

Don't forget your
Wallet Card!



Manulife Financial Travel Insurance

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

1 877 878-0142 toll-free from
the USA and Canada

(905) 315-3274 collect from
anywhere else in the world

Our Assistance Centre is there to help you
24 hours a day, 365 days a year



Visitors to Canada Policy

Effective September 1, 2005

 **Manulife Financial**

 **Manulife Financial**

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used by it and its affiliates, including Manulife Financial Corporation.

MANULIFE FINANCIAL TRAVEL INSURANCE
Visitors to Canada Travel Insurance

IN CASE OF A MEDICAL EMERGENCY, CALL THESE NUMBERS FIRST:
1 877 878-0142 (905) 315-3274
toll-free from the USA and Canada collect anywhere else in the world

NAME _____

POLICY # _____



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

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**IMPORTANT NOTICE –
PLEASE READ CAREFULLY**

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.

- A *pre-existing condition* exclusion may apply to a *medical condition* and/or symptoms that existed prior to *your trip*. Check to see how this applies to *your policy* and how it relates to *your departure date*, date of purchase, or *effective date* of insurance.
- In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.
- If *your policy* provides travel assistance, *you* may be required to notify the designated assistance company prior to receiving *treatment*. *Your policy* may limit benefits should *you* not contact the assistance company within a specific time period.

**PLEASE READ *YOUR POLICY* CAREFULLY
BEFORE YOU TRAVEL**

IMPORTANT INFORMATION ABOUT *YOUR*

INSURANCE: This *policy* is underwritten by The Manufacturers Life Insurance Company (“Manulife Financial”) effective September 01, 2005. Manulife Financial has appointed Active Care Management as the sole provider of all assistance and claims services under this *policy*.

**IN THE EVENT OF AN *EMERGENCY*, YOU MUST
CALL THE ASSISTANCE CENTRE IMMEDIATELY:**

**1 877 878-0142 from Canada or the U.S., or
(905) 315-3274 collect from anywhere else.**

Call prior to receiving medical *treatment*: If *you* do not contact the Assistance Centre before receiving medical *treatment*, *you* will have to pay 25% 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 25% 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.

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, 365 days a year.

Please note that if you do not call the Assistance Centre in an emergency, you will have to pay 25% of the covered 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.

The Manufacturers Life Insurance Company

09/2005

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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, 365 days a year.

Please note that if you do not call the Assistance Centre in an emergency, you will have to pay 25% of the covered 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.

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09/2005

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ENQUIRIES: For coverage information, general enquiries, to apply for an extension or 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 (905) 315-3273**.

Claims correspondence should be mailed to:

Manulife Financial Travel Insurance
c/o Active Care Management
5500 North Service Road, First Floor
Burlington, ON L7L 6W6

WHO CAN APPLY?

- a) Visitors to Canada;
- b) Canadians who are not eligible for benefits under a *government health insurance plan*;
- c) Persons who are in Canada on a work or student visa; or
- d) New immigrants who are awaiting *government health insurance plan* coverage.

WHAT ARE THE PLANS

Benefits & Features	SINGLE-TRIP EMERGENCY MEDICAL PLANS				MULTI-TRIP EMERGENCY MEDICAL PLANS	
	PLAN A		PLAN B		PLAN A	PLAN B
Coverage Amounts	\$25,000, \$50,000 or \$100,000	\$150,000	\$25,000, \$50,000 or \$100,000	\$150,000	\$150,000	\$150,000
Up to Age	85	69	85	69	69	69
Emergency Medical	◆	◆	◆	◆	◆	◆
Options Available						
Top-Ups Available on					◆	◆
Deductible Discount	◆	◆	◆	◆	◆	◆
Family Coverage (up to age 54)	◆	◆			◆	
Optional Insurance – for Individual Trips*						
Trip Interruption	◆	◆	◆	◆	◆	◆
Travel Accident	◆	◆	◆	◆	◆	◆

* These options may be purchased for each individual *trip*, regardless of whether *you* have purchased the single-trip or multi-trip plan.

EXCLUSIONS AND LIMITATIONS ON ELIGIBILITY

You are not eligible for coverage under this *policy* if:

- the date of *your trip* occurs during the time that *you* have been advised by a *physician* not to travel;
- you* have been diagnosed with a terminal illness with less than two (2) years to live;
- you* have a kidney condition requiring dialysis; and/or
- you* have used *home* oxygen during the 12 months prior to the date of application.

