



## MANULIFE FINANCIAL TRAVEL INSURANCE FOR VISITORS TO CANADA

Effective November 2017

UNDERWRITTEN BY

THE MANUFACTURERS LIFE INSURANCE COMPANY AND FIRST NORTH AMERICAN INSURANCE COMPANY,  
A WHOLLY OWNED SUBSIDIARY OF MANULIFE.



### Visitors to Canada Travel Insurance

IN CASE OF A MEDICAL EMERGENCY, CALL OUR ASSISTANCE CENTRE:

**1 877 878-0142**

toll-free from the USA and Canada

**+1 (519) 251-5166**

collect to Canada from anywhere else in the world

NAME \_\_\_\_\_

POLICY # \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

Please remember to keep this card  
in your wallet during your trip.

If you need medical attention or must make any other type of claim during your trip, call us for assistance first. The Assistance Centre is open 24 hours a day, each day of the year.

Please note that if you do not call the Assistance Centre within 24 hours of hospitalization, 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.

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit:  
<http://Active-Care.ca/TravelAid>.

The Manufacturers Life Insurance Company

Please remember to keep this card in your wallet during your trip.

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Effective November 2017

Accessible formats and communication supports are available upon request. Visit [Manulife.com/accessibility](http://Manulife.com/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. Refunds are only available when Manulife receives your request for a refund before your departure date.

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## SECTION 1 – IMPORTANT NOTICE

### READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations or exclusions.
- Your policy may not provide coverage for a medical condition and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment.
- Your policy may limit benefits should you not contact the assistance company within a specified period of time.

### 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.

**ITALICIZED WORDS** have a specific meaning. Please refer to the “Definitions” section of this policy, to find the meaning of each italicized word.

## SECTION 2 – IDENTIFICATION OF INSURER

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Any risks identified with the symbol ‡ throughout this document are covered by FNAIC. 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

### CALL THE ASSISTANCE CENTRE IMMEDIATELY

**1 877 878-0142** toll-free from Canada or the U.S. or  
**+1 (519) 251-5166** collect from anywhere else.

**Our Assistance Centre is there 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, and local emergency telephone numbers (such as 911 in North America)

To download the app, visit: <http://Active-Care.ca/TravelAid>.

Please note that if *you* do not call the Assistance Centre in an *emergency* and prior to *treatment*, *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.

## SECTION 4 – ELIGIBILITY

### WHO CAN APPLY?

- Visitors to Canada;
- Canadians who are not eligible for benefits under a *government health insurance plan*;
- Persons who are in Canada on a work visa or Parent and Grandparent Super Visa; or
- New immigrants who are awaiting Canadian *government health insurance plan* coverage.

### ELIGIBILITY REQUIREMENTS

*You* are not eligible for coverage under this policy if any of the following apply to *you*:

- *you* are travelling against the advice of a *physician*;
- *you* have been diagnosed with a terminal illness with less than 2 years to live;
- *you* have a kidney condition requiring dialysis;
- *you* have used home oxygen during the 12 months prior to the date of application;
- *you* have been diagnosed with Alzheimer's disease or any other form of dementia;
- *you* are under 30 days or over 85 years of *age* (over 69 years of *age* for \$150,000 *Emergency Medical* coverage);
- *you* reside in a nursing home, home for the aged, other long-term care facility or rehabilitation centre;
- *you* require assistance with *activities of daily living*.

## SECTION 5 – WHAT ELSE YOU NEED TO KNOW WHEN APPLYING FOR COVERAGE:

- Coverage must not exceed 365 days.
- Application for insurance may be made before or after *you* arrive in Canada.
- Plan B applicants 40 years of *age* or over must complete the *medical questionnaire*.
- A *waiting period* will apply, except in the case of *injury*, if *you* purchase this insurance after *your* arrival in Canada or after the *expiry date* of an existing Visitors to Canada policy issued by us. Please review the *waiting period* definition.
- On *your effective date* of insurance, *you* must be in Canada.



