



# **PrimeLink Universal Emergency Medical Policy For Travelling Canadians**

**Effective November 2019**

**Read your policy carefully.  
Certain conditions and  
limitations apply.**

**This policy is underwritten by The Manufacturers Life Insurance Company and  
First North American Insurance Company, a wholly owned subsidiary of Manulife.  
This product is being distributed through CanAm Insurance.**

**Primelink Universal Travel Insurance Emergency Medical Policy  
for Travelling Canadians**  
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Accessible formats and communication supports are available upon request. Visit **Manulife.ca/accessibility** for more information.

**10-Day Free Look** – If you notify us within 10 days of your purchase date, as indicated on your confirmation, that you are not completely satisfied with your policy, we will provide a full refund if you have not already departed on your trip and there is no claim in progress. For information on refunds after the 10-Day Free Look period, please refer to the Cancellation & Refunds section in this policy.



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/Travel\\_Insurance\\_Bill\\_of\\_Rights\\_and\\_Responsibilities.html](http://www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html)

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## SECTION 1 – Important Notice

### READ CAREFULLY BEFORE YOU TRAVEL

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

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

**IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS, CALL 1-888-227-0552.**

### Notice Required by the Alberta Insurance Act:

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.

## SECTION 2 – Identification of Insurer

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife). Manulife has appointed Active Claims Management Inc. (operating as Active Care Management) as the provider of all assistance and claims services under this policy.

## SECTION 3 – In the Event of an Emergency

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

**1 877-251-4464 toll-free from the USA and Canada.  
+1 519 251-7800 collect to Canada  
from anywhere else in the world.**

**Our Assistance Centre is ready to assist you  
24 hours a day, each day of the year.**

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, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

To download the app, visit:

**<http://www.active-care.ca/en/travelaid/>.**

You must call the Assistance Centre before obtaining *emergency treatment*, so that we may:

- confirm coverage
- provide pre-approval of *treatment*.

If it is medically impossible for you to call prior to obtaining *emergency treatment*, we ask that someone call on your behalf as soon as possible. Otherwise, if you do not call the Assistance Centre before you obtain *emergency treatment* you will have to pay 20% of the eligible medical expenses we would normally pay under this insurance.

## SECTION 4 – Eligibility

**To be eligible for *Emergency Medical* coverage, you must, as of the date you apply for coverage and the effective date:**

- be a resident of Canada and covered under a *government health insurance plan* for the entire duration of your trip;
- be at least thirty (30) days of age;
- not have been advised by a *physician* to avoid travel at this time;
- not have a terminal illness or metastatic cancer;
- not require kidney dialysis;
- not have been prescribed or used *home oxygen* in the last twelve (12) months; and
- never have had bone marrow, stem cell or organ transplant (except corneal transplant).

## SECTION 5 – General Information

### INSURING AGREEMENT

**In consideration of the application for insurance for which you have met the eligibility requirements and paid the appropriate premium, we will pay, up to a maximum of \$10 million CDN per insured person for reasonable and customary charges incurred by you (less any applicable deductible) as a result of an *emergency*, occurring while you are travelling outside your province or territory of residence, for the benefits set out in this document, subject to the terms, limitations, exclusions and other conditions and in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and your *government health insurance plan*. Some benefits are subject to advance approval by our Assistance Centre. Unless otherwise stated, all amounts referred to in this policy are in Canadian dollars. You will be responsible for any expenses that are not payable by us.**

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

This policy provides *emergency medical* coverage for the plan you purchased:

- a *Single-Trip* plan for travel outside your province of residence or Canada, or
- a *Multi-Trip* plan for an unlimited number of trips taken within one (1) year of the *effective date* for the trip length as shown on your *confirmation*.

## WHEN YOUR COVERAGE STARTS

For a Multi-Trip plan, *emergency* medical coverage starts each date you leave your province or territory of residence and each date you leave Canada on or after the *effective date* as stated on your confirmation.

For a Single-Trip plan, coverage starts on the later of:

- the *departure date*; or
- the *effective date* as stated on your confirmation.

