



Manulife Travel Insurance

Premium Protection Plan for Travelling Canadians

Simplified. More coverage. Less restriction.

Effective November 2023

Important notice – read carefully before you travel

You have purchased a travel insurance policy - what's next? We want you to understand - and it is in your best interest to know - what your policy includes, what it excludes, and what is limited, meaning 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 the eligibility requirements.
- This insurance contains limitations and exclusions.
- Contact the Assistance Centre before seeking treatment or your benefits may be limited.
- In the event of a claim, your prior medical history may be reviewed.

It is your responsibility to understand your coverage. For coverage information or general inquiries, contact your travel agent or Manulife Customer Service at 1-800-565-2338. You can also send an email to travel@manulife.ca.

WHAT THIS POLICY COVERS

Benefits include:

- *Trip* Cancellation and *Trip* Interruption Insurance
- Travel Disruption Insurance
- *Emergency* Medical Insurance
- Baggage Loss, Damage, and Delay Insurance
- Flight Accident Insurance and Travel Accident Insurance

During your policy period, these benefits provide coverage for **accidents, injuries, unexpected illnesses, and other unforeseen events. An unforeseen event is a situation or circumstance that is beyond your control.**

Note: Some events and situations are specifically excluded. Read the section called [What this policy does not cover](#) for full details.

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 period

You have 10 days from the date you purchase the insurance to review this policy and make sure it meets your needs. You may terminate the insurance and receive a premium refund if:

- You have not departed on your *trip*; and
- No claims are in progress.

To request a refund, contact us, or the travel agency where you purchased this insurance.

A premium refund is not available after the 10-day free look period.

Underwritten by The Manufacturers Life Insurance Company (Manulife). Some portions may be underwritten by First North American Insurance Company (FNAIC), a wholly owned subsidiary of 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 adjudication services.

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TRAVEL ASSISTANCE AND CLAIM SUBMISSION ANYWHERE IN THE WORLD

In an *emergency*, contact the Assistance Centre immediately. They are available 24 hours a day, every day of the year.
From Canada or USA: 1-855 856-7569
Collect, where available: +1(519) 251-4058

Manulife TravelAid™ app

Before you travel, download the Manulife TravelAid mobile app through the Google Play™ store or the Apple App Store®. TravelAid offers immediate access to healthcare provider information, directions to the nearest medical facility, international 911 lookup, pre- and post-departure travel tips, and claim submission support to out-of-province and out-of-country travellers. So, no matter where your travels take you – and no matter your travel emergency situation – TravelAid ensures you have access to all the care you need.

Features of the app include:

- Access to international emergency numbers by GPS
- Speaking to medical doctors
- Finding medical facility locations by GPS
- Current travel advisories
- Contact form with your preferred method of returned communications (text, email, phone) for 24/7 assistance
- Claims submission portal
- Relevant and timely travel tips

REQUIREMENTS FOR BUYING THIS POLICY

You must purchase this policy within 72 hours of making an initial payment for your *trip's* travel arrangements. The coverage must be for the entire duration of your *trip*.

The Premium Protection Plan is designed for Canadian residents who are:

- Covered under a *government health insurance plan (GHIP)* for the full duration of the policy
- Age 74 or younger when the policy is purchased
- Travelling for a maximum of 45 days, including the date you leave on the *trip*, the date you return home, and any extensions
- Purchasing this plan within 72 hours of making the initial payment for your *trip* travel arrangements
- Listed as an insured person on the confirmation of coverage

GUIDELINES FOR READING THIS POLICY

It is important you read and understand your policy before you travel. It is your responsibility to review the terms, conditions, and limitations outlined in this policy. When you read this policy, please keep this information in mind:

- All amounts in this policy are shown in Canadian dollars.
- Italicized words have a specific meaning. Refer to the [Definitions](#) section of this policy to find the meaning of each italicized word or phrase.
- “You” and “your” can refer to many people. It means the person named as insureds on the confirmation of coverage, for whom coverage was applied, and for whom we received the appropriate premium, unless the context states otherwise.
- “We,” “us,” and “our” means Manulife and/or FNAIC throughout this policy.
- Any claims you submit to us must be for items or events that are insured under this policy and for people who are included in this insurance coverage.
- All coverages are per person unless the context states otherwise.
- Words and terms that appear in the singular can be interpreted to mean the plural and vice versa unless the context indicates otherwise.

INTRODUCTION – POLICY CONTRACT

This is your insurance policy, a contract detailing terms and conditions of the insurance coverage you purchased. Coverage under this policy is issued on the basis of information provided in your application.

Your entire contract with us consists of:

- This policy; and
- Your application for this policy; and
- The confirmation of coverage issued in respect of that application; and
- Any riders, amendments, or endorsements resulting from extensions of or changes in coverage.

WHAT THIS POLICY DOES NOT COVER

TRIP CANCELLATION OR TRIP INTERRUPTION INSURANCE EXCLUSIONS

We do not pay claims if they are incurred or caused by or if they result from any of the situations outlined in this section.

1. Any reason, circumstance, or event at the time you purchased this insurance that was known by you or should have been known by you that was likely to affect your travel arrangements as booked. Examples of these types of events include but are not limited to pandemics as declared by the World Health Organization (WHO) or natural disasters.
2. A *medical condition* if any of the following applied when you purchased the insurance:
 - A *physician* advised you not to travel.
 - You were diagnosed with a terminal illness with less than 6 months to live.
 - You have a kidney condition that requires dialysis.
 - You used home oxygen.
3. Expenses or losses you incur or suffer when an official travel advisory was issued by the Canadian government before your departure date stating to Avoid non-essential travel or to Avoid all travel to a country, region, or city included in your *trip*.
Note: This exclusion does not apply if you can prove that your expenses or losses are not related to the travel advisory.
4. *Travel supplier* default that is not specifically covered by the [Default supplier protection](#) coverage.

EMERGENCY MEDICAL INSURANCE EXCLUSIONS

We do not pay claims if they are incurred or caused by or if they result from any of the situations outlined in this section.

1. A *medical condition* if, before you leave home, you know, or it is reasonable to expect that *treatment* will be required during your *trip*.
Note: This exclusion does not apply to the unchanged use of prescribed medication or routine monitoring.
2. A *medical condition* when, before you leave home, any future *treatment* or investigation is planned for a later date.
3. Medical services or *treatment* for a *medical condition* if any of the following applied before you left home:
 - A *physician* advised you not to travel.
 - You were diagnosed with a terminal illness with less than 6 months to live.
 - You have a kidney condition that requires dialysis.
 - You used home oxygen.
4. *Treatment* that is non-emergency, experimental, or elective.
5. Participation in any of the following activities:
 - Mountain climbing using ropes or specialized equipment, rock climbing, or hang gliding unless you are accompanied by a qualified instructor
 - Scuba diving deeper than 10 metres, unless you are accompanied by a qualified instructor or hold an open water diving certificate
 - Any motorized speed contest or race
 - Your professional participation in a sport when that sport is your paid occupation
6. Your:
 - Self-inflicted *injuries*, unless medical evidence establishes that the *injuries* are related to a mental health illness
 - Abuse of alcohol, drugs, or other intoxicants

7. Your:
 - Pre-natal or post-natal care
 - Pregnancy, delivery, or complications of either in the 9 weeks before or after your expected delivery date
 - Child born during your *trip*
8. Any loss or *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government before your departure date stating to Avoid non-essential travel or to Avoid all travel to a country, region, or city included in your *trip*.
Note: This exclusion does not apply if you can prove that your expenses or losses are not related to the travel advisory.

