

COVID-19 MEDICAL UNDERWRITTEN PLAN

SECTION 1 - GENERAL INFORMATION

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife). Manulife has appointed Active Claims Management (2018) Inc., operating as “Active Care Management”, “ACM” “Global Excel Management” and/or “Global Excel” as the provider of all assistance and claims services under the policy.

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

Notice Required by Provincial Legislation : This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

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. Refunds are only available when Manulife receives *your* request for a refund before *your* departure date.



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most Canadians travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THiA) want you to know your rights. THiA’s 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

SECTION 2 - IMPORTANT INFORMATION

IMPORTANT NOTICE – PLEASE READ CAREFULLY

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 disclosed by you, pregnancy, child born on trip, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to pre-existing medical conditions.
- 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 1 855-478-3490 or (519) 945-1850.

IMPORTANT: If *you* have any change in *your* health status and/or *change in medication or treatment*, between the date *you* completed the application for this coverage and *your effective date*, *you* must notify *us* by calling 1 855-478-3490 or (519) 945-1850. Otherwise, any such change may render *your* coverage null and void.

In the event of an *emergency*, call the Assistance Centre immediately
1 877-251-5107 toll-free from the USA and Canada
+1 (519) 251-5107 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 the TravelAid™ mobile app.
Visit: <http://www.active-care.ca/en/travelaid/> to download the app.

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 expenses 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

- **up to a maximum of \$10 Million** per insured person for *reasonable and customary* charges when *you* incur expenses as a result of an *emergency* when travelling outside of *your* province or territory of residence.

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 of coverage.

This policy provides *emergency* medical coverage for travel outside *your* province or territory of residence or Canada.

SECTION 3 - ELIGIBILITY

TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY:

- *You* must be a resident of Canada and covered under a *government health insurance plan*;
- *You* must have received the full *vaccine*;
- *You* must have coverage for the entire duration of *your trip* away from *home*;
- *You* must have completed *your* application (including the medical questionnaire), have had *your* health history reviewed by *us*, received a *Medical Underwriting Agreement* from *us*, and
- *You* must have paid the required premium in full.

SECTION 4 - EMERGENCY MEDICAL INSURANCE

This policy provides *emergency* medical coverage for travel outside *your* province of residence or Canada.

Please note that **if *you* do not call** the Assistance Centre in an *emergency*, ***you will have to pay 20% of the eligible medical expenses*** *we* would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf. *You* must call the Assistance Centre before obtaining *emergency treatment*, so that *we* may confirm coverage and provide pre-approval of *treatment*.

Benefits – What does *Emergency Medical Insurance* cover?

Emergency Medical Insurance covers *you* up to a maximum of \$10 Million CAD per insured person for covered expenses as a result of an *emergency* when travelling outside of *your* province or territory of residence.

Important: If *you* have not received *your* full *vaccine*, this policy does not provide any coverage to *you*.

Note: 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*. *Your deductible amount* in Canadian 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* and applies to each claim.

The eligible benefits are:

1. **Expenses for *emergency treatment*** – *We* will pay for *reasonable and customary* charges for medical care received from a *physician* in or out of a *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. An *emergency* related to the *pre-existing condition(s)* listed in the *Medical Underwriting Agreement* will be covered.
2. **Expenses to receive paramedical services** – *We* will pay for 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 *emergency ambulance transportation*** – *We* will pay for *reasonable and customary* charges of local licensed ambulance service to the nearest qualified 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; or