## WHEN YOUR COVERAGE ENDS

For all Multi-Trip plans, *emergency* medical coverage ends on the earliest of:

- the date you return home;
- the *expiry date*, as stated on your confirmation; or
- when travelling outside Canada, the date you reach the maximum trip length you purchased for each trip, as stated on your confirmation.

For Single-Trip *Emergency* Medical plans, your coverage ends on the earlier of:

- the date you return home; or
- the *expiry date*, as stated on your confirmation.

For Single-Trip Travel Canada *Emergency* Medical plans, coverage ends on the earliest of:

- the date you return home;
- the *expiry date*, as stated on your confirmation; or
- the day you leave Canada.

Travel Insurance must be purchased prior to departure from your province or territory of residence in Canada and for the entire duration of your trip (exceptions apply to Top-Ups).

**AUTOMATIC EXTENSION** of *emergency* medical coverage is provided beyond your *expiry date*, as stated on your confirmation, if:

- your common carrier or vehicle is delayed and prevents you from travelling on your *expiry date*. In this case, we will extend your coverage for up to seventy-two (72) hours;
- you or your travel companion are hospitalized on the *expiry date*. In this case, we will extend your coverage during the hospitalization up to a maximum of 365 days or until, in our opinion, you are stable for discharge from the hospital or for evacuation home, whichever is earlier, and for up to five (5) days after discharge from the hospital; or
- you or your travel companion have a medical emergency that does not require hospitalization but prevents travel on your *expiry date*, as confirmed by a physician. In this case, we will extend your coverage for up to five (5) days.

## TO STAY LONGER THAN PLANNED

If you are already on your trip and need to apply for an extension of your coverage, before the *expiry date* of your existing coverage, simply call the agent or broker from whom you purchased your coverage. You may be able to extend your coverage, as long as:

- the total length of your trip outside of Canada, including the extension, does not exceed the maximum allowed by your government health insurance plan;
- you pay the additional premium; and
- there has been no event that has resulted or may result in a claim against the policy and there has been no change in your health status.

Any extension is subject to approval by the Assistance Centre. In any case, we will not extend any coverage beyond twelve (12) months after the date you first leave home.

## CANCELLATIONS & REFUNDS

- You may cancel your policy prior to your departure date (your effective date if you have purchased a Multi-Trip *Emergency* Medical plan).
- If you return home early, you may request a refund of premium (minimum \$25.00) for the unused coverage days of your Single-Trip *Emergency* Medical Plan, providing there has been or will be no claim reported or initiated, that you have not been provided with any assistance services and that you have mailed us your written request with proof of the date you returned home.
- All travellers insured under the same policy must return together for a refund to be possible.

Refunds and cancellations are not available for Multi-Trip plans.

## FAMILY COVERAGE

If you have purchased Family Coverage for any *Emergency* Medical Plan, all family members must be named on your confirmation and must be under age sixty (60) and a minimum of thirty (30) days of age. Family Coverage can include: i) one applicant (parent or grandparent) travelling with their children/grandchildren; ii) the applicant, spouse and children or grandchildren; or iii) three (3) generations of a single family (grandparent[s], parent[s] and their children). All family members must have coverage that starts and ends on the same dates. If travelling under a Multi-Trip plan, children do not need to travel with you. Family Coverage and Travel Companion savings cannot be combined.

## MULTI-TRIP PLANS

- Provide coverage for an unlimited number of trips taken within one (1) year, commencing with the *effective date* as shown on your confirmation.
- Provide you with *emergency* medical coverage for an unlimited number of days of travel within Canada but outside your province or territory of residence.
- Each trip taken outside of Canada can be up to the maximum number of days you selected when you purchased your Multi-Trip plan, beginning on the first day you leave Canada.
- For a trip to be covered under the benefits of Primelink Universal Travel Insurance, it must start on or after the *effective date* and end prior to or on the *expiry date* shown on your confirmation of coverage.
- Top-Up coverage can be purchased for trips that are longer than the maximum trip length selected or if your trip extends beyond the *expiry date* of your Multi-Trip plan as shown on your confirmation.

In the event of a claim, you will be required to provide proof of your departure date and your return date. Proof can include your plane ticket, train ticket, a stamped passport, and/or a credit card or bank statement showing purchases in Canada just prior to your departure date.

