

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.

TRAVEL INSURANCE ADVISORY

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) 945-1068 (collect) or 1-833-886-1068 within 24 hours of any emergency medical treatment. Failure to do so will result in *you* 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 in Part 7 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.

This insurance provides coverage to a maximum of \$5 million CAD per insured, per *trip*.

PART 1 ELIGIBILITY REQUIREMENTS

APPLICATION

Your completed application form and confirmation of coverage, including all eligibility and plan classification requirements outlined therein is material to the risk and forms part of this policy.

ELIGIBILITY

You must meet the following conditions to be eligible for this insurance:

- you* must be over the age of 14 days, a Canadian resident and be covered by the Government Health Insurance Plan (GHIP) of *your* Canadian province or territory of residence for the entire duration of *your* trip;
- you* must meet all the eligibility requirements outlined in **Part 1 – Eligibility Requirements** of the application form and *you* must qualify for one of the plan classifications outlined in Part 3 of the application form.

If *you* do not meet all the eligibility requirements outlined on Page 1 - Part 1 of the application form, *you* are not eligible to purchase our Travel Medical Coverage.

PART 2 POLICY TYPES

SINGLE TRIP PLAN

The **Single Trip Plan** option covers *you* for *your* single *trip* outside of *your* province or territory of residence. *You* must be eligible for coverage, as per **Part 1 – Eligibility Requirements** on the application form, when *you* apply for coverage, when *you* depart on *your* trip and on *your* policy effective date.

Coverage is provided to eligible persons and can be used to *top up* other plans. All terms, conditions, limitations and exclusions of this policy apply.

Coverage begins on the *policy effective date* as specified by *you* on the application form.

Waiting Period

If *you* purchase *your* policy after *you* have exited *your* province or territory of residence or after the *policy expiry date* of an existing policy, any *sickness* that manifests itself during the first 48 hours after the *policy effective date* is not covered even if related expenses are incurred after the 48-hour waiting period.

Coverage terminates on the earlier of the *policy expiry date* as specified by *you* on the application form or the date *you* return to *your* province or territory of residence.

ANNUAL MULTI-TRIP PLAN

The **Annual Multi-Trip Plan** option covers *you* for an unlimited number of *trips* outside of *your* province or territory of residence up to the allowable *trip* duration, as chosen by *you* on the application form, during a 12 month period. If *your* health changes after the *policy effective date* indicated on *your* confirmation of coverage *your* eligibility will not be affected but coverage for that *medical condition* will be subject to *your* pre-existing *medical condition* exclusion.

The Annual Multi-Trip Plan cannot be purchased as a *top up* to another policy. All other terms, conditions, limitations and exclusions of this policy apply.

If *you* wish to be out of Canada for more than the number of days permitted by the plan *you* chose, *you* may purchase additional coverage for that period by calling *your* Broker or The Destination: Travel Group Inc. at 1-855-337-3532 or 416-499-1900.

Coverage for each *trip* begins on the day *you* leave *your* province or territory of residence and terminates on the earlier of:

- the date *you* return to *your* province or territory of residence;
- 11:59 pm on the last day of coverage permitted by the Annual Multi-Trip Plan duration *you* chose;
- 365 days after *your* policy effective date unless *you* have paid the required premium to renew *your* Annual Multi-Trip Plan and are eligible for coverage as per the eligibility and plan qualifications of the application form.

In the event of a claim under any Annual Multi-Trip Plan, proof of date of departure from Canada must be supplied.

All *trips* made under any Annual Multi-Trip Plan must be separated by a 24 hour return to Canada.

The Annual Multi-Trip Plan also provides coverage for an unlimited number of days within Canada, excluding *your* province or territory of residence.

The maximum number of days for each *trip* outside Canada is as shown on *your* confirmation of coverage, and will be counted starting the date *you* exit Canada. *Trips* within Canada are limited to the maximum number of days allowed by *your* provincial or territorial health insurance plan.

Automatic Extension of Coverage:

If *you*, *your* travelling companion or immediate family member traveling with *you* is hospitalized on *your* policy expiry date, *your* coverage will automatically be extended at no additional premium for the period of hospitalization and up to 72 hours after discharge.

In addition, coverage will automatically be extended for 72 hours when there is a delay of a common carrier on which you are pre-booked as a passenger, extreme weather conditions, or mechanical failure of your vehicle.

You must provide documented proof of the cause for the delay that is satisfactory to the insurer.

Insuring Agreement

Subject to you meeting the Eligibility Requirements, as stated in Part 1, and in consideration for the full and correct premium received, the insurer will insure you against eligible expenses incurred as the result of an emergency, or pay benefits for other covered losses in accordance with the benefits under the heading "Part 3 - Benefits." All benefits and payments are subject to the terms, conditions, limitations and exclusions of this policy. The maximum period of coverage under this policy shall not exceed 12 consecutive months. Acceptance of the application form and coverage under this policy is at the insurer's option. If your application form is not accepted, you will receive a full refund of your premium paid.