- You may not be covered under more than one plan during *your trip*.
- A \$75 deductible applies to each claim made under this policy, unless you chose the option of no deductible, \$500, \$1,000, \$2,500, or \$5,000 deductible per claim in *your* application for insurance, and paid the applicable premium. The deductible amount is the amount of covered expenses that you are responsible for paying per person per *emergency* medical claim. Your deductible amount is in Canadian dollars. The deductible amount is shown on *your confirmation*.
- **Under Plan A, no benefits are payable for a *pre-existing condition* that existed within the 180 days prior to your effective date of insurance. Please refer to the section "WHAT IS NOT COVERED UNDER EMERGENCY MEDICAL INSURANCE".**
- **Under Plan B, no benefits are payable for a *pre-existing condition* that is not stable within 180 days of the effective date. Please refer to the section "WHAT IS NOT COVERED UNDER EMERGENCY MEDICAL INSURANCE".**

## SECTION 6 – GENERAL INFORMATION

**To apply for coverage**, you or someone on *your* behalf must complete and sign the Manulife Financial Visitors to Canada application for insurance form not more than 365 days before the *effective date* of coverage, and return it to us with *your* payment of the required premium.

**Family Coverage** is available under Plan A if all family members are under age 60 and you have purchased and paid the premium for Family Coverage. Family Coverage covers you, your spouse and children while travelling together and named on the *confirmation*. Children must be at least 30 days of age to be insured under this policy.

**Your coverage starts** on the later of:

- the *effective date* of insurance as shown on *your confirmation*; or
- the time and date you arrive in Canada from *home*.

Except for losses resulting from any *injury*, coverage will begin 48 hours after the *effective date* if you purchase *your* policy:

- after the *expiry date* of an existing Manulife policy; or
- after you leave *home*.

When coverage is purchased prior to leaving *home* with an *effective date* equal to the date and time you are scheduled to arrive in Canada, coverage will also be provided with no additional premium during *your* uninterrupted flight directly to Canada. An uninterrupted flight can include a stop-over provided you do not leave the airport.

**Your coverage ends** on the earliest of the following:

- each time you leave Canada to return *home*;
- when *your* policy expires as shown in *your confirmation*;
- when you become a resident of a nursing home, home for the aged, or other long-term care facility during *your trip*;
- no more than 365 days after *your effective date* of insurance; or
- the first day you become insured under a *government health insurance plan*.

When coverage is purchased prior to leaving Canada to return *home* with an *expiry date* equal to the date and time you are scheduled to leave Canada, coverage will also be provided with no additional premium during *your* uninterrupted flight from Canada directly *home*. An uninterrupted flight can include a stop-over provided you do not leave the airport.

During *your* coverage period, if you return *home* under the *Trip Break* benefit (#12), *your* Visitors to Canada coverage will be suspended but not terminated and when you return to Canada, *your* policy coverage will resume provided you are still eligible for coverage. There will be no refund of premium for any of the days during *your* return *home*.

### Insurance coverage for side-trips outside Canada

This insurance provides coverage while travelling outside Canada (excluding *your* country of origin), as long as *your* side-trip originates and terminates in Canada and does not exceed the lesser of: 30 days per policy or 49% of *your* total number of coverage days as stated on *your confirmation*.

During *your* coverage period, if you take a side-trip outside of Canada that is longer than that permitted in this policy, *your* Visitors to Canada coverage will be suspended for the remainder of *your* side-trip but *your* coverage will not be terminated. When you return to Canada, *your* coverage will resume.

**Automatic extension of *your* coverage** is provided beyond the date you were scheduled to return *home* as per *your confirmation* if:

- *your common carrier* is delayed and prevents you from travelling on *your expiry date*. In this case, we will extend *your* coverage for up to 72 hours;
- you or *your travel companion* are hospitalized on *your 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 5 days after discharge from the *hospital*;
- you or *your travel companion* have a *medical condition* 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 5 days.

**To extend *your* coverage**, you must make *your* request before *your expiry date* or the date you were scheduled to return *home* as per *your confirmation*. If you have had no change in *your* health status and have had no event that has resulted or may result in a claim against the policy since the *effective date* of insurance, the extension may be issued upon request. Otherwise, the extension is subject to the approval of the Assistance Centre. In order to avoid the *waiting period*, purchase *your* extension of coverage before the *expiry date* of *your* existing Visitors to Canada policy issued by us.