BAGGAGE LOSS, DAMAGE, AND DELAY INSURANCE EXCLUSIONS

We do not pay claims for expenses or losses outlined in this section.

1. Damage or loss resulting from wear and tear, deterioration, defect, or mechanical breakdown.
2. Personal property that is left:
 - Unattended in public
 - In unlocked commercial accommodations
 - In unlocked vehicles
3. Jewellery or cameras placed in the custody of a *common carrier*.
4. Any of the following items:
 - Animals
 - Perishable items
 - Bikes that are not checked as baggage with the *common carrier*
 - Household items and furniture
 - Artificial teeth or limbs
 - Hearing aids, contact lenses, glasses of any type
 - Money, tickets, securities, documents
 - Antiques, fragile or collector's items
 - Illegally obtained items
 - Articles insured on a valued basis by another insurer

FLIGHT ACCIDENT INSURANCE AND TRAVEL ACCIDENT INSURANCE EXCLUSIONS

We do not pay claims if they are incurred or caused by or if they result from any of the situations outlined in this section.

1. Participating in any of the following activities:
 - Mountain climbing using ropes or specialized equipment, rock climbing, hang gliding, parachuting, skydiving
 - Any motorized speed contest or race
 - Your professional participation in a sport when that sport is your paid occupation
2. Your:
 - Self-inflicted *injuries*, unless medical evidence establishes that the *injuries* are related to a mental health illness
 - Abuse of alcohol, drugs, or other intoxicants
3. Any *injury* you suffer when an official travel advisory was issued by the Canadian government before your departure date stating to Avoid non-essential travel or to Avoid all travel to a country, region, or city included in your *trip*.
Note: This exclusion does not apply if you can prove that your expenses or losses are not related to the travel advisory.
4. The commission or attempted commission of a criminal offence or illegal act by you or your beneficiary.

TRAVEL BENEFITS AT A GLANCE

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE	
<i>Trip Cancellation</i>	Up to the covered amount you selected for non-refundable, prepaid travel arrangements
<i>Trip Interruption</i>	Covers unused, non-refundable, prepaid travel arrangements
<i>Trip Interruption transportation</i>	Same-class transportation to return home
Meals, accommodations, and other covered expenses caused by interruption	\$350 per day to a maximum of 10 days
Cancel For Any Reason (CFAR) coverage	Read benefits info
Default supplier protection coverage	Read benefits info
TRAVEL DISRUPTION INSURANCE	
Transportation	Same-class transportation to the next destination or to return home
Meals, accommodations, and other incidentals: \$350 per day to a maximum of 2 days	\$1,500 overall <i>trip</i> maximum
Additional overnight accommodations: \$200 maximum	
Unused, non-refundable, prepaid travel arrangements: \$300 per day to a maximum of 3 days	
EMERGENCY MEDICAL INSURANCE: \$10 MILLION POLICY MAXIMUM	
Expenses for <i>emergency medical attention</i>	Up to the policy maximum
Extra expenses for meals, accommodations, and other incidentals	\$500 per day to a maximum of 10 days
Expenses to bring someone to your bedside	Round-trip economy transportation \$1,000 for meals and accommodations
<i>Emergency</i> medical evacuation or transportation	Included in your policy maximum
Expenses related to your death	Returning your remains home (repatriation): Included in the policy maximum Cremation or burial where you die: Up to \$10,000

TRAVEL BENEFITS AT A GLANCE (CONTINUED)

BAGGAGE LOSS, DAMAGE, AND DELAY INSURANCE	
Lost, stolen, or damaged baggage	\$750 per item to a maximum of \$1,500
Lost or stolen passport or travel visa	\$500 maximum
Baggage delayed by the <i>common carrier</i>	\$750 maximum
Sports equipment delayed by the <i>common carrier</i>	\$500 maximum
FLIGHT ACCIDENT INSURANCE AND TRAVEL ACCIDENT INSURANCE	
Flight accident	\$250,000 maximum
Travel accident	\$50,000 maximum
MANULIFE FLIGHT ASSISTANCE	
Payments for delayed or cancelled flights when you register your cell/mobile number and flight information at flightassistmanulife.com .	\$140 maximum Read benefits info

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE

Trip Cancellation and Trip Interruption Insurance provides coverage if – because of an unexpected event – you or your *travel companion* must cancel or interrupt your *trip* or if your return is delayed beyond your scheduled return date.

Important: You must let us know that you intend to submit a claim for *Trip Cancellation* or *Trip Interruption* as soon as you know an event has occurred that will cause you to cancel or interrupt your *trip*. You must cancel your *trip* before your departure date with your travel agent or *travel supplier* on the day that the cause for cancellation occurs or on the next business day at the latest. This is important because claim payments are limited to the cancellation penalties in place at the time of cancellation. These penalties tend to increase as the departure date approaches and we may reduce your reimbursement if there is a difference between the *travel supplier's* penalties at the time of the cause for cancellation and when you actually cancel the *trip*.

WHEN YOUR COVERAGE STARTS AND ENDS

Trip Cancellation Insurance coverage starts on the date and time you pay the premium for coverage, stated as the purchase date on your confirmation of coverage.

Trip Interruption Insurance coverage starts on the departure date stated on your confirmation of coverage.

Trip Cancellation Insurance ends on the earlier of the following:

- The departure date stated on your confirmation of coverage
- The date you cancel your *trip*

Trip Interruption Insurance ends on the later of the following:

- The expiry date stated on your confirmation of coverage
- The date and time you return home

TRIP CANCELLATION BENEFITS

If an unexpected event happens before your departure date stated on your confirmation of coverage and you are unable to travel, we pay the following insured expenses up to the covered amount shown on your confirmation of coverage:

- The unused, non-refundable, prepaid portion of your travel arrangements
- Any published cancellation or amendment fees you incur if you must cancel your *trip* if the fees were included in the covered amount

Alternatively, if your *travel companion* cancels due to an unexpected event and you decide to travel as planned, we pay for your next occupancy charge up to the covered amount stated on your confirmation of coverage.