Your spouse, your blood relations if travelling with you or your substitute decision maker are appointed to act on your behalf in the event that, because of an emergency, you are unable to make the necessary decisions with respect to your health status.

Prior to your policy effective date you must complete, sign and date your application, and the correct premium must be paid in full. No coverage will be provided to anyone not named on the application form. Coverage begins at 12:01 AM on your policy effective date and terminates at 11:59 PM on your policy expiry date.

Your policy coverage may be declared null and void if:

- (i) the full and correct premium is not received;
- (ii) the cheque is not honoured;
- (iii) credit card charges are declined for any reason;
- (iv) you are ineligible for coverage in accordance with any section of this policy;
- (v) you have not completed any required application; or
- (vi) you are not eligible for the plan which you selected.

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount specified herein, less any applicable deductible amounts, for any loss or expense. We do not assume responsibility for the availability, quality, results or outcome of any treatment or service covered under the terms of this policy.

You must, at all times while you are covered under this policy, act in a prudent manner so as to minimize costs to the insurer.

Any provision of this policy which is in conflict with any federal, provincial or territorial law of your province or territory of residence is hereby amended to conform with the minimum requirements of that law, and all other provisions shall remain in full force and effect.

All premiums, benefits, and limits are quoted in Canadian currency unless otherwise specified.

If currency conversion is necessary, we will use our exchange rate on the date you received the service outlined in your claim. We will not pay for any interest under this insurance.

PART 3 BENEFITS

Coverage under this policy is subject to the terms, conditions, limitations and exclusions contained herein and will begin on the policy effective date specified on the application form. Coverage will terminate on the earlier of the policy expiry date specified on the application form or the date you return to your province or territory of residence.

The insurer will pay for eligible expenses up to the maximum limit shown in Part 3 - Benefits, less any applicable deductible amounts, for the reasonable and customary expenses related to the medical attention you need during your trip due to an emergency, when these expenses are not covered by your Government Health Insurance Plan (GHIP) or any other insurance coverage you have in force. If applicable, you are responsible for paying the deductible amount shown on the application form for the covered expenses of each claim. Original, itemized receipts or invoices are required for all claims.

You must notify the Assistance Centre at + 1 (519) 945-1068 (collect) or 1-833-886-1068 within 24 hours of any emergency medical treatment. Failure to do so limits benefits payable to:

- a) in the event of hospitalization, 80% of eligible expenses, based on reasonable and customary costs, to a maximum of \$25,000; and
- b) in the event of an outpatient medical consultation, a maximum of one visit per sickness or injury.

You will be responsible for payment of any remaining charges incurred unless your emergency prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

Following an emergency, when medical evidence supports you are medically fit to travel, the Assistance Centre, in consultation with your attending physician, reserve the right to transfer you to any hospital or to return you to your province or territory of residence prior to any further treatment. If you refuse to do so, then any continuing costs, incurred after your refusal, with respect to such emergency will not be covered and all coverage and benefits for that medical condition under this policy will cease.

If you elect to return to your province or territory of residence for further treatment and then travel again, any further expenses incurred relating to the medical condition for which you returned will not be covered.

Our policy allows you to make a temporary return to your province or territory of residence during the period of coverage. If you receive medical treatment during this temporary return to your province or territory of residence, any treatment relating to that medical condition will not be covered for the remaining period of coverage.

The emergency medical attention you receive must be outside of your province or territory of residence and be required as part of your emergency treatment and ordered by a physician (or a licensed dentist).

This coverage also pays for:

EMERGENCY MEDICAL EXPENSES

1. Emergency Hospital

If confined as a resident in-patient, the insurer agrees to pay for hospital accommodation, including private or semi-private room, and for reasonable and customary services and supplies necessary for your emergency care.

2. Emergency Medical

If, during your trip, you require the following services, supplies or treatment by a health practitioner who is not related to you by blood or marriage, the insurer agrees to pay for:

