

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

1 800 211-9093 toll-free from  
the USA and Canada

+1 (519) 251-7821 collect where available

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

# Manulife Global All-Inclusive Policy



Accessible formats and communication supports  
are available upon request.  
Visit [Manulife.com/accessibility](http://Manulife.com/accessibility) for more information.



PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8

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**EFFECTIVE June 4, 2019**

Don't forget your  
Wallet Card!



**Manulife**  
**GLOBAL**  
Travel Insurance



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POLICY #



GAI619E

## 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 – PLEASE READ CAREFULLY

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

## PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL



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 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)

## 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.

*Our* multilingual Assistance Centre is there to help and support *you* 24 hours a day, every day of the 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 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

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

 **Manulife**



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 **Manulife**



## 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.

**To be eligible for insurance under this policy, you must meet all the eligibility requirements outlined on Page 5 of this policy booklet.**

**A pre-existing condition exclusion applies to your coverage.** It is **your responsibility** to review and understand the *pre-existing condition* exclusion that applies to you:

- *Trip Cancellation & Trip Interruption Insurance*: please review the *pre-existing condition* exclusions listed on Pages 19 to 21 of this policy booklet.
- *Emergency Medical Insurance*: please review the *pre-existing condition* exclusions listed on Pages 26 to 28 of this policy booklet.

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

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### IMPORTANT INFORMATION ABOUT *YOUR INSURANCE*:

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 service under this policy. Please note that risks identified with ‡ throughout this document are covered by FNAIC.

## SCHEDULE OF BENEFITS

All Inclusive Policy	
Eligible Age*	No Limit
Medical Concierge Services	Included
Trip Cancellation & Trip Interruption	
Trip Cancellation	Covered Amount Selected (covered amount insured)
Trip Interruption	Unlimited
Cancel For Any Reason	See Page 8
Misconnection	See Page 11
Early Return	See Page 13
Accommodation & Meals	\$350/day maximum 2 days
Delayed Return / Trip Delay Accommodation & Meals	See Page 16 \$3,500
Default Protection	See Page 21
Act of Terrorism Coverage	See Page 31
Emergency Medical**	
Hospital & Medical	\$5,000,000
Accidental Dental	\$3,000
Medical Repatriation	\$5,000,000
Accommodation & Meals	\$500/day maximum \$5,000
Expenses for Childcare	\$100/day maximum \$300
Expenses Related to Your Death	See Page 23-24
Act of Terrorism Coverage	See Page 31
Baggage Loss, Damage & Delay \$1,500	
Passport Replacement	\$200
Baggage Delay	\$500
Maximum Per Item	\$300
Flight & Travel Accident	
Flight Accident	\$100,000
Travel Accident	\$50,000

\* Your child must be at least 31 days old to be insured.

\*\* Emergency Medical coverage is limited to a maximum of \$25,000 if you do not have valid coverage under a government health insurance plan for the entire duration of your trip.

## MEDICAL CONCIERGE SERVICES

Manulife Global Travel Insurance is pleased to provide you with value-added medical concierge services when you have purchased this policy.

**What services are available? StandbyMD offers you:**

- Anywhere you travel, telephone access to a qualified physician who can assess your symptoms and provide treatment options;
- In 86 countries and over 4000 cities, access to physician house call visits.

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

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies;
- Referral to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or more than 50,000 hospitals for evaluation and treatment;
- Physician co-ordination to an Emergency Room and, whenever possible in select cities, will "fast track" you through the Emergency Room.

**How does this service work?** 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.

### MEDICAL CONCIERGE SERVICES PROVIDED BY THE StandbyMD PROGRAM.

**Disclaimer, Waiver, and Limitation of Liability:** StandbyMD is not a medical provider. 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.



## ELIGIBILITY

**You are NOT eligible for coverage if:**

- you* have been advised by a *physician* not to travel; and/or
- you* have been diagnosed with a terminal illness with less than 6 months to live; and/or
- you* have a kidney condition requiring dialysis; and/or
- you* have used home oxygen during the 12 months prior to the date of application.

### TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY

**You must be a resident of Canada and covered under a government health insurance plan for the entire duration of the trip. If at time of claim, it is discovered that you no longer have coverage under a government health insurance plan, the maximum amount payable for all eligible expenses combined will be limited to \$25,000.**

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

Coverage must be for the entire time that *you* are away from *home* and *you* must pay the required premium to *your* travel agency before *you* leave *home*.

**Under Trip Cancellation Insurance - Cancel for Any Reason**, the cancel for any reason benefit does not apply if *you* did not purchase *your* policy within 72 hours of *your* initial *trip* booking or before any cancellation penalties became applicable.

**Family coverage** is available to *you* if all family members to be insured under one policy are:

- named in *your confirmation*,
- all insureds are under *age* 60,
- you* have purchased and paid for family coverage, and
- travelling together.

Family Coverage (a maximum of 2 adults) can include:

- you* (either as a parent or grandparent) and *your children/grandchildren*;
- you* and *your spouse* and *your children* or *grandchildren*; or
- three generations of a single family (grandparent[s], parent[s] and their *children*).

*Children* and/or *grandchildren* must be at least 31 days of *age* to be insured under the coverage purchased.

**Family Coverage Calculation:** Family coverage is available at 3 times the older (or only) parent's or grandparent's rate.

### Children Under 2 Years Old at No Extra Charge:

If *your children* (or a *child*) is more than 30 days old, and will be under 2 years old for the entire duration of *your trip*, coverage will be provided to that child at no extra charge.

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

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

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

**All other coverages** start on *your departure date*.

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

**For Trip Cancellation Insurance**, *your* coverage ends on *your* departure date as shown on *your confirmation*.

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

- the date when *you* return to *your departure point*; or
- on the expiry date as shown on *your confirmation*.

**All other coverages** end on the earlier of:

- the date *you* return *home\**; or
- the expiry date as shown on *your confirmation*.

**\*Your insurance coverage will not end if you temporarily return home**

*Your* insurance coverage will not end if, under *your Trip Interruption* coverage, *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 to return to *your* destination under the *Emergency Medical Insurance* benefit #14, Return to Destination, *your* medical coverage will be deemed not to have terminated but will be suspended for the duration of *your* temporary return. *Your* medical coverage will resume once *you* begin travel in accordance with the coverage restrictions set out under *Emergency Medical Insurance* benefit #14, Return to Destination.

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 home*.

## ADDITIONAL INFORMATION

### AUTOMATIC EXTENSION

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

- for up to 10 days, if *you* have an *emergency* that prevents *you* from returning *home* on that date; or
- for up to 30 days, if *you* are hospitalized and that hospitalization prevents *you* from returning *home* on that date.

However, if travel is medically possible before the applicable 10 or 30 days have passed, we will honour *your* claim for eligible expenses only until such 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:

- *your common carrier* is delayed. In this case, we will extend *your* coverage for up to 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 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 5 days.

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

### TO STAY LONGER THAN PLANNED

**Extensions:** If *you* have not left *home* yet, simply contact *your* travel agency to ask for the extension. If, however, *you* are already on *your trip* and need to apply for an extension of *your* coverage, simply contact *your* travel agency before the expiry date of *your* existing coverage. *You* may be able to extend *your* coverage as long as:

- the total length of *your trip* does not exceed 183 days (unless otherwise permitted by *your government health insurance plan*) or 60 days for those age 60 to 74 or 45 days for those age 75 and older;
- *you* pay the additional premium; and
- *you* have had no event that has resulted or may result in a claim.

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

## TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE

To have full coverage under *Trip* Cancellation & *Trip* Interruption Insurance, *you* must purchase coverage for the full value of the non-refundable portion of *your trip* and for the full duration of *your trip*.

### IMPORTANT CONDITION TO YOUR TRIP CANCELLATION COVERAGE CANCEL FOR ANY REASON

If *you* need to cancel *your trip* for any reason and decide not to travel, but *you* do not qualify for cancellation benefits under Events Covered Under *Trip* Cancellation Insurance, consider submitting a claim under Cancel for any Reason.