### To obtain a refund of premium:

- If you are cancelling *your* policy because *your* application for a Parent and Grandparent Super Visa was refused, you must provide proof of visa refusal with *your* request for a full refund. Otherwise, you can ask for a full refund at any time before the *effective date* of *your* insurance.
- If you obtain Canadian *government health insurance plan* coverage, or return *home* before the date you were scheduled as per *your confirmation*, and have not reported or initiated a claim or been provided with any assistance services, you may ask for a refund of the premium for the unused days of *your trip*. You will need to provide proof of the date you actually returned *home* or the effective date of *your* Canadian *government health insurance plan* coverage. Simply contact us to ask for a refund. All travellers insured under the same policy must return together or have Canadian *government health insurance plan* coverage in effect for a refund to be possible. Minimum premium refund amount is \$25.

- c) If *you* hold a Parent and Grandparent Super Visa and have purchased 365 days of coverage, and are requesting a partial refund due to *your* early return to *your home* or departure from Canada and:
- have had no claim that has been reported, paid or denied,
    - unused premiums (minimum of \$25) may be refunded when *you* have provided proof of return to *your home* or departure from Canada.
  - have reported a claim or have a payable claim for which the payment has not been issued or the total amount of all reported eligible claim expenses will not exceed the deductible amount,
    - *you* may apply to have such claim withdrawn and, subject to *our* approval, the unused premium may be refunded less a handling fee of \$300 per claim, which will be deducted from any amount to be refunded.
  - a claim has been denied or paid,
    - no refund is possible.

A written request to cancel this policy must be received within 60 days following the date *you* return *home* along with proof of *your* departure from Canada. In no event will we back-date a cancellation to a date more than 60 days prior to the date of receipt of *your* cancellation request. If *your* cancellation request is received more than 30 days following the date *you* returned *home*, we will require a copy of every page of *your* passport to verify that *you* did not visit Canada between the date *you* returned *home* and the date *you* submitted *your* refund request. Once any refund of premium has been requested, no expenses will be accepted for consideration under the policy, regardless of the date the expense was incurred. Refunds will be credited to the same credit card used to charge the premium. No refunds are available for Trip Interruption Insurance after the *effective date*, side-trips or Trip Breaks.

## SECTION 7 – HOW TO MAKE A CLAIM

To make a claim due to *sickness or injury during your trip*, please call the Assistance Centre at:

**1 877 878-0142**

**Toll-free from the USA and Canada.**

**+1 (519) 251-5166**

**Collect to Canada from anywhere else.**

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit:  
<http://Active-Care.ca/TravelAid>.

**Call within 24 hours of hospitalization.** If *you* do not contact the Assistance Centre before receiving medical *treatment*, *you* will have to pay 20% of the medical expenses we would normally pay under this insurance. If it is medically impossible for *you* to call when the *emergency* happens, the 20% co-insurance will not apply. In this case, we ask that *you* call as soon as *you* can or that someone call on *your* behalf.

**The Assistance Centre** will verify and explain *your* coverage to *you*; refer *you* to a medical provider; arrange to have *your* covered expenses billed directly to *us* where possible; and monitor *your* medical condition.

Please mail all original receipts, bills and invoices to:

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

*Your* claim must be sent to *us* within 90 days of *your* loss. Ensure *you* keep a copy of *your* receipts, bills and invoices for *your* records.

To determine which documents are needed for each type of claim, refer to the insurance plan under which *you* are filing a claim.

## SECTION 8 – WHAT IS COVERED UNDER EMERGENCY MEDICAL INSURANCE?

Under *Emergency* Medical Insurance, *you* are covered for the actual eligible covered expenses related to the medical attention *you* need if a medical *emergency* begins unexpectedly after *your effective date* of insurance and when these expenses are not covered by any other benefit plan. The maximum amount payable is based on the plan *you* have purchased. Medical attention must be required as part of *your emergency treatment* and ordered by a *physician* (or a dentist in the case of dental *treatment*). Covered expenses and benefits are subject to the policy's exclusions and 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 applies to the amount remaining after any covered expenses are paid by any other benefit plan *you* may have. The deductible amount is shown on *your confirmation* and applies to each claim.