### Top-Up your trip under the Multi-Trip *Emergency* Medical plan:

If your trip:

- is longer than the maximum number of coverage days you have under your current plan; or
- will extend beyond the *expiry date* shown on your confirmation, you can either:
  - purchase Top-Up coverage before the *expiry date* of your Multi-Trip plan for any additional travel days; or
  - purchase a new Multi-Trip *Emergency* Medical plan, with no lapse in coverage, providing the total duration of the trip does not exceed the maximum trip length you choose.

If your multi-trip plan is not underwritten by Manulife, it is your responsibility to confirm that a Top-Up is permitted on your existing plan with no loss of coverage.

When you apply for Top-Up coverage, you may be required to answer questions about your health.

## SECTION 6 – Medical Concierge Services

Primelink Universal is pleased to provide *you* with StandbyMD, a worldwide on-demand directional care program when *you* have coverage under the Emergency Medical Insurance plan.

### What services are available?

StandbyMD has an international network of medical providers and partners who provide services across time zones and who assure a quick and streamlined access to healthcare 24/7/365 all over the world.

StandbyMD allows *you* to access multiple levels of personalized care ranging from:

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

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

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

### How does this service work?

StandbyMD's risk assessment algorithm triages patients according to their symptoms, profiles and location. Based on the information provided they are instantly referred to the most appropriate level of care their specific situation requires.

StandbyMD uses a worldwide network of providers that offer high-quality care at preferred rates and direct billing solutions, minimizing the likelihood of paying out-of-pocket.

The StandbyMD program will assist with coordinating payment of eligible expenses subject to the terms and conditions of the policy.

To access this service, simply call the Assistance Centre.

### Disclaimer, Waiver, and Limitation of Liability:

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

Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals.

StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy does not assume any responsibility for:

- the availability,
- their quality,
- the results or outcome of any *treatment* or service.

Policyholders hereby specifically waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD\* in any and all claims, demands, actions, causes of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flow from the medical concierge services that StandbyMD is offering. StandbyMD's liability under these medical concierge services, if any, is limited solely to the amount of payment made to participating medical providers for the services that a policyholder obtained after they received a referral from StandbyMD. \*Related persons include principals, parents, successors and assigns of StandbyMD.

## SECTION 7 – Emergency Medical Benefits

### What does *Emergency Medical Insurance* cover?

*Emergency Medical Insurance* covers *you* for up to \$10,000,000 CDN of covered expenses incurred by *you* for *treatment* required by *you* during *your trip* if a medical *emergency* begins unexpectedly after *you* leave *home*, but only if these covered expenses are in excess of any amount covered by *your government health insurance plan* or any other benefit plan. The *treatment* must be required as part of *your emergency treatment*.

After *your medical emergency treatment* has started, the Assistance Centre must assess and pre-approve additional medical *treatment*. If *you* undergo tests as part of a medical investigation, *treatment* or surgery, obtain treatment or undergo surgery that is not pre-approved, *your claim* will not be paid. This includes but is not limited to MRI, MRCP, CAT Scan, CT Angiogram, sonograms, ultrasounds, Nuclear Stress Test, biopsies, Angiogram, Angioplasty, cardiovascular surgery including any associated diagnostic test(s), Cardiac Catheterization or any surgery. Reimbursement is subject to the terms and conditions of this policy.

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

The eligible covered expenses include:

1. **Expenses for *emergency treatment*** – *Reasonable and customary* charges for medical care received from a *physician* in or out of *hospital*; the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary); the services of a licensed private duty nurse while *you* are in *hospital*; the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance; tests that are needed to diagnose or find out more about *your* condition; and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist.
2. **Expenses for paramedical services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$70 per visit to a combined maximum of \$700 for a covered *injury*.
3. **Expenses for ambulance transportation** – *Reasonable and customary* charges for local licensed ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency*.
4. **Expenses for *emergency dental treatment*** –
  - If *you* need *emergency dental treatment*, we will pay up to \$300 for the relief of dental pain; and/or
  - If *you* suffer an accidental blow to the mouth, we will pay up to \$3,000 for the *reasonable and customary* charges to repair or replace *your* natural or permanently attached artificial teeth (up to \$1,500 during *your trip* and up to \$1,500 after *your* return *home* to continue *treatment* in the ninety (90) days after the accident).
5. **Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, we will pay the return economy class airfare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$1,000 for that person's hotel and meals and cover them with *Emergency Medical Insurance* under the same terms and



limitations of this policy until *you* are medically fit to return *home*. For a *child* insured under this policy, this benefit is available immediately upon their *hospital* admission.