Plan A

You are not eligible for coverage under Plan A if *you* are under 31 days or over 85 years of *age* (over 69 years of *age* for \$150,000 Single-Trip Emergency Medical coverage or the Multi-Trip plan).

Plan B

You are not eligible for coverage under Plan B if *you* are under 35 years or over 85 years of *age* (over 69 years of *age* for \$150,000 Single-Trip Emergency Medical coverage or the Multi-Trip plan).

Plan B is only available to residents of the following countries or districts: Austria, Australia, Bahamas, Barbados, Belgium, Bermuda, Cayman Islands, Czech Republic, Denmark, Finland, France, Greece, Germany, Hungary, Hong Kong, India, Ireland, Israel, Italy, Jamaica, Japan, Netherlands, New Zealand, Norway, Poland, Slovakia, South Africa, Spain, Sweden, Switzerland, Trinidad and Tobago, United Kingdom, and the United States of America. Applicants must be at least 35 years of *age*, and must complete the medical questionnaire.

WHAT ELSE YOU NEED TO KNOW WHEN APPLYING FOR COVERAGE:

- This *policy* may only be issued in Canada and coverage must not exceed 365 days.
- Application for insurance may be made before *you* arrive in Canada.
- On *your effective date* of insurance, *you* must be in Canada and: a) under *age* 69 for Multi-Trip plans; or b) under *age* 85 for Single-Trip plans (under *age* 69 for \$150,000 Single-Trip Emergency Medical coverage).
- 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 \$500 or \$1000 deductible option in *your* application for insurance, and paid the applicable premium.

- Under Plan A, no benefits are payable for a *pre-existing condition* that existed before *your effective date* of insurance. Please refer to the section “WHAT IS NOT COVERED UNDER EMERGENCY MEDICAL INSURANCE” on page 9.
- 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” on page 9.

GENERAL INFORMATION ABOUT YOUR INSURANCE

Italicized words have a specific meaning. Please refer to the “Definitions” section at the end of this booklet.

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 ninety (90) days before the *effective date* of coverage, and return it to *us* with *your* payment of the required premium.

Coverage must be purchased for the entire duration of *your trip* if *you* are planning to return *home*.

Family Coverage is available under Plan A if all family members are under age 55 and you have purchased and paid the premium for the Family Coverage. Family Coverage covers *you*, *your spouse* and *children* while travelling together. *Children* must be at least 31 days of age to be insured under this *policy*.

Your coverage starts:

- a) For single-*trip* plans, on the later of: i) the *effective date* of insurance as shown on *your confirmation*; or ii) the time and date *you* arrive in Canada from *home*;
- b) For multi-*trip* plans, the time and date *you* initially arrive in Canada from *home*. Thereafter, the time and date of each arrival in Canada from *home*.

Except in the case of an *accidental bodily injury*, the applicable *waiting period* applies to all claims if *you* purchased insurance after *your* arrival in Canada.

Your coverage ends on the earliest of the following:

- a) each time *you* leave Canada to return *home*;
- b) when the number of days of coverage *you* purchased, as shown in *your confirmation*, expires;

- c) no more than 365 days after *your effective date* of insurance; or
- d) when *you* obtain immigrant status from the Government of Canada, the first day *you* become insured under a *government health insurance plan*.

Insurance coverage for side trips outside Canada

This insurance provides coverage for up to 30 days while travelling outside Canada as long as *your side trip* originates and terminates in Canada and does not exceed 49% of *your* total number of coverage days.

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

- a) *your carrier* is delayed. In this case, *we* will extend *your* coverage for up to 72 hours;
- b) *you* are hospitalized. In this case, *we* will extend *your* coverage during the hospitalization and for up to 5 days after discharge from the *hospital*;
- c) *you* have a *medical condition* that does not require hospitalization but prevents travel. In this case, *we* will extend *your* coverage for up to 5 days.

In any case, *we* will not extend *your* coverage beyond 12 months after *your effective date* of insurance.

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 not had a *medical condition* and do not have a pending claim since *your effective date* of insurance, the extension may be issued upon request. Otherwise, the extension is subject to the approval of the Assistance Centre. A \$25 administration fee will apply to each extension.

Top-Ups:

Single-*Trip* Emergency Medical Plan A can be used to top up Multi-*Trip* Emergency Medical Plan A, and Single-*Trip* Emergency Medical Plan B can be used to top up Multi-*Trip* Emergency Medical Plan B. Top-ups can be purchased for a maximum trip duration of 365 days.