TRIP INTERRUPTION BENEFITS

If an unexpected event interrupts your *trip* and you must return earlier or later than the scheduled expiry date stated on your confirmation of coverage, we pay the following expenses:

- The prepaid, unused portion of your non-refundable travel arrangements, except for the prepaid, unused transportation home
- The extra cost of your one-way same-class transportation to return home
- Up to \$350 per day to a maximum of 10 days for additional unplanned expenses such as hotels, meals, essential phone calls, internet usage, roaming and texting fees, and taxis when you cannot find any earlier transportation arrangements

Important: If a travel delay is the result of a *medical condition*, we pay expenses only for the length of time the *physician* at your destination advised against travel.

Vacation voucher

If you return home earlier than your scheduled return date and miss at least 70% of your *trip* because of a covered event, you may request a vacation voucher from us to a maximum of \$750.

Limitations for a vacation voucher

1. You are eligible to receive a vacation voucher only when we have approved and paid a valid *Trip* Interruption claim under the *Trip* Cancellation and *Trip* Interruption Insurance benefit of this policy.
2. All the following apply to the voucher:
 - Payable only to you
 - Valid for 180 days from the date you returned from your interrupted *trip*, stated as the expiry date on your voucher
 - Non-transferrable
 - Not redeemable for cash
3. The replacement *trip* must:
 - Begin before the expiry date on your voucher
 - Be purchased through a travel agency that offers Manulife Travel Insurance

LIMITATIONS OF COVERAGE

Cancel For Any Reason (CFAR) coverage

You may submit expenses for consideration under this benefit if the reason for your *trip* cancellation is not covered under this policy.

If you cancel your *trip* 7 days or more before the scheduled departure date stated on your confirmation of coverage, we will pay up to 80% of the covered amount for your prepaid, non-refundable travel arrangements.

If you cancel your *trip* 6 days to 24 hours before the scheduled departure date stated on your confirmation of coverage, we will pay up to 80% of the covered amount for your prepaid, non-refundable travel arrangements, to a maximum of \$2,500.

Specific protection for unexpected events causing travel delays

If an unexpected event happens before your departure date or while travelling to your destination and you miss more than 25% of your *trip*, you can cancel or interrupt your *trip* and submit a claim for the full cancellation or interruption benefits.

If you experience a delay that causes you to miss less than 25% of your *trip*, you may have coverage under the [Travel Disruption Insurance](#) benefit.

Note: You may submit a claim for an event under *Trip* Cancellation and *Trip* Interruption Insurance or Travel Disruption Insurance, but not both.

Default Supplier Protection coverage

Coverage when your *travel supplier* ceases operations due to bankruptcy or insolvency and you do not receive the services you contracted the *travel supplier* to provide.

To use this coverage, the *travel supplier* must substantially or completely discontinue their business.

You may submit a claim for Default Supplier Protection Coverage when all the following scenarios apply:

- You entered a contract for *travel services* with a *travel supplier* who is in good standing. Good standing means that at the time you booked your travel arrangements, and before you purchased the insurance, the *travel supplier* was not bankrupt, insolvent, in receivership, or seeking protection from creditors under bankruptcy, insolvency, or any similar legislation.
- You do not receive part or all of your pre-paid travel arrangements.
- You have already exhausted all options to recover the costs of the undelivered *travel services*. This means you must first seek compensation from the *travel supplier*, any government or other compensation fund, your credit card company, or a source that is legally responsible or under contract to reimburse you before you submit your claim to us.

If the default happens before your departure date, we reimburse you for the pre-paid, non-refundable *travel services* up to the maximum *Trip* Cancellation coverage you purchased for your *trip*.

If the default happens after your departure date, we reimburse you for the following:

- The prepaid, non-refundable *travel services*, except for your prepaid, unused transportation home
- Up to \$200 per day to a maximum of 3 days for additional unplanned expenses such as hotels, meals, essential phone calls, internet usage fees, and taxis
- The extra cost of economy transportation on the most cost-effective itinerary to your next destination or to return you home

The maximum we will pay for 1 *trip* is \$3,500.

The maximum we will pay for all insured persons covered under the same Premium Protection Plan policy is \$7,500.

Benefits are also subject to an overall maximum aggregate payable limit across all eligible policies that are issued and administered by us.

The maximum aggregate limits are:

- \$1,000,000 for the default of 1 *travel supplier*
- \$3,000,000 for defaults of all *travel suppliers* that occur in the same calendar year

The amount we pay for claims will be reduced on a pro rata basis so as not to exceed the respective maximum aggregate we pay after the end of the calendar year and after we adjudicate all claims related *travel supplier* default.

TRAVEL DISRUPTION INSURANCE

Travel Disruption Insurance provides coverage when an unexpected event, beyond your reasonable control happens and:

- You can't resolve the incident without incurring additional costs
- You or your *travel companion* miss a connection or must cancel part of your travel arrangements

Examples of unexpected events include traffic accidents and emergency road closures.

This benefit applies in the following scenarios:

- You are unable to use any portion of your travel arrangements as originally booked.
- You can use your travel arrangements as originally booked, but you are delayed at least 6 hours arriving to your destination or returning home.

This benefit applies only if the affected travel arrangements included sufficient connection times to meet the *travel supplier's* check-in procedures.

You may use this coverage after you receive compensation from the *common carrier* or any other source. This means that we will reduce the amount we pay by the amount that can be recovered or paid by another source.

WHEN YOUR COVERAGE STARTS AND ENDS

Travel Disruption Insurance coverage starts on the date and time you pay the premium for coverage, stated as the purchase date on your confirmation of coverage.

Travel Disruption Insurance coverage ends on the earlier of the following:

- The expiry date stated on your confirmation of coverage
- The date and time you return home

TRAVEL DISRUPTION BENEFITS

1. Up to \$350 per day to a maximum of 2 days for hotels, meals, essential phone calls, internet usage, roaming and texting fees, and taxis while in transit to your next destination.
2. Up to \$200 for additional overnight accommodations.
3. Up to \$300 per day to a maximum of 3 days if you're not able to benefit from any portion of your unused, prepaid travel arrangements that are not transferrable to another time during your *trip*.
4. If the travel disruption prevents you from using your prepaid transportation, we will cover the additional cost of one-way, same-class transportation to your destination with no maximum limit.

LIMITS AND MAXIMUMS

You may submit a claim for an event under *Trip Cancellation and Trip Interruption Insurance* or *Travel Disruption Insurance*, but not both.

You may claim more than 1 event causing various travel disruptions. However, the maximum combined total we will pay for benefits 1, 2, and 3 listed in the [Travel Disruption Insurance](#) benefits is \$1,500. There is no maximum for benefit 4.

EMERGENCY MEDICAL INSURANCE

WHEN YOUR COVERAGE STARTS AND ENDS

Emergency Medical Insurance coverage starts on the later of the following dates:

- The departure date stated on your confirmation of coverage
- The date and time you leave your province or territory of residence

Emergency Medical Insurance coverage ends on the earlier of the following:

- The expiry date stated on your confirmation of coverage
- The date and time you return to your province or territory of residence.