**All medical procedures and/or tests (including but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization or any surgery) must be authorized by the Assistance Centre in advance.**

We will cover Benefits #5 to #10 and #12 only if they have been authorized and arranged by the Assistance Centre.

Eligible covered expenses include:

- 1. Expenses to receive *emergency* medical attention** – *Reasonable and customary* charges for medical care received from a *physician* in or out of *hospital*, the cost of a *hospital* room (semi-private room when available or an intensive care unit when 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. Follow-up visits are covered until the attending *physician* or *our* medical advisors declare the end of the medical *emergency*.
- 2. Expenses for paramedical services** – *Treatment* received from a licensed chiropractor, osteopath, acupuncturist, chiropodist, physiotherapist or podiatrist, up to \$70 per visit to a maximum of \$700 for a covered *injury*. *Your* paramedical practitioner must be a person other than *yourself* or an *immediate family* member.
- 3. Expenses for ambulance transportation** – *Reasonable and customary* charges for local licensed ground ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency*.
- 4. Expenses for *emergency* dental treatment** – If *you* need dental *treatment* in an *emergency*, we will pay:
  - up to \$300 for the relief of dental pain; or

- if *you* suffer from an accidental blow to the mouth, up to \$4,000 to repair or replace *your* natural or permanently attached artificial teeth.

**5. Expenses related to *your* death** – If *you* die during *your trip* from an *emergency* covered under this insurance, we will reimburse *your* estate for:

- up to \$3,000 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; or
- up to \$3,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$3,000 for *your* burial where *you* die; or
- up to \$3,000 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, as well as up to \$300 for that person's hotel and meal expenses. We will also cover that person for up to 72 hours under the same *Emergency Medical Insurance Plan* purchased by *you*.

**6. 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 treatment*, we will pay for one or more of the following:

- the extra cost of an economy class airfare via the most cost-effective itinerary;
- a stretcher airfare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary;
- the return economy class airfare of a qualified medical attendant via the most cost-effective itinerary 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 it is medically necessary.

**7. Extra expenses for meals, hotel, phone calls 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 \$150 per day to a maximum of \$1,500 for *your* extra hotel, meals, essential calls and taxi fares. We will only pay for these expenses if *you* have actually paid for them.

**8. Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for five (5) days or more because of a medical *emergency*, we will pay up to \$3,000 for the return economy class airfare via the most cost-effective itinerary for one *immediate family* member or one close friend to be with *you*. We will also pay up to \$500 for that person's hotel and meals and cover him/her under the same *Emergency Medical Insurance Plan* purchased by *you*, until *you* are medically fit to return *home*.

**9. Expenses for childcare** – If *you* are admitted to *hospital*, we will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the child's parent, member of the *immediate family*, *your travel companion*, or the person whose guest *you* are during the *trip*. We will reimburse *you* up to \$100 per day to a maximum of \$300 *per trip*. The child(ren) must have been under *your* care during *your trip*.

**10. Expenses to return *children* under *your* care** – If *you* are admitted to *hospital* for more than 24 hours or must return *home* because of an *emergency*, we will pay for the extra cost of the *children's* economy class airfare *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 this policy.

**11. Hospital allowance** – If *you* are hospitalized for more than 72 hours, we will reimburse up to \$100 for each 24-hour period to a maximum of \$300 for telephone and television out-of-pocket expenses incurred by *you* when hospitalized. Expenses must be supported by original receipts.

**12. Trip break** – If *you* have requested and received prior approval from *our* Assistance Centre, *you* may return *home* without terminating *your* coverage. *Your* coverage will be suspended but will not terminate after *you* leave Canada and while *you* are *home*. *Your* suspension of coverage will end and *your* coverage will be reinstated when *you* arrive in Canada. There will be no refund of premium for any of the days during *your* return *home*.