**Cancel for any Reason coverage is available only:**

- a) If *you* purchased *your* policy within 72 hours of booking *your trip*, or
- b) Before any cancellation penalties became applicable.

-----  
If *you* Cancel for any Reason and decide not to travel before *you* leave *home* we will provide coverage as follows:

- If *you* cancel *your trip* 14 days or more before the departure date shown on *your confirmation*, we will pay up to 50% of the covered amount *you* purchased for the prepaid portion of *your trip* that is non-refundable.

### Benefits – What does *Trip* Cancellation Insurance cover?

If *you* are unable to travel due to a covered event listed immediately below that occurs before *you* leave *home*, we will pay up to the covered amount insured *you* selected at time of application (covered amount insured):

- A. For the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date.
- B. For the next occupancy charge, if *your travel companion* must cancel his/her *trip* due to a covered event applicable to him/her, and *you* decide to go on *your trip* as planned.

### What are the conditions that apply to *Trip* Cancellation Insurance?

To cancel a *trip* before *your* scheduled *departure date*, *you* must cancel *your trip* with the agent or *travel supplier* on the day the cause of cancellation occurs or on the next business day at the latest. Claims 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.

*Trip Cancellation* for a *medical condition* must be recommended by the *physician* attending the person who is the cause of the claim.

### Events Covered Under *Trip Cancellation Insurance*: Medical Related Events

1. *You* or *your travel companion* develop(s) a *medical condition*.
2. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person*, develops a *medical condition*.
3. *Your friend* or the person whose guest *you* will be during *your trip* is admitted to a *hospital* in an *emergency*.
4. A *medical condition* which, in the written opinion of the attending *physician*, prevents *you* or *your travel companion* from participating in a sporting event when the purpose of the *trip* was to participate in that sporting event.
5. *You* or *your travel companion* are unable to be immunized or take preventative medication based on *your* or *your travel companion's* medical history that is required for entry into a country or region that is on *your travel itinerary* (provided the requirement became effective after the purchase of the travel arrangements and this insurance).
6. ‡ *Sickness* or *injury* of *your service dog*, provided that *you* are an individual with a disability (physical, psychiatric or mental disability), and travel arrangements have been made for the dog to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your service dog* must be included in the covered amount insured.
7. *You, your spouse, your travel companion* or *your travel companion's spouse* are quarantined.

### Pregnancy and Adoption

8. *You, your spouse, your travel companion* or *your travel companion's spouse* become(s) pregnant after *you* book *your trip* and *your departure date* falls in the 9 weeks before the expected delivery date or any time after that date.
9. *You* or *your travel companion* develop(s) any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
10. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* develops any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
11. *You, your spouse, your travel companion* or *your travel companion's spouse* legally adopt(s) a child and the date of the adoption falls during *your trip*.

### Death

12. *You* or *your travel companion* die(s).
13. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* dies.
14. *Your friend* or the person whose guest *you* will be during *your trip* dies.

15. ‡ Death of *your service dog*, provided that *you* are an individual with a disability (physical, psychiatric or mental disability), and travel arrangements have been made for the dog to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your service dog* must be included in the covered amount insured.

### Work and Educational Obligations

16. ‡ *You, your spouse, your travel companion* or *your travel companion's spouse* are called to service as a reservist, firefighter, military or police staff during *your trip*.
17. ‡ *You, your spouse, your travel companion* or *your travel companion's spouse*: a) lose a permanent job because of layoff or dismissal without just cause, or b) are transferred by *your / their* respective employer and must move from *your / their* respective principal residence.
18. ‡ The cancellation of *your* or *your travelling companion's* business meeting, conference or convention which was the main intent of this *trip* and was scheduled before the purchase of this insurance. The cancellation must be for a reason beyond *your* or *your travelling companion's* control or *your* or *your travelling companion's* employer's control. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, *you* or *your travelling companion* must be a registered delegate.
19. ‡ The requirement that *you* or *your travel companion* attend a registered professional career course 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.