EMERGENCY MEDICAL BENEFITS

We cover you for up to \$10,000,000 of *reasonable and customary* charges for eligible expenses you incur during your *trip* when:

- The medical *emergency* begins unexpectedly after you leave your province or territory of residence.
- The expenses are more than what is covered by your *GHIP* or other benefit plan.
- *Medical attention* is required for your *emergency treatment*.

Important: 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 MRIs, MRCP tests, CAT scans, CT angiograms, sonograms, ultrasounds, nuclear stress tests, biopsies, angiograms, angioplasty, cardiovascular surgery including any associated diagnostic tests, cardiac catheterization, or any surgery.

**In an *emergency*, contact the Assistance Centre immediately.
They are available 24 hours a day, every day of the year.
From Canada or USA: 1-855-856-7569
Collect, where available: +1(519) 251-4058**

You can also contact the Assistance Centre with the Manulife TravelAid mobile app. Download the app through the Google Play store or the Apple App Store. For more information, visit [active-care.ca](#).

Benefits may be limited if you do not contact the Assistance Centre immediately. If it is medically impossible for you to call, please have someone call on your behalf as soon as possible. If you choose to pay for expenses before you contact the Assistance Centre, we reimburse you according to *reasonable and customary* charges that we would have paid directly to the provider.

ELIGIBLE EXPENSES

1. **Emergency medical attention including:**

- Medical care received from a *physician*
- Semi-private *hospital* room costs
- Intensive care or coronary care unit costs if considered *medically necessary* by the attending *physician*
- Services of a licensed private duty nurse while you are in the *hospital*
- The lesser cost to rent or to purchase a wheelchair, a hospital bed, braces, crutches, and other medical appliances
- Drugs available with a prescription only, prescribed to you by a *physician* or dentist
- Tests to diagnose or learn more about your condition

2. **Expenses to bring someone to your bedside**

If you are travelling alone and admitted to the *hospital* for 3 or more days, we pay for someone to be by your side, when pre-approved by the Assistance Centre.

Benefits for that person include:

- Return economy-class fare on the most cost-effective itinerary
- Up to \$1,000 for hotels and meals
- *Emergency Medical Insurance* under the same terms and conditions of this policy until you are medically able to return home

Note: This benefit is available immediately when the hospitalized person is an insured child on this policy.

3. **Emergency medical evacuation**

We will pay the following expenses when our medical advisors consult with the attending *physician* and recommend that you return to your province or territory of residence or to another *hospital* for continued *treatment*:

- The extra cost of same-class transportation on the most cost-effective itinerary or a stretcher fare on a commercial flight on the most cost-effective itinerary if a stretcher is *medically necessary*
- The return cost of an economy-class fare on the most cost-effective itinerary if a qualified medical attendant must accompany you because it is required by the airline or it is *medically necessary*. We also pay *reasonable and customary* fees and expenses for the medical attendant.
- The cost of an air ambulance if it is *medically necessary*

Note: This benefit is available only when it has been approved and arranged by the Assistance Centre.

4. **Paramedical services**

We pay for *medical attention* you received from a licensed chiropractor, osteopath, physiotherapist, chiropodist, or podiatrist to a maximum of \$500 per profession.

5. **Ambulance transportation**

We pay *reasonable and customary* charges for a local licensed ambulance service to transport you to the nearest medical facility that can fully treat your *medical condition* in an *emergency*.

6. **Expenses related to your death**

If you die during your *trip* from an *emergency* that is covered under this policy, we reimburse your estate for:

- The costs to return your body home in the standard container used by the airline plus the *reasonable and customary* charges to prepare your body where you die, including the cost of a standard casket; **or**
- The cost to return your ashes home plus the *reasonable and customary* charges to cremate your body where you die, including the cost of a standard urn; **or**
- Up to \$10,000 to prepare your body and bury you where you die, including the cost of a standard casket or urn (excluding grave markers of any kind, flowers, ceremony, or reception expenses).

If someone must travel to the place of your death to identify your body, we pay for round-trip economy class fare on the most cost-effective itinerary for that person. We also pay up to \$500 for their hotel and meal expenses and provide them with up to 72 hours of *Emergency Medical Insurance* under the same terms and conditions of this policy.

7. **Expenses for incidentals**

We reimburse up to \$500 per day to a maximum of \$5,000 for the following extra expenses:

- Meals
- Hotels
- Essential phone calls
- Internet usage, roaming and texting fees
- Taxi fares or car rental fees

These expenses are eligible in the following situations:

- You, your *travel companion*, or accompanying *immediate family* member are unable to travel home as originally planned due to a *medical emergency*.
- You, your *travel companion*, or accompanying *immediate family* member require *emergency medical treatment* at a location different from your original destination.

You must provide receipts or other proof of payment.

8. **Emergency dental treatment**

If you need *emergency dental treatment*, we will pay:

- Up to \$300 for services to relieve dental pain, and
- Up to \$3,000 to repair or replace natural or permanently attached artificial teeth when you suffer an accidental blow to the mouth. We consider up to \$2,000 during your *trip* and up to \$1,000 in the 90 days after the accident to continue *medically necessary treatment*.

9. **Expenses to bring home children who are under your care**

This benefit is available if any of the following situations happen:

- You die at your destination.
- You are hospitalized for more than 24 hours.
- You must return home because of an *emergency*.

We pay the following to return home your children or grandchildren who are travelling with you and are under your care during your *trip*:

- Extra cost of one-way economy class fare on the most cost-effective itinerary; and
- If required by the transportation provider, the cost of return economy class fare on the most cost-effective itinerary for a qualified escort, plus up to \$500 for overnight accommodations. We will also provide the escort *Emergency Medical Insurance* under the same terms and conditions of this policy.

10. Expenses for childcare

If you are hospitalized during your *trip*, while you are in the *hospital*, we pay for the cost for childcare services for the children under your care. We will reimburse you for up to \$100 per day to a maximum of \$300 per *trip*.

Note: This benefit applies when the childcare provider is not the child's parent or member of their *immediate family*, your *travel companion*, or the person you are staying with on your *trip*.

11. Expenses to bring home your *travel companion*

If you return home under the [Emergency medical evacuation](#) benefit or the [Expenses related to your death](#) benefit, we pay the following expenses:

- The extra cost of one-way economy class fare on the most cost-effective itinerary to return your *travel companion* home
- If you are travelling with your domestic dog and/or cat, the costs for temporary boarding with a licensed kennel and the expenses to return your dog and/or cat home, up the cost of one-way economy transportation to your home

12. Expenses to return your vehicle

We cover *reasonable and customary* charges for a commercial agency to return your vehicle home or, if you rented a vehicle during your *trip*, the costs to return the rental vehicle to the rental agency if you experience any of the following and you can't drive:

- A medical *emergency*
- Hospitalization
- Death
- Medical evacuation

Note: For this benefit, a vehicle means any private or rental passenger automobile, boat, mobile home, camper truck, or trailer home you use during your *trip* exclusively for transporting passengers, other than passengers for hire.