6. **Extra expenses for meals hotel, and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency medical treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, we will reimburse *you* up to \$200 per day to a maximum of \$2,000 for *your* extra meals, hotel and taxi fares. We will only reimburse *you* for these expenses if *you* have actually paid for them.
7. **Expenses related to your death** – If, during *your trip*, *you* die from an *emergency* covered under this insurance, we will reimburse *your* estate for:
  - up to \$5,000 to have *your* body prepared where *you* die and the cost of the standard transportation container normally used by the airline, plus the return *home* of *your* body;
  - up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die; or
  - up to \$5,000 to cremate *your* body where *you* die, plus the return *home* of *your* ashes.
  - In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, we will pay the return economy class airfare via the most cost-effective itinerary for that person, and up to \$300 for that person's hotel and meal expenses. We will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to seventy-two (72) hours.
8. **Expenses to bring you home** – If *your* treating *physician* recommends that *you* return *home* earlier than planned because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, we will pay for one or more of the following:
  - the extra cost of economy class airfare via the most cost-effective itinerary; and/or
  - a stretcher airfare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and/or
  - the cost of return economy class airfare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline; and/or
  - the cost of air ambulance transportation if this is medically necessary.
9. **Return Excess Baggage** – When approved in advance by the Assistance Centre, up to \$300 for the return of *your* excess baggage. This benefit is payable if *you* return *home* under Benefit #7 or #8.
10. **Expenses to return children under your care** – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of an *emergency*, we will pay for the extra cost of one-way economy class airfare to return the *children* *home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must have been under *your* care during *your trip* and covered under a policy underwritten by *us*.
11. **Childcare expenses** – We will pay up to \$75 per day to a maximum of \$500 for childcare costs incurred by *you* during *your trip* to care for *your children* travelling with *you* and remaining with *you* at your destination while *you* are hospitalized as an in-patient during *your trip*. Original receipts from the professional childcare provider are required and the professional childcare provider must be someone other than *immediate family* or a *travel companion*.
12. **Expenses to return your travel companion** – We will cover the extra cost of one-way economy class airfare via the most cost-effective itinerary, to return *your travel companion* (who is travelling with *you* at the time of *your emergency* and insured under *our* travel insurance plan) *home*, if *you* are repatriated or evacuated under Benefit #7 or #8 above.
13. **Expenses to return your vehicle home** – If, because of a medical *emergency*, *you* are unable to drive the *vehicle* *you* used during *your trip*, we will cover up to \$3,000 charged by a commercial agency to bring *your vehicle* *home*. If *you* rented a *vehicle* during *your trip*, we will cover its return to the rental agency.
14. **Hospital Allowance** – When *you* are hospitalized for 48 hours or more due to *sickness* or *injury* during *your trip*, we will reimburse *you* \$50 per day up to \$300 per policy for *your* telephone, parking and television out-of-pocket expenses. Expenses must be supported by original receipts.
15. **Phone call expenses** – We will pay for phone calls to or from *our* Assistance Centre regarding *your* medical *emergency*. *You* must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during *your trip*.
16. **Pet Return** – If *your* domestic dog or cat travels with *you* during *your trip* and *you* return to Canada under Benefit #7 or #8, we will pay the cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog or cat to Canada.
17. **Trip Break** – For Single-Trip plans, *you* may return *home* to *your* province of residence without terminating *your* coverage. There is no coverage under this plan in *your* province or territory of residence. There will be no refund of premium for any of the days *you* spend in *your* province or territory of residence. If *you* experience any change in *your* health during the *Trip Break*, *you* must notify the Assistance Centre prior to leaving *your* province or territory of residence for *confirmation* of continued coverage.
18. **Return to Original Trip Destination** – If *you* are returned to *your* province or territory of residence under Benefit #8 (Expenses to bring *you* *home*) and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency* and that no further *treatment* is required, we will reimburse up to a maximum of \$5,000 for a one-way economy flight to return *you* and one insured *travel companion* to the original *trip* destination. This benefit is available only if the return to destination occurs during the dates of the original *trip* and if the Assistance Centre has approved *your* return under *your* existing policy. A subsequent recurrence or complication of the condition that resulted in *you* being returned *home* is excluded under this policy.
19. **Terrorism Coverage** – 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*.