## WHAT IS NOT COVERED UNDER *EMERGENCY MEDICAL INSURANCE*?

**We will not pay any expenses or benefits relating to:**

1. Any *sickness* that manifests during the *waiting period* even if related expenses are incurred after the *waiting period*.

**2. For Plan A –**

- a) any *medical condition*, diagnosed or undiagnosed, which existed or for which *you* sought or received medical advice, consultation or investigation, or for which *treatment* was required or recommended by a *physician*, within the 180 days prior to the *effective date*;
- b) any heart condition if, in the 180 days before the *effective date*, *you* required any form of nitroglycerine for the relief of angina pain; and/or
- c) any lung condition if, in the 180 days before the *effective date*, *you* required *treatment* with oxygen or Prednisone for a lung condition.

**3. For Plan B –**

- a) a *pre-existing condition* that is not *stable* in the 180 days before the *effective date* of insurance;
- b) any heart condition if, in the 180 days before the *effective date*, *you* required any form of nitroglycerine for the relief of angina pain; and/or
- c) any lung condition if, in the 180 days before the *effective date*, *you* required *treatment* with oxygen or Prednisone for a lung condition.

4. Expenses for a *pre-existing condition* for which *you* were hospitalized either more than once, or for at least two (2) consecutive days, in the 12-month period before *your effective date* of insurance.

5. Covered expenses that exceed the *reasonable and customary* charges that normally apply where the medical *emergency* occurs.

6. Covered expenses that exceed the maximum insured amount available under the plan *you* have purchased.

7. Any expenses or benefits if the information provided on the application for insurance is not truthful and accurate or *you* did not meet the eligibility requirements under this coverage.



8. Covered expenses that exceed 80% of those we would normally pay under this insurance, if *you* do not contact the Assistance Centre within 24 hours of hospitalization, unless *your medical condition* makes it medically impossible for *you* to call (in that case, the 20% co-insurance does not apply).
  9. Any *treatment* that is not for an *emergency*.
  10. Continued *treatment* of a *medical condition* when *you* have already received *emergency treatment* for that condition during *your trip*, if *our* medical advisors determine that the medical *emergency* has ended.
  11. 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*.
  12. A *medical condition*:
    - when *you* knew, before *you* left *home*, or before the *effective date* of coverage, that *you* would need or be required to seek *treatment* for that *medical condition* during *your trip*; and/or
    - for which it was reasonable to expect before *you* left *home* or before *your effective date* of coverage, that *you* would need *treatment* 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 3 months before leaving *home*; and/or
    - that had caused *your physician* to advise *you* not to travel.
  13. Any *emergency* and non-*emergency* medical services for any *injury* that occurred or *sickness* that started or was treated during any *trip* break (Benefit #12) that *you* have taken or after the number of days permitted for *your* side-trip outside of Canada.
  14. An *emergency* resulting from 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; participating in a motorized speed contest; or *your* professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation.
  15. Self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
  16. Committing or attempting to commit a criminal act.
  17. Not following a recommended or prescribed therapy or *treatment*.
  18. Any loss, *injury* or death related to intoxication, the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant.
  19. Any loss resulting from *your minor mental or emotional disorder*.
  20. a) *Your* routine prenatal care; b) *your* pregnancy or childbirth or complications thereof when they happen in the 9 weeks before or after the expected date of delivery; c) *your* child born during *your trip*.
  21. For insured *children* under 2 years of age, any *medical condition* related to a birth defect.
  22. 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.
  23. Any *emergency* that occurs or recurs after *our* medical advisors recommend that *you* return *home* following *your emergency treatment*, and *you* choose not to.
  24. Any death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft or acting as a member of an aircraft crew.
  25. For consecutive policies with no interruption in coverage and policy extensions: any *medical condition* which first appeared, was diagnosed or for which *you* received medical *treatment*, after the scheduled *departure date* and prior to the *effective date* of the subsequent policy or insurance extension.
  26. Any follow-up visits outside Canada when the *emergency* occurred in Canada.
  27. Any medical condition *you* contract or suffer in a specific country, region, or city when a Government of Canada Travel Advisory, issued before *your* departure to that country, region, or city advises Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion, "medical condition" is limited, related or due to the reason for the Travel Advisory.
  28. Any *act of war* or *act of terrorism*.
- IF YOU ARE MAKING A CLAIM UNDER THIS BENEFIT, WE WILL NEED:**
- original receipts for all bills and invoices;
  - proof of payment made by *you* and/or 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 dates for side-trips outside Canada; and
  - a copy of *your* ticket and passport confirming travel dates and entry into Canada.