13. Hospital allowance

When you are hospitalized for 48 hours or more, we reimburse you for expenses such as phone calls, TV rental, and parking fees. We pay up to \$50 per day to a maximum of \$500.

14. Baggage return

When you return home under the [Emergency medical evacuation](#) benefit or the [Expenses related to your death](#) benefit, we also pay up to \$300 to cover the extra costs of shipping your baggage to your home address.

15. Expenses to replace prescription drugs

If you misplace or forget to bring your prescription medication on your *trip*, we pay up to \$50 to replace the medication when it is *medically necessary* for you to continue taking it.

We do not cover:

- Vitamins or vitamin preparations
- Over-the-counter drugs
- Contraceptives or birth control

16. Hearing aids

If your hearing aid is lost, stolen, or broken during your *trip* and you want to replace it at your destination, we:

- Pay up to \$200 for the replacement
- Can help coordinate the replacement when you call the Assistance Centre

17. Eyeglasses

If your prescription eyeglasses are lost, stolen, or broken during your *trip* and you want to replace them at your destination, we:

- Pay up to \$200 for the replacement
- Can help coordinate the replacement when you call the Assistance Centre

18. Phone calls

We pay for phone calls to or from our Assistance Centre about your medical *emergency*. You must provide receipts or other proof that shows the cost of the calls and the numbers contacted during your *trip*.

LIMITATIONS FOR EMERGENCY MEDICAL INSURANCE

1. You must contact the Assistance Centre before seeking any *treatment* or before you are hospitalized. If your *treatment* is for a life-threatening *emergency* and you are unable to contact the Assistance Centre, you must – or someone on your behalf must – contact the Assistance Centre within 24 hours of the initial *treatment*. Your *Emergency Medical Insurance* benefits may be limited if you do not contact the Assistance Centre as soon as possible.
2. If you are not covered under a *GHIP* for the entire duration of your *trip*, your eligible expenses under this policy will be limited to a maximum of \$25,000.

Quarantine expenses

We do not pay any benefits for any government mandated quarantine or self-isolation in Canada. If you or your *travel companion* must unexpectedly self-isolate or quarantine after your *departure date* outside your province or territory of residence, as determined by a medical professional, we will:

1. Pay up to \$500 for your one-way economy class fare on the most cost-effective itinerary to return you *home* when you are delayed beyond the date you were originally scheduled to return *home*; and/or
2. Pay up to \$200 per day per insured person for additional and unplanned accommodations and meals to a maximum of \$2,800. If you paid the family rate, we pay up to \$400 per insured family per day to a maximum of \$5,600. This benefit is payable to a maximum of 14 days when you are delayed beyond your originally scheduled return date and/or you must pay unexpected costs for new accommodations and/or meals where you must quarantine. It is your responsibility to find accommodation during your quarantine. If you must quarantine at a medical facility and *treatment* is not required, we pay up to the maximums noted in this section.
3. Extend your coverage for the duration of your self-isolation or quarantine and for up to 72 hours after the self-isolation or quarantine period ends if you must stay at your destination beyond your *expiry date*.

For quarantine, the following also apply:

1. We will not provide coverage for any pre-paid, unused travel arrangements.
2. We will not cover any expenses you incur when you or your *travel companion* are denied entry to a country or region included in your *trip* when, before your departure date, there was a foreign government and/or regional travel guideline restricting entry of Canadian residents, or guidelines that require self-isolation or quarantine for a specific period of time during your *trip*.

BAGGAGE LOSS, DAMAGE, AND DELAY INSURANCE

This insurance covers the loss of, damage to, and the delay of baggage and personal effects you need while travelling.

The maximum we pay under this policy is \$2,000 per *trip*.

WHEN YOUR COVERAGE STARTS AND ENDS

Coverage for Baggage Loss, Damage, and Delay Insurance starts on the later of the following:

- The departure date stated on your confirmation of coverage
- The date you leave home to start your *trip*

Coverage for Baggage Loss, Damage, and Delay Insurance ends on the earlier of the following:

- The expiry date stated on your confirmation of coverage
- The date you return home

ELIGIBLE EXPENSES

1. Lost/ stolen/damaged baggage and personal effects

We will pay up to \$750 for any 1 item or set of items lost, stolen, or damaged during your *trip* to a maximum of \$1,500.

Please note:

- Jewellery, cameras (including camera equipment), and personal electronic devices such as phones, laptops, and their accessories or attachments are respectively considered a single item.
- If a lost or damaged item is part of a set, we will cover a reasonable and fair proportion of the value of the set, but not the total value.
- We pay the lesser of the following:
 - Replacement costs minus allowance for reasonable wear and tear
 - The original purchase price shown on an original receipt

2. Replacement cost of lost/stolen travel documents

We pay up to a combined maximum of \$500 per *trip* for the following:

- Passport
- Driver's license
- Birth certificate
- Travel visa
- Travel and accommodation expenses that you incur while you wait for the replacement documents

3. Common carrier delay of baggage and personal effects

If your checked baggage is delayed by the *common carrier* for at least 10 hours en route to a destination, we pay up to \$750 per *trip* for necessary toiletries or clothing.

Note: This benefit applies only when the delay happens before you return home.

4. Common carrier delay of sports equipment

If your checked golf clubs or ski equipment are delayed by the *common carrier* for at least 10 hours en route to a destination, we pay up to \$100 per day to a maximum of \$500 per *trip* to:

- Rent golf clubs or ski equipment
- Purchase reasonable golf and ski accessories

Note: This benefit applies only when the delay happens before you return home.