Insufficient premium:

If the premium received by *us* is insufficient for the period of coverage selected, *we* will:

- a) charge and collect any underpayment if possible; or
- b) 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 the cheque or credit card is not honoured, or if no proof of payment exists.

To obtain a refund of premium:

- a) if *you* cancel *your policy* at any time before the *effective date* of insurance; or
- b) if *you* return *home* before the date *you* were scheduled to as per *your confirmation*, and have not had a claim,

you may ask for a refund of the premium for the unused days of *your trip* (minimum 7 days). Simply contact *us* to ask for a refund and provide proof of the date *you* actually returned *home*. A \$25 administration fee will apply to any cancellation or refund of premium.

Call prior to receiving medical *treatment*: If *you* do not contact the Assistance Centre before receiving medical *treatment*, *you* will have to pay 25% 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 25% 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*; and monitor *your medical condition*.

To make a claim due to illness or injury during *your trip*, *your claim* must be sent to *us* within 90 days of *your loss*. To find out about the documents needed, please look under the type of insurance for which *you* are filing a claim.

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 condition* 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.

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

Eligible *covered expenses* include:

1. **Expenses to receive *emergency medical attention*** – Medical care received from a *physician* in or out of a *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 to receive professional services** – Care received from a licensed chiropractor, osteopath, chiropodist, physiotherapist or podiatrist, up to \$300 per profession.
3. **Expenses for ambulance transportation** – *Reasonable and customary charges* for local licensed ground ambulance service and/or air ambulance service, if approved by *us* in advance) to a qualified 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 \$3,000 to repair or replace *your* natural or permanently attached artificial teeth.

5. **Expenses related to *your* death** – If *you* die during *your trip* from a *medical condition* covered under this insurance, we will reimburse *your* estate for:
- the return *home* of *your* body (in the standard transportation container normally used by the airline), plus up to \$3,000 to have *your* body prepared where *you* die and the cost of the container;
 - 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
 - the return *home* of *your* ashes, plus up to \$3,000 to cremate *your* body where *you* die.

In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, we will pay the economy class fare via the most cost-effective itinerary for that person, as well as up to \$300 for that person's hotel and meal expenses. We will also cover that person for up to 72 hours under the same Plan type purchased by *you*.

6. **Expenses to bring *you* home** – If *your* treating *physician* recommends that *you* return *home* because of *your medical condition* or if *our* medical advisors recommend that *you* return *home* after *your emergency treatment*, we will pay for one or more of:
- the extra cost of an economy class fare via the most cost-effective itinerary to receive immediate *medical attention*;
 - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*;
 - the return economy class fare 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 essential.

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 up to \$150 per day to *you* 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 3 days or more because of an *emergency*, we will pay the economy fare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$300 for that person's hotel and meals and cover him/her under the same Plan type purchased by *you*, until *you* are medically fit to return *home*. If *you* are a *child*, this benefit is available immediately upon *your hospital* admission.

9. **Expenses for childcare** – This means 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 a covered *medical condition*, we will pay for the extra cost of the *children's* economy class transportation *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*.

WHAT IS NOT COVERED UNDER EMERGENCY MEDICAL INSURANCE?

We will not pay any expenses or benefits relating to:

1. **Any claim within the *waiting period*** that is not the result of an *accidental bodily injury* if *you* purchase this insurance after *your* arrival date in Canada.
2. **A *pre-existing condition***

Plan A – we will not pay any expenses relating to:

 - a) a *pre-existing condition* for which medication has been taken, received or prescribed and/or *treatment* has been received 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.

Plan B – we will not pay any expenses relating to:

- 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.
3. **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.
 4. **Covered expenses that exceed** the *reasonable and customary charges* that normally apply where the medical *emergency* occurs.
 5. **Covered expenses that exceed** the maximum insured amount available under the plan *you* have purchased.
 6. **Any expenses or benefits** if the information provided on the application for insurance is not truthful and accurate.
 7. **Covered expenses that exceed 75%** of those *we* would normally pay under this insurance, if *you* do not contact the Assistance Centre at the time of the *emergency*, unless *your medical condition* makes it medically impossible for *you* to call (in that case, the 25% co-insurance does not apply).
 8. **Any treatment that is not** for an *emergency*.
 9. **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 and further *treatment* is not *medically necessary*.
 10. **A pre-existing condition when you know**, before *you* leave *home* that: *you* will need or seek *treatment* for that *medical condition* during *your trip*; it was reasonable to expect that before the *effective date* of insurance, *you* would need *treatment* for that *medical condition* during *your trip*; or *you* underwent *treatment* for a *medical condition* that had caused *your physician* to advise *you* not to travel.