- (a) **Medical Appliances:** When approved in advance by the Assistance Centre, the rental or purchase (whichever is less) of a wheelchair, brace, crutch or other medical appliance when prescribed by the attending physician and required due to a covered emergency.
- (b) **Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending physician due to an emergency.
Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by the Assistance Centre.
- (c) **Prescription Drugs:** Drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a physician and that are supplied by a licensed pharmacist when required as a result of a covered emergency. Limited to a 30-day supply per prescription, unless you are hospitalized. This benefit does not cover drugs, serums and injectables needed to control a chronic condition or a medical condition which you had before your trip.
- (d) **Emergency Paramedical/Professional Services:** Care received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to \$500 per category of practitioner, when referred by a physician and approved in advance by the Assistance Centre.
- (e) **Emergency Ambulance Transportation:** When approved in advance by the Assistance Centre the use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest hospital when reasonable and necessary. If an ambulance is medically required but not available, the insurer will reimburse for local taxi fare.
- (f) **Emergency Dental:** You are covered for the following dental expenses when required as emergency treatment, performed prior to your return to your province or territory of residence and ordered or prescribed by a licensed dentist:
 - (i) if you need dental treatment to repair or replace your sound natural or permanently attached artificial teeth because of an accidental blow to your mouth, you are covered to a maximum of \$3,000. This treatment must be completed within 90 days following the accident;
 - (ii) if you need dental treatment for the relief of pain outside your province or territory of residence, the insurer will pay up to \$500.
- (g) **Private Duty Nurse:** When approved in advance by the Assistance Centre, the services of a registered nurse, who is not related to you by blood or marriage, up to a maximum benefit of \$5,000.

EMERGENCY ASSISTANCE SERVICES

All Emergency Assistance Services must be pre-approved by the Assistance Centre.

- (a) **Expenses to return children under your care:** When approved in advance by the Assistance Centre, we will pay:
 - (i) up to the cost of a one-way economy airfare to transport your dependent child/children or grandchildren to their original point of departure if you are admitted to the hospital for more than 24 hours or must be medically repatriated due to an emergency.
 - (ii) if necessary, the extra cost for a qualified caregiver to escort your dependent child/children or grandchildren to their original point of departure.

The dependent child/children or grandchildren must have been under your care during your trip and be covered under your policy.

- (b) **Return of Vehicle:** Up to \$5,000 for the return of your vehicle to your home in your province or territory of residence or the nearest appropriate rental agency, if neither you, nor someone traveling with you, are able to drive your vehicle to your original departure point as a result of an emergency. Your vehicle must be returned within 60 days of the claim occurrence date. Benefits will only be payable for one person to return the vehicle when it is approved and arranged in advance by the Assistance Centre. This benefit does not cover wages lost by the person driving your vehicle and is available for claim only once per insured per period of coverage.

(c) **Emergency Evacuation and Repatriation:** If the Assistance Centre, in consultation with the attending *physician*, request you return to your province or territory of residence or your transfer to another *hospital* for the continuance of your emergency medical care the *insurer* will pay for one or more of the following:

- (i) Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for medical *treatment*;
- (ii) Transport on a licensed airline with an attendant (when required) for emergency return to your province or territory of residence for immediate medical attention;
- (iii) The fare for additional airline seats to accommodate a stretcher on a commercial flight;
- (iv) When required, the return economy class/charter fare of a qualified medical attendant and the attendant's reasonable fees and expenses;
- (v) Up to the cost of a one-way economy airfare to return your *travelling companion* to your province or territory of residence;
- (vi) Up to \$5,000 for search and rescue should you be stranded in a mountainous area, the sea or other similar location.

(d) **Return to Original Trip Destination:** If you are returned to your province or territory of residence under the **Emergency Evacuation and Repatriation** benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, the *insurer* agrees to reimburse up to a maximum of \$2,500 for a one-way economy flight to return you and one insured *travelling companion* to your original trip destination. The return must occur during the original period of coverage.

A subsequent recurrence or complication of the *medical condition* that resulted in you being returned home is excluded under this policy.

(e) **Subsistence Allowance:** If an *emergency* prevents you or your *travelling companion* from returning to your province or territory of residence as originally planned or if your *emergency medical treatment* or that of your *travelling companion* requires your transfer to a location that is different from your original destination, the *insurer* will reimburse expenses for meals, hotel, phone calls and taxis, up to \$150 per day to a maximum of \$1,500. To file a claim, you must supply original receipts from commercial organizations and a certificate from the attending *physician* to the effect that you were medically unfit to travel.

(f) **Return of Deceased (Repatriation):** In the event of your death while on your trip from a covered risk listed in this policy, the *insurer* will reimburse your estate for the transportation costs to return your body home to your province or territory of residence (using customary airline procedures), plus:

- (i) up to \$10,000 for the preparation of your body and the cost of the transportation container; or
- (ii) up to \$4,000 to cremate your body at the place of death; or
- (iii) up to \$10,000 for the preparation of your body and for your burial at the place of death; and
- (iv) up to \$1,000 for the cost of a one-way economy airfare to return your *travelling companion* to your province or territory of residence.

