

# Manulife Global Youth/Student Deluxe Policy



Underwritten by  
The Manufacturers Life Insurance Company (Manulife) and First  
North American Insurance Company, a wholly owned subsidiary of Manulife.

**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.**

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

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

**It is your responsibility to understand your coverage. If you have questions, call 1 866 298-2722.**



**IN THE EVENT OF AN EMERGENCY, CALL:**  
**1-877-251-4517**  
Toll-free from the USA and Canada  
**+1 (519) 251-7423**  
Collect to Canada where available



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

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

**THIS POLICY IS UNDERWRITTEN** by The Manufacturers Life Insurance Company (Manulife) and 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”) as the provider of all assistance and claims services under this policy.

**10-Day Free Look to Review this Policy**

You have 10 days from *your* insurance purchase date to review this policy. If it does not meet *your* needs, *you* may terminate this insurance coverage and receive a premium refund if:

- (i) *you* have not departed on *your trip*; and
- (ii) there is no claim in progress.

To request a premium refund, simply contact *your* travel agent from whom *you* purchased the insurance.

**After the 10-Day Free Look, refund of premium is not available.**



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, go to [www.thiaonline.com](http://www.thiaonline.com)

**IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE**

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.

**A pre-existing condition exclusion applies** to *your* Emergency Medical Insurance coverage. It is ***your* responsibility** to review and understand the *pre-existing condition* exclusion that applies to *you* listed on Page 11 of this policy.

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

**1-877-251-4517** toll-free from the USA and Canada  
**+1 (519) 251-7423** call collect where available

*Our* Assistance Centre is there to help *you*  
**24 hours a day, every day of the year.**

*Our* Assistance Centre can also be contacted through the **ACM TravelAid™** mobile application.

Please note that if ***you do not call*** the Assistance Centre in an *emergency* or prior to *treatment*, ***you will have to pay 25% of the eligible medical expenses*** we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

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

**MANULIFE FLIGHT ASSISTANCE**

Manulife has contracted with Blink Innovations (UK) Limited (Blink) to use their technology to administer payment for the Manulife Flight Assistance benefit. Blink will provide expedited flight assistance services when your airline provider delays your flight for a minimum of 3 hours beyond the scheduled departure time and date or cancels your flight.

**IMPORTANT:** You must register your smart (mobile) phone number and the flight information for each flight in your journey at [www.flightassistancemanulife.com](http://www.flightassistancemanulife.com) at least one hour before the original scheduled departure time of your flight. In the event that your flight is delayed or cancelled, Blink will communicate with you through your smart (mobile) phone registered with Blink. See page 18 for full details.



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, every day of the year. Before *you* travel download the free assistance & claim mobile app, **ACM TravelAid™**.



Please note that if *you* do not call the Assistance Centre in an *emergency*, or prior to any *treatment*, *you* will have to pay 25% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.



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, every day of the year. Before *you* travel download the free assistance & claim mobile app, **ACM TravelAid™**.



Please note that if *you* do not call the Assistance Centre in an *emergency*, or prior to any *treatment*, *you* will have to pay 25% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.



# TABLE OF CONTENTS

10-DAY FREE LOOK TO REVIEW THIS POLICY .....	2
THE TRAVEL INSURANCE BILL OF RIGHTS AND RESPONSIBILITIES	2
INTRODUCTION.....	3
MEDICAL CONCIERGE SERVICES .....	3
SCHEDULE OF BENEFITS .....	4
ELIGIBILITY .....	4
PERIOD OF COVERAGE .....	4
TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION	
INSURANCE.....	5
Trip Cancellation Insurance - Prior to Departure .....	5
Benefits - What does Trip Cancellation Insurance cover? .....	5
Trip Interruption Insurance - On or After Departure.....	6
Benefits - What does Trip Interruption Insurance cover? .....	6
Trip Disruption Insurance .....	7
Benefits - What does Trip Disruption Insurance (Delays, Schedule	
Change, Cancellations and Other Covered Events) cover? .....	7
CONDITIONS & LIMITATIONS: TRIP CANCELLATION, TRIP	
INTERRUPTION AND TRIP DISRUPTION INSURANCE .....	8
EXCLUSIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP	
DISRUPTION INSURANCE.....	9
EMERGENCY MEDICAL INSURANCE .....	9
Benefits - What does Emergency Medical Insurance Cover?.....	9
CONDITIONS & LIMITATIONS: EMERGENCY MEDICAL INSURANCE	11
EXCLUSIONS: EMERGENCY MEDICAL INSURANCE.....	11
TRAVEL ACCIDENT INSURANCE .....	12
Benefits - What does Travel Accident Insurance cover?.....	12
EXCLUSIONS: TRAVEL ACCIDENT INSURANCE.....	12
BAGGAGE AND PERSONAL EFFECTS INSURANCE .....	13
Benefits - What does Baggage and	
Personal Effects Insurance cover? .....	13
EXCLUSIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE ..	13
ACT OF TERRORISM COVERAGE .....	13
GENERAL EXCLUSIONS .....	14
DEFINITIONS.....	15
GENERAL CONDITIONS .....	16
CLAIM PROVISIONS.....	17
MANULIFE FLIGHT ASSISTANCE .....	18
NOTICE ON PRIVACY .....	18

## INTRODUCTION

### Policy Contract

This is *your* insurance policy, a contract detailing the terms and conditions of the insurance coverage *you* purchased. *Your* application, the *confirmation*, this policy and any riders or endorsements to it shall form the entire contract between *you* and *us*. We have the sole authority for changing or waiving any of the terms, conditions or provisions stated in this policy.

### How to contact us

Prior to travelling, or when travelling and *you* require *emergency* assistance, call:

**1-877-251-4517** toll-free from the USA and Canada

**+1 (519) 251-7423** collect where available.

For coverage information or general enquiries, please contact Manulife Travel Insurance Customer Service at **1 866 298-2722**.

## MEDICAL CONCIERGE SERVICES

Manulife Global Travel Insurance is pleased to provide you with value-added medical concierge services.

### What services are available?

StandbyMD has an International network of medical providers and partners who provide services across time zones and who assure a quick and streamlined access to healthcare 24 / 7 / 365 all over the world. StandbyMD allows you to access multiple levels of personalized care ranging from:

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

In addition, when you travel within Canada or to the United States, StandbyMD offers the following services:

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

**How does this service work?** StandbyMD's risk assessment algorithm triages patients according to their symptoms, profiles and location. Based on the information provided they are instantly referred to the most appropriate level of care their specific situation requires. StandbyMD uses a worldwide network of providers that offer high-quality care at preferred rates and direct billing solutions, minimizing the likelihood of paying out-of-pocket. The StandbyMD program will assist with co-ordinating payment of eligible expenses subject to the terms and conditions of the policy. To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card.

**Disclaimer, Waiver, and Limitation of Liability:** StandbyMD is not intended to be a substitute for professional medical advice, it is provided for the purpose of assisting you in finding medical providers. The advice provided by StandbyMD is a recommendation only, and entirely voluntary. You still retain the right to choose for yourself, your own level of care regardless of StandbyMD's recommendation. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals. StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy does not assume any responsibility for:

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

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

\*Related persons include principals, parents, successors and assigns of StandbyMD.

## SCHEDULE OF BENEFITS

YOUTH/STUDENT DELUXE POLICY	
Eligible Age	Over 30 days old and up to age 29
Manulife Flight Assistance	Maximum \$140
Medical Concierge Services	Included
TRIP CANCELLATION – INTERRUPTION – DISRUPTION INSURANCE	
Trip Cancellation – Non-Refundable Prepaid Insured Travel Arrangements	Up to Sum Insured selected on the application (covered amount insured) - Maximum \$10,000
Trip Interruption	Economy
Tour Cruise Cancellation	Up to \$1,000
Schedule Change	Up to \$1,000
Accommodation & Meal Expenses for Trip Interruption	\$150 per day – Maximum \$300
Accommodation & Meal Expenses for Trip Disruption	\$350 per day – Maximum \$700
EMERGENCY MEDICAL INSURANCE	
Hospital & Medical	Up to \$5,000,000
Accidental Dental	Up to \$5,000,000
Medical Evacuation & Return Home	Up to \$5,000,000
Accommodation & Meal Expenses	\$350 per day – Maximum \$3,500
Visit to Bedside	Round Trip Economy Fare + \$500 Travel Expenses
Return & Escort of Children	Escort Round Trip + Children One Way Economy Fares
Repatriation of Remains	Reasonable Expenses Up To \$5,000,000
Cremation-Burial at Destination	Up to \$5,000
Vehicle Return	Reasonable Return Cost
Hospital Confinement Allowance	Up to \$500
Child Care Cost	Up to \$500
TRAVEL ACCIDENT INSURANCE	
Air Flight Accident	\$100,000
Worldwide Accident	\$50,000
BAGGAGE AND PERSONAL EFFECTS INSURANCE - Up to \$1,000	
Lost – Stolen - Damaged Items	Up to \$500 Per Item
Delayed Luggage	Up to \$400
Delayed Sport Equipment	Up to \$150

We will reimburse eligible expenses and/or pay benefits for covered losses, subject to the terms, conditions, limitations and exclusions stated in this policy.

**PLEASE NOTE:** In the event that you are not covered under a government health insurance plan for the entire duration of your trip, reimbursement for eligible expenses incurred under this Emergency Medical Insurance will be limited to a **maximum of \$25,000.**

## ELIGIBILITY

Travel insurance must be purchased based upon age, length of travel and other restrictions set forth in this Manulife Global Youth/Student Deluxe policy.

AGE	LENGTH OF TRAVEL	OTHER CONDITIONS
Over 30 days old and up to age 29*	Trips up to 30 days	<ul style="list-style-type: none"> <li>- Valid government health insurance plan.</li> <li>- Coverage must be purchased for the full duration of the trip and for full value of your prepaid non-refundable portion of the trip up to \$10,000.</li> </ul>

\* Please check *pre-existing condition* exclusions for **Emergency Medical Coverage** (see page 11).

