

## INDIVIDUAL MEDICAL UNDERWRITING PLAN

This policy is underwritten by The Manufacturers Life Insurance Company ("Manulife Financial"). Manulife Financial has appointed Active Care Management as the provider of all assistance and claims services under this policy. **ITALICIZED WORDS** have a specific meaning. Please refer to the "Definitions" section of this policy to find the meaning of each italicized word.

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* policy before *you* travel, as *your* coverage may be subject to certain exclusions or limitations.
- A *pre-existing condition* exclusion may apply to a *medical condition* that existed prior to *your trip*. Check to see how this applies in *your* policy and how it relates to *your departure date*, date of purchase or *effective date*.
- In the event of an accident, *injury* or illness, *your* prior medical history may be reviewed when a claim is reported.
- *Your* policy provides travel assistance. If *you* experience a medical *emergency*, *you* must notify *our* Assistance Centre immediately. *Your* policy may limit benefits should *you* not contact the Assistance Centre.
- If *you* have been medically underwritten for coverage and received a *Medical Underwriting Agreement* from *us*, *you* must notify *us* of any change in *your* health status or any *change in medication* between the date *you* complete the application and the *departure date* or *effective date*, including those related to extensions. Any such change may affect *your* premium or eligibility.

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

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

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

**1 877 884-8189** toll-free from the USA and Canada

**+1 (519) 251-7416** collect to Canada from anywhere else in the world.

### ELIGIBILITY

**TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY**, *you* must be *age 55* or over, a resident of Canada, and covered under a *government health insurance plan*. *You* must have coverage for the entire duration of *your trip* away from *home*. *You* must have completed *your* application (including the *medical questionnaire*), have had *your* health history reviewed by *us*, received a *Medical Underwriting Agreement* from *us*, and paid the required premium in full.

### EMERGENCY MEDICAL INSURANCE

**Benefits – What does *Emergency Medical Insurance* cover?**

*Emergency Medical Insurance* covers *you* for up to \$5,000,000 CDN of *covered expenses* as a result of an *emergency* while on a *trip*, only if these *covered expenses* are not covered by *your government health insurance plan* or any other benefit plan. The *medical attention* must be required as part of *your emergency treatment* and ordered by a *physician* (or a dentist in the case of dental *treatment*).

**We will cover benefits 5 to 11 only if they have been authorized and arranged by the Assistance Centre.** *Covered expenses* and benefits are subject to the policy's maximums, exclusions, limitations and *your deductible amount*.

The eligible benefits are:

1. **Expenses to receive *emergency medical attention*** – Medical care received from a *physician* in or out of a *hospital*, the cost of a semi-private *hospital* room (or an intensive or coronary care unit where *medically necessary*), the services of a licensed private duty nurse while *you* are in *hospital*, the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose or find out more about *your* condition, and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist. An *emergency* related to the *pre-existing condition(s)* listed in the *Medical Underwriting Agreement* will be covered.
2. **Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 by profession.
3. **Expenses for *emergency ambulance transportation*** – *Reasonable and customary charges* of local licensed ambulance service to the nearest qualified medical service provider in an *emergency*.
4. **Expenses for *emergency dental treatment*** – If *you* need *emergency dental treatment*, we will pay:
  - up to \$300 for the relief of dental pain; or
  - if *you* suffer an accidental blow to the mouth, up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,000 during *your trip* and up to \$1,000 to continue *medically necessary treatment* in the ninety (90) days after the accident).
5. **Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, we will pay the economy class fare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$300 for that person's hotel and meals. Please note: This person is not covered under *your* insurance and should consider purchasing his/her own travel medical insurance.
6. **Extra expenses for meals, hotel, phone calls and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency medical treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, we will reimburse *you* up to \$150 per day to a maximum of \$1,500 for *your* extra meals, hotel, essential phone calls and taxi fares. We will only pay for these expenses if *you* have actually paid for them.
7. **Repatriation Expenses related to *your* death** – If *you* die during *your trip* from an *emergency* covered under this insurance, we will reimburse *your* estate up to \$5,000 for:
  - the cost to have *your* body prepared or cremated where *you* die; and
  - the return *home* of *your* ashes or *your* body (in the standard transportation container normally used by the airline); or
  - *your* burial where *you* die.