(g) **Transportation of Family or Friend:** When approved in advance by the Assistance Centre, a round-trip economy airfare from Canada and up to \$150 per day up to a maximum of \$1,500 for the cost of meals and commercial accommodation (original receipts are required) will be provided for a person of your choice to:

- (i) be with you when you are travelling alone and have been hospitalized for at least 72 consecutive hours (for an insured child, a bedside companion is available immediately upon *hospital* admission) outside your province/territory of residence. You must provide written certification from the attending *physician* that the situation is serious enough to warrant the visit; or
- (ii) identify the deceased insured prior to the release of the body, where necessary.

Furthermore, the person required at bedside or mandated to identify the deceased will be covered under the same terms and limitations of your policy.

(h) **Pet Return:** Up to \$300 will be reimbursed for the cost of returning your accompanying dog or cat to your province or territory of residence, if you are returned to Canada under the **Emergency Evacuation and Repatriation** benefit.

(i) **Hospital Allowance:** Reimbursement of up to \$50 per day, to a maximum of \$250, for additional out-of-pocket expenses (i.e. telephone, television rental) when you are hospitalized for 48 hours or more as the result of an *emergency*. Expenses must be supported by original receipts.

PART 4 EXCLUSIONS

1. Pre-existing medical conditions exclusion:

(i) **If you qualify for the Premier Plan:** Benefits are not payable for costs incurred due to any *pre-existing medical condition* or related condition (other than a *minor condition*) that was not *stable* at any time during the 90 days prior to the *policy effective date*.

If you selected the **Reduced Stability Period Option** coverage is limited to \$150,000 for eligible expenses incurred due to or resulting from your *medical condition* or related condition, other than a *minor condition*, that was *stable* for more than 30 days but less than 90 days.

(ii) **If you qualify for the Ultra Preferred Plan:** Benefits are not payable for costs incurred due to any *pre-existing medical condition* or related condition, other than a *minor condition* that was not *stable* at any time during the 180 days (90 days for high blood pressure) prior to the *policy effective date*.

If you selected the **Reduced Stability Period Option** coverage is limited to \$150,000 for eligible expenses incurred due to or resulting from your *medical condition* or related condition, other than a *minor condition*, that was *stable* for more than 30 days but less than 180 days.

(iii) **If you qualify for the Super Preferred Plan or Elite Preferred Plan :** Benefits are not payable for costs incurred due to any *pre-existing medical condition* or related condition, other than a *minor condition* that was not *stable* at any time during the 365 days (90 days for high blood pressure) prior to the *policy effective date*.

If you selected the **Reduced Stability Period Option** coverage is limited to \$150,000 for eligible expenses incurred due to or resulting from your *medical condition* or related condition, other than a *minor condition*, that was *stable* for more than:

If you selected Option 1: 90 days but less than 365 days; or

If you selected Option 2: 180 days but less than 365 days.

2. Benefits are not payable for costs incurred due to any *medical treatment* that is not an *emergency*, elective, or the consequence of a prior elective procedure.
3. Benefits are not payable for costs incurred for medical care or services where travel was undertaken contrary to medical advice or after notice of a *terminal illness* has been given.
4. Benefits are not payable for costs incurred that exceed the *reasonable and customary* rate for the area where the *treatment* or services are being performed.
5. Benefits are not payable for costs incurred for ongoing or follow-up *treatment*, rehabilitative care, or the recurrence of a *medical condition* or related condition once the *emergency* is declared over by the attending *physician* or the Assistance Centre.
6. Benefits are not payable for costs incurred due to:
 - (i) any loss resulting from your *minor mental or emotional disorder*; and/or
 - (ii) your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
7. Benefits are not payable for costs incurred for transplants including but not limited to cornea or organ transplants or bone marrow transplants, artificial joints, prosthetic devices or implants including any associated charges.
8. Benefits are not payable for costs incurred whereby this policy was purchased specifically to obtain *treatment* outside your province or territory of residence whether or not recommended by your attending *physician*.
9. Benefits are not payable for costs incurred due to any *treatment* which can be reasonably delayed until you return to Canada (whether or not you intend to return) by the next available means of transportation, unless approved in advance by the Assistance Centre.
10. Benefits are not payable for costs incurred due to a recurrence or complication of the *sickness, injury* or medical condition that resulted in you being returned to your province or territory of residence if you elect to resume your trip after being returned to Canada.
11. Benefits are not payable for costs incurred due to *treatment* or services that contravene, or are prohibited by legislation under a provincial or territorial hospital/medical plan.
12. Benefits are not payable for costs incurred due to:
 - (i) routine pre-natal or post-natal care; or
 - (ii) elective *treatment*; or
 - (iii) pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
 - (iv) *high-risk pregnancy*; or
 - (v) a child born during a trip.
13. Benefits are not payable for costs incurred due to loss, death or *injury* if at the time of the loss, death or *injury*, evidence supports that you were affected by, or the *medical condition* causing the loss was in any way contributed to by:
 - (i) your abuse of alcohol; or
 - (ii) your use of prohibited drugs or any other intoxicant; or
 - (iii) your non-compliance with prescribed *treatment* or medical therapy before or after the *policy effective date*; or
 - (iv) your use of medication or drugs that have not been approved by the appropriate government authority; or
 - (v) your misuse of medication before or after the *policy effective date*.
14. Benefits are not payable for costs incurred due to any:
 - (i) *act of war*; or
 - (ii) kidnapping; or
 - (iii) *act of terrorism* (Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism* Coverage provision.); or
 - (iv) riot, strike or civil commotion; or
 - (v) unlawful visit in any country.
15. Benefits are not payable for costs incurred due to rock or *mountain climbing*; hang-gliding, parachuting, bungee jumping, or skydiving; participation in a motor sport or motor racing; your *professional* participation in an organized sport; or 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).