### CHAPERONE COVERAGE CONDITIONS

- If travelling as a chaperone, be up to 65 years of age (at time of application).
- To be considered as a 'chaperone' you must be so appointed by the organization or the principal leader of the youth group to accompany youths in this group who are up to 18 years of age.
- A chaperone must be insured under a valid Canadian government health insurance plan and coverage must be purchased for the full duration and for the full value of the prepaid nonrefundable portion of the trip.
- Chaperone coverage is available to a proportion of one (1) chaperone to five (5) youths.

### PERIOD OF COVERAGE

The period of coverage under this policy shall not exceed 12 consecutive months for any one trip.

The trip must originate and terminate in Canada, except for benefits under Trip Cancellation, Trip Interruption and Trip Disruption Insurance.

This insurance must be purchased prior to departure from your province or territory of residence in Canada and for the complete duration of the trip.

### THE DATE YOUR COVERAGE STARTS / YOUR EFFECTIVE DATE OF COVERAGE

**For Trip Cancellation Insurance** coverage starts at the time and date you pay the premium for that coverage.

**For Emergency Medical Insurance**, coverage starts when you leave home.

**For Trip Interruption Insurance, Travel Accident Insurance and Baggage and Personal Effects Insurance**, coverage starts on your departure date.

**For Top-Ups**, if you purchased this insurance as a Top-Up to another plan, coverage starts after you leave home, on the start date of Top-Up coverage indicated on your application and which must correspond to the first day after expiration of your other plan.

### THE DATE YOUR COVERAGE ENDS / YOUR COVERAGE EXPIRY DATE

**For Trip Cancellation Insurance**, coverage ends on the earlier of:

- your departure date; or
- the date you cancel your trip.

**For Emergency Medical Insurance**, coverage ends on the earlier of:

- a) the date *you* return *home*;<sup>\*</sup> or
- b) the return date, as stated on *your confirmation*.

**For Trip Interruption Insurance, Travel Accident Insurance and Baggage and Personal Effects Insurance**, coverage ends on the earlier of:

- a) the date *you* return to *your departure point*<sup>\*</sup>; or
- b) the return date, as stated on *your confirmation*.

**\*Your insurance coverage will not end if you temporarily return to Your Province or Territory of Residence**

*Your* insurance coverage will not end if *you* temporarily return to *your* province or territory of residence prior to *your return date* for the purpose of attending a funeral or to go to the *hospital* bedside of an *immediate family* member and then resume *your trip*. In such a case, *your* policy will remain in effect up to *your return date*. However, *you* will not be covered for any *pre-existing condition*, *sickness* or *injury* for which *you*, or any other person whose *medical condition* gives rise to a claim, had sought or received medical *treatment*, or for which medication had commenced, or been changed in type, usage or dosage during the 90-day period immediately prior to the date *you* resumed *your trip*.

If *you* have requested and received prior approval from *our* Assistance Centre, *you* may return to *your* province or territory of residence to attend special events. *Your* medical coverage will not terminate but will be suspended for the duration of *your* temporary return. *Your* medical coverage will resume once *you* begin travel but, if *you* receive *treatment* in Canada for *sickness* or *injury* during *your* temporary return, then any *treatment* received on *your* return to *your* destination relating to the *medical conditions* previously treated in Canada will not be covered.

In all cases of such temporary returns, there will be no refund of premium for any of the days that *you* have returned to *your* province or territory of residence.

### Automatic Extension

Under Trip Interruption Insurance, we will extend *your* coverage beyond the date *you* were scheduled to return *home* as per *your confirmation*:

- a) for up to 10 days, if *you* have a *medical condition* that prevents *you* from returning *home* on that date; or
- b) for up to 30 days, if *you* are in *hospital* and that hospitalization prevents *you* from returning *home* on that date.

However, if travel is medically possible before the 10 or 30 days have passed, we will honour *your* claim for eligible expenses only until that earlier date.

Under all other types of insurance, we will extend *your* coverage automatically beyond the date *you* were scheduled to return *home* as per *your confirmation* if:

- a) *your common carrier* is delayed. In this case, we will extend *your* coverage for up to 72 hours; or
- b) *you* or *your travel companion* is in *hospital* on that date. In this case, we will extend *your* coverage while in *hospital* and for up to 5 days after discharge from the *hospital*; or
- c) *you* or *your travel companion* has a *medical condition* that does not require admission to *hospital* but prevents travel. In this case, we will extend *your* coverage for up to 5 days.

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

### What If I Stay Longer Than Planned?

**Extensions:** If *you* have not left *home*, simply call *your* travel agency to ask for the extension. If, however, *you* are already on *your trip*, please call the Assistance Centre prior to *your* expiry date. *You* may be able to extend *your* coverage, subject to an extra premium, as long as the total length of *your trip* does not exceed 30 days.

If *you* have not had or expect to have a *medical condition* or claim since *your* policy was issued, the extension will be issued right away. Otherwise, the extension is subject to the approval of the Assistance Centre.

**Top-ups:** To *Top-up* another insurer's plan for trips longer than the number of coverage days *you* have, simply call *your* distributor of Travel Insurance before *you* leave home for the additional coverage days required. It is *your* responsibility to confirm that a *Top-up* is permitted on *your* existing plan with no loss of coverage.

## TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

To be sure *you* have full coverage for *your trip*, *you* must have purchased Trip Cancellation, Trip Interruption and Trip Disruption coverage before any cancellation penalties applied.

### When Does Coverage Apply?

**Trip Cancellation** applies when a covered event occurs prior to *your departure date*.

**Trip Interruption** applies when a covered event occurs on or after *your departure date*.

**Schedule Change** applies when, after the start date of *your* coverage, the airline carrier providing transportation for a portion of *your trip* changes the scheduled departure of *your* flight to a later or earlier departure which results in the flight being unusable or causes *you* to miss a connection.

**Cancellation of Your Tour/Cruise** applies when *your* Tour/Cruise is cancelled for reasons specified in the Tour/Cruise Cancellation Benefit section of the policy.

**Trip Disruption** applies when a covered event affects the course of *your* travel to and from *your departure point* and causes a delay of *your* departure or delay of *your* return back to *your departure point*.

### Trip Cancellation Insurance - Prior to Departure

Trip Cancellation Insurance coverage starts at the time and date *you* pay the premium for that coverage.

Trip Cancellation Insurance coverage ends on the earlier of:

- a) *your departure date*; or
- b) the date *you* cancel *your trip*.

### Benefits - What does Trip Cancellation Insurance cover?

If *you* must cancel *your trip* **prior to your departure date** due to the occurrence of any one of the Events Covered for Trip Cancellation or Trip Interruption Insurance, *you* will be reimbursed up to the **sum insured** as *you* selected at time of application:

- a) the non-refundable portion of *your* prepaid *insured travel arrangements*, published service fees, published cancellation fees as well as other administrative handling fees and service fees specifically indicated on *your confirmation*; or
- b) the next occupancy charge, if *your travel companion* with whom *you* have prepaid shared accommodation cancels and *you* elect to travel as originally planned; or
- c) the change fee charged for rebooking *your insured travel arrangements* when such an option is made available by *your travel supplier*.

To cancel a *trip* prior to *your* scheduled *departure date*, *you* must cancel *your trip* with *your* travel agent or *travel supplier* immediately, or at the latest, the business day following the cause of cancellation.

## Trip Interruption Insurance - On or After Departure

Trip Interruption Insurance coverage starts on *your departure date*.

Trip Interruption Insurance coverage ends on the earlier of:

- a) the date *you* return to *your departure point*; or
- b) the return date, as stated on *your confirmation*.

### Benefits - What does Trip Interruption Insurance cover?

If *your trip* is interrupted **on or after your departure date** due to the occurrence of any one of the Events Covered for Trip Cancellation or Trip Interruption Insurance, *you* will be reimbursed:

1. The extra cost of one-way economy class transportation via the most cost-effective itinerary, to continue *your trip* as originally booked, or to return to the original *departure point*.

If *you* are required to interrupt *your trip* to attend a funeral or go to the bedside of a hospitalized *immediate family* member, *you* have the option to purchase an economy round-trip ticket and *you* will be reimbursed for the cost of the round-trip ticket, up to the amount of one-way economy transportation back to the *departure point* of *your trip*.

2. a) The unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*); or  
b) If applicable, the next occupancy charge if *your travel companion*, with whom *you* have prepaid shared accommodation, cancels and *you* elect to continue the *trip* as originally planned.
3. Published cancellation fees imposed for the early return of a *rental vehicle* prior to the contracted date of return and published cancellation fees imposed by hotels for unused accommodations.
4. Extra expenses incurred for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares caused by the interruption of *your trip*, up to **\$150 per day** to a maximum of **\$300**.

Original receipts must be provided when claiming this benefit.

5. **In the event of your death** resulting from a covered *injury* or *sickness* while on the *trip*:
  - a) the reasonable costs incurred for preparing and transporting *your remains* back to *your departure point* in Canada; or
  - b) the cost of cremation and burial of *your remains* at the location where death occurs, to a maximum of **\$3,000**.

No benefit is payable for the cost of a headstone, casket, urn and/or funeral service expenses.

**No benefit will be payable under item Trip Interruption Insurance - On or After Departure, if you are eligible and qualify to receive the payment for the same expenses under any other benefit section of this policy.**

## EVENTS COVERED FOR TRIP CANCELLATION OR TRIP INTERRUPTION INSURANCE

Trip Cancellation or Trip Interruption of *your trip* must result from any one of the **UNFORESEEN EVENTS** listed below occurring during the period of coverage:

### Medical Related Events

1. The unexpected *sickness* or *injury* of *you*, *your travel companion*, or a member of *your* or *your travel companion's immediate family* travelling with you on the *trip*.
2. The unexpected *sickness* or *injury* of a member of *your* or *your travel companion's immediate family* or *key-person*, not travelling with you on the *trip*.