## SECTION 9 – WHAT IS COVERED UNDER TRAVEL ACCIDENT INSURANCE?

We will pay up to the maximum according to the following schedule for loss of life, limb or sight resulting directly from an *injury*:

1. Up to \$50,000 if an *injury* causes *you* to die, to become completely and permanently blind in both eyes, or to have two of *your* limbs fully severed above *your* wrist or ankle joints, within 365 days of the accident.
2. Up to \$25,000 if an *injury* causes *you* to become completely and permanently blind in one eye, or to have one of *your* limbs fully severed above a wrist or ankle joint, within 365 days of the accident.

3. If *you* have more than one *injury* during *your trip*, we will pay the applicable insured sum only for the one accident that entitles *you* to the largest benefit amount.

### WHAT IS NOT COVERED UNDER TRAVEL ACCIDENT INSURANCE?

Under Travel Accident Insurance, we will not cover expenses or benefits if *your death* or *injury* results directly or indirectly from:

1. 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; participating in a motorized speed contest; or *your* professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation.
2. *Your* self inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.
3. Not following a recommended or prescribed therapy or *treatment*.
4. Any loss, *injury* or death related to intoxication, the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant.
5. Any loss resulting from *your minor mental or emotional disorder*.
6. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
7. A criminal act or an attempt to commit such an act by *you* or *your* beneficiary.
8. A *sickness* or disease, even if the proximate cause of its activation or reactivation is the result of an *injury*.
9. Any *act of war* or *act of terrorism*.

### If *you* are making a claim under Travel Accident Insurance, the following conditions apply:

1. If *your* body is not found within 12 months of the accident, we will presume that *you* died as a result of *your* injuries.
2. If a claim is made under this insurance, we will need:
  - a) a police, autopsy or coroner's report;
  - b) medical records; and
  - c) a death certificate, as applicable.

## SECTION 10 – WHAT IS COVERED UNDER OPTIONAL TRIP INTERRUPTION INSURANCE?

*Trip* Interruption Insurance is an optional plan that provides coverage for an individual *trip*. If *your trip* is interrupted due to a covered event that occurs under this insurance, we will pay up to a maximum of \$1,500 for single coverage, or \$5,000 for family coverage for:

1. a) the prepaid portion of *your trip* that is non-refundable and non-transferable to another travel date, except prepaid unused transportation *home*; or

b) *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of \$300 per day for up to two (2) days when no earlier transportation arrangements are available; and/or

c) *your* one-way economy class airfare via the most cost-effective itinerary to return *you home*.

2. Events covered after *you* arrive in Canada from *home* include:

a) *your* or *your travel companion's* emergency medical condition or death;

b) *your* or *your travel companion's* immediate family member's emergency medical condition or death;

c) emergency hospitalization or death of the person whose guest *you* are during *your trip*.

### WHAT IS NOT COVERED UNDER OPTIONAL TRIP INTERRUPTION INSURANCE?

Under *Trip* Interruption Insurance, we will not cover expenses resulting directly or indirectly from:

1. A *medical condition* related to a covered event, if the *medical condition* was not *stable* in the three (3) months before the *effective date* of insurance.
2. An event which, at the *effective date* of this insurance, *you* or *your travel companion* knew, or it was reasonable to expect, may eventually prevent *you* from completing *your trip*.
3. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
4. Travel arrangements for which no premium was paid before departure from *your home*.
5. Any loss resulting from *your minor mental or emotional disorder*.
6. *Your* self inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.
7. Committing or attempting to commit a criminal act.
8. Not following a recommended or prescribed therapy or *treatment*.
9. Any loss, *injury* or death related to intoxication, the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant.
10. a) Routine prenatal care; b) pregnancy or childbirth or complications of pregnancy or childbirth occurring in the 9 weeks before or after the expected date of delivery; or c) a child who is born after *you* leave *home*.
11. A *medical condition* :
  - when *you* knew, before *you* left *home*, or before the *effective date* of coverage, that *you* would need or be required to seek *treatment* for that *medical condition* during *your trip*; and/or
  - for which it was reasonable to expect before *you* left *home* that *you* would need *treatment* 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.