16. Benefits are not payable for costs incurred resulting from a motor vehicle accident where *you* are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance except when such benefits are exhausted.
17. Benefits are not payable for costs incurred due to *your* engagement in manual labour for wages or profit including the operation of transport vehicles; performing employment duties on any aircraft or ship; performing duties in any regular armed forces service.
18. Benefits are not payable for costs incurred due to operating or learning to operate any aircraft, as pilot or crew.
19. Benefits are not payable for costs incurred due to the participation by *you*, a member of *your immediate family* or *travelling companion* in:
 - (i) protests; or
 - (ii) armed forces activities; or
 - (iii) a commercial sexual transaction; or
 - (iv) the commission or attempted commission of any criminal offence; or
 - (v) the contravention of any statutory law or regulation in the area where the loss occurred.
20. Benefits are not payable for costs incurred in *your* province or territory of residence (unless specifically provided for in this policy).
21. Benefits are not payable for costs incurred for any loss incurred in a city, region, or country when, prior to the *policy 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.

PART 5 GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by *you*, and the *insurer* is 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.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to *you* during a *trip*. Benefits are only payable to *you* under one policy during a *trip*.

If more than one Active Claims Management administered policy issued by the *insurer* is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by the Assistance Centre at the time of application, and indicated on *your* confirmation of coverage.

Any benefits payable do not include interest charges.

Benefits payable as a result of *your* death will be payable to *your* estate.

Claim Submission

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

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

Failure to provide substantiating documents shall invalidate all claims under this insurance.

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 behalf of the *insurer*, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

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

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 pursuant to 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, on behalf of the *insurer*, will not coordinate benefits with that provider, 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*, 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 failure to obtain medical service.

Extending Your Trip

You can extend *your* coverage before *you* leave *your* province or territory of residence.

If *you* decide to apply for additional coverage before *you* have left *your* province or territory of residence, contact the agent where coverage was originally purchased.

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*:

- a) purchase additional coverage prior to the *policy expiry date*; and
- b) are in good health; and
- c) have no reason to seek medical consultation during the new term of coverage.

If *you* have incurred a claim, the Assistance Centre will review *your* file before deciding on granting an extension.

The Assistance Centre reserves the right to decline any request for new terms of coverage.

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

The recurrence of a *medical condition(s)* or related condition(s) that were present during the original term of the policy will not be covered under this policy during any extension period.

If *you* choose to extend *your trip* beyond the *policy expiry date* shown on the application form for any reason, *you* must contact *your* Broker or The Destination: Travel Group Inc. at 1-855-337-3532 or 416-499-1900 prior to the *policy expiry date* shown on the application form and pay the required additional premium by credit card only (subject to a minimum premium).

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 in which *you* normally reside.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application and on the *policy 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 and Non-Disclosure

Your failure to disclose or misrepresentation of any material fact, fraud or attempted fraud, either at the time of application or at the time of claim, shall render the entire contract null at the option of the *insurer*, 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. The premium is calculated using the most current rates for *your* age on the *policy effective date* of this policy as indicated on *your* confirmation of coverage.

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* right 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 restricts 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

Expiry time of coverage is the time within the time zone where *you* were residing when the application was made.

PART 6 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 any act causing loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

Chronic means a *medical condition* that continues or persists over an extended period of time. A chronic condition is usually long lasting and does not easily or quickly go away.

Deductible means the dollar amount for which *you* are responsible before any remaining eligible expenses are reimbursed under this insurance. *Your* deductible is indicated on *your* confirmation of coverage and applies to each claim.

Departure date means the date *you* leave *your* province or territory of residence.

Dependent child or children means financially dependent unmarried natural, adopted or step-children who are:

- under 21 years of age;
- a full-time student who is under 26 years of age;
- of any age with a permanent physical impairment or mental deficiency.

Emergency means an unforeseen *sickness* or *accident* which occurs during *your* trip and 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* province or territory of residence.