3. *You* or *your travel companion* are medically unable to receive an injection or medication that is suddenly required for entry into a country, region or city originally ticketed in *your insured travel arrangements*, provided this requirement was not mandatory on the date of application for insurance.
4. If *you* miss **75%** of *your trip* because *you* had to interrupt *your travel* due to the admission to *hospital* or death of *your immediate family* member or a *key-person* not travelling with *you*, a **\$750** travel voucher will be issued to *you*. The voucher is non-transferable and must be used within 180 days of the early *return date* and must be used at the travel agency that originally booked the interrupted *trip*.
5. Quarantine of *you*, *your travel companion* or the *spouse* or *children* of either.
6. The person whose guest *you* will be during *your trip* is admitted to *hospital* in an *emergency*.

### Pregnancy and Adoption

7. Complications of pregnancy which occur within the first 31 weeks of *your* or *your travel companion's*, or *your spouse's* or *travel companion's spouse's* pregnancy.
8. Pregnancy that is diagnosed after the date *you* book *your trip*, if the *trip* is scheduled to take place within 9 weeks or less of *your*, *your spouse's*, *your travel companion's* or *your travel companion's spouse's* expected date of delivery, or if the *physician* advises against travel in the first trimester of the pregnancy.
9. The early and unexpected birth of *your immediate family* member not travelling with *you* during *your trip*.
10. The legal adoption of a child by *you* or *your travel companion*, when the actual date of the adoption is scheduled to take place during the *trip* and the actual notice of the adoption was received after *you* book *your trip*.

### Death

11. The unexpected death of *you*, *your travel companion*, or a member of *your* or *your travel companion's immediate family* travelling with you on the *trip*.
12. The unexpected death of a member of *your* or *your travel companion's immediate family*, a *key-person* or of a friend, not travelling with you on the *trip*.
13. The person whose guest *you* will be during *your trip* dies.

### Work and Educational Obligations

14. *You*, *your spouse*, *your parent/legal guardian* or *your travel companion* being transferred by the employer with whom *you*, *your spouse*, *your parent/legal guardian* or *your travel companion* were employed at the time of application for this insurance, which requires a relocation of *your* or *your travel companion's* principal residence.  
(Please note that parent/legal guardian is applicable to Elementary or High School full-time students only.)
15. *You*, *your spouse* or *your travel companion* being called to emergency service as a member of a Police Force, Armed Forces, Reserves, Fire Fighting Unit or essential medical personnel.
16. *You*, *your spouse*, *your parent/legal guardian* or *your travel companion's* involuntary loss of permanent employment (excluding contract or self-employment), due to layoff or dismissal without just cause, provided that *you* had no knowledge of such action prior to the date of application for insurance. (Please note that parent/legal guardian is applicable to Elementary or High School full-time students only.)
17. The requirement that *you* or *your travel companion* attend a registered professional career program examination or a university or college course examination on a date that occurs during *your trip*, provided the examination had a set date and time that was published before *you* purchased this insurance and subsequently changed after such purchase.

18. *Your or your travel companion's* failure of an examination which requires *you or your travel companion* to re-sit the examination during *your trip*.
19. The cancellation of *your school trip* by the school board due to:
- a teachers' labour strike; or
  - the school board determines there is a risk of harm to *you* during *your school trip* because of an identified threat arising from an event that occurred within 90 days of *your scheduled departure date*. In addition, the school *trip*, or a portion of the school *trip*, includes a visit or a stay in the area or vicinity where the event occurred.

20. A business meeting, trade show, training course or convention that is the main intent of *your trip* and was scheduled before *you* purchased this insurance, is cancelled for a reason beyond *your control*, the control of *your employer*, the control of *your travel companion*, or the control of *your travel companion's employer*. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, *you* must be a registered delegate.

### Government and Legal

21. The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after *you* purchase *your insurance*, advising or recommending that Canadian residents should not visit a destination included in *your trip*.
22. *You, your travel companion* or the *spouse or children* of either are, during *your coverage period*, a) called to jury duty; b) subpoenaed as a witness; or c) required to appear as a defendant in a civil suit.
23. The non-issuance of *your and/or your travel companion's* travel visa (excluding an immigration or employment visa), for reasons beyond *your or your travel companion's* control, other than due to late application or a subsequent attempt for a visa that had previously been refused provided *you or your travel companion* were eligible to make such an application.

### Accommodations and Transportation

24. A disaster which renders *your or your travel companion's* principal residence uninhabitable or place of business unusable.
25. The burglary of *your or your travel companion's* principal residence or place of business within 7 days of *your scheduled departure date* and as a result *you or your travel companion* must remain behind to make the burglarized location secure or to meet with the insurance company or police authorities.
26. Death, admission to *hospital* or quarantine of the person with whom *you* have arranged overnight accommodation for the majority of *your trip* at their usual place of residence, not including commercial facilities.
27. A disaster which renders uninhabitable the residence of the person with whom *you* have arranged overnight accommodation for the majority of *your trip* or renders uninhabitable *your* pre-booked destination accommodations, which is not eligible for reimbursement from *your travel supplier*.

### Supplier Default

28. Complete cessation of operations by a contracted *travel supplier* (including *travel services* provided by a foreign *travel supplier* if such *travel services* are part of an inclusive package).

### Hijacking

29. Hijacking of *you, your travel companion* or the *spouse or children* of either.

### Weather

30. Weather conditions, earthquakes or volcanic eruptions causing the scheduled *common carrier*, on which *you or your travel companion* is booked to travel, to be delayed for a period of at least **30%** of the duration of *your trip*.

## Trip Disruption Insurance

### Benefits - What does Trip Disruption Insurance (Delays, Schedule Change, Cancellations and Other Covered Events) cover?

Trip Disruption of *your trip* must result from any one of the **UNFORESEEN EVENTS** listed below occurring during the period of coverage:

#### Delays

1. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier* on which *you or your travel companion* are booked to travel for any portion of *your insured travel arrangements* to be delayed for a period of at least **30%** of the *trip* duration, and *you* choose not to continue with the *insured travel arrangements*, *you* will be reimbursed:
  - a) the unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*), published service fees, published cancellation fees and other administrative handling fees and service fees specifically indicated on *your confirmation*;
  - b) the one-way economy class transportation via the most cost-effective itinerary back to *your departure point*.
2. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier* on which *your travel companion* is booked to travel to be delayed for a period of at least **30%** of the *trip* duration, and *your travel companion* cancels their travel arrangements, *you* will be reimbursed for the extra cost of the next occupancy charge, if *you* elect to continue *your trip* as originally planned.
3. Provided *you* had left enough travel time to comply with the *travel supplier's* normal check-in procedure, if *you* miss a connection (at any point in *your insured travel arrangements*) or are required to interrupt *your insured travel arrangements* as a direct cause of the following events:
  - i) **delay** of the private automobile in which *you or your travel companion* are travelling, caused by mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions or other natural disaster, unannounced strike, a traffic accident or emergency road closure by police; or
  - ii) **delay or cancellation** of *your or your travel companion's* connecting *common carrier*, such as a commercial airline, ferry, cruise ship, bus, limousine, taxi or train, caused by mechanical failure of that *common carrier*, weather conditions, earthquakes, volcanic eruptions or other natural disaster, unannounced strike, a traffic accident or emergency road closure by police; or
  - iii) *your* cruise ship is delayed or the itinerary is modified due to the *emergency medical condition* of another passenger; *you* will be reimbursed for:
    - a) the non-refundable unused portion of *your* prepaid *insured travel arrangements*, excluding the cost of prepaid unused transportation back to *your departure point*;
    - b) the extra cost of a one-way economy class transportation, via the most cost-effective itinerary, to the next destination of *your trip*, inbound or outbound, including return to *your departure point*.

#### Schedule Change Causing a Missed Connection

If there is a *schedule change* by the airline carrier on which *you* are booked to travel for any portion of *your trip* and this either renders a portion of *your trip* unusable, or causes *you* to misconnect with a portion of *your trip*, *you* will be reimbursed for:

- a) **if the trip is no longer usable due to a schedule change:** the change fee charged by the airline carrier, otherwise the extra cost of a one-way economy airfare on a commercial airline, to modify or replace the portion of the *trip* that was rendered unusable so as to permit *you* to continue *your insured travel arrangements* as originally scheduled; or

- b) **if you misconnect due to the *schedule change to another portion of your insured travel arrangements***: the change fee charged by the airline carrier, or up to **\$1,000** for the extra cost of an economy one-way airfare via commercial airline by the most cost-effective itinerary to the next destination of *your trip*, either inbound or outbound (including return to *your departure point*).

#### **Cancellation of Connecting Airline Carrier**

Alternatively to the benefit available under 'Schedule Change Causing a Missed Connection', in the event there is a cancellation of a flight by an airline carrier that is providing a portion of *your insured travel arrangements*, you will be reimbursed for the non-refundable prepaid airfare that is no longer useful for *your trip* up to a maximum of **\$1,000**.

#### **Tour/Cruise Cancellation Benefit**

If *your insured travel arrangements* include a Tour/Cruise and if such Tour/Cruise is cancelled for any reason other than *travel supplier default* and the cancellation occurs:

- a) **prior to your departure from your departure point**: you will be reimbursed for your non-refundable prepaid airfare that is not part of your Tour/Cruise package up to a total of **\$1,000**.
- b) **after your departure from your departure point** but prior to the departure of the tour/cruise ship: you will be reimbursed for the lesser of:
  - i) the change fee charged by the airline carrier(s) involved to return you to the *departure point of your trip*, if such an option is available; or
  - ii) the extra cost of an economy one-way airfare on a commercial airline via the most cost-effective itinerary route to return to the *departure point of your trip* up to **\$1,000**.

#### **Lost or Stolen Passport**

If *your or your travel companion's* passport and/or travel visa is lost or stolen during *your trip*, you will be reimbursed for reasonable travel and accommodation expenses until *your* replacement travel documentation is replaced. You will also be reimbursed for the change fee charged by the airline up to a maximum of **\$1,000**.

#### **Accommodation and Meals**

If *your trip* is disrupted as a result of any of the events covered under sub-sections of the Trip Disruption Section of this policy and you necessarily incur extra expenses for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares, you will be reimbursed for such expenses up to **\$350 per day** to a maximum of **\$700**.