- if *you* suffer an accidental blow to the mouth, up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,000 during *your trip* and up to \$1,000 to continue medically necessary *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 economy class fare 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. Please note: This person is not covered under *your* insurance and should consider purchasing his/her own travel medical insurance.
 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 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 pay for these expenses if *you* have actually paid for them.
 7. **Repatriation expenses related to *your* death** – If *you* die during *your trip* from an *emergency* covered under this insurance, we will reimburse *your* estate up to \$5,000 for:
 - the cost to have *your* body prepared or cremated where *you* die; and
 - the return *home* of *your* ashes or *your* body (in the standard transportation container normally used by the airline); or
 - *your* burial where *you* die.
 Also, if someone is legally required to identify *your* body and must travel *your* place of death, we will pay the economy class fare via the most cost-effective itinerary for that person, as well as up to \$300 for that person's hotel and meal expenses. Note: This person is not covered under *your* insurance and should consider purchasing his/her own travel medical insurance.
 8. **Expenses to bring *you* home** – If *your* treating *physician* recommends that *you* return *home* because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, when approved and arranged by the Assistance Centre, we will pay for:
 - the extra cost of an economy class fare via the most cost-effective itinerary; or
 - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and
 - the return cost of an economy class fare 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; or
 - the cost of air ambulance transportation, if this is medically necessary.
 9. **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*, when approved in advance by the Assistance Centre, 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 Manulife travel insurance policy.
 10. **Expenses to return *your travel companion* home** – When approved in advance by the Assistance Centre, we will cover the extra cost of one-way economy 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 a Manulife travel insurance plan) *home*, if *you* return *home* under Benefit #7 or #8.
 11. **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*.
 12. **Expenses to return *your vehicle* home** – If because of a medical *emergency* *you* or *your travel companion* are unable to drive *home* the *vehicle* *you* used during *your trip*, when approved in advance by the Assistance Centre, 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.
 13. **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 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*.

Exclusions & Limitations – What does *Emergency Medical Insurance* not cover?

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

1. Any *pre-existing condition* not listed on the *Medical Underwriting Agreement* and/or misrepresented or not disclosed during *your* recorded Medical Underwriting application.
2. Any change in *your* health status occurring after *your* application date and not reported prior to *your effective date*.
3. Any *emergency* if the answers provided in the *medical questionnaire* are not truthful and accurate.
4. Any medical expenses *you* incur if *you* have not received *your* Coronavirus (COVID-19) *vaccine*.
5. The cost of and any expenses for a Coronavirus (COVID-19) test that is mandated by any body with appropriate authority (such as a government or a transportation service) for entry into or exit from a country/jurisdiction or to use its services.
6. Covered expenses that exceed the *reasonable and customary* charges where the medical *emergency* happens.
7. Covered expenses that exceed 80% of the cost we would normally have to pay under this insurance, if *you* do not contact the Assistance Centre at the time of the *emergency*. If *your medical condition* makes it medically impossible for *you* to call, please have someone call on *your* behalf.

8. Any non-emergency, experimental or elective treatment such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
9. 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.
10. Any *medical condition* or symptoms:
 - when *you* knew or for which it is reasonable to believe or expect 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.
11. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
12. 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.
13. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
14. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
15. Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
16. 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*.
17. Routine pre-natal or post-natal care; Pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
18. *Your* child born during the *trip*.
19. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
20. For insured *children* under two (2) years of *age* any *medical condition* related to a birth defect.
21. Any loss resulting from *your minor mental or emotional disorder*.
22. Any *treatment*, services or supplies not medically necessary, or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. 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.
23. 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.
24. 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.
25. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
26. For policy extensions: 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.
27. Any *act of terrorism* caused by biological, chemical, nuclear or radioactive means.
28. Any *act of terrorism* or any *medical condition* *you* suffer or contract when an official travel advisory issued by the Government of Canada states, "Avoid all non-essential 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.
For claims due to Coronavirus (COVID-19), this exclusion does not apply.
29. Any *act of terrorism* or any *medical condition* *you* suffer or contract when an official travel advisory issued by Government of Canada states, "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 any *medical condition* unrelated to the travel advisory.
30. An *act of war*.

What are the other conditions that apply to *Emergency Medical Insurance*?

If *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less, we will not coordinate payment with that coverage. If *your* lifetime maximum is more than \$50,000, we will coordinate payment.

We will pay *Emergency Medical* covered expenses in excess of the *deductible amount* that *you* have selected for this policy.

SECTION 5 - GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE COVERAGE

YOUR COVERAGE STARTS

Your coverage starts on the later of:

- the date *you* leave *home*; or
- the *effective date* shown on *your confirmation*.

YOUR COVERAGE ENDS

Your coverage ends on the earlier of:

- the date *you* return *home*; or
- the *expiry date* shown on *your confirmation*.