Government Health Insurance Plan (GHIP) means the coverage that the provincial or territorial governments provide to residents of Canada.

Heart condition includes heart attack (myocardial infarction), arrhythmia, atrial fibrillation, heart murmur, irregular heart rate or beat, chest pain (angina), congestive heart failure, cardiomyopathy, congenital heart defect or any other condition relating to the heart.

High-risk pregnancy means a pregnancy involving a *medical condition* that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These *medical conditions* include pre-eclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes, or placenta previa.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

Immediate family means *your* spouse, natural, step, or adopted children, persons for whom *you* are the legal guardian, parents, parents-in-law, stepparents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

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).

Lung condition includes *chronic* obstructive pulmonary disease (COPD), asthma, *chronic* bronchitis, *chronic* pneumonia, emphysema, tuberculosis, pulmonary fibrosis. It **does not** include seasonal allergies.

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

Minor condition describes a *sickness* or *injury* during the stability period which ended prior to the *policy effective date* and which did not require:

- treatment* for a period longer than 15 consecutive days; or
- more than one follow-up visit to a *physician*; or
- hospitalization, surgery, or referral to a specialist; and
- which ended at least 30 days prior to the *departure date*.

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.

Mountain climbing means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death, or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- Biological agent** means any pathogenic (disease-producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period of time coverage is provided between the *policy effective date* and *policy expiry date*, as stated on *your* application form.

Physician means a person other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to *you*.

Policy effective date means the later of:

- the date *your* application is approved and accepted by the *insurer*;
- the date *your* coverage begins, as stated on *your* application form;
- each time *you* depart on an insured *trip* under *your* Annual Multi-Trip coverage.

Policy expiry date means the date *your* coverage ends, being the earlier of the date:

- as stated on *your* application; or
- that *you* return to *your* province or territory of residence.

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 *your departure date* from *your province* or territory of residence.

Professional means a person who is engaged in a specific activity as his/her main paid occupation.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment, services* or supplies for a similar *sickness or injury*.

Return date means the date on which *you* return to *your province* or territory of residence.

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

Signs or symptoms means any evidence of disease experienced by *you* or recognized through observation.

Spouse means a person who is legally married to *you*, or a person who has been living with *you* in a common-law relationship for a period of at least 12 consecutive months.

Stable describes any *medical condition* or related condition including any *heart condition* or *lung condition*, for which:

- a) there has been no new *treatment*; and
- b) there has been no alteration in any medication for the condition or in its usage or in its dosage; and
- c) there has been no change in *treatment* frequency or type; and
- d) there has been no *signs or symptoms* or new diagnosis; and
- e) there has been no test results showing deterioration; and
- f) there has been no hospitalization; and
- g) there has been no referral to a specialist (made or recommended) and *you* are not awaiting surgery or the results of investigations performed by any medical professional.

The following conditions are not considered stable:

- a) any *lung condition* for which in the last 365 days *you* were prescribed or used prednisone for a period of more than 10 consecutive days;
- b) any *heart condition* for which in the last 12 months *you* have used nitroglycerin.

The following are considered stable:

- a) Routine (not prescribed by a *physician*) adjustment of insulin or Coumadin, provided it was not first prescribed during the automatic stability period.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the automatic stability period and the usage or dosage has not changed.
- c) A new medication prescribed solely as a result of a drug manufacturer's discontinuance of the original medication taken and there is no change in dosage.
- d) The decrease or elimination of a medication dosage by a *physician*, provided that it has changed more than 90 days prior to *your policy effective date* and has not had any effect on the stability of *your medical condition* for the 90 days prior to *your departure date*.

Automatic Stability period means:

- (i) **If you qualify for the Premier Plan:** the 90 days prior to the *policy effective date*.
- (ii) **If you qualify for the Ultra Preferred Plan:** the 180 days prior to the *policy effective date* (90 days for high blood pressure).
- (iii) **If you qualify for the Super Preferred Plan or Elite Preferred Plan:** the 365 days prior to the *policy effective date* (90 days for high blood pressure).

Terminal illness means a *medical condition* for which, prior to *your policy effective date*, a *physician* gave a prognosis of eventual death within 24 months or palliative care was received.

Top up means a policy purchased to extend *your coverage* period and would become effective directly following the expiry of another policy.

Travelling companion means a person with whom *you* have coordinated travel arrangements and with whom *you* intend to travel during *your trip*, up to a maximum of three companions.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician*, including but not limited to prescription medication, surgery or investigative testing that results in a diagnosis of a specific *medical condition*. Does not include *minor conditions*.

Trip(s) means a period during which *you* are travelling outside of *your province* or territory of residence and for which coverage is in effect.

Vehicle means a private passenger automobile or motorcycle that is used exclusively for the transportation of passengers; and is either owned or rented by *you*.