Original receipts must be provided when claiming this benefit.

If the hotel room that is part of *your insured travel arrangements* is rendered uninhabitable due to a flood or natural disaster during *your trip*, you will be reimbursed up to a maximum of **\$250**.

In the event that the hotel room that is part of *your insured travel arrangements* is no longer available due to overbooking and *your* tour operator provides you with a lesser-quality hotel, you will be reimbursed up to a maximum of **\$250**.

**Original receipts must be provided when claiming these benefits.**

**Benefits available under this sub-section of Trip Disruption will apply provided that all travel arrangements were booked prior to or concurrently with the trip.**

## **CONDITIONS & LIMITATIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE**

1. The sum insured under the Trip Cancellation coverage should be for the full value of prepaid *insured travel arrangements* that are subject to cancellation penalties or restrictions.
2. If before *your departure date* you are prescribed any *change in medication or treatment* that would make *your medical condition* not stable and therefore ineligible for coverage under the Emergency Medical Insurance coverage, you may apply for *our* special consideration of *your* particular medical circumstance through Customer Service.

To apply, you must provide us with:

- copies of the clinical notes from *your* treating *physician*, for the period starting when you booked *your trip* to the date of *your* request for consideration;
- authorization to *physicians* and *hospitals* signed by you;
- complete itinerary for *your trip*, including prepaid amounts, insured amounts, and cancellation penalties.

Once this information is received, we will, within one business day at *our* discretion either:

- accept *your* claim under *our* Trip Cancellation & Trip Interruption Insurance; or
  - waive the change in *your medical condition* that would otherwise make you ineligible for benefits under *our* Emergency Medical Insurance.
3. You must cancel *your* scheduled *trip* with the agent or *travel supplier* on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the trip contracts which are in effect on the next business day following the time the cause of cancellation occurs.
  4. Cancellation or interruption of *your trip* as the result of *sickness or injury* requires written verification from the attending *physician* in the locality where the *sickness or injury* occurred, complete with the diagnosis and the medical reason for cancellation or interruption (or for delay beyond the scheduled date of return) of *your trip*. A "Physician's Statement" is included on the Travel Insurance Trip Cancellation/Interruption Claim Form. The information required on the Physician's Statement must be completed by the attending *physician* in order for the claim to be processed. If a *physician* was not consulted as required by these conditions or if the information required in the Physician's Statement is not completed by the attending *physician*, *your* claim will be denied. Settlement is limited to the amount of penalty that would have been levied by the *travel supplier* on the next business day following the date the *physician* first recommends cancellation.
  5. If travel is delayed for more than 10 days beyond the scheduled *return date*, benefits will be payable only upon satisfactory proof that the delay resulted from the *hospital* confinement of you, *your travel companion* or an *immediate family* member, who is accompanying you on the *trip*.
  6. In the event a contracted *travel supplier* or carrier ceases operations, the amount payable under this policy for actual financial loss is limited to the amount in excess of the amount recoverable from a provincial compensation fund, up to the sum insured to a maximum of **\$5,000**. This policy will not pay any other amounts with respect to such loss, and will in no circumstances provide or be deemed to provide primary coverage in respect of such loss.



**Our maximum aggregate liability under this policy and all other policies issued by us, as a result of the financial default of any one contracted travel supplier, is \$1,000,000 regardless of the number of claims. Where the aggregate eligible claims exceed this limit, the eligible claims will be reduced on a pro rata basis.**

**Our maximum aggregate liability under this policy and all other policies issued by us under this benefit is limited to \$5,000,000 per calendar year regardless of the number of incidents of default of contracted travel suppliers. Where the aggregate eligible claims in a calendar year exceed this limit, the eligible claims will be reduced on a pro rata basis and will be paid after the end of the calendar year. In the event the bankruptcy or insolvency occurs prior to departure, the maximum payable to you will be the non-refundable prepaid travel expenses; after departure, the maximum payable to you will be the unused portion of prepaid non-refundable travel expenses.**

7. If *your insured travel arrangements* were made via the internet, the benefits under Delays and Schedule Change Causing a Missed Connection will apply provided *your* booked travel arrangements meet these criteria: domestic airline connectors must be at least **two (2) hours** and at least **four (4) hours** if the connection involves an international connection or trans-border connection. With respect to mixed connections (such as airline connecting to a land tour or cruise or any other landbased connection), the scheduled time between arrival at the scheduled tour or cruise departure city and the scheduled tour or cruise departure must be at least **eight (8) hours**.
8. *Your* claim for non-refundable prepaid travel arrangements or extra cost incurred as a result of Trip Cancellation, Trip Interruption or Trip Disruption must be substantiated with the following documentation (delay in providing the required information may delay the settlement of the claim and failure to provide the required documentation may invalidate or reduce the amount of *your* claim):
  - a) in the case of Delays or Schedule Change Causing a Missed Connection, written verification from the delayed connecting *common carrier* or the connecting *common carrier* effecting the *schedule change* stating the reason for the delay/*schedule change* and the period of the delay;  
*You* must also provide *your* detailed itinerary of the travel arrangements originally booked which must confirm that ample connection times were allowed for each leg of the travel;
  - b) confirmation from the connecting *common carrier*, cruise line or tour operator of their cancellation;
  - c) confirmation from *your* tour operator or cruise ship company of their cancellation or schedule change;
  - d) originals of unused transportation tickets, original invoice from the travel provider, official receipts for the return transportation and receipts for hotel and accommodation expenses;
  - e) in all other cases *you* must provide to *us* documentary evidence of the risk that is the cause of *your* cancellation, interruption or disruption, such as a death certificate, medical report, police report, court documents or other such corroborating documents;
  - f) if *your* cancellation/interruption coverage was purchased as *Top-up* coverage to complement travel insurance coverage that is in effect through another plan, *you* must first claim under the other plan before making a claim under this insurance.
9. Any amount payable under this section will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers*) for the same cause.
10. Any liability under this benefit is subject to *you* not being aware, at the time of purchasing this policy, of any event that could reasonably prevent *you* from making the *trip* as booked.

## EXCLUSIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

This policy does not cover and no benefit is payable for any claim arising from:

1. *Your* or *your travel companion's* knowledge at time of booking or application for this insurance of any reason why the *trip* might be cancelled or abandoned.
2. Cancellation/interruption claims caused by a *medical condition* that arises during *your* period of coverage and:
  - a) for which a *physician* had advised *you* not to travel; or
  - b) for which *you* had travelled with the intention of obtaining medical *treatment*; or
  - c) for which *you* had received a notice of a terminal prognosis prior to travel; or
  - d) which had produced medical symptoms which would have caused an ordinarily prudent person to seek medical advice.
3. Travel for the purpose of visiting a person suffering from a *medical condition* and the *medical condition* (or ensuing death) of that person is the cause of Cancellation or Interruption of the *trip*.
4. Travel arrangements and expenses or losses related to travel arrangements not insured by this policy.
5. Losses that arise from missed connections or travel delay if there was insufficient connection time allowed under the originally booked travel arrangements.
6. Expenses incurred as the result of inadequate or invalid passport, visa or other documentation required by countries included in *your* travel arrangements.
7. *Your* inability to obtain the accommodations desired or *your* aversion to the *trip* or to the transportation.
8. *Default* by *your travel supplier* where:
  - i) at the time of booking the *travel supplier* was in receivership, insolvent or bankrupt or had sought protection from creditors under any bankruptcy, insolvency or similar legislation;
  - ii) the *default* is by a travel agency, agent or broker;
  - iii) the loss *you* incur is recoverable from any compensation plan or fund covering *default* by a *travel supplier* in *your* province or territory of residence in Canada; or
  - iv) loss arising as a result of the complete cessation of operations of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are not part of an inclusive package.

## EMERGENCY MEDICAL INSURANCE

Emergency Medical Insurance coverage starts on *your departure date*.

Emergency Medical Insurance coverage ends on the earlier of:

- a) the date *you* return *home*; or
- b) the return date as stated on *your confirmation*.

### Benefits - What does Emergency Medical Insurance cover?

If *you* incur eligible expenses during the period of coverage as the result of an *emergency sickness* or *injury*, we will pay the *reasonable and customary* charges in excess of any amount payable under *your government health insurance plan* for such expenses, up to the amount specified for any service subject to the overall maximum of **\$5,000,000**.

Benefit payments under this policy will be coordinated with benefits available to *you* under any other type of insurance or prepaid plan, so that reimbursement from all sources will not exceed 100% of the eligible expenses incurred. In any event, coverage and benefits will cease immediately upon *your* arrival back to *your* province or territory of residence in Canada.

**Eligible expenses shall consist of charges for:**

1. **Emergency Hospital Services:** *Hospital* room and board charges or charges for an intensive care room. Alternatively the services of private duty nursing, performed by a registered nurse (R.N.) other than a relative, when ordered in writing by the attending *physician* expressly in lieu of hospitalization and arranged by the Assistance Centre. If *you* are on a cruise ship and are unable to pay directly as required by the cruise ship medical provider, the Assistance Centre will make arrangements for direct billing of covered expenses, where possible, on *your* behalf.
2. **Emergency Medical Services:** Services by a *physician* or surgeon when necessary to provide *treatment* due to an *emergency*.
3. **Medical Procedures and Diagnostic Services:** All medical and diagnostic procedures and/or tests (including but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization or any surgery) **provided prior approval is obtained by the Assistance Centre.**
4. **Prescription Drugs:** Drugs and/or medications that are required to treat an *emergency*, provided they are obtained on the written prescription of a *physician* and dispensed by a licensed pharmacist. This includes the replacement cost of *your* drugs or medications that are lost, stolen or damaged during *your trip* to the lesser of **\$50** or the amount of medication required for the balance of *your trip*. Charges for vitamins, vitamin preparations, over-the-counter drugs or medications, contraception or birth control are not covered.
5. **Medical Equipment:** Rental or purchase of durable medical equipment for therapeutic purposes only, when necessitated by a medical *emergency*, provided prior approval is obtained by contacting the Assistance Centre.
6. **Emergency Dental Treatment:** Services of a licensed dentist or dental surgeon at *your* destination, when required to repair natural or permanently attached artificial teeth which are damaged due to an accidental blow to the head or mouth. Up to **\$1,500** will be reimbursed for continuing dental *treatment* following *your* return to Canada, provided the *treatment* is related to the accidental blow to the head or mouth and the expenses are incurred within 180 days after the date of the accident.  
  