In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, we will pay the economy class fare via the most cost-effective itinerary for that person, as well as up to \$300 for that person's hotel and meal expenses. Please note: This person is not covered under *your* insurance and should consider purchasing his/her own travel medical insurance.
8. **Expenses to bring *you* home** – If *your* treating *physician* recommends that *you* return *home* because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, we will pay for:
  - the extra cost of an economy class fare via the most cost-effective itinerary; or
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*; and
  - the return cost of an economy class fare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is *medically necessary* or required by the airline; or
  - the cost of air ambulance transportation, if this is *medically necessary*.
9. **Expenses to return *children* under *your* care** – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of an *emergency*, we will pay for the extra cost of one-way economy class airfare to return the *children* home via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must have been under *your* care during *your trip* and covered under a Manulife Financial travel insurance policy.
10. **Expenses to return *your travel companion* home** – We will cover the extra cost of one-way economy airfare via the most cost-effective itinerary, to return *your travel companion* (who is travelling with *you* at the time of *your emergency* and insured under a Manulife Financial travel insurance plan) home, if *you* return home under Benefit #8.
11. **Expenses to return *your vehicle* home** – If because of a medical *emergency* *you* are unable to drive home the *vehicle* *you* used during *your trip*, we will cover up to \$2,000 charged by a commercial agency to bring *your vehicle* home. If *you* rented a *vehicle* during *your trip*, we will cover its return to the rental agency.

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

We will not pay any expenses or benefits relating to:

1. Any *pre-existing condition* not listed on the *Medical Underwriting Agreement*.
2. Any change in *your* health status occurring after *your* application date and not reported prior to *your effective date*.
3. Any *emergency* if the answers provided in the *medical questionnaire* are not truthful and accurate.
4. *Covered expenses* that exceed the *reasonable and customary charges* where the medical *emergency* happens.
5. *Covered expenses* that exceed 75% of the cost we would normally have to pay under this insurance, if *you* do not contact the Assistance Centre at the time of the *emergency*, unless *your medical condition* makes it medically impossible for *you* to call (in which case, the 25% co-insurance will not apply).
6. Any *treatment* that is not for an *emergency*.
7. The continued *treatment* of a *medical condition* when *you* have already received *emergency treatment* for that condition during *your trip* and *our* medical advisors determine that *your* medical *emergency* has ended.

8. *A medical condition:*
  - when you knew, before you left home, or before the *effective date* of coverage, that you would need or be required to seek *treatment* for that *medical condition* during your *trip*; and/or
  - for which it was reasonable to expect before you left home or before your *effective date* that you would need *treatment* during your *trip*; and/or
  - for which future investigation or *treatment* was planned before you left home; and/or
  - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before your *departure date* or your *effective date*; and/or
  - that had caused your *physician* to advise you not to travel.
9. An *emergency* resulting from: hang-gliding, rock climbing, *mountaineering*, parachuting or skydiving; participating in a motorized speed contest; or your professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba diving is your principal paid occupation.
10. Suicide; attempted suicide; or an intentional self-inflicted injury whether sane or insane.
11. Committing or attempting to commit a criminal act.
12. Not following recommended or prescribed therapy or *treatment*.
13. Medication, drug or alcohol abuse.
14. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
15. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
16. Any *emergency* that occurs after our medical advisors recommend that you return home following your *emergency treatment*, and you choose not to.
17. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
18. Any loss resulting from:
  - a specific or related *medical condition* which you contracted in a foreign country during your *trip*; and/or
  - an *act of war* or an *act of terrorism*,
 when you travel to a place where, before your *effective date*, a written formal warning was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city.

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

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

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

**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 all *Emergency Medical Insurance*, we will provide benefits to you for your *covered expenses*, subject to the maximums shown in the Benefits section and this provision; and
- The benefits payable, as described directly above, are excess to all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only become available after you have exhausted all such other sources.

Any benefits payable pursuant to our *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, exceeds 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 Coverage	Maximum Aggregate for Each <i>Act of Terrorism</i> (CDN\$)
<i>Emergency Medical</i>	\$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 INFORMATION ABOUT YOUR TRAVEL INSURANCE**

**YOUR COVERAGE STARTS**

*Emergency Medical* coverage starts on the latest of:

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

**YOUR COVERAGE ENDS**

Your coverage ends on the earliest of:

- the date you return home;
- when the number of days of coverage you purchased (as shown on your *confirmation*) expires; or
- the *expiry date*, as stated on your *confirmation*.

**AUTOMATIC EXTENSION** is provided beyond your *expiry date* per your *confirmation* if:

- your carrier is delayed. In this case, we will extend your coverage for up to seventy-two (72) hours; or
- you or your travel companion are hospitalized on that date. In this case, we will extend your coverage during the hospitalization and for up to five (5) days after discharge from the hospital; or
- you or your travel companion have an *emergency* that does not require hospitalization but prevents travel. In this case, we will extend your coverage for up to five (5) days. In any case, we will not extend any coverage beyond twelve (12) months after the *effective date*.