For the Return of Vehicle benefit, vehicle also means a motorhome or a camper unit that is either owned or rented by *you* where:

- a) motorhome means a self-propelled vehicle containing living quarters that are an integral part of the vehicle and are not removable; and
- b) camper unit means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

We, us, our means Manulife.

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

PART 7 CLAIM PROCEDURES

Claim Notification: In the event of an *emergency* during a covered *trip*, **you must call the Assistance Centre immediately, prior to seeking treatment.** If it is not reasonably possible for *you* to contact the Assistance Centre prior to seeking *treatment*, **due to the nature of your emergency, you must have someone else call on your behalf or you must call as soon as medically possible. Failure to do so limits benefits payable to:**

- a) in the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary* costs, to a maximum of \$25,000; and
- b) in the event of an outpatient medical consultation, a maximum of one visit per *sickness or injury*.

You will be responsible for payment of any remaining charges incurred unless *your emergency* prevents *you* from calling. *You* must call as soon as medically possible or have someone call on *your* behalf.

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

Claim Documentation: *You* are responsible for providing all of the information and documents outlined below within 90 days of receiving services, as well as for any charges levied for these documents:

- a) *Your* policy number and the patient's name (married and maiden, where applicable), date of birth and Canadian provincial or territorial *Government Health Insurance Plan* (GHIP) number (including the expiry date or version code, where applicable).
- b) All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and types of *treatment*, and the name of the medical facility and/or *physician*.
- c) For prescription drugs, the original prescription drug receipts from the pharmacist, *physician*, or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
- d) For a Multi-Trip Annual Plan, proof of the *departure date* and *return date*.
- e) A completed and signed Mandate/Authorization Form. A Mandate/Authorization Form means the form provided to *you* by the Assistance Centre when notice of claim has been given, which *you* must complete and sign for the purpose of allowing the *insurer* to recover payment from any other insurance contract or health plan (group, individual or government).
- f) For out-of-pocket expenses, an explanation of expenses accompanied by original receipts.

Along with the above Claim Documentation, we will also require:

- proof of payment by *you* and by any other benefit plan;
- medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was medically necessary;
- proof of the *accident* if *you* are submitting a claim for dental expenses resulting from an *accident*; and
- *your* historical medical records (if we determine applicable).

Important: Please note that incomplete documentation will be returned to *you* for completion. Once the Assistance Centre receives *your claim*, *you* may be required to provide additional information. Failure to submit required information will lead to a delay in processing *your claim*.

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

Payment of Benefits: All payments are payable to *you* or on *your* behalf. Except in the case of *your* death, we will pay the covered expenses under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if *we* determine that the amount is not payable under *your* policy. Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest. Once the Assistance Centre receives *your claim*, *you* may be required to provide additional information. Any information not provided may lead to a delay in processing *your claim*.

Send all required documents to:

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

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide *you* with directions to the nearest medical facility, and local emergency telephone numbers (such as 911 in North America).

To download the app, visit: <http://www.active-care.ca/en/travelaid/>

PART 8 LIMITATIONS AND RESTRICTIONS

Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment -

The Assistance Centre must approve in advance any surgery, invasive procedure, diagnostic testing or *treatment* (including, but not limited to, cardiac catheterization), prior to you undergoing such surgery, procedure, testing or *treatment*. It remains your responsibility to inform your attending physician to call the Assistance Centre for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

Failure to Notify the Assistance Centre - In the event of an *emergency* during a covered *trip*, you must call the Assistance Centre immediately, prior to seeking *treatment*. If it is not reasonably possible for you to contact the Assistance Centre prior to seeking *treatment*, due to the nature of your *emergency*, you must have someone else call on your behalf or you must call as soon as medically possible. Failure to do so limits benefits payable to:

- in the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary* costs, to a maximum of \$25,000; and
- in the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges incurred unless your *emergency* prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

Transfer or Medical Repatriation - During an *emergency* (whether prior to admission, during a hospitalization or after your release from the *hospital*), the Assistance Centre reserves the right to:

- transfer you to one of their preferred health care providers; and/or
- return you to your province or territory of residence, for the medical *treatment* of your *sickness* or *injury* without danger to your life or health. If you choose to decline the transfer or return when declared medically *stable* by the Assistance Centre along with your treating *physician*, the *insurer* will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return. The Assistance Centre will make every provision for your *medical condition* when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the *hospital*.

Limitation of Benefits - Once you are deemed medically *stable* to return to your province or territory of residence (with or without a medical escort) either in the Assistance Centre's opinion or the treating *physician's* opinion your *emergency* is considered to have ended, whereupon any further consultation, *treatment*, recurrence or complication related to the medical *emergency* will no longer be eligible for coverage under this policy.