12. The failure of any travel supplier through which *you* have contracted to supply services, or the failure of any travel agent, agency or broker to supply services.
13. Any *act of war* or *act of terrorism*.

**If *you* are making a claim under *Trip Interruption Insurance*, the following conditions apply:**

1. *You* must contact the Assistance Centre immediately or, at the latest, the business day following the cause of the interruption. Any delays in notifying the Assistance Centre will limit the benefit to the non-refundable amount that would have been payable on the date the cause for claim occurred.
2. *We* will need proof of the cause of the claim including a medical certificate completed by the attending *physician* and stating why travel was not possible as booked and, if applicable:
  - complete original unused transportation tickets and vouchers;
  - original passenger receipts for the new tickets purchased;
  - the original receipts for the travel arrangements paid in advance and for the extra hotel, meal, taxi and telephone expenses incurred by *you*;
  - any other invoice or receipt supporting the claim; and
  - the entire medical file of any person whose health or *medical condition* is the reason for *your* claim.

## SECTION 11 – WHAT ELSE DO YOU NEED TO KNOW?

This policy is issued on the basis of information provided in *your* application (including the *medical questionnaire* if required). *Your* entire contract with *us* consists of: this policy, *your* application for this policy (including the completed *medical questionnaire* if required), the *confirmation* issued in respect of that application, and any other amendments or endorsements resulting from extensions or top-ups 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 under this policy.

The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

**Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the governing provincial statutes respecting contracts of accident and sickness insurance where *your* policy was issued.**

### **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 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* if required) prior to *your* effective 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 not be in effect 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 insurance coverages outlined in this policy are second-payor plans. If there are other third-party liability, group or individual, basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plans providing *hospital*, medical or therapeutic coverage or any other third-party liability insurance in force concurrently herewith, amounts payable hereunder are limited to those expenses incurred while away from *home* that are in excess of the amounts for which *you* are insured under such coverage.

If *you* are eligible, from any other insurer, for benefits similar to those provided under this insurance, the 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, to a maximum of the largest amount specified by each insurer (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).

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* will do nothing to prejudice such rights.

If *you* are insured under more than one policy underwritten by *us*, the total amount *we* will 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. If *you* are insured under more than one policy and the total amount of all accident insurance *you* have exceeds \$50,000, *our* aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

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

Except in the case of *your* death, *we* will pay the expenses covered 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. 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 for judicial resolution under the applicable law(s) of 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 this contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation, or in the Limitations Act, 2002 in Ontario.

To determine the validity of a claim under this policy, *we* may obtain and review medical records from *your* attending *physician(s)*, including the records from *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.

**Activities of daily living** means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

**Age** means *your age* at *your effective date* of insurance.

**Change in medication** means the medication dosage, frequency, or type has been reduced, increased, or stopped, and/or new medication has been prescribed. The following is not considered a *change in medication*:

- a change from a brand-name drug to an equivalent generic drug of the same dosage;
- a routine adjustment in the dosage of *your* medication, as a result of *your* blood levels only, if *you* are taking Coumadin (warfarin) or insulin and are required to have *your* blood levels tested on a regular basis, and *your medical condition* remains unchanged.

**Child, Children** means *your* unmarried, dependent son or daughter, who is travelling with *you* or joining *you* during *your trip* and is:

- at least 30 days of *age* but under 21 years of *age*; or
- any *age* who is mentally or physically disabled and dependent on *you* for support.

**Common carrier** means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended for 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 *home*.