### Government and Legal

20. ‡ *You, your spouse, your travel companion* or *your travel companion's spouse* are called to jury duty or to be a defendant in a civil suit or are subpoenaed to be a witness during *your trip*.
21. ‡ *Your* or *your travel companion's* travel visa is not issued for a reason beyond *your / their* control, provided the documentation shows *you* or *your travel companion* were eligible to apply, that the refusal is not due to a late application, and the application is not a subsequent attempt for a visa that had been previously refused.
22. ‡ *Your* or *your travel companion's* passport is not issued within the time confirmed to *you / them* in writing by Passport Canada, provided that *you* or *your travel companion* had personally submitted the application to an authorized passport office and that it had been reviewed and found satisfactory by Passport Canada authorized personnel. This applies only to Canadian citizens.
23. ‡ 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*.

**Accommodations and Transportation**

- 24. ‡ *Your or your travel companion's* principal residence or place of business is burglarized within 3 days of *your / their departure date* and as a result *you or your travel companion* must cancel *your / their trip* and remain behind to make the burglarized location secure or to meet with the insurance company or police authorities.
- 25. ‡ *You, your spouse, your travel companion or travel companion's spouse* are unable to occupy *your / their* principal residence or to operate *your / their* place of business because of an event that is independent of any intentional or negligent act on *your / their* part.
- 26. ‡ A natural disaster renders *your* pre-booked destination accommodation uninhabitable after *you* book *your trip*. This benefit is only applicable if *your* prepaid accommodation arrangements are not eligible for reimbursement by the *travel supplier*.

**Hijacking**

- 27. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are hijacked.

If *you* do not qualify for cancellation benefits under "Events Covered Under *Trip Cancellation Insurance*" section, consider submitting a claim under the "Cancel for Any Reason" coverage as described on Page 8.

**Benefits – What does [Misconnection Insurance](#) cover?**

If any of the covered events listed immediately below occurs before or after *your* originally scheduled *departure date* and causes a misconnection or a travel disruption which prevents *you* from travelling as shown on *your confirmation*, we will pay:

- A. Up to a maximum of \$1,000, for *your* misconnection or travel disruption expenses for:
  - i. the lesser of; the change fee charged by the airline for *your* missed connection or the cost of *your* one way economy transportation via the most cost-effective itinerary to the next destination,
  - ii. the unused prepaid portion of *your trip* (less the prepaid unused transportation *home*) that is non-refundable and non-transferable to another travel date (provided such expenses are not reimbursable by any other source).

**Exception:** If *you* purchased a ticket or pass to travel by *plane*, this insurance will cover up to \$2,000 for the extra cost of *your* same class transportation via the most cost effective itinerary to the next destination, when *you* are eligible for misconnection and delay benefits.

- B. *Your* additional and unplanned hotel and meal expenses, *your* essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of \$350 per day for up to 2 days when no earlier transportation is available.

**Misconnection Insurance or Travel Disruption Covered Events:**

- 1. ‡ *You* miss *your* next connecting *common carrier* because the *common carrier* that is providing transportation for a portion of *your trip* leaves later than originally scheduled.
- 2. ‡ The *common carrier* that is providing transportation for a portion of *your trip* leaves earlier than originally scheduled and the ticket *you* have purchased for *your* prior connection via another *common carrier* becomes unusable.
- 3. ‡ *You or your travel companion*, because of a delay, schedule change or cancellation of *your or your travelling companion's common carrier*, causes a delay of at least 6 hours in arriving at *your trip* destination or returning to *your home*.
- 4. ‡ *You* miss *your* next connecting *common carrier* because the airline with whom *you* have booked an earlier connecting flight (that is included in *your* insured prepaid travel arrangements) cancels such earlier flight.
- 5. ‡ *Your* earlier connecting *common carrier* has been rendered unusable because the airline with whom *you* have booked a subsequent connecting flight (that is included in *your* insured prepaid travel arrangements) cancelled the subsequent flight.
- 6. ‡ *You* miss a connection because of a delay in clearing customs and security controls due to *your or your travel companion's* mistaken identity. *You* must have been scheduled to arrive at *your* point of boarding in time to comply with the *travel supplier's* check-in procedure.
- 7. ‡ *You* miss a connection because the cruise ship *you* are travelling on is delayed (or the itinerary is modified) because of another passenger's medical emergency.