**TO STAY LONGER THAN PLANNED**

To apply for an extension of your coverage while you are already on your *trip*, simply call the Assistance Centre. You may be able to extend your coverage, as long as:

- the total length of your time away from Canada, including top-up or extension, does not exceed 183 days (212 days if you reside in Ontario or Newfoundland); and
- you pay the additional premium; and
- you have had no claim or event that has resulted or may result in a claim under this policy.

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

**REFUNDS**

- You may cancel your policy prior to your *effective date*.
- If you return home early, you may request a refund of premium for the unused coverage days of your *trip* providing there has been no claim and that you have mailed us your written request with proof of the date you actually returned home.

**WHAT ELSE DO YOU NEED TO KNOW?**

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

This insurance is void in the case of fraud or attempted fraud, or if you concealed or misrepresented any material fact in your application for this policy or extension of coverage for benefits under this policy.

This policy is non-participating. You are not entitled to share in our divisible surplus. Neither we nor our agents or administrators are responsible for the availability, quality or results of any medical *treatment* or transportation, or for your failure to obtain medical *treatment*. Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act respecting contracts of accident and sickness insurance.

This policy can be used to top up any multi-trip *emergency medical* travel insurance plan underwritten by Manulife Financial.

**Premium**

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect. Premium rates and policy terms and conditions are subject to change without prior notice to reflect actual experience in the marketplace.

Upon payment of premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and we have

received *your* completed application (including the *medical questionnaire*) prior to *your departure date*. If the premium is insufficient for the period of coverage selected, we will:

1. charge and collect any underpayment; or
2. shorten the policy period by written endorsement if an underpayment in premium cannot be collected.

Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

#### How does this insurance work with other coverages that *you* may have?

The coverages outlined in this policy are second payor coverages. If there are other third party liability, group or individual, basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third party liability insurance in force concurrently herewith, amounts payable hereunder are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are insured under such coverage.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. We will coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

In addition, we have full rights of subrogation. In the event of a payment of a claim under this policy, we will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this policy. *You* will execute and deliver such documents as are necessary and cooperate fully with us to allow us to fully assert *our* rights. *You* must do nothing to prejudice such rights.

If *you* are insured under more than one insurance policy underwritten by us, the total amount we pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.

## HOW TO MAKE A CLAIM

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

1 877 884-8189 toll-free from the USA and Canada

+1 (519) 251-7416 collect to Canada from anywhere else in the world.

The Assistance Centre is ready to assist *you* 24 hours a day, 365 days a year.

Please note that if *you do not* call the Assistance Centre in an *emergency* prior to receiving *treatment*, *you will have to pay 25% of the eligible medical expenses* we would normally pay under this policy (25% co-insurance).

If it is medically impossible for *you* to call when the *emergency* happens, the 25% co-insurance will not apply. In this case, we ask that *you* call as soon as *you* can or that someone call on *your* behalf. **Do not assume that someone will contact the Assistance Centre for *you*. It is *your* responsibility to verify that the Assistance Centre has been contacted.**

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these eligible expenses will be reimbursed to *you* on the basis of the *reasonable and customary charges* that we would have paid directly to such provider. Medical charges that *you* pay may be higher than this amount; therefore, *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary charges* reimbursed by us. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

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

#### IMPORTANT TELEPHONE NUMBERS

To enquire about your claim status, please call the Customer Service Centre at 1 877 884-8187 or (519) 251-7415. To apply for refunds, cancellations or an extension of coverage, please call 1 877 884-8283 or (519) 251-7417.

Written correspondence should be mailed to:

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

If *you are making an Emergency Medical Insurance claim*, we will need: a) original itemized receipts for all bills and invoices; b) proof of payment by *you* and by any other benefit plan; c) medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment was medically necessary*; d) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident; e) proof of travel (including departure and return dates); and f) *your* historical medical records (if we determine such to be applicable).

**Who will we pay *your* benefits to if *you* have a claim?** Except in the case of *your* death, we will pay the *covered expenses* under this insurance to *you* or the provider of the service. Any sum payable in the event of *your* loss of life will be payable to *your* estate unless a completed Manulife Financial Statement of Beneficiary form has been submitted to us. *You* must repay us any amount paid or authorized by us on *your* behalf if we determine that the amount is not payable under *your* policy. Except for the *deductible amount* (in U.S. dollars), all amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, we will use *our* exchange rate on the date *you* received the service outlined in *your* claim. We will not pay for any interest under this insurance.