**Effective date** means the date on which *your* coverage begins. *Your* coverage starts on the later of:

- a) the *effective date* of insurance as shown on *your confirmation*; or
- b) the time and date *you* arrive in Canada from *home*. Except in the case of an *injury*, the applicable *waiting period* applies to all claims if *you* purchased insurance after *your* arrival in Canada.

When coverage is purchased prior to leaving *home* with an *effective date* equal to the date and time *you* are scheduled to arrive in Canada, coverage will also be provided with no additional premium during *your* uninterrupted flight directly to Canada. An uninterrupted flight can include a stop-over provided *you* do not leave the airport.

**Emergency** means an unforeseen *sickness* or *injury* that requires immediate *treatment*. An *emergency* no longer exists when the Assistance Centre indicates that the person is able to return to his or her province, territory of residence or country of permanent residence, or continue with the *trip*.

**Expiry date** means the earliest of:

- a. the date *you* leave Canada to return *home*;
- b. when *your* policy expires as shown in *your confirmation*;
- c. when *you* become a resident of a nursing home, home for the aged, or other long term care facility during *your trip*;
- d. 365 days after *your effective date* of insurance;
- e. the first day *you* become insured under a *government health insurance plan*.

When coverage is purchased prior to leaving Canada to return *home* with an *expiry date* equal to the date and time *you* are scheduled to leave Canada, coverage will also be provided with no additional premium during *your* uninterrupted flight from Canada directly *home*. An uninterrupted flight can include a stop-over provided *you* do not leave the airport.

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

**Home** means *your* country of residence or origin; or *your* place of departure before arriving in Canada.

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

**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 directly by external and solely accidental means, and independent of *sickness* or disease.

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

**Medical questionnaire** means all the medical questions that are included in the 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 anti-anxiety medication (anxiolytics) or no prescribed medication at all.

**Physician** means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *yourself* or a member of *your immediate family*.

**Pre-existing condition** means a *medical condition* that exists before *your effective date* of insurance.

**Reasonable and customary** means charges that do not exceed the standard fee of other providers of similar standing in the locality or geographical area when providing the same *treatment* of a similar *sickness* or *injury*.

**Sickness** means illness or 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 medical condition** means that all of the following apply:

- there have not been any new symptoms; and
- existing symptoms have not become more frequent or severe; and
- a *physician* has not found that the *medical condition* has become worse; and
- no test findings have shown that the *medical condition* may be getting worse; and
- a *physician* has not provided, prescribed, or recommended any new medication, or any *change in medication*; and
- a *physician* has not provided, prescribed, or recommended any investigative testing, new *treatment*, or any change in *treatment*; and
- there has been no hospitalization or referral to a specialist or specialty clinic; and
- a *physician* has not advised referral to a specialty clinic or a specialist for further testing, and there has been no testing for which the results have not yet been received.

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

**Treatment** means hospitalization, prescribed medication (including prescribed as needed), medical, therapeutic, diagnostic or surgical

procedure prescribed, performed or recommended by a licensed medical practitioner. 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*.

**Waiting period** means the 48-hour period following and including *your effective date* of insurance if *you* purchase *your* policy:

- after the *expiry date* of an existing Manulife Visitor to Canada policy; or
- after *you* leave *home*.

The *waiting period* will be waived if *you* purchased this policy prior to the *expiry date* of an existing Visitors to Canada policy already issued by us, to take effect on the day following such expiry date, provided that there is no increase in the coverage amount or change in the Plan *you* select.

**We, us, our** means First North American Insurance Company (FNAIC) in connection with risk identified with ‡ throughout this document, and Manulife in connection with all other coverages under this policy.

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



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

**1 877 878-0142**

Toll-free from the USA and Canada.

**+1 (519) 251-5166**

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.

**IMPORTANT TELEPHONE NUMBERS:**

For coverage information, general enquiries, to apply for an extension or a refund of premium, please call the Customer Service Centre at the number provided in your confirmation. To make a claim or to enquire about your claim status, please call **1 877 878-0142** or **+1 (519) 251-5166**.

Written correspondence should be mailed to:

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



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