Only misconnection or travel disruption expenses outlined under this Misconnection Insurance will be payable.  
**You must make reasonable efforts to continue on your trip as originally planned. The amount payable will be reduced by any amounts paid or payable by the rescheduled or delayed common carrier.**

**Benefits – What does [Trip Interruption Insurance](#) cover?**

If *your trip* is interrupted due to a covered event listed immediately below that occurs on or after the day *you* plan to leave *home*, we will pay:

- A. For the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date less the prepaid unused transportation *home*.
- B. If *you* have booked and paid for a golf package, we will also pay up to \$100 for each unused day of *your trip*, to a maximum of \$500 for *your* prepaid non-refundable green fees. Alternatively, if *you* have booked and paid for a ski package, we will pay up to \$100 for each unused day of *your trip*, to a maximum of \$500 for *your* prepaid non-refundable ski package (lift passes; ski school fees; rental of a snowboard, skis, ski poles, bindings and/or boots).
- C. *Your* additional and unplanned hotel and meal expenses, *your* essential phone calls, internet usage fees and taxi fares



(or car rental in lieu of taxi fares) to a maximum of up to \$350 per day for up to 2 days when no earlier transportation arrangements are available.

- D. *Your* extra cost of one-way economy class fare via the most cost-effective itinerary to *your* or *your* group's next destination, or to return *home*. **Exception:** If *you* purchased a ticket or pass to travel by *plane*, this insurance will cover the extra cost of *your* same class transportation via the most cost-effective itinerary to *your* or *your* group's next destination, or to return *home* when *you* are eligible for benefits under this insurance.
- E. If *you* must interrupt *your trip* to attend a funeral or to go to the bedside of a hospitalized *immediate family* member, *we* will reimburse *you* for the cost of a round-trip ticket *you* have paid for, up to the amount of a one-way same class fare to return *home*.
- F. If *you* have booked a cruise and insured it under this policy; and *you* are unable to attend an activity *you* booked while on the cruise ship, *we* will cover up to \$100 for each missed activity, to a maximum of \$500.

### Events Covered Under Trip Interruption Insurance:

#### Medical Related Events

1. *You* or *your travel companion* develop(s) a *medical condition*.
2. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person*, develops a *medical condition*.
3. *Your friend* or the person whose guest *you* will be during *your trip* is admitted to a *hospital* in an emergency.
4. A *medical condition* which, in the written opinion of the attending *physician*, prevents *you* or *your travel companion* from participating in a sporting event when the purpose of the *trip* was to participate in that sporting event.
5. ‡ *Sickness* or *injury* of *your service dog*, provided that *you* are an individual with a disability (physical, psychiatric or mental disability), and travel arrangements have been made for the dog to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your service dog* must be included in the covered amount insured.
6. *You, your spouse, your travel companion* or *your travel companion's spouse* are quarantined.

#### Pregnancy and Adoption

7. *You* or *your travel companion* develop(s) any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
8. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* develops any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
9. *You, your spouse, your travel companion* or *your travel companion's spouse* legally adopt(s) a child and the date of the adoption falls during *your trip*.

#### Death

10. *You* or *your travel companion* die(s).
11. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* dies.
12. *Your friend* or the person whose guest *you* will be during *your trip* dies.
13. ‡ Death of *your service dog*, provided that *you* are an individual with a disability (physical, psychiatric or mental disability), and travel arrangements have been made for the dog to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your service dog* must be included in the covered amount insured.

#### Work and Educational Obligations

14. ‡*You, your spouse, your travel companion* or *your travel companion's spouse* are called to service as a reservist, firefighter, military or police staff during *your trip*.
15. ‡*You, your spouse, your travel companion* or *your travel companion's spouse*: a) lose a permanent job because of layoff or dismissal without just cause, or b) are transferred by *your / their* respective employer and must move from *your / their* respective principal residence.
16. ‡ The cancellation of *your* or *your travelling companion's* business meeting, conference or convention which was the main intent of this *trip* and was scheduled before the purchase of this insurance. The cancellation must be for a reason beyond *your* or *your travelling companion's* control or *your* or *your travelling companion's* employer's control. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, *you* or *your travelling companion* must be a registered delegate.
17. ‡ The requirement that *you* or *your travel companion* attend a registered professional career course 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.