**Is there anything else *you* should know if *you* have a claim?** If *you* disagree with *our* claim decision, the matter may be submitted to arbitration under the arbitration law in the Canadian province or territory where *you* reside at the time of application for this policy. Legal action to recover a claim must start within the twelve (12) months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before courts of the province where *you* resided at the time this policy was issued.

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

## DEFINITIONS

When italicized in this policy, the term:

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

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

and the effect or intention of the above is to:

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

**Act of war** means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

**Age** means *your age* at *your* application date.

**Change in medication** means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed. We do not mean a change from a brand-name drug to an equivalent generic drug of the same dosage. If *you* are taking Coumadin (warfarin) or insulin and are required to have *your* blood levels tested on a regular basis and *your* medical condition remains unchanged, yet *you* are required to adjust the dosage of *your* medication only due to *your* blood levels, we would not consider this to be a *change in medication*.

**Child, Children** means an unmarried, dependent son or daughter or *your* grandchild(ren) under the *age* of twenty-one (21) or, if a full-time student, under the *age* of twenty-six (26). Also an unmarried dependent son or daughter of any *age*, if mentally or physically handicapped.

**Confirmation** means the document or set of documents confirming *your* insurance coverage under this policy and, where applicable, *your trip* arrangements. It includes the *Medical Underwriting Agreement* and application for this policy, once the required premium has been received by us. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom *you* made arrangements for *your trip*.

**Covered expense** means *reasonable and customary charges* you incur for supplies and services which are eligible expenses under this policy and which are either in excess of and/or not covered under *your government health insurance plan* or any other plan.

**Deductible amount** means the amount of *covered expenses* that *you* are responsible for paying per person per *emergency* medical claim. *Your deductible amount* in U.S. dollars applies to the amount remaining after any *covered expenses* are paid by *your government health insurance plan*. The *deductible amount* is shown on *your confirmation* and applies to each claim.

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

**Effective date** means the date on which *your* coverage starts which is the later of:

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

provided that the appropriate premium has been received by us.

**Emergency** means a sudden and unforeseen occurrence of a *medical condition* that begins during the period of insurance, which requires immediate *treatment*. An *emergency* no longer exists when the Assistance Centre determines that *you* are able to continue *your trip* or return *home*.

**Expiry date** means the date *your* coverage ends which is on the earliest of:

- the date *you* return *home*;
- the *expiry date*, as shown on *your confirmation*; or
- when the number of days of coverage *you* purchased expires.

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

**Home** means *your* Canadian province or territory of residence. If *you* requested coverage to start when *you* leave Canada, *home* means Canada.

**Hospital** means a facility that is licensed as a *hospital*, where in-patients receive medical care, that has at least one registered nurse on duty at all times, and that includes a laboratory and operating theatre. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

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

**Injury** means sudden bodily harm that is caused by external and purely accidental means, directly and independently of illness or disease and all other causes.

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

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

**Medical questionnaire** means all the medical questions that *you* were required to answer when *you* applied for coverage under this policy.

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

**Medically necessary** in reference to a given service or supply, means such service or supply that: a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; b) is not experimental or primarily investigative in nature; c) could not be omitted without adversely affecting *your* condition or quality of medical care; d) cannot be delayed until *your* return to *your* Canadian province or territory of residence; and e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

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

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

**Pre-existing condition** means a *medical condition* that existed before *your effective date* whether or not diagnosed by a *physician*, and/or whether or not *you* required or received *treatment*.

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

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

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

**Treatment** means medical consultation, advice, care and/or service provided by a licensed medical practitioner. This includes, but is not limited to medical, therapeutic or diagnostic procedures, investigative testing, surgery, or prescribed drugs (including pills and inhaled, injected or topical medications).

**Trip** means the period of time between *your effective date* and *expiry date* 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, our** means The Manufacturers Life Insurance Company (Manulife Financial) in connection with all coverage under this policy.

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

## NOTICE ON PRIVACY

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

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

**Notice on Privacy and Confidentiality.** The specific and detailed information requested on *your* application and *medical questionnaire* is required to process the application. To protect the confidentiality of this information, Manulife Financial will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. *Your* file is secured in *our* offices. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P. O. Box 4262, Stn A, Toronto, ON M5W 5T4.

### Help is just a phone call away

Enjoying *your trip* should be the first thing on *your* mind. *Our* multilingual Assistance Centre is there to help and support *you* 24 hours a day, 365 days a year with:

#### Pre-Trip Information

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

#### During a Medical Emergency

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

#### Other Services

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

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

1 877 884-8189 toll-free from the USA and Canada

+1 (519) 251-7416 collect to Canada from anywhere else in the world