CLAIMS INFORMATION

When you submit a claim for Baggage Loss, Damage, and Delay Insurance, please send the following accompanying information:

- A written statement of the loss/theft/damage such as a police report, and if the police aren't available, from the hotel manager, tour guide, or transportation authority where the loss or damage occurred
- Proof of the value of the lost or damaged property, such as receipts or credit card statements
- For Baggage Delay claims, a statement from the delayed *common carrier* that confirms the length of the delay along with original receipts for the replacement toiletries and clothing

FLIGHT ACCIDENT INSURANCE AND TRAVEL ACCIDENT INSURANCE

WHEN YOUR COVERAGE STARTS AND ENDS

Coverage for Flight Accident Insurance and Travel Accident Insurance starts on the later of the following:

- The departure date stated on your confirmation of coverage
- The date you leave home to start your *trip*

Coverage for Flight Accident Insurance and Travel Accident Insurance ends on the earlier of the following:

- The expiry date stated on your confirmation of coverage
- The date you return home

BENEFITS

1. We pay \$250,000 under Flight Accident Insurance or \$50,000 under Travel Accident Insurance if an *injury* during your *trip* causes any of the following in the 12 months after the accident:
 - 2 of your limbs are fully severed above the wrist or ankle joints
 - You become permanently blind in both eyes
 - You suffer complete and irrevocable loss of hearing or speech
 - You become permanently blind in 1 eye and 1 of your limbs is fully severed above the wrist or ankle joint
 - Your death
2. We pay \$125,000 under Flight Accident Insurance or \$25,000 under Travel Accident Insurance if an *injury* during your *trip* causes any of the following in the 12 months after the accident:
 - 1 of your limbs is fully severed above the wrist or ankle joint
 - You become permanently blind in 1 eye
3. If you have more than 1 *injury* during your *trip*, we pay the applicable amount for 1 accident only. The payment will be for the accident that provides the largest benefit amount.

Note: To be considered under Flight Accident Insurance, the accident that causes the *injury* must happen during one of the following situations:

- You have a ticket in your name for the entire duration of your airline *trip* and are travelling on a commercial passenger plane.
- You are making a flight connection, you are riding over land or water on transportation provided at the expense of the airline, you are riding in transportation provided by the airport authority, or you are riding in a scheduled helicopter shuttle service between airports.
- You are at an airport for the departure or arrival of a flight covered by this insurance.

Travel Accident Insurance covers any other *injury* that is sustained during the coverage period that is not the result of the incidents described here.

Disappearance

If your body is not found within 12 months of the accident, we presume you have died as a result of your *injury*.

LIMITS AND MAXIMUMS

If the total amount of all accident insurance you have under policies or certificates issued by us is more than \$250,000, the total combined maximum we consider for all your claims is \$250,000. Any excess insurance is void and any premiums you pay for the excess insurance will be refunded to you.

MANULIFE FLIGHT ASSISTANCE

Payments and services are offered by our partner, Blink Parametric (Blink). This service and its availability are subject to change without notice.

Blink monitors and tracks all flights that you register with them at least 1 hour before the scheduled departure time. If the airline delays or cancels your flight, Blink arranges payment of the covered benefits.

You must register your cell/mobile phone number with Blink so they can contact you if your flight is delayed or cancelled beyond the threshold that entitles you to payment. For example, you will receive a notification of your \$40 payment only if the flight is delayed 3 hours or more.

Payments are sent by Interac e-Transfer®.

Note: In some cases, for example when you travel on a chartered flight or airline, flights may not appear on Blink's system and can't be tracked. Blink makes every effort to monitor these flights and notify you about eligible delays or cancellations.

If you don't receive a notification from Blink as expected, contact Manulife Customer Service:

travel@manulife.ca

1-800-565-2338

WHEN YOUR COVERAGE STARTS AND ENDS

Your coverage starts when you register the date and time of each flight on your airline booking receipt for all insured travellers at flightassistancemanulife.com. You must register each flight at least 1 hour before the original schedule departure time.

Your coverage ends as soon as each registered flight departs.

BENEFITS

Manulife Flight Assistance offers the following benefits to a maximum of \$140 per policy for each registered, insured person.

Delay

- If the flight is delayed by a minimum of 3 hours, each registered person receives \$40.
- If the flight is delayed by a minimum of 6 hours, each registered person receives \$140.

Cancellation

If the flight is totally cancelled, each registered insured person receives \$140.

GENERAL CONDITIONS

1. Coverage is available only for flights within, to, or from Canada including connections to such flights when you registered with Manulife Flight Assistance.
2. The mobile/cell phone you register with Blink must have suitable battery life and cellular, data or Wi-Fi service.
3. The mobile/cell phone you register with Blink must stay with you during your journey. Blink uses the same mobile/cell phone information when benefits are paid during your journey.
4. Blink is not responsible for and will not make any payments related to data or roaming charges for your mobile/cell phone.
5. If Blink receives false information or fraudulent claims by you or anyone on your behalf, Blink treats this coverage as if it never existed.
6. You must be on the airline's boarding list to be eligible for Manulife Flight Assistance.
7. All amounts are listed in Canadian dollars.
8. You must have a bank account with a financial institution legally operating in Canada to receive payments by Interac E-transfer.
9. After the 3-hour delay threshold, Blink will make every effort to notify you of any flight delays or cancellations and fund transfers, but Blink is not accountable if, for any reason, you do not receive their message or e-Transfer on your mobile/cell phone.
10. Manulife Flight Assistance benefits are paid to the policyholder who registers their flight(s) with flightassistancemanulife.com. This individual receives funds for all insured travellers who are registered on their flight(s).

GENERAL INFORMATION

You must purchase the Premium Protection Plan within 72 hours of making an initial payment for your *trip's* travel arrangements. The coverage must be for the entire duration of your *trip*.

You may increase your *Trip* Cancellation coverage for any additional pre-paid travel arrangements anytime before your departure date if you pay the additional premium for this coverage within 72 hours of booking the added travel arrangements.

CONFIRMATION OF COVERAGE

The confirmation of coverage is the document or set of documents that confirms your insurance coverage under this policy and your *trip* arrangements, where applicable. It includes the following information:

- The premium amount you paid and your policy number
- The full name of all insured persons
- The purchase date, which corresponds to the date you purchased this policy
- The date you leave for your *trip*, shown as the departure date on your application

- The date you return home, shown as the expiry date on your application
- The covered amount you chose for *Trip* Cancellation coverage
- The covered amount for *Trip* Interruption, shown as unlimited

CANCELLATIONS AND REFUNDS

Except for the [10-day free look period](#), there are no premium refunds available under this policy.

FAMILY COVERAGE

Family coverage is available to you if all family members to be insured under 1 policy meet the following requirements:

- Are named on the confirmation of coverage
- Are under 60 years old
- Selected and paid for the family coverage option
- Are travelling together

The following people qualify under family coverage:

- 2 adults of the same family under age 60 who are the parents or grandparents of the children
- Your children or grandchildren who are:
 - Under 21 years old
 - Under 26 years old and a full-time student
 - Any age if they have a mental or physical disability

If you are travelling with your children or grandchildren under 2 years old, they have the same coverage as you at no extra cost, as long as they remain under 2 years old for the entire *trip*.

COVERAGE EXTENSIONS

Automatic extensions

Under *Trip* Interruption Insurance, we extend your coverage automatically beyond the expiry date shown on your confirmation of coverage in the following instances:

- If you have a medical *emergency* that prevents you from returning home on the scheduled date, we extend your coverage for up to 10 days.
- If you are hospitalized and unable to return home on your scheduled date, we extend your coverage for up to 30 days.