#### Government and Legal

18. ‡*You, your spouse, your travel companion* or *your travel companion's spouse* are called to jury duty or to be a defendant in a civil suit or are subpoenaed to be a witness during *your trip*.
19. ‡*Your* or *your travel companion's* travel visa is not issued for a reason beyond *your / their* control, provided the documentation shows *you* or *your travel companion* were eligible to apply, that the refusal is not due to a late application, and the application is not a subsequent attempt for a visa that had been previously refused.
20. ‡ The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after *your departure date*, advising or recommending that Canadian residents should not visit a destination included in *your trip*.

21. ‡ 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.

### Accommodations and Transportation

22. ‡ *You, your spouse, your travel companion or travel companion's spouse* are unable to occupy *your / their* principal residence or to operate *your / their* place of business because of an event that is independent of any intentional or negligent act on *your / their* part.
23. ‡ A natural disaster renders *your* pre-booked destination accommodation uninhabitable after *you* book *your trip*. This benefit is only applicable if *your* prepaid accommodation arrangements are not eligible for reimbursement by the *travel supplier*.
24. ‡ *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger vehicle, when the delay is caused by the mechanical failure of *your* connecting private passenger vehicle, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions. *Your* connecting private passenger vehicle must have been scheduled to arrive at *your* point of boarding in time to comply with the *travel supplier's* check-in procedure.
25. ‡ If *your trip* is interrupted and the planned time of arrival is delayed for any reason beyond *your* control, *we* will reimburse *you* for the *reasonable and customary* charges of taking an alternate route to the planned destination provided that the primary reason for *your trip* was to be present at a school graduation, wedding, funeral, sporting, theatrical, musical or other commercial entertainment event or conference, and such event cannot be delayed as a result of *your* late arrival.
26. ‡ A delay in *your* departure due to mechanical failure, weather conditions, earthquakes, volcanic eruptions, or grounding of *your* air transportation causes *you* to miss *your* scheduled cruise and *you* choose not to travel. This is applicable only if *your* airfare and cruise are insured with this Manulife Global All Inclusive Policy and purchased through the same travel agency from whom *you* purchased *your* cruise.
27. ‡ The flight *you* are booked to fly on is overbooked and *you* are denied boarding as a result, *we* will pay up to \$1,000 for the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another date. For this benefit to apply, the overbooked flight must have been insured with this Manulife Global All Inclusive Policy.

28. ‡ *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting common carrier, when the delay is caused by the mechanical failure of *your* connecting common carrier, a traffic accident, an emergency police-directed road closure, weather conditions, an unannounced strike, earthquakes or volcanic eruptions. The common carrier must have been scheduled to arrive at *your* point of boarding in time to comply with the *travel supplier's* check-in procedure.

### Weather

29. ‡ Weather conditions, earthquakes or volcanic eruptions cause delays to at least 30% of *your trip* and *you* choose not to travel.

### Hijacking

30. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are hijacked.

### Benefits – What does Delayed Return Insurance cover?

If any of the covered events listed immediately below happens after *you* leave home and makes it impossible for *you* to return home as shown on *your confirmation*, *we* will, for the length of time that *you* are prevented from travelling, pay for:

- Your* additional and unplanned hotel and meal expenses, *your* essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of up to \$350 per day and \$3,500 in total.
- The extra cost of *your* economy class transportation via the most cost-effective itinerary to return home. If the delay is a result of a *medical condition*, it must be on the advice of the attending *physician* at *your* destination.  
**Exception:** If *you* purchased a ticket or pass to travel by *plane*, this insurance will cover the extra cost of *your* same class transportation via the most cost-effective itinerary to return home when *you* are eligible for misconnection and delay benefits.

### Delayed Return Insurance Covered Events:

- You* have a *medical emergency*.
- A member of *your immediate family* has a *medical emergency* or dies at *your* destination.
- Your travel companion* has a *medical emergency* or dies at *your* destination.
- Your* friend or the person whose guest *you* are during *your trip* is admitted to *hospital* with a *medical emergency* or dies.