## SECTION 8 – Exclusions & Limitations

### What does **Emergency Medical Insurance** not cover?

We will not pay any expenses or benefits relating directly or indirectly to:

1. **A pre-existing medical condition.** The *pre-existing medical condition* exclusion that applies to *you* depends on the Rate Category *you* qualified for when *you* purchased this policy. Please see the definition of “*pre-existing medical condition*” and “*stable*” at the end of this policy.  
**NOTE:** For the Travel Canada *Emergency Medical* plan, no *pre-existing medical condition* exclusion applies.  
**Rate Category A.** We will not pay any expenses relating to:
  - a *pre-existing medical condition* that is not *stable* in the three (3) months before *your effective date*; and/or
  - *your heart condition* if, in the three (3) months before *your effective date*, any heart condition has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
  - *your lung condition* if, in the three (3) months before *your effective date*, any lung condition has not been *stable* or *you* required *treatment* with oxygen or Prednisone for a lung condition.**Rate Categories B and C.** We will not pay any expenses relating to:
  - a *pre-existing medical condition* that is not *stable* in the six (6) months before *your effective date*; and/or
  - *your heart condition* if, in the six (6) months before *your effective date*, any heart condition has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
  - *your lung condition* if, in the six (6) months before *your effective date*, any lung condition has not been *stable* or *you* required *treatment* with oxygen or Prednisone for a lung condition.
2. Covered expenses that exceed the *reasonable and customary* charges where the medical *emergency* happens.
3. Any *emergency* when, prior to the purchase date, *you* had not met all the eligibility requirements or truthfully and accurately answered all the questions in the *medical questionnaire* (if applicable).
4. Covered expenses that exceed 80% of the cost *we* would normally have to pay under this insurance if *you* do not, or someone on *your* behalf does not, contact the Assistance Centre at the time of the *emergency*.
5. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by the Assistance Centre prior to being performed. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis immediately upon admission to *hospital*.
6. Any non-emergency, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
7. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if *our* medical advisors determine that *your emergency* has ended.

8. A *medical condition* or symptoms:
  - when *you* knew or for which it was reasonable to believe or expect before *you* left *home* or before the *effective date* of coverage, that *treatment* will be required during *your trip*; and/or
  - for which future investigation or *treatment* was planned before *you* left *home*; and/or
  - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before leaving *home*; and/or
  - that had caused *your physician* to advise *you* not to travel.
9. Any *emergency* that occurs while *you* are participating in:
  - any sporting activity for which *you* are paid, including snorkeling or scuba diving;
  - any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
    - mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead rope or top rope anchoring equipment to ascend or descend a mountain;
    - rock-climbing;
    - parachuting;
    - skydiving;
    - hang-gliding or using any other air-supported sporting device; or
    - participating in a motorized speed contest.
10. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, whether or not it was authorized by a *physician*, as well as any directly or indirectly-related complication.
11. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
12. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
13. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
14.
  - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
  - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
15. Any loss resulting from *your minor mental or emotional disorder*.
16.
  - *Your* routine pre-natal or post-natal care;
  - *Your* pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
17. *Your* child born during *your trip*.
18. For insured *children* under two (2) years of age, any *medical condition* related to a birth defect.
19. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
20. Any further medical *treatment* if *our* medical advisors determine that *you* should transfer to another facility or return to *your home* province/territory of residence for *treatment*, and *you* choose not to.
21. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
22. For policy extensions or Top-Ups: any *medical condition* which first appeared, was diagnosed or treated after the scheduled *departure date* and prior to the *effective date* of the insurance extension or Top-Up.
23. Any change in *your* health status or *medical condition* that occurred or started, or any *medical condition* that did not remain *stable*, during *your Trip Break* (see Benefit #17).