In the event that *you* require *emergency* dental *treatment* to relieve acute pain and suffering that is unrelated to an accidental blow to the head or mouth, up to a maximum of **\$300** will be payable.
7. **Emergency Paramedical Services:** Services of a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist when medically necessary as the result of an *emergency*, up to a maximum of **\$300** per category of practitioner. Excluded are charges for general examinations for “checkup” purposes, cosmetic treatments, or services performed by an *immediate family* member.
8. **Ground Ambulance:** Ground ambulance services to the nearest appropriate *hospital* or medical service provider when necessary due to a medical *emergency*. If an ambulance was medically necessary but not available, expenses will be reimbursed for local taxi fares. If local taxi services are required to get to and from the nearest medical service provider for a minor *emergency*, expenses will be reimbursed up to a maximum of **\$100**.
9. **Emergency Medical Evacuation/Return Home:** If, in the event of a medical *emergency*, our medical advisors and/or the Assistance Centre in consultation with *your* local attending *physician* determine that *you* should be transported to another *hospital* or back to *your* province or territory of residence in Canada for necessary medical *treatment*, the Assistance Centre will arrange for transportation under proper medical supervision and we will pay expenses for the following:

- a) the extra cost of one-way economy class transportation, via the most cost-effective itinerary back to *your* province or territory of residence in Canada; This benefit will extend to cover the cost of an airline seat upgrade if determined medically necessary and arranged by the Assistance Centre; or
- b) a stretcher fare on a commercial flight via the most cost-effective itinerary back to *your* province or territory of residence in Canada, if a stretcher is medically necessary, and the round-trip economy class airfare via the most cost-effective itinerary, plus the reasonable fees and expenses for a qualified medical attendant to accompany *you*, when an attendant is medically necessary or required by the airline; or
- c) air ambulance transportation, if this is medically necessary, is appropriate and consistent with the diagnosis and could not be omitted without adversely affecting *your* condition or quality of medical care.

**Emergency Medical Evacuation/Return Home Services under this section must be approved and arranged in advance by contacting the Assistance Centre.**

10. **Accommodation and Meals:** Up to **\$350 per day** (24 hours) to the maximum of **\$3,500** for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares or *rental vehicle* charges in the event *you* are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled *return date* due to a *sickness* or *injury* to *you*, *your travel companion* or an *immediate family* member who is accompanying *you* on the *trip*. The claim must be supported by original receipts and the attending *physician's* written diagnosis of the *sickness* or *injury*.
11. **Visit To Bedside:** Travel and accommodation expenses incurred for one or both parents, or one relative or close friend to visit at *your* bedside due to a critical *sickness* or *injury*, or when the attending *physician* states in writing that it is necessary for someone to travel to, remain with, and/or escort *you* back to *your* province or territory of residence in Canada, provided prior written approval is obtained by contacting the Assistance Centre; *you* will be reimbursed for:
  - a) up to **\$3,500** for round-trip economy transportation via the most cost-effective itinerary for someone to be with *you*; plus
  - b) up to **\$500** for commercial accommodation and meals.If the Assistance Centre must arrange for a visit to bedside, Emergency Medical Insurance will be automatically extended under the same terms and limitations of this policy (subject to meeting the eligibility requirements of the policy) to cover such relative or close friend until *you* are medically fit to return *home*.
12. **Return & Escort of Children:** If *you* are admitted to *hospital* for more than 24 hours due to an *emergency*, or *you* must return to Canada due to an *emergency medical condition* covered by this policy, or in the event of *your* death, *children* (includes grandchildren), travelling with *you* during *your trip* or who had joined *you* during *your trip* will be returned to Canada and reimbursement will be made for:
  - a) the extra cost of one-way economy transportation via the most cost-effective itinerary to return the *children* back to their province or territory of residence in Canada; and
  - b) the round-trip economy transportation and overnight hotel accommodation for the services of an escort, if required.
13. **Return of Travel Companion:** If *your travel companion* is prevented from returning by means of originally scheduled transportation due to *your* death or medical evacuation, expenses will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary to return *your travel companion* back to his/ her province or territory of residence.

14. **Travel Expenses Due to Repatriation of Travel Companion:** If *you* are prevented from returning by means of *your* originally scheduled transportation due to the death or medical evacuation of *your travel companion*, *you* will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary back to *your* province or territory of residence.
15. **Repatriation:** The reasonable costs actually incurred for preparing and returning *your* body or ashes to *your* province or territory of residence in Canada; or up to the maximum of **\$5,000** for burial or cremation in the place where the death occurs. Expenses for a headstone, casket and/or funeral service charges are not covered.
16. **Identification of Remains:** The round-trip economy transportation via the most cost-effective itinerary to transport one relative or close friend to the place where *your* remains are located, plus up to **\$450** for commercial accommodation and meals, when someone is legally required to identify *your* remains before the body is released; provided prior written approval is obtained by contacting the Assistance Centre. Emergency Medical Insurance will be automatically extended under the same terms and limitations of this policy (subject to meeting the eligibility requirements of the policy) to cover such relative or close friend during the period required to identify *your* remains but for not more than 3 business days.
17. **Vehicle Return:** The reasonable costs incurred for returning *your* vehicle to *your* residence or the nearest appropriate rental depot when *you* are unable to do so due to an *emergency*.
18. **Hospital Allowance:** If *you* are hospitalized for 48 hours or more, we will reimburse *you* up to **\$50** per day, to a maximum of **\$500** for incidental expenses (telephone calls, television rental, etc.) while *you* are in the *hospital*.
19. **Baggage Repatriation:** In the event of an *emergency*, and the Assistance Centre is arranging to return *you* to *your* province or territory of residence in Canada, if there is insufficient space to accommodate *your* baggage and/or personal effects aboard the transport provided, we will reimburse *you* up to **\$200** to cover the cost of shipping *your* baggage and/or personal effects to the original *departure point* of *your* trip.
20. **Child Care Cost:** We will reimburse *you* up to **\$50** per day to a maximum of **\$500** for professional *child* care costs in the event *you* are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled *return date* due to *your* *sickness* or *injury*. Receipts from the professional *child* care provider will be required.

## CONDITIONS & LIMITATIONS: EMERGENCY MEDICAL INSURANCE

1. **In the event of an *emergency* which requires assistance, medical *treatment* or admission to *hospital*, *you* must call the Assistance Centre before obtaining *emergency treatment*, so that we may:**
  - confirm coverage
  - provide pre-approval of *treatment*.

**You must immediately contact the Assistance Centre at:**

  - 1-877-251-4517 toll-free from the USA and Canada
  - +1 (519) 251-7423 collect where available

**prior to *treatment* or admission to *hospital* or within 24 hours after a life or organ threatening *emergency*, unless *you* are unconscious or physically unable. If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, we ask *you* to call or have someone call on *your* behalf as soon as possible. Otherwise, if *you* do not call the Assistance Centre before *you* obtain *emergency treatment* *you* will be responsible for 25% of *your* medical expenses covered under this insurance.**

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

2. If *you* experience a medical *emergency* during *your* trip, the Assistance Centre must be notified and, in consultation with its medical advisors and the local attending *physician*, reserves the right to return *you* to Canada prior to any *treatment* or following *emergency treatment* or *your* admission to *hospital* for a *sickness* or *injury*, if on medical evidence *you* are able to return to Canada without endangering *your* life or health. If *our* medical advisors determine that *you* should transfer to another facility or return to *your* home province/territory of residence for *treatment*, and *you* choose not to, benefits will not be paid for further medical *treatment* and the contract will be terminated.
3. If *you* are not covered under a *government health insurance plan* for the entire duration of *your* trip, reimbursement for eligible expenses incurred under this Emergency Medical Insurance Section will be limited to a maximum of **\$25,000**.

## EXCLUSIONS: EMERGENCY MEDICAL INSURANCE

**This insurance does not cover and no benefits will be payable for:**

1. A pre-existing condition or related medical condition which was not stable during the 3-month period before your effective date.
2. Any medical condition when *you* knew or for which it is reasonable to believe or expect that *treatments* will be required during *your* trip.
3. Any *emergency* when, prior to the purchase date, *you* had not met all of the eligibility requirements (if applicable).
4. Expenses incurred for medical care or services where the trip was undertaken after a *physician* advised *you* not to travel or after receiving notice of a terminal prognosis.
5. Any *treatment*:
  - a) not required for the immediate relief of acute pain and suffering;
  - b) which can reasonably be delayed until *you* return to *your* province or territory of residence in Canada;
  - c) which *you* elect to have rendered or performed outside *your* province or territory of residence in Canada following *emergency treatment* for unexpected *sickness* or *injury*, and which on medical evidence would not prevent *you* from returning to *your* departure point prior to such *treatment* being performed; or
  - d) for follow-up *treatment*, a *medical condition* that occurs or reoccurs or subsequent *emergency treatment* or hospitalization for a *medical condition* or related *medical conditions* for which *you* had received *emergency treatment* during *your* trip.
6. Transplants, including but not limited to, organ transplants or bone marrow transplants.
7. Any trip made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy including any expenses for directly or indirectly related complications.
8. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.

9. The cost of replenishing any drugs or medications that were in use on *your departure date* or for the maintenance of any course of *treatment* that commenced prior to *your departure date* unless the replacement is required to replace *your* eligible drugs or medications that were damaged, lost or stolen during *your trip*.
10. Preventive medicines, inoculations, birth control pills or devices, vitamins, vitamin preparations and over-the-counter drugs or medications.
11. Any person who is less than 31 days old on *your effective date*.
12. Unless prior approval is provided the Assistance Centre, any *emergency* air transportation, any medical procedures or diagnostic services or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization). All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.