AUTOMATIC EXTENSION is provided beyond *your expiry date* as shown on *your confirmation* if:

- *your* carrier is delayed. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours; or
- *you* have been advised by a medical professional to self-isolate or quarantine as a result of Coronavirus (COVID-19), beyond *your expiry date*. In this case, *we* will extend *your* policy coverage for the duration of *your* quarantine and up to seventy-two (72) hours following the end date of *your* quarantine period.
- *you* or *your travel companion* are hospitalized on that date. In this case, *we* will extend *your* coverage during the hospitalization up to 365 days or until, in *our* opinion, *you* are stable for discharge from *hospital* or evacuation *home*, whichever is earlier and for up to five (5) days after discharge from the *hospital*; or
- *you* or *your travel companion* have an *emergency* that does not require hospitalization but prevents travel. In this case, *we* will extend *your* coverage for up to five (5) days.

TO STAY LONGER THAN PLANNED

You may be able to extend *your* coverage if:

- the total length of *your* time away from Canada, including extension, does not exceed the maximum allowed by *your government health insurance plan*; and
- *you* pay the additional premium; and
- *you* have had no claim or event that has resulted or may result in a claim under this policy; and
- there has been no change in *your* health status.

Any extension is subject to the approval of the Assistance Centre.

In any case, *we* will not extend any coverage beyond twelve (12) months after the *effective date*.

REFUNDS

- *You* may cancel *your* policy prior to *your effective date* as stated on *your confirmation*.
- If *you* return *home* early, *you* may request a refund of premium (minimum \$25) for the unused coverage days of *your trip* providing there has been and will be no claim, 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* actually returned *home*.

SECTION 6 - MEDICAL CONCIERGE SERVICES

Manulife is pleased to provide *you* with StandbyMD™, a worldwide on-demand directional care program.

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 using the phone numbers indicated on the wallet card.

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

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

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

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

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

SECTION 7 - WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this policy is issued on the basis of information provided in *your medical questionnaire* and application. *Your* entire contract with *us* consists of: this policy, *your* application for this policy (including the *medical questionnaire*), the *Medical Underwriting Agreement*, the *confirmation* issued in respect of that application, and any other amendments or endorsements resulting from extensions of coverage.

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

This policy is non-participating. *You* are not entitled to share in *our* divisible surplus. Neither *we* nor *our* agents or administrators are responsible for the availability, quality or results of any medical *treatment* or transportation, or for *your* failure to obtain medical *treatment*.

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

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. Upon payment of the appropriate premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and *we* have received *your* completed application (including the *medical questionnaire*) prior to *your departure date*. 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 coverages outlined in this policy are second payor coverages. Along with this coverage, *you* may have other third-party liability, group or individual, basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third-party liability insurance. In this case, amounts payable under this insurance are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts insured by *your* other in-force plans or contracts.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will coordinate 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 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 cooperate 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/certificate underwritten by *us*, the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy/certificate. This condition does not apply to any claim related to Coronavirus (COVID-19) if *you* are also insured under a complimentary Manulife COVID-19 Emergency Medical Certificate of Insurance that was provided to *you* by the airline/tour operator. For greater clarity, if *you* are insured under one complimentary certificate and more than one policy/certificate underwritten by *us* that provides Coronavirus (COVID-19) coverage, the maximum amount payable for covered expenses incurred by *you* related to Coronavirus (COVID-19) cannot be more than the sum of the Coronavirus (COVID-19) coverage available under one policy/certificate and one complimentary certificate. The total amount *we* pay to *you* cannot exceed *your* actual expenses.

SECTION 8 - HOW TO MAKE A CLAIM

In the event of an *emergency*, call the Assistance Centre immediately:

1 877-251-5107 toll-free from the USA and Canada

+1 (519) 251-5107 collect to Canada from anywhere else in the world.

The 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.

Visit <http://www.active-care.ca/en/travelaid/> to download the app.

Please note that **if *you* do not call** the Assistance Centre in an *emergency* 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 contact the Assistance Centre when the *emergency* happens, the 20% co-insurance will not apply. In this case, *we* ask that *you* contact the Assistance Centre as soon as *you* can or that someone do so on *your* behalf. **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, these 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*. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

To make a claim due to *sickness* or *injury* during *your trip*, *your* proof of claim must be sent to *us* within ninety (90) days of *your* loss.