11. **A medical condition resulting from** hang-gliding, rock climbing, *mountaineering*, parachuting or skydiving.
12. **Participating in a motorized speed contest**; or *your* professional participation in a sport, when that sport is *your* principal paid occupation.
13. **Committing or attempting to commit** suicide, a criminal act or an intentional self-injury whether sane or insane
14. **An abuse of** medication, drugs (including but not limited to prescribed drugs) alcohol and/or not following recommended or prescribed therapy or *treatment*.
15. **A mental or emotional disorder** (other than acute psychosis) that does not require admission to a *hospital*.
16. **Your routine pre-natal care**, *your child* born during *your trip*, *your* pregnancy or childbirth, complications of *your* pregnancy or childbirth when they happen in the 9 weeks before or after the expected date of delivery.
17. **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.
18. **Any medical condition** that occurs after *our* medical advisors recommend that *you* return *home* following *your emergency treatment*, and *you* chose not to.
19. **Expenses relating to symptoms** that would have caused an ordinarily prudent person to seek *treatment* or medication in the 3 months before *your effective date* of insurance.
20. **Any act of war** or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the terrorism section on page 17.

OTHER CONDITIONS THAT APPLY TO EMERGENCY MEDICAL INSURANCE

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

IF YOU ARE MAKING A CLAIM UNDER THIS INSURANCE, WE WILL NEED:

- a) original receipts for all bills and invoices;
- b) proof of payment made by *you* and/or by any other benefit plan;
- c) complete diagnosis by the attending *physician* or documentation by the *hospital*, which must state that the *treatment* was medically necessary;
- d) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident;
- e) proof of travel dates for side *trips* outside of Canada; and
- f) a copy of *your* airfare ticket and passport confirming travel dates and entry into Canada.

WHAT IS COVERED UNDER OPTIONAL TRIP INTERRUPTION INSURANCE?

Trip Interruption Insurance is available under all plans and provides coverage for an individual *trip* whether *you* have purchased the single-*trip* plan or the multi-*trip* plan. Under this insurance, we will cover the following benefits:

1. Pre-paid portion of *your trip* that is non-refundable and non-transferable to another travel date for a covered event:
 - a) If *your trip* is interrupted due to a covered event that occurs on or after the day *you* plan to leave *home*, we will pay up to the covered amount for the prepaid portion of *your trip* that is non-refundable and non-transferable to another travel date except prepaid unused transportation *home*.
 - b) We will pay *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of up to \$300 per day for up to 2 days when no earlier transportation arrangements are available; and/or
 - c) We will pay *your* one-way economy class fare via the most cost-effective itinerary to return *you home*.
2. Events covered after *you* arrive in Canada from *home*:
 - a) a *medical condition*, or the death of *you* or *your travel companion*;
 - b) a *medical condition*, or the death of *your* or *your travel companion's immediate family* member;
 - c) admittance to a *hospital* in an *emergency* or the 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. A *trip* interrupted when, before the insurance was purchased, *you* were aware of any reason to prevent *you* from completing *your trip* as planned.
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. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
6. An abuse of medication, drugs (including but not limited to prescribed drugs) alcohol and/or not following recommended or prescribed therapy or *treatment*.
7. *Your* committing, or attempting to commit suicide; a criminal act; or intentional self-inflicted injury whether sane or insane.
8. Childbirth after *you* leave *home*; routine pre-natal care; pregnancy or childbirth; or complications of *your* (or *your spouse's*) pregnancy or childbirth occurring in the nine (9) weeks before or after the expected date of delivery.
9. A *pre-existing condition* when *you* know, before *you* leave *home* that: *you* will need or seek *treatment* for that *medical condition* during *your trip*; it was reasonable to expect that before the *effective date* of insurance, *you* would need *treatment* for that *medical condition* during *your trip*; or *you* underwent *treatment* for a *medical condition* that had caused *your physician* to advise *you* not to travel.
10. Expenses that exceed \$1,500 for single coverage and \$5,000 for Family Coverage and/or the maximum coverage for terrorism.
11. The failure of any travel supplier through which *we* have contracted to supply services, or the failure of any travel agent, agency or broker to supply services.
12. Any *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the terrorism section on page 17.