Under all other types of insurance, we will extend your coverage automatically beyond the expiry date shown on your confirmation of coverage in the following instances:

- If your *common carrier* is delayed, we extend your coverage for up to 72 hours.
- If you, your *travel companion*, or accompanying *immediate family* member are hospitalized on your return date, we will extend coverage during hospitalization and for up to 5 days after *hospital* discharge.
- If you, your *travel companion*, or accompanying *immediate family* member have a medical *emergency* that prevents travel but does not require hospitalization, we will extend your coverage for up to 5 days.

Note for all insurance coverages: If you have been advised by a medical professional to self-isolate or quarantine beyond your expiry date shown on your confirmation of coverage, we will extend your coverage for the duration of your quarantine and up to 72 hours after the date your quarantine ends.

Important: In any case, we will not extend coverage beyond 12 months of the departure date stated on the confirmation of coverage.

Staying longer than planned

If you decide to extend your *trip*, the travel agency or *travel supplier* where you purchased your coverage may extend your coverage under the following conditions:

- Your coverage is in force when you request the extension.
- The total length of your *trip* – including the extension – does not exceed 45 days.
- You pay the additional premium.
- No event has taken place that resulted in a claim or may result in a claim in the future.

Note: The Premium Protection Plan cannot extend beyond 45 days. However, if you are already on your *trip* and want or need to extend it beyond the reasons or time periods outlined in [Automatic extensions](#), there may be another Manulife Travel Insurance plan available to you. Contact your travel agent or *travel supplier* to see if you meet the eligibility requirements for other plans. Coverage for any additional travel dates will be subject to the terms, conditions, limitations, and exclusions of your new policy. Any medical problems, *injuries*, medical *treatment*, or claims you experienced during your *trip* may impact the approval of a new policy. Any incorrect or incomplete information we receive will render the new policy null and void.

If - before you leave home - you determine that you want to travel for longer than 45 days, contact your travel agent. Based on your new travel dates, they may cancel this policy and issue a new travel policy that covers you for the entire duration of your revised *trip*. The Premium Protection Plan policy is available only when it covers the entire duration of a *trip* and can't be purchased to cover a portion of a *trip*. For example, you can't buy the Premium Protection Plan to cover additional days added to a *trip* that was partially covered by credit card insurance or an employee plan. However, you may purchase the Premium Protection Plan policy as [additional coverage](#) to an existing plan if you meet all the [Requirements for buying this policy](#).

MEDICAL CONCIERGE SERVICES

This policy provides value-added medical concierge services through our partner, StandbyMD™. StandbyMD has an international network of medical providers and partners who can provide quick and streamlined services and access to healthcare, 24 hours a day, every day of the year.

How this service works

StandbyMD triages you according to your symptoms, profile, and location and then refers you to the most appropriate level of care for your situation. The StandbyMD program also helps coordinate payment for eligible expenses according to the terms and conditions of this policy. To use this service, contact the Assistance Centre at the number provided in this policy.

Disclaimer, waiver, and limitation of liability

StandbyMD is not intended as a substitute for professional medical advice. The program is provided to assist you in finding medical providers. The advice StandbyMD provides is a recommendation only and entirely voluntary. You retain the right to choose your own level of care, regardless of the recommendation StandbyMD makes. Medical providers within the StandbyMD network are not employees or agents and are not affiliated with StandbyMD in any way beyond accepting referrals. StandbyMD has no control – real or implied –

over the medical judgment, actions, or inactions of the medical providers and does not assume any responsibility for:

- Availability of the medical providers
- Quality of the medical providers
- The results or outcome of any treatment or service

You waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD.

Related people include principals, parents, successors, and assigns of StandbyMD.

Waiving these rights to proceed legally includes the following that relate in any way to the medical concierge services offered by StandbyMD:

- Any and all claims
- Demands
- Actions and causes of action
- Suits of any kind, nature, or amount

StandbyMD's liability, if any, is limited solely to the amount of payment made to participating medical providers for services you received after obtaining a referral from StandbyMD.

HOW TO MAKE A CLAIM

WHERE TO SUBMIT YOUR CLAIMS

Manulife TravelAid mobile app

Before you travel, download the Manulife TravelAid mobile app through the Google Play store or the Apple App Store. Use the app to begin the process to file a claim and track your claim status.

Online

Visit manulife.acmtravel.ca to submit your claim online.

For faster and easier submissions, have all your documents available in electronic format, such as a PDF or a JPEG.

By mail

Mail all claims correspondence to:

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

Telephone

For questions about your claim status, contact the Assistance Centre.

IN AN EMERGENCY

Contact the Assistance Centre at 1-855-856-7569 from Canada and the USA or collect where available from anywhere else in the world at +1 (519) 251-4058.

PROOF OF EXPENSES AND LOSSES

You must submit a completed claim form, written proof such as original receipts or unused tickets, and any other information we ask for within 90 days of the event that results in the claim.

To adjudicate your claim, we need written proof that your loss was caused by an unexpected situation or event as supported by an independent source. We may ask for different information depending on the type of claim you submit.

In some cases, we accept claims up to 12 months after the event.

WHO WE PAY BENEFITS TO

We pay *reasonable and customary* covered expenses to you or to the service provider. We pay loss of life benefits to your estate.

If we determine that an expense is not eligible under your policy, you must repay any amount we paid or that you authorized us to pay on your behalf.

All amounts in this policy are shown in Canadian dollars. When we convert currency, we use our exchange rate on the date of service shown on your receipt. We do not pay any interest.

HOW TO MANAGE A TRAVEL CREDIT OR VOUCHER WHEN A TRAVEL SUPPLIER CANCELS YOUR TRIP

If a *travel supplier* cancels any portion of your *trip* that was booked with them and offers you or gives you a travel credit or voucher as reimbursement for the unused portion of your insured travel arrangement, we consider you as reimbursed for that travel arrangement.

We will not pay any claims for a travel arrangement when:

- You receive a travel credit or voucher for the full value of the insured travel arrangement with the *travel supplier*; or
- You were offered a travel credit or voucher, but you did not accept it.

Note: If your travel credit or voucher does not cover the full value of your insured travel arrangement with the *travel supplier*, you may submit a claim for the difference.

OTHER INFORMATION YOU SHOULD KNOW IF YOU HAVE A CLAIM

You may disagree with our claim decision and contest our decision in court under the laws of the Canadian province or territory where you live at the time you applied for this policy.

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

We may obtain and review the medical records from the attending *physician*, including records from the *physician* at home. We may use the records to determine if a claim is valid.

You agree to all medical examinations we reasonably ask you to have while benefits are being claimed under this policy.

If you die, we may request an autopsy where allowed by law.

WHAT ELSE YOU NEED TO KNOW

This insurance is void if, at any time during the application process or during your coverage, you, anyone who acts on your behalf, or anyone insured under this policy:

- Commits fraud or attempted fraud
- Attempts to deceive us in any way
- Conceals or misrepresents any material facts or circumstances
- Provides incomplete or inaccurate information

This policy is non-participating and does not entitle you to share in our divisible surplus.