If *you* are making an *Emergency Medical Insurance* claim, *we* will need: a) original itemized receipts for all bills and invoices; b) proof of payment by *you* and by any other benefit plan; c) medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was medically necessary; d) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident; e) proof of travel (including *departure date* and return date); f) proof of full vaccination; and g) *your* historical medical records (if *we* determine such to be 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 in the event of *your* 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. All amounts shown throughout this contract are in Canadian dollars. 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 to arbitration under the arbitration law in the Canadian province or territory where *your* policy was issued. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is barred unless commenced within the time set out in the Insurance Act, or in the Limitations Act, 2002 in Ontario, or other applicable legislation.

To determine 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.

IMPORTANT CONTACT INFORMATION

To enquire about *your* claim status, please call **1 877-251-5107** or **(519) 251-5107**.

For coverage information, general inquiries, or to apply for an extension or refund of premium, please call **1 855-478-3490** or **(519) 945-1850**.

Written correspondence regarding claims should be mailed to:

Manulife Travel Insurance
c/o Active Care Management
PO Box 1237, Stn A
Windsor, ON N9A 6P8

SECTION 9 - 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, stopped and/or new medications 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 or daughter or *your* grandchild(ren) under the *age* of twenty-one (21) or, if a full-time student, under the *age* of twenty-six (26). Also, an unmarried dependent son or daughter of any *age*, if mentally or physically disabled.

Confirmation means the document or set of documents confirming *your* insurance coverage under this policy and, where applicable, *your trip* arrangements. It includes the *Medical Underwriting Agreement* and application for this policy, once the required premium has been received by *us*. 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*.

Deductible amount means the amount of covered expenses that *you* are responsible for paying per person per *emergency* medical claim.

Departure date means the date *you* leave *home*.

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

Your coverage starts on the later of:

- the date *you* leave *home*; or
- the *effective date* shown 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.

Your coverage ends on the earlier of:

- the date *you* return *home*; or
- the *expiry date* shown on *your confirmation*.

Government health insurance plan means the health insurance coverage that the provincial or territorial governments provide to its residents.

Home means *your* Canadian province or territory of residence.

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 *you* were required to answer when *you* applied for coverage under this policy.

Medical Underwriting Agreement means the document that *you* receive from *us* after *you* have been medically underwritten, which specifies *your pre-existing conditions* covered under this policy, and includes *your* responses to the *medical questionnaire*.

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*.

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

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

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.

Travel companion means someone who shares *trip* arrangements and accommodations with *you*. No more than three individuals (including the insured) will be considered *travel companions* on any one *trip*.

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* and *expiry date*.

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

Vaccine means a full course of immunization for Coronavirus (COVID-19) that is authorized by Health Canada. It must be taken according to the manufacturer's recommendation before *your effective date*. *You* must also wait 14 days for it to become fully effective before *your departure date*.

We, us, our means Manulife.

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

SECTION 10 - 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.

To service *you* better, *we* may review the Manulife products and services *you* have used in order to tell *you* about other products and services through direct mail, telephone, and other means. If *you* do not want *us* to do this, please advise *us* by calling 1 877 666-2767 or e-mailing *us* at travel@manulife.ca.

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. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, PO Box 1602, Waterloo, Ontario N2J 4C6. *You* may also visit Manulife at <https://www.manulife.ca/privacy-policies.html> for further details about *our* Privacy Policy.

SECTION 11 - 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 visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and embassy locations

During a Medical Emergency

- Verifying and explaining coverage
- Referral to a doctor, *hospital*, or other healthcare provider
- Monitoring *your* medical *emergency* and keeping *your* family informed
- Arranging 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 with obtaining legal help or bail bond

In the event of an *emergency*, call the Assistance Centre immediately:

1 877-251-5107 toll-free from the USA and Canada

+1 (519) 251-5107 collect to Canada from anywhere else in the world

The 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. Visit <http://www.active-care.ca/en/travelaid/> to download the app.



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Website: www.manulife.ca **Telephone:** 1 855-478-3490

Accessible Formats and communication supports are available upon request. Visit Manulife.ca/accessibility for more information.