24. A recurrence or complication of the condition for which *you* returned home under Benefit #18.
25. Any *act of terrorism* or any *medical condition* you suffer or contract when an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*. To view the travel advisories, visit the Government of Canada Travel site. This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.
26. Any *act of terrorism* caused by biological, chemical, nuclear or radioactive means.
27. An *act of war*.

## SECTION 9 – What Else Do You Need to Know?

This policy is issued based on information provided in *your* application (including the *medical questionnaire* if required). Claims will be processed according to the policy in force at the time of claim. When completing the application and answering the medical questions, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:

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

*You* must be accurate and complete in *your* dealings with *us* at all times. This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy, extension or Top-Up of coverage for benefits under this policy.

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

No agent or broker has the authority to change the contract or waive any of its provisions.

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

### Limitation of Liability

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

### Premium

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect. Premium rates and policy terms and conditions are subject to change without prior notice. When *you* have paid the appropriate premium and met the eligibility requirements, this policy along with *your* application forms part of *your* insurance contract and becomes a binding contract, providing that *you* are issued a *confirmation* upon which a contract policy number appears.

If *you* are ineligible for coverage, *our* only liability will be to refund any premium paid. *You* will be responsible for any expenses that are

not payable by *us*. If the premium is insufficient for the period of coverage selected, *we* will charge and collect any underpayment; or shorten the policy period by written endorsement if an underpayment in premium cannot be collected. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

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

The plans outlined in this policy are second payor coverages. If there are other third party liability, group or individual, basic or extended health insurance plans or contracts, including any private, provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third party liability insurance in force concurrently herewith, amounts payable hereunder are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are insured under such coverage.

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

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

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

## SECTION 10 – How to Submit a Claim

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

**1 877-251-4464 toll-free from the USA and Canada.  
+1 519 251-7800 collect to Canada  
from anywhere else in the world.**

***Our Assistance Centre is ready to assist you  
24 hours a day, each day of the year.***

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit:  
<http://www.active-care.ca/en/travelaid/>.

Please note that if *you* do not call the Assistance Centre in an *emergency* and prior to receiving *treatment*, *you* will have to pay **20% of the eligible medical expenses** *we* would normally pay under this policy (20% co-insurance). If it is medically impossible for *you* to call when the *emergency* happens, *we* ask that someone call on *your* behalf as soon as possible.



**Do not assume that someone will contact the Assistance Centre for you. It is *your* responsibility to verify that the Assistance Centre has been contacted.**

If *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*.

**Notice and Proof of Claim.** Claims must be reported within thirty (30) days of occurrence of a claim arising under this contract. *Your* proof of claim must be sent to *us* within ninety (90) days of the date a claim has occurred or the service was provided.

**Failure to Give Notice or Proof of Claim.** Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one (1) year from the date of the occurrence arising under this contract, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

**Proof of Claim.** The Assistance Centre will furnish forms for proof of claim within fifteen (15) days after receiving notice of claim. If *you* have not received the forms within that time, *you* may submit *your* proof of claim in the form of a written statement of the cause or nature of the accident, *sickness, injury* or insured risk giving rise to the claim and the extent of the loss or *you* can submit *your* claim online.

#### **Mailing Instructions**

Claims correspondence should be mailed to:  
Primelink Universal Travel Insurance  
c/o Active Care Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8

#### **Online Claim 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.

*You* may call the Assistance Centre directly for specific information on how to submit a claim or to enquire about *your* claim status at:  
**1 877-251-4464 or +1 519 251-7800.**

All money payable under this contract shall be paid by *us* within sixty (60) days after proof of claim and all required documentation has been received.

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

- original itemized receipts for all bills and invoices;
- 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;
- proof of travel (including *departure date* and return date); and
- *your* historical medical records (if we determine applicable).

#### **To whom will we pay *your* benefits, if *you* have a claim?**

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.

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

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

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

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

## **SECTION 11 – Statutory Conditions**

**Copy of Application.** Upon request, a copy of the application shall be given to *you* or to a claimant under the contract.

