting a claim for dental expenses resulting from an *accident*;
- e) proof of travel (including departure and return dates);
- f) *your* historical medical records (if we determine applicable); and
- g) proof of enrolment in a recognized institute of learning.

IF **YOU ARE MAKING AN ACCIDENTAL DEATH OR DISMEMBERMENT CLAIM**, we will need:

- a) a police, autopsy or coroner's report;
- b) medical records; and
- c) a death certificate, as applicable.

If *your* body is not found within twelve (12) months of the *accident*, we will presume that *you* died as a result of *your* injuries.

All claim forms are available by calling the Assistance Centre Claims Department.

Online Claims Submission

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

OR

SEND **YOUR CLAIMS TO:**

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

You may call the Claims Centre directly for specific information on how to make a claim or to enquire about *your* claim status at: 1 833-886-1070 or +1 (519) 945-1070.

PRIVACY INFORMATION NOTICE

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

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

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

The Manufacturers Life Insurance Company

Questions?

If *you* have any questions or concerns about *our* products or services, or *your* policy or claim please feel free to contact the Assistance Centre anytime:

Toll-Free
1-833-886-1070

Collect
1 + 519-945-1070

Underwritten by:

The Manufacturers Life Insurance Company (Manulife).
P.O. Box 670, Stn. Waterloo,
Waterloo, ON N2J 4B8

Emergency Medical Assistance and Claims Administration provided by:

The Assistance Centre (Active Care Management)
PO Box 1237, Station A
Windsor, ON N9A 6P8

Managed and Distributed by:

The Destination: Travel Group Inc.
307-211 Consumers Road
Willowdale, Ontario, Canada M2J 4G8
Tel: 1-855-337-3532

EMERGENCY PROCEDURES

In the event of an *injury* or *sickness*, *you* or someone acting on *your* behalf must notify the Assistance Centre (toll free 1-833-886-1070 or worldwide collect 519-945-1070) before any *medical consultation* or any surgery is performed.

Limits on Coverage

If *you* fail to notify the Assistance Centre without reasonable cause, then we may reduce the benefits payable to *you* under this policy. *You* will be responsible for any expenses that are not payable by us.

The Assistance Centre is here to help with service available 24 hours a day, 7 days a week.

The Assistance Centre also provides support and recommendations for non-medical emergencies, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter during *your* period of coverage.

ACTIVE CARE MANAGEMENT

Toll free Canada/USA:

1-833-886-1070

If unable to contact us through the
toll-free number, call collect
+ 1 (519) 945-1070

Accessible formats and communication supports are available upon request. Visit [Manulife.ca/accessibility](https://www.manulife.ca/accessibility) for more information.



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