Availability and Quality of Care - The *insurer*, along with the Assistance Centre are not responsible for the availability, quality or results of any medical *treatment* or transportation, or your failure to obtain medical *treatment* or hospitalization.

Benefits Limited to Incurred Expenses - The total benefits paid to you from all sources cannot exceed the actual expenses which you have incurred.

Act of Terrorism Coverage

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

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

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

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.

PART 9 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

PART 10 STATUTORY CONDITIONS

Contract

The application, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon 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.

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 on page 8.

We may terminate this contract in whole or in part at any time by giving written notice of termination to you and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to you, or it may be sent by registered mail to your latest address on record. Where notice of termination is delivered to you, five (5) days notice of termination will be given; where it is mailed to you, ten (10) days notice will be given and the ten (10) days will begin on the day following the date of mailing of the notice.

Notice and Proof of Claim

Please refer to the Claims Procedures on page 8.

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's Claims Department and shall be furnished to you upon request.

Rights of Examination

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

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

The *insurer* will only consider requests for a refund if you did not leave on your trip or if you returned early from your trip and:

- no claim has been incurred or paid, or is pending; and
- you send a written request with proof of your non-departure or early return, to The Destination: Travel Group Inc., 211 Consumers Rd. Suite 307, Toronto, ON M2J 4G8 or admin@desttravel.com before your coverage period ends.

No claim will be paid if you have received a refund of premium for unused days.

Refunds will be calculated on a pro-rated basis from the date postmarked on your written request if mailed or emailed, or on the date such faxed request is received by The Destination: Travel Group Inc. and are subject to a \$25.00 cancellation fee and a minimum refund of \$10.00.

Under no condition will a refund be made after the *policy effective date* of an Annual Multi-Trip Plan or for an early return during a coverage extension period.

Important Notes

Premium refunds, regardless of method of payment, must be obtained from the agent where coverage was originally purchased and submitted to The Destination: Travel Group Inc.

CLAIMS PROCEDURES

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

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

SEND YOUR CLAIMS TO:

Active Care Management

P.O. Box 1237, Stn. A
Windsor, ON N9A 6P8
Collect worldwide: + 1 (519) 945-1068

Toll free Canada/USA: 1-833-886-1068

- Claims must be reported within 30 days of occurrence.
- Written proof of claim must be submitted within 90 days of occurrence.
- Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
- To submit your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
- All eligible claims must be supported by original receipts from commercial organizations.

When submitting your claim, please include:

- Fully completed and signed claim form with all original bills and receipts from commercial organizations.
- Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
- For physiotherapy visits, a letter from the referring *physician* recommending a referral to the physiotherapist.
- Any other documentation that may be required and/or requested by the Assistance Centre.

Online Claims Submission

For quick and easy claim submission, please have all of your documents available [in electronic format] and visit <https://manulife.acmtravel.ca> to submit your claim online.



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

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

For more information, go to www.thiaonline.com

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:

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

Managed and Distributed by:

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

PART 11 EMERGENCY PROCEDURES

In the event of a medical *emergency*, you or someone on your behalf must notify the Assistance Centre (toll free 1-833-886-1068 or worldwide collect + 1 (519) 945-1068) prior to any surgery being performed or within 24 hours of admission to a *hospital*.

Limits on Coverage

Failure to notify the Assistance Centre, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. 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 trip.

ACTIVE CARE MANAGEMENT

Toll free Canada/USA:

1-833-886-1068

If unable to contact us through the
toll-free numbers, call collect
+ 1 (519) 945-1068

MEDICAL CONCIERGE SERVICES

The Destination: Travel Group Inc. is pleased to provide you with value-added medical concierge services.

What services are available? StandbyMD offers you:

- Anywhere you travel, telephone access to a qualified physician who can assess your symptoms and provide treatment options;
- In 86 countries and over 4000 cities, access to physician house call visits.

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

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies;
- Referral to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or more than 50,000 hospitals for evaluation and treatment;
- Physician co-ordination to an Emergency Room and, whenever possible in select cities, will "fast track" you through the Emergency Room.

How does this service work? The StandbyMD program will assist with co-ordinating payment of eligible expenses subject to the terms and conditions of the policy. To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card. Medical Concierge Services are provided by StandbyMD.

Disclaimer, Waiver, and Limitation of Liability: StandbyMD is not a medical provider. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals. StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy, does not assume any responsibility for the availability, their quality, or the results or outcome of any treatment or service. Policyholders hereby specifically waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD* in any and all claims, demands, actions, causes of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flow from the medical concierge services that StandbyMD is offering. StandbyMD's liability under these medical concierge services, if any, is limited solely to the amount of payment made to participating medical providers for the services that a policyholder obtained after they received a referral from StandbyMD.

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