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

1. If *your trip* is interrupted, *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. If a claim is made under this insurance, *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 if the claim is for medical reasons; and, if applicable:

a) complete original unused transportation tickets and vouchers; b) original passenger receipts for the new tickets purchased; c) the original receipts for the travel arrangements paid in advance and for the extra hotel, meal, taxi and telephone expenses incurred; and d) any other invoice or receipt supporting the claim.

WHAT IS COVERED UNDER OPTIONAL TRAVEL ACCIDENT INSURANCE?

Travel Accident Insurance is available under all plans and provides coverage for an individual *trip* whether *you* have purchased the single-*trip* plan or the multi-*trip* plan. Under this insurance, *we* will cover the following benefits:

1. Up to \$50,000 if an *accidental bodily 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 *accidental bodily injury* causes *you* to become completely and permanently blind in one eye; or 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 *accidental bodily 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 OPTIONAL 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. A *medical condition* resulting from hang-gliding, rock climbing, *mountaineering*, parachuting or skydiving.
2. Participating in a motorized speed contest; or *your* professional participation in a sport, when that sport is *your* principal paid occupation.
3. Committing or attempting to commit suicide, a criminal act or an intentional self-injury whether sane or insane.
4. An abuse of medication, drugs (including but not limited to prescribed drugs) alcohol and/or not following recommended or prescribed therapy or *treatment*.

5. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
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. An illness or disease, even if the proximate cause of its activation or reactivation is the result of an *accidental bodily injury*.
9. Any *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the terrorism section on page 17.

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) police, autopsy or coroner’s report; b) medical records; and c) death certificate, as applicable.

ACT OF TERRORISM COVERAGE

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

1. for all *Emergency Medical* insurance, and *Trip Interruption* insurance, to *you* for *your covered expenses* subject to the maximum benefits and this provision; and
2. as excess coverage to all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise-lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and *you* must exhaust all such other sources before a claim under this *policy* will be considered.

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

Coverage is only available for up to two (2) *acts of terrorism* within a calendar year and the maximum payable limit for each *act of terrorism* is:

Plan	Maximum per <i>Act of Terrorism</i> (CDN\$)
<i>Emergency Medical</i>	\$35,000,000
<i>Trip Interruption</i>	\$2,500,000

If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* exceed the applicable limits, the prorated claim may be paid after the end of the calendar year in which *you* qualified for benefits.

ACT OF TERRORISM COVERAGE EXCLUSIONS

Notwithstanding any provision to the contrary within this *policy* or any endorsement thereto, the *policy* does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, resulting from, arising out of or in connection with any *acts of terrorism* perpetrated by or involving the utilization of biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

WHAT ARE THE OTHER INSURANCE DETAILS?

This insurance *policy* is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application and/or about this *policy*. This *policy* is non-participating. *You* are not entitled to share in *our* divisible surplus. Any reference to age in this document refers to *your* age on *your* effective date of insurance. Neither *we* nor *our* agents or administrators are responsible for the availability, quality or results of any medical *treatment* or transportation, or for *your* failure to obtain medical *treatment*. Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the governing provincial statutes respecting contracts of accident and sickness insurance where *your* *policy* was issued.

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 plan 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 within Canada or worldwide 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. 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.

Who will we pay your benefits to 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 unless otherwise specified in *your* *confirmation*. *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 will be submitted to arbitration under the arbitration law in the Canadian province or territory where *your* *policy* was issued. Legal action to recover a claim must start within 12 months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before courts of the Canadian province or territory where *your* *policy* was issued.

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

DEFINITIONS

Accidental bodily injury means an injury to *your* body that *you* sustain during the *trip* and that is caused by external, violent and purely accidental means, directly and independently of all other causes.

Act of terrorism means any activity occurring within a 72-hour period, save and except an *act of war* against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- a) use, or a threat to use, force or violence; or
- b) commission, or a threat to commit, a dangerous act; or
- c) commission, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system,

and the effect or intention of the above is to:

- i) intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against its conduct or policies; or
- ii) intimidate, coerce or put in fear the civilian population or any segment thereof; or
- iii) disrupt any segment of the economy; or
- iv) further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

Act of war means hostile or warlike action in a time of peace or war, whether declared or not, whether initiated by a local government, foreign government or foreign group. This includes but is not limited to civil unrest, insurrection, rebellion, civil war, any *act of terrorism* or, bioterrorism, the use of force or violence and/or the threat thereof, by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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

Change in medication means an increase or decrease in medication dosage or a *change in medication* type.