**Waiver.** We reserve the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by Manulife.

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

**Termination by Insurer.** 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.

**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.

## SECTION 12 – Definitions

When italicized in this policy, the term:

**Act 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 government (whether that government is legal or illegal); and/or
- promote political, social, religious or economic objectives.

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

**Age** means *your age* at *your* application date.

**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) and there has been no change in *your medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

**Child, Children** means *your* unmarried, dependent son(s) or daughter(s), or *your grandchild(ren)* travelling with *you* or joining *you* during *your trip* and who is either: i) under the *age* of twenty-one (21) or ii) under the *age* of twenty-six (26) and a full-time student; or iii) *your child* of any *age* who is mentally or physically disabled. In addition, the *child* must be a minimum *age* of thirty (30) days.

**Common carrier** means a bus, taxi, train, boat, *plane* or other commercial *vehicle* which is licensed, intended and used to transport paying passengers.

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

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

**Effective date** means the date on which *your* coverage starts.

For a Multi-Trip plan, *emergency* medical coverage starts on each date *you* leave *your* province or territory of residence and each date *you* leave Canada on or after the *effective date* as stated on *your confirmation*.

Single-Trip *Emergency* Medical plans start on the later of:

- the *departure date*; or
- the *effective date* as stated on *your confirmation*.

**Emergency** means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An emergency no longer exists when the evidence reviewed by the Assistance Centre indicates that no further *treatment* is required at destination or *you* are able to return to *your province* or territory of residence for further *treatment*.

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

For all Multi-Trip plans, *emergency* medical coverage ends on the earliest of:

- the date *you* return *home*;
- the *expiry date*, as stated on *your confirmation*; or
- when travelling outside Canada, the date *you* reach the maximum *trip* length *you* purchased for each *trip*, as stated on *your confirmation*.

For Single-Trip *Emergency* Medical plans, *your* coverage ends on the earlier of:

- the date *you* return *home*; or
- the *expiry date*, as stated on *your confirmation*.

For Single-Trip Travel Canada *Emergency* Medical plans, coverage ends on the earliest of:

- the date *you* return *home*;
- the *expiry date*, as stated on *your confirmation*; or
- the day *you* leave Canada.

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

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

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

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

**Injury** means sudden bodily harm that is caused by external and purely accidental means.

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

**Medical questionnaire** means all the medical questions that are included in *your* application for coverage under this policy.

**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 antianxiety medication (anxiolytics) or no prescribed medication at all.

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

**Plane** means a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board licence, Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**Pre-existing medical condition** means any *medical condition* that exists before *your effective date*.

**Reasonable and customary** means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same *treatment* of a similar *sickness* or *injury* or for other comparable services or supplies in a similar circumstance.

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

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

**Stable** 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*.

**Travel companion** means someone who shares *trip* arrangements with *you* on any one *trip*, up to a maximum of three (3) persons.

**Treatment** means hospitalization, a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery. **IMPORTANT:** Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Trip** means the time between *your effective date* of insurance and *expiry date*.

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

**We, us, our** means Manulife.

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

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

## SECTION 13 – Notice on Privacy

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

**Notice on Privacy and Confidentiality.** The specific and detailed information requested on *your* application and *medical questionnaire* 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, ON N2J 4C6.

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

**1 877-251-4464**

Toll-free from the USA and Canada.

**+1 519 251-7800**

Collect to Canada from anywhere else in the world.

*Our Assistance Centre is ready to assist you 24 hours a day, each day of the year.*

## HELP IS JUST A PHONE CALL AWAY

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

### Pre-Trip Information

- Passport and travel visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and Embassy locations

### During a Medical Emergency

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

## Other Services

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

## IMPORTANT TELEPHONE NUMBERS:

For coverage information or general enquiries, or to apply for an extension or a refund of premium, please call the Customer Service Centre at the number provided in *your confirmation*.

Written correspondence should be mailed to:

Primelink Universal Travel Insurance  
c/o Active Care Management  
P.O. Box 1237 Stn A  
Windsor, ON N9A 6P8

*You* may also call the Assistance Centre directly for specific information on how to submit a claim or to enquire about *your* claim status at: **1 877-251-4464** or **+1 519 251-7800**.



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