If *you* are not eligible for coverage in accordance with the eligibility requirements on the date of *your* application, *we* will declare *your* coverage null and void from inception and no benefits will be payable.

#### Limitation on Assistance Centre Services

*We* and/or the Assistance Centre reserve the right to suspend, curtail or limit services in any area or country in the event of:

- a) rebellion, riot, military uprising, war; or
- b) labour disturbances, strikes; or
- c) nuclear accident(s), act(s) of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services.

The Assistance Centre will use its best efforts to provide services to the best of its ability during any such occurrence.

The Assistance Centre's obligation to provide services described in this policy is subject to the terms, conditions, limitations and exclusions set out in this policy. The medical professional(s) suggested or designated by *us* or the Assistance Centre to provide services in accordance with the benefits and terms of this policy are not employees of *us* or the Assistance Centre.

Therefore, neither *we* nor the Assistance Centre shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any *treatment* or service *you* may receive or *your* failure to obtain or receive any *treatment* or service.

## TRAVEL ACCIDENT INSURANCE

Travel Accident Insurance coverage starts on *your departure date*.

Travel Accident Insurance coverage ends on the earlier of:

- a) the date *you* return to *your departure point*; or
- b) the return date, as stated on *your confirmation*.

#### Benefits – What does Travel Accident Insurance cover?

If *you* sustain a covered *injury*, during the period of coverage, which results in a covered loss described herein within 12 consecutive months of a covered accident, *we* will pay the applicable benefit up to the maximum sum insured of **\$100,000** under Air Flight Accident Insurance; or up to the maximum sum insured of **\$50,000** under Worldwide Accident Insurance.

1. **Air Flight Accident:** Death, loss of limb(s) or sight resulting from an accidental bodily *injury* sustained while riding as a passenger, boarding or alighting from a flight of an aircraft for which tickets have been issued prior to departure and operated by a licensed airline maintaining published schedules, or chartered airline, or airport limousine or bus or surface vehicle substituted by the airlines. Aircraft must be properly licensed, fixed-wing, and multi-engined, having an authorized take-off weight of not less than 4,536 kg (10,000 lbs).

This benefit covers only air travel for a single *trip* for which tickets were issued and/or purchased prior to the date of application. No coverage is provided for travel on any flight that is purchased after the date of application, unless a separate application is made and the appropriate premium paid. For the purposes of this benefit, a single *trip* means air travel arrangements which were booked and paid for on or prior to the date of *your* application and which form part of *your* travel itinerary as of such date.

Death, loss of limb(s) or sight resulting from an accidental bodily *injury* sustained while riding as a passenger, boarding or alighting from a conveyance provided by a *common carrier* used primarily for passenger service, such as a taxi, train or boat while making a connection with a covered flight.

2. **Worldwide Accidents:** Death, loss of limb(s) or sight resulting from an accidental bodily *injury* sustained during the period of coverage not resulting from incidents described in item 1 above.

#### Covered Loss:

- Accidental Death
- Loss of Limb(s) must be a complete and permanent physical separation of a hand at or above the wrist or of a foot at or above the ankle.
- Loss of Sight must be an irrecoverable loss of the entire sight of one or both eyes.

#### Benefit Payable:

- a) **100%** of the sum insured in the event of death or loss of limbs (two or more) or loss of sight of both eyes.
- b) **50%** of the sum insured in the event of loss of a limb or sight in one eye.

If *you* suffer more than one of the above stated losses as the result of one accidental bodily *injury*, *our* liability shall be limited to the amount payable for one loss.

**Disappearance:** If *your* body is not found within one year after the date of disappearance as a result of the sinking or destruction of the conveyance in which *you* were riding at the time of the covered accident and under such circumstances as would be covered, then it will be presumed that *you* have died an accidental death and *we* will pay the applicable benefit.

**Limitation of Liability and Aggregate Limit:** The maximum aggregate amount of Travel Accident Insurance for which *you* can be covered under this policy and all other Travel Accident Insurance policies issued by *us* is limited to **\$1,000,000**. Any amount purchased in excess of this amount will be void and the premiums paid for it will be refunded.

*Our* maximum aggregate liability under this policy and all other Travel Accident Insurance policies issued by *us* with respect to any one aircraft accident is limited to **\$25,000,000**, which will be shared proportionately among all claimants entitled to claim. In addition, *our* maximum aggregate liability under this policy and all other Travel Accident Insurance policies issued by *us* under this benefit with respect to more than one aircraft accident occurring during a calendar year is limited to **\$25,000,000**.

## EXCLUSIONS: TRAVEL ACCIDENT INSURANCE

This insurance does not cover and no benefit is payable for any death, loss or disablement arising from:

1. Disease or any physical defect, infirmity or *sickness* which existed prior to the commencement of the *trip*.
2. Injuries sustained while parachuting or sky-diving during the *trip*.

## BAGGAGE AND PERSONAL EFFECTS INSURANCE

Baggage and Personal Effects Insurance coverage starts on *your departure date*.

Baggage and Personal Effects Insurance coverage ends on the earlier of:

- a) the date *you* return to *your departure point*; or
- b) the return date, as stated on *your confirmation*.

### Benefits – What does Baggage and Personal Effects Insurance cover?

If *your* baggage and/or personal effects are lost, stolen or damaged during *your trip*, we will, at *our* option, reimburse *you* by payment, replacement or repair, after making proper allowance for wear and tear or depreciation, up to **\$1,000**.

The maximum amount payable under this benefit for any one item shall not exceed **\$500** or the original purchase price made for the item.

In addition, if *your* driver's licence and/or birth certificate is lost or stolen, up to an aggregate total of **\$50** will be reimbursed to replace these items.

### Passport & Travel Visa Replacement

If *your* passport and/or travel visa is lost or stolen during *your trip*, *you* will be reimbursed for the *reasonable and customary* cost for a replacement passport and/or travel visa, and up to **\$200**, with respect to travel and commercial accommodation expenses actually incurred while waiting to receive the replacement passport and/or travel visa during *your trip* or after *you* return *home*.

### Delayed Luggage

Notwithstanding Exclusion (6) of this Section, if *you* are deprived of *your* checked luggage for at least **10 hours** due to delay or misdirection while in transit and before returning to *your departure point* of *your trip*, we will reimburse *you* up to **\$400** for the emergency purchase of essential items of personal clothing, necessary toiletries and up to **\$150** for the rental cost of sporting equipment if the purpose of *your trip* was to participate in a sporting event and *your* sporting equipment was included in the delayed checked baggage. Written proof from the travel company or airline of the delay or misdirection must be submitted with any claim along with original receipts for such purchases.

### Delayed Wheelchair

If there is a delay or misdirection of *your* wheelchair for at least **10 hours** by the *common carrier* while en route and before returning to *your departure point* of *your trip*, *you* will be reimbursed up to **\$100** for the rental of a like device for use during *your trip*. Written confirmation of the delay or misdirection must be obtained from the carrier or airline and submitted along with original receipts when claiming under this benefit.

## CONDITIONS & LIMITATIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

In order for a claim to be eligible under this benefit:

1. *Your* period of coverage must not be less than the total period commencing from the date of departure from Canada and ending with the date of *your* return to Canada.
2. *You* must not leave property unattended in a public place or in an unlocked and unattended vehicle or building.
3. *You* must act in a prudent manner and exercise all reasonable care for the safety, security and supervision of the property at all times.
4. *You* must endeavour to minimize any loss and not abandon any damaged property.
5. *You* must notify the police promptly, or if the police are not available, the hotel manager, tour guide or transportation authorities of any loss

due to theft, burglary, robbery, malicious mischief, disappearance or loss, and obtain written confirmation of the loss.

6. *You* must provide a police report showing forcible entry when loss is due to break-in of a vehicle.
7. *You* must provide proof of ownership and receipts for each item being claimed.

Failure to comply with these requirements may result in the loss of *your* right to claim for property lost, stolen or damaged.

## EXCLUSIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

This insurance does not cover and no benefit is payable for any loss arising from:

1. Theft or loss not reported immediately to the police or carriers and failure to obtain a written report from the police or carriers to substantiate the loss.
2. Baggage or personal effects left unaccompanied or left in an unattended vehicle which was not locked in the trunk, or baggage or personal effects shipped under a freight contract.
3. Wear and tear, depreciation, mechanical or electrical breakdown or deterioration, pre-existing defect or flaw, dampness of atmosphere or extremities of temperature.
4. Breaking or scratching of fragile articles (other than cameras or binoculars) unless caused by fire or accident to the vehicle in which they are being carried.
5. Lost, damaged or stolen bonds, coupons, stamps, negotiable instruments, deeds, manuscripts, securities of any kind, bullion, precious metals, traveller's samples, tools of trade, or any containers used to transport such items or parts thereof.
6. Confiscation, detention, requisition or destruction by Customs or other authorities, or delay except as covered under Delayed Luggage.
7. Any amount in excess of the maximum specified in the Schedule of Benefits for any one item.
8. Animals, self-propelled conveyances of any kind or their equipment, bicycles unless checked as baggage with a *common carrier*, household effects, retainers, artificial teeth and limbs, non-prescription eyeglasses or contact lenses, cigarettes, alcohol, food, professional or occupational equipment or property, antiques and collectors' items, property illegally acquired, kept, stored or transported; sporting equipment, where such loss or damage is due to the use thereof.
9. Jewellery and cameras (including camera equipment) which is placed in the custody of a *common carrier*.
10. Loss in respect of articles specifically or otherwise insured on a valued basis by another insurer while this insurance is in effect.
11. Articles purchased while on the *trip* for personal use unless receipts are provided with *your* claim.
12. Any computer software or the restoration of any lost or corrupted data.