The following is not considered a *change in medication*:

- a) a change from a brand-name drug to an equivalent generic drug of the same dosage;
- b) a required 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 natural or adopted son, daughter, step-son or step-daughter who travels with *you* during *your trip* and is

- a) at least 31 days of age but under 21 years of age; or
- b) over 21 years of age and is mentally or physically handicapped and dependent on *you* for support.

Common carrier means a conveyance, (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended and used to transport paying passengers.

Confirmation means the document or set of documents confirming *your policy* coverage including the Manulife Financial Visitors to Canada application for insurance form, and, where applicable, *your trip* arrangements.

Covered expenses means *reasonable and customary charges you* incur for supplies and services which are eligible expenses under the *Emergency* Medical Insurance provisions and which are either in excess of and/or not covered under any other benefit plan.

Deductible amount means the amount of *covered expenses* that *you* are responsible for paying. *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.

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

Effective date means the date on which *your* coverage begins as indicated on *your confirmation*.

Emergency means an unforeseen *medical condition* that occurs during the period of insurance.

Expiry date means the earliest of:

- a) the date *you* return *home*;
- b) when *your trip* ends or *your policy* expires as shown in *your confirmation*;
- c) 365 days after *your effective date* of insurance; or
- d) on the first day *you* become insured under a *government health insurance plan* if *you* obtain immigrant status from the Government of Canada.

Government health insurance plan means the coverage that Canadian provincial or territorial governments provide to residents or coverage that governments of *your home* or *your* country of residence provide to *you*.

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, that has at least one Registered Nurse on duty at all times, and that includes a laboratory and operating theatre. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescence, 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.

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

Medical condition means complication of pregnancy within the first 31 weeks of pregnancy, a mental or emotional disorder that requires admission to a *hospital*, acute psychosis, injury, illness or disease.

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

Medically necessary in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b) is not experimental or investigative in nature;
- c) could not be omitted without adversely affecting *your* condition or quality of medical care;
- d) cannot be delayed until *your* return to *your* home; and
- e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

Mountaineering means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts and lead-rope or top-rope anchoring equipment.

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*.

Policy means the Manulife Financial Visitors to Canada insurance plan underwritten by The Manufacturers Life Insurance Company ("Manulife Financial").

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

Reasonable and customary charges means charges that do not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charges are incurred, when furnishing comparable *treatment*, services or supplies.

Spouse means someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the insurance starts.

Stable means a *medical condition* for which:

- a) there have been no new symptoms, and existing symptoms have not become more frequent or severe;
- b) a *physician* has not determined that the condition has become worse;
- c) a *physician* (or other medical professional) has not prescribed or recommended a *change in medication* taken or medical care received for that condition;
- d) a *physician* (or other medical professional) has not prescribed or recommended a change in how often the medication is taken or medical care is received for that condition;
- e) admission to a *hospital* has not been required.

Travel companion means someone who shares *trip* arrangements and accommodations with *you*. A maximum of three (3) persons (including the insured) will be considered *travel companions*.

Treatment means medical advice, care and/or service provided by a medical practitioner. This includes, but is not limited to diagnostic measures and prescribed drugs (including pills and inhaled or injected medications).

Trip means the period of time between *your effective date* of insurance and *expiry date* as shown on *your confirmation*.

Waiting period means:

- a) the 48-hour period following *your effective date* of insurance if *you* purchase this insurance within thirty (30) days of arrival in Canada;
- b) the 8-day period following *your effective date* of insurance if *you* purchase this insurance more than thirty (30) days after arrival in Canada.

The *waiting period* applies to any claim that is not the result of an *accidental bodily injury*.

We, us, our means The Manufacturers Life Insurance Company (Manulife Financial). This *policy* is administered on *our* behalf by Active Care Management: 5500 North Service Road, Burlington, ON, L7L 6W6.

You, yourself, your means the person named as the insured on the *confirmation* and includes *your spouse* and *children* if the required premium for the Family Coverage has been paid.

Your privacy matters to us. 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 or authorized agents 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 call Manulife Financial at 1 800-565-2338 and ask for a copy of *our* Notice on Privacy and Confidentiality. *We* will be pleased to send it to *you*. Or, write to *us* at: Privacy Officer, Manulife Financial, P.O. Box 4213, Stn A, Toronto, ON M5W 5M3.

Notice On Privacy And Confidentiality. The specific and detailed information requested on your application and Medical Questionnaire is required to process the application. To protect the confidentiality of this information, Manulife Financial 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 Financial 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. Your file is secured in our offices. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P.O. Box 4213, Stn A, Toronto, ON M5W 5M3.