We restrict the right of anyone to designate persons to whom or for whose benefit insurance money is payable.

This policy is governed by and construed according to the laws of your province or territory of residence.

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

HOW THIS INSURANCE WORKS WITH OTHER COVERAGES YOU HAVE

Except for Flight Accident and Travel Accident Insurance coverages, this is a second payor policy. The total benefits you receive from all sources, such as other insurers, travel suppliers, or refunds may not exceed the actual expenses.

We consider claims for amounts that are greater than what you are covered for under any other policies, including but not limited to the following:

- Third-party liability
- Group or individual, basic, or extended health insurance plans or contracts
- Private, provincial, or territorial auto insurance plans that cover *hospital*, medical, or therapeutic expenses

We coordinate benefits payments with all insurers who provide you benefits similar to the ones provided in this policy, to a maximum of the highest amount specified by any insurer.

Exception: If your current or former employer provides an extended health insurance plan with a lifetime maximum of \$100,000 or less, we do not coordinate payment.

If you are insured under more than 1 policy or certificate underwritten by us, the maximum we pay is the highest amount for the benefit in any 1 policy or certificate.

Any excess insurance is void and any premiums you pay for the excess insurance will be refunded to you.

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.

SUBROGATION

We have full rights of subrogation. If we pay a claim under this policy, we have the right to proceed in your name at our expense against any third parties who may be responsible for giving rise to a claim under this policy. You agree to provide any documents we need and to fully cooperate with us to assert our rights. You agree that you will not do anything to prejudice our rights.

DEFINITIONS

When italicized in this policy, the terms in this section have the following specific meanings.

common carrier — a licensed bus, taxi, train, boat, airplane, or other licensed commercial vehicle intended and used to transport paying passengers.

emergency — a sudden and unforeseen *medical condition* that requires immediate *treatment*.

An *emergency* no longer exists when the evidence reviewed by 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*.

government health insurance plan (GHIP) — the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

hospital — 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 — *spouse*, fiancé(e), parent, legal guardian, stepparent, grandparent, step-grandparent, grandchild, in-law, child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, or nephew.

injury — sudden bodily harm that you sustain and that is caused by external and purely accidental means, directly and independently of illness or disease and all other causes.

medical attention — *treatment* required for the immediate relief of an acute symptom or that, according to a *physician*, cannot be delayed until you return home. It must be ordered by and received from a licensed *physician* during your *trip* or received from a physiotherapist, chiropractor, osteopath, chiroprapist, or podiatrist during your *trip*.

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

medically necessary — in reference to a given service or supply means such service or supply:

- Is appropriate and consistent with the diagnosis according to accepted community standards of medical practice
- Is not experimental or investigative in nature
- Could not be omitted without adversely affecting your condition or quality of medical care
- Cannot be delayed until your return home
- Is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily for reasons of convenience

physician — 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*

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

spouse — a person one is legally married to, or a person one lives with and publicly represents as a *spouse*.

travel companion — someone who shares *trip* arrangements with you on any 1 *trip*, to a maximum of 5 people including you.

travel services — transportation, sleeping accommodations, or other service provided to you by a *travel supplier*, not including taxes or insurance, for your use.

travel supplier — a tour operator, travel wholesaler, airline, cruise line, ground transportation provider, travel accommodation provider, or a provider of other services that is:

- Contracted to provide *travel services* to you; and
- Licensed, registered, or otherwise legally authorized in the particular location of the *travel supplier* to operate and provide *travel services*.

treatment — 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 — the time between your effective date and the expiry date shown on your confirmation of coverage.

NOTICE ON PRIVACY AND CONFIDENTIALITY

Privacy legislation is relatively recent, but for decades, Manulife has safeguarded the sensitive personal information of its customers. Protecting your personal information and respecting your privacy is important to us. As a provider of financial products and services, the collection and use of personal information is fundamental to our business. Equally important is your trust in our handling of your personal information.

Personal Information Statement (PIS)

In this statement, “you” and “your” refer to the policyowner or holder of rights under the contract, the insured and the parent or guardian of any child named as insured who is under the legal age for providing consent. “We”, “us”, “our” and “the company” refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Updates to this statement and further information about our privacy practices are posted to manulife.ca.

We collect, use, verify and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. You have given us your consent during the application process for us to collect, use, and disclose your personal information, as set out in this PIS. Any alterations to the consent must be agreed to in writing by the company.

What personal information do we collect?

Depending on the product you have applied for, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, your date of birth, or driver’s license
- Medical information that any organization or person has about you
- Any test that may be necessary for us to decide if and on what terms to insure you, such as a medical exam or blood test.
- A copy of all driving related information from provincial or territorial Motor Vehicle Divisions
- A personal investigation, financial information, credit bureau report and/or a consumer report from other organizations, person or source that has any information or records about you
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Other personal information we may require to administer our business relationship with you

We use fair and lawful means to collect your personal information.

Where do we collect your personal information from?

- Your completed applications, recorded tele-interviews and forms
- Other interactions between you and the Company,
- Other sources, such as:
 - Your advisor or authorized representative(s)
 - Third parties with whom we deal in issuing and administering your policy now, and in the future
 - Public sources, such as government agencies, and internet sites

Who do we disclose your information to?

- Persons, financial institutions, and other parties with whom we deal in issuing and administering your policy now, and in the future
- Authorized employees, agents, and representatives
- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your medical doctor
- Public health authorities as required, if laboratory tests performed on our behalf show that you have tested positive for infectious disease

The abovementioned people, organizations and service providers are both within Canada and jurisdictions outside Canada and would therefore be subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

The personal information you provided in this application:

- Will become a part of all the contracts that result from this application, even if you are not the owner or one of the people to be insured for that printed contract
- Will be shared with all the owners and any subsequent owners of those contracts and all people to be insured

How long do we keep your information?

The longer of:

- The time period required by law and any guidelines set for the financial services industry
- The time period required to administer the products and services we provide.

Withdrawing your consent

You may withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

You may not withdraw your consent for us to collect, use, retain or disclose personal information we need to issue or administer the policy unless federal or provincial laws give you this right. If you do so, a policy may not be issued, and benefits will not be payable under the contract, or we may treat your withdrawal of consent as a request to terminate the contract.

If you wish to withdraw your consent, phone our customer care centre at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or write to the Privacy Officer at the address in the next section.

Accuracy and access

You will notify us of any change to your contact information. You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. If you have a question, a concern, wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:

Privacy Officer

Manulife

500 King Street North

Waterloo, ON N2J 4C6

privacy_office_canadian_division@manulife.com

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.



TRAVEL HEALTH INSURANCE ASSOCIATION OF CANADA (THIA)

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

THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

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

For more information, visit:

thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities

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