## ACT OF TERRORISM COVERAGE

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

- For **Travel Accident Insurance** and **Baggage & Personal Effects Insurance**, benefits will be payable up to a maximum of **100%** of the sum insured for any eligible loss; and
- For all **Trip Cancellation & Trip Interruption Insurance** and

**Emergency Medical Insurance**, we will provide benefits to *you* for *your* covered expenses subject to the maximum shown in the benefits section and this provision;

- The benefits payable, as described directly above, are in excess of 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 will only become available after *you* have exhausted all such other sources.

Any benefits payable pursuant to *our* **Trip Cancellation & Trip Interruption Insurance** and **Emergency Medical Insurance** shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *us*, including this policy. 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, exceed this maximum aggregate 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 maximum aggregate payable limit.

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

Type of Insurance Coverage	Maximum Aggregate for Each Act of Terrorism (CDN\$)
Trip Cancellation & Trip Interruption	\$2,500,000
Emergency Medical	\$35,000,000

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

### EXCLUSION TO THIS TERRORISM COVERAGE PROVISION

Notwithstanding any provision to the contrary within this policy or any endorsement thereto, this 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.

## GENERAL EXCLUSIONS

### Applicable to all sections of the Policy:

This insurance does not cover and no benefit is payable for any claim arising from:

1. Consequential loss of any kind, including loss of enjoyment and financial loss not otherwise specifically covered under this policy.
2. Accidental bodily *injury(ies)* sustained during the *trip* as the result of *your* participation in:
  - any sporting activity for which *you* are paid;
  - any sport or activity indicated below:
    - any form of BASE jumping (ie: wingsuit flying);
    - hang-gliding;
    - spelunking;
    - hunting;
    - bungee jumping;
    - piloting an aircraft;

- rock climbing;
  - mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top rope anchoring equipment;
  - underwater activities involving the use of self-contained underwater breathing apparatus (unless *you* hold an open water diving certificate)
  - motorcycling (unless *you* hold a valid Canadian motorcycle driver's licence)
  - mopeds (unless *you* hold a valid Canadian driver's licence)
  - any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.
3. *Act(s) of terrorism* except as otherwise specifically provided in the General Limitations on Coverage Section of this policy.
  4. • acts of war, whether declared or undeclared;
    - willing participation in a riot or civil disorder;
    - rebellion;
    - revolution;
    - ionizing radiation or poisoning of people by nuclear, radioactive, chemical and/or biological substances that causes sickness or death from any nuclear fuel or waste which results from the burning of nuclear fuels;
    - radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
  5. Participation in armed forces training exercises or manoeuvres.
  6. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
  7. *Your minor mental or emotional disorders*.
  8. • Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
    - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
  9. • routine pre-natal or post-natal care;
    - pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
  10. *Your* child born during the *trip*.
  11. Deliberate termination of *your* pregnancy.
  12. Any expenses incurred by or on behalf of any person not named as an insured on the *confirmation*, including but not limited to an infant born after the *effective date*.
  13. Expenses which are recoverable or could have been recovered from any other source, including but not limited to any individual, group or prepaid employee insurance or private plan, credit card coverage, or *government health insurance plan* or any federal, provincial or other compensation fund.
  14. *Your* commission of or attempt to commit any criminal offence or illegal act.
  15. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder.
  16. If *your* insurance is purchased as *Top-up* coverage to another insurance coverage, any expenses related to a claim that occurred when the other insurance was in force.

17. Any *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government stating “Avoid all non-essential travel” or “Avoid all travel” regarding the country, region or city of *your* destination, before the *effective date*.

To view the travel advisories, visit the Government of Canada Travel site.

This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

## DEFINITIONS

When italicized, the following words are defined as:

**Acts of Terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems. The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a sitting government or occupying power; and/or
- promote political, social, religious or economic objectives.

**Age** means *your age* at time of application.

**Change in Medication** means the medication dosage, frequency or type has been reduced, increased, or stopped or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) to test *your* blood levels; and a change from a brand-name medication to a generic brand medication of the same dosage.

**Child/Children** means *your* unmarried dependent son or daughter or *your* grandchild(ren) travelling with *you* or who join *you* during *your trip* and is either:

- i) under 21 years of *age*;
- ii) under 26 years of *age* if full-time student; or
- iii) *your child* of any *age* who is mentally or physically disabled.

In addition, for Emergency Medical Insurance, the *children* must be older than 30 days in order to be eligible for coverage under this policy.

**Common Carrier** means a conveyance (such as a bus, taxi, train, boat, airplane) which is licensed, intended and used to transport paying passengers.

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

**Default** means the inability of a *travel supplier* to provide *travel services* for which *you* have contracted with the *travel supplier*, because of complete or substantially complete cessation of business by the *travel supplier* resulting directly or indirectly from bankruptcy or insolvency thereof.

**Departure Date** means the date *you* leave *home* on *your trip*.

**Departure Point** means the place *you* leave from for *your trip* and are going to return to.

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

a) **For Trip Cancellation Insurance**, coverage starts at the date and time *you* pay the premium for that coverage, indicated as the purchase date on *your confirmation*.

b) **For Emergency Medical Insurance**, coverage starts when *you* leave *home*.

c) **For Trip Interruption Insurance, Travel Accident Insurance and Baggage and Personal Effects Insurance**, coverage starts on *your departure date*.

d) **For Top-Up coverage** to another plan, coverage starts after *you* leave *home*, on the start date of *Top-Up* coverage indicated on *your* application which must correspond to the first day after expiration of *your* other policy.

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

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

**Home** means *your* Canadian province or territory of residence. If *you* requested *your* coverage to start when *you* leave Canada, *home* means Canada. In the case of Trip Interruption, Travel Accident, Baggage and Personal Effects Insurance, it means the *departure point*.

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

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

**Injury** means sudden bodily harm that is caused directly by external and purely accidental means, and independent of *sickness* or disease.

**Insured Travel Arrangement(s)** means travel arrangements whose reservation and booking has been made on *your* behalf and are insured under this policy. Coverage must be for the full value of the travel arrangements that are subject to cancellation penalties or restrictions.

**Key-person** means someone to whom a dependent’s full-time care is entrusted and who cannot reasonably be replaced, a business partner, or an employee who is critical to the ongoing affairs of *your* business, during the *trip*.

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

**Minor Mental or Emotional Disorders** means:

- having anxiety or panic attacks, or
- being in an emotional state or in a stressful situation.

A *minor mental or emotional disorder* is one where *your treatment* includes only minor tranquilizers or minor anti-anxiety (anxiolytics) medication or no prescribed medication at all.

**Physician** means a person:

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

**Pre-Existing Condition(s)** means any *medical condition* that exists before *your effective date*.

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

**Rental vehicle** means a passenger automobile, mini-van, self-propelled mobile home, self-propelled camper truck or self-propelled trailer that *you* use during *your trip* and rent, under a written contract, from a commercial rental agency licensed under the laws of its jurisdiction. Excluded is any vehicle which is a: truck, panel van, bus, sport utility vehicle while *you* use it off road, automobile designed and manufactured primarily for off-road use while it is being used off road, motorcycle, moped, motorbike, recreational vehicle (other than self-propelled motor homes), all-terrain vehicle, non self-propelled camper or trailer, automobile that is more than 20 years old, limousine, or exotic vehicle of these or similar makes: Aston Martin, Bentley, Ferrari, Porsche or Rolls Royce.

**Return Date** means the date on which *you* are scheduled to return to *your* departure point, as shown on *your confirmation*.

**Schedule Change** means the late departure of an airline carrier causing *you* to miss *your* next connecting flight via another airline carrier, or the early departure of an airline carrier rendering unusable the ticket *you* had purchased for *your* prior connector flight by another airline carrier. *Schedule change* does not mean a change resulting from a strike, labour disruption, security alert or bankruptcy.

**Sickness** means illness, disease, disorder or any symptom.

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

**Stable** A *medical condition* is considered *stable* when all of the following statements are true:

1. there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*), and
2. there has not been any *change in medication*, or any recommendation or starting of a new prescription drug, and
3. the *medical condition* has not become worse, and
4. there has not been any new, more frequent or more severe symptoms, and
5. there has been no hospitalization or referral to a specialist, and
6. there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results, and
7. there is no planned or pending *treatment*.

All of the above conditions must be met for a *medical condition* to be considered *stable*.

**Top-Up** means the coverage *you* purchase from *us* before *your* date of departure from *your departure point*, to add to *your* insurance coverage that is in effect through another source for a portion of *your* trip duration.

**Travel Companion** means someone who shares travel arrangements with *you* on any one trip, up to a maximum of five persons including *you*.

**Travel Services** means transportation, sleeping accommodation or other service provided or arranged by a *travel supplier* for *your* use (but does not include taxes or insurance).

**Travel Supplier** means a tour operator, travel wholesaler, airline, cruise line, provider of ground transport or provider of travel accommodation or provider of other services to *you* that is:

- a) contracted to provide *travel services* to *you*; and
- b) licensed, registered or is otherwise legally authorized in the particular location of the *travel supplier* to operate and provide *travel services* as shown on *your confirmation*.

**Treatment** means hospitalization, a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery.

**Important:** Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

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

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

**We, us or our** means The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC).

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

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

## GENERAL CONDITIONS

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

**Applicable Law:** This policy is governed by the laws and regulations of the Canadian province or territory where this policy was issued.

**Misrepresentation:** This policy is issued on the basis of information in *your* application or provided in connection with *your* application.

When completing the application, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:

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

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

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

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

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

**Conformity with Existing Laws:** Any provision of this policy which is in conflict with any federal, provincial or territorial law where this policy is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this policy shall apply.

**Currency:** All premiums and benefits under this policy are payable in Canadian currency. To facilitate payments to providers, *we* will pay claims in the currency of the country where the charges are incurred, based on: i) the rate of exchange set by any chartered bank in Canada on the last date of service, or ii) the date the payment is issued to the provider of service.

**Eligibility Requirements:** If at the time of application *you* do not meet the Eligibility Requirements outlined in this policy, *your* insurance is void and *our* liability is limited to a refund of the premium paid.

**Premium Payment:** *Your* policy takes effect when the required premium is paid, subject to the terms and conditions outlined in the policy. No coverage will be provided if: i) the required premium is not paid, ii) *your* cheque is not honoured, or iii) credit card charges are declined for any reason.

**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.

**Limitation of Action:** If *you* disagree with *our* claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where *you* reside at the time of *your* application for this policy. If mutually agreeable, legal actions may also be brought in the province where *our* head office is located.

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.

## CLAIM PROVISIONS

**Assignment of Benefits:** Where we have paid expenses or benefits to *you* or on *your* behalf under this policy, we have the right to recover, at its own expense, those payments from any applicable source or any insurance policy or plan that provides the same benefits or recoveries. This policy also allows us to receive, endorse and negotiate eligible payments from those parties on *your* behalf. When we receive payment from any Canadian provincial or territorial *government health insurance plan*, any other insurer or any other source of recovery to us, the respective payor is released from any further liability with respect to the claim.

**Secondary Coverage:** Coverage under this policy is secondary to all other sources of recovery. Any benefits payable under this policy are in excess of any other coverage *you* may have with any other insurer or any other source of recovery.

**Coordination of Benefits:** Benefit payments under this policy will be coordinated with benefits available to *you* under any other insurance policy or plan, so that payments made under this policy and any other policy or plan do not exceed **100%** of the eligible expenses incurred. Coordination of the Emergency Medical Insurance benefits will be in accordance with the Coordination of Benefits Guidelines issued by the Canadian Life and Health Insurance Association with respect to Out of Country/Province Medical Expenses.

However, if *you* are covered as an active or retired employee under *your* current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is:

- \$50,000 or less, Coordination of Benefits will not apply to such amount; or
- more than \$50,000, Coordination of Benefits will apply only to the amount of insurance in excess of \$50,000.

**Notice of Claim and Proof of Claim:** To make a claim for benefits under this policy, *your* written proof of claim and *your* fully completed Travel Insurance claim form(s) must be submitted to us within 90 days after the event, but not more than 12 months after the date of such event or loss. More information on the documentation that must be submitted with *your* written proof of claim is provided below.

Written proof of claim shall include:

- the completion of any claim forms furnished by us;
- original receipts;
- a written report, complete with the diagnosis by the attending *physician*, if applicable, and any other form of documentation deemed necessary by us to validate *your* claim;
- documentation required by us to substantiate cancellation, interruption, travel delay or *schedule change* if for other than medical reasons. If death is the cause of the claim, an official

document such as a death certificate that establishes cause of death will also be required;

For example:

- copy of the subpoena if cancelling due to jury duty or being called as witness;
- letter from *your* employer if cancelling due to a business meeting or job transfer;
- letter from the airline confirming the change in the scheduled flight or the cause of the flight delay.

Original substantiating claims documentation must be provided; however, we may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this policy. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to us.

### Written claims correspondence should be mailed to:

Manulife Global - Youth/Student Deluxe Policy

**c/o Active Care Management**

PO Box 1237

Station A

Windsor, ON N9A 6P8

### Online Claims Submission

Visit ACM's website [www.active-care.ca](http://www.active-care.ca), to learn more about the claim submission process and to download the free ACM TravelAid™ mobile application.

For quick and easy claim submission, please have all of *your* documents available [in electronic format] and visit <https://manulife.acmtravel.ca> to submit *your* claim online.

*You* may also call the Assistance Centre directly to inquire about *your* claim status at **1 855 317-1193**.

For coverage information or general enquiries, please contact Manulife Travel Customer Service at **1 866 298-2722**.

**Claim Payments:** Benefit payments will be made to *you* or, to facilitate matters, to the service provider. In the event of *your* death, any balance remaining or benefits payable for loss of life will be paid to *your* estate.

**Rights of the Company and Claimant:** When *you* purchase this policy, *you* agree to provide us with access to all pertinent records or information about *you* from any licensed *physician*, dentist, medical practitioner, *hospital*, clinic, insurer, individual, institution or other provider of service to determine the validity of any claim submitted by *you* or on *your* behalf.

**Right of Examination:** We have the right, and *you* must afford it the opportunity, to have *you* medically examined when and as often as may be reasonably required, when a claim under this policy is pending. In the event of death, we have the right to request an autopsy, subject to any laws relating thereto.

**Right of Recovery:** In the event that *you* are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any policy provision, we have the right to collect from *you* any amount which it has paid on *your* behalf to medical providers or other parties.

**Subrogation:** If *you* suffer a loss caused by a third party, we have the right to subrogate *your* rights of recovery against the third party for any benefits payable to or on *your* behalf and will, at *our* own expense and in *your* name, execute the necessary documents and take action against the third party to recover such payments. *You* must not take any action or execute any documents after the loss that will prejudice *our* rights to such recovery.

## MANULIFE FLIGHT ASSISTANCE

This Manulife Global Plan includes Manulife Flight Assistance, with payments administered using Blink's technology, when you register your flight(s) with Blink. If the airline delays and/or cancels your flight, Blink arranges payment of the covered benefits. In the event that your flight is delayed and/or cancelled, Blink will communicate with you through your smart (mobile) phone registered with Blink.

These services are available for flights worldwide, 24 hours a day, 7 days a week. If you happen to be travelling via a chartered flight or airline, these flights may not always appear in Blink's system and therefore may not be able to be tracked. Blink will make every attempt to monitor these flights and notify you if there is an eligible delay or cancellation. If you happen to experience an eligible delay or cancellation and you do not receive a notification from Blink, please contact Customer Service.

If you have any questions, contact Customer Service at:

Email: [manulifeglobal@manulife.ca](mailto:manulifeglobal@manulife.ca)

Toll-free: 1 866 298-2722

## START & DURATION OF COVERAGE

Your coverage starts on the date and time your flight on your airline booking receipt is registered, by you, for all insured persons, on [www.flightassistancemanulife.com](http://www.flightassistancemanulife.com). Your flight must be registered at least one hour before the original scheduled departure time of your flight.

## BENEFITS

Manulife Flight Assistance offers the following benefits, up to an overall maximum of \$140, for each registered insured person:

1. a) If the flight is delayed three (3) hours or more, each registered insured person receives \$40; then  
b) If the flight is delayed a total of six (6) hours or more, each registered insured person receives an additional \$100 for a total of \$140;  
OR
2. If the flight is totally cancelled, each registered insured person receives \$140.

## GENERAL CONDITIONS

These conditions apply to services offered by Manulife Flight Assistance.

1. Coverage is only available for flights within, to, or from Canada, including connection to such flights, when registered by you with Manulife Flight Assistance.
2. You must ensure that your mobile device is registered with Blink and has a suitable level of battery life and cellular and data/ Wi-Fi service.
3. You will need to have your mobile phone that you have registered with Blink to enable Blink to communicate with you during your journey. Cellular and data/Wi-Fi service is required to receive SMS (text) messages and emails to your mobile phone. The same mobile device will be used when applicable benefits are paid to you during your journey.
4. Blink will not be responsible or make any payments for any data or roaming charges related to your mobile phone.
5. If you, or anyone on your behalf, tries to deceive Blink by deliberately giving Blink false information or making a fraudulent claim under this coverage section, Blink will treat this coverage as if it never existed.
6. You must be on the airline's boarding list to be eligible to receive Manulife Flight Assistance benefits if your flight experiences an eligible delay or cancellation.
7. All amounts listed are in Canadian dollars.

In order to receive payment of the covered benefits by either direct deposit or Interac transfer, you must also have a bank account with a financial institution legally operating in Canada.

Payments are sent in real time via PayPal, or by Interac transfer or direct deposit to your bank account, depending on the option selected when you registered. A text message (SMS) and an email will be sent to you when the transfer is made. Blink will try to ensure that you are notified of any flight delay or cancellation and are sent the transfer of funds for the applicable benefit; but Blink will not be held accountable if you cannot receive, for any reason, Blink's message or transfer of funds on your mobile device.

Manulife Flight Assistance benefits are payable only to the named individual on the policy who has registered the flight with [www.flightassistancemanulife.com](http://www.flightassistancemanulife.com).

## NOTICE ON PRIVACY:

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

**Notice On Privacy And Confidentiality.** The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your file is secured in our offices or those of our administrator or agent.

You may request to review the personal information it contains and make corrections by writing to:

Privacy Officer, Manulife, P.O. Box 1602, Waterloo, Ontario N2J 4C6.

You may also visit Manulife at:

<https://www.manulife.ca/privacy-policies.html> for further details about our Privacy Policy.

The Manufacturers Life Insurance Company  
First North American Insurance Company



Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

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Accessible formats and communication supports are available upon request.

Visit [Manulife.ca/accessibility](http://Manulife.ca/accessibility) for more information.

## TRAVEL ASSISTANCE.

### ANYWHERE IN THE WORLD.

Before *you* travel, be sure to download ACM's free assistance & claims app, **ACM TravelAid™**. The GPS-enabled **ACM TravelAid™**, available from Google Play and App store, provides travellers with the following services, from anywhere in the world:

- Direct link to the Assistance centre
- Healthcare provider information
- Directions to the nearest medical facility
- Official travel advisories
- Travel tips
- Claim submission support

The TravelAid mobile app can also provide *you* with local emergency telephone numbers (such as 911 in North America), and pre- and post departure travel tips. *We* recommend that *you* download the app before *you* travel to avoid incurring roaming charges that may apply at *your* destination.

### HELP IS JUST A PHONE CALL AWAY.

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

#### Pre-Trip Information

- √ Passport and Visa information
- √ Health hazards advisory
- √ Weather information
- √ Currency exchange information
- √ Consulate and Embassy locations

#### During A Medical Emergency

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

#### Other Services

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

**IN THE EVENT OF AN EMERGENCY,  
CALL THE ASSISTANCE CENTRE IMMEDIATELY  
1 877 251-4517** toll-free from the USA and Canada  
**+1 (519) 251-7423** collect where available.

*Our* Assistance Centre is there to help *you* 24 hours a day,  
every day of the year.

*Our* Assistance Centre can also be contacted through the  
**ACM TravelAid™** mobile application.