## What else does *Trip Cancellation, Trip Interruption & Delayed Return Insurance* cover?

1. ‡ In the event *your travel companion's plane* is delayed by weather conditions, earthquakes or volcanic eruptions for at least 30% of *your trip*, and *your travel companion* decides not to go on the *trip* as booked, *we* will cover the cost of *your* next occupancy charge up to the covered amount insured.
2. In the event *you* die after the start of *your trip*: *We* will reimburse *your* estate for *your* prepaid unused *trip* arrangements, plus *we* will reimburse *your* estate for:
  - the return *home* of *your* body (in the standard transportation container normally used by the airline); plus up to \$5,000 to have *your* body prepared where *you* die including the cost of a standard casket;
  - up to \$5,000 to have *your* body prepared and the cost of a standard casket or urn, plus up to \$5,000 for *your* burial where *you* die; or
  - the return *home* of *your* ashes, plus up to \$5,000 to cremate *your* body where *you* die including the cost of a standard urn.In addition, if someone is required to identify *your* body and must travel to the place of *your* death, *we* will pay the round-trip economy class airfare via the most cost-effective itinerary for that person and up to \$300 for that person's hotel and meal expenses. *We* will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to 72 hours.
3. ‡ *We* will reimburse *you* up to \$1,000 for the non-refundable prepaid airfare of a domestic flight (covers flights booked for travel within Canada only) that *you* had booked to connect with another airline carrier that is providing transportation for a portion of *your trip*, if the connecting flight is subsequently cancelled after *you* purchased this insurance. For this benefit to apply, both the connecting flight and the cancelled flight must be insured under *your* Manulife Global All Inclusive Policy.
4. ‡ If the primary reason for *your trip* was to attend a ticketed commercial event (sport, musical or other commercial entertainment) for which *you* had purchased and paid for tickets prior to booking *your trip* and purchasing this insurance, and such event is subsequently cancelled by the promoter of the event, *we* will pay:
  - a) Up to the covered amount insured, if the event is cancelled before *you* leave *home*: 50% of the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date.
  - b) If the event is cancelled after *you* leave *home*:
    - i) the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date (less prepaid unused transportation *home*); and
    - ii) up to \$1,000 for the additional cost of one-way transportation via the most cost-effective itinerary (being the lesser of a one-way economy transportation or the change fee charged by the airline on existing tickets if this option is available) to return *you home*.

5. ‡ If *you* or *your travel companion* have prepaid airfare and commercially booked land arrangements (such as commercial accommodations, rental *vehicle* fees, commercial excursions) that are not part of a cruise or tour package and the cruise or tour is cancelled for any reason except *default*, *we* will reimburse *you* up to \$2,000:

- a) **If the Cruise or Tour cancelled Prior to Departure:** the prepaid portion of the non-refundable airfare and land arrangements; or
- b) **If the Cruise or Tour cancelled After Departure:** the additional cost of *your* one-way transportation via the most cost-effective itinerary to return *home* (being the lesser of a one-way fare or change fee charged by the airline if this option is available) and the non-refundable portion of *your* prepaid land arrangements.

For this benefit to apply, the cruise or tour, the airfare and the land arrangements must be insured for the entire non-refundable amount.

## VACATION VOUCHER

If the death or hospitalization of an *immediate family* member, close friend or *your key person*, who has not accompanied *you* on the *trip*, prompts *you* to return earlier than *your* return date and *you* consequently miss at least 70% of *your* scheduled package tour, *we* will on *your* request issue a voucher to a maximum of \$750.

## Vacation Voucher Limitations

1. Eligibility to receive the benefit under Vacation Voucher is dependent upon approval and payment of a valid *trip* interruption claim under the *Trip Cancellation and Trip Interruption Insurance* of this policy.
2. The redeemable voucher is:
  - a. payable only to *you*; and
  - b. valid until the expiry date indicated on the voucher (a period of 180 days from the date of *your* early return from *your* interrupted *trip*); and
  - c. nontransferable; and
  - d. not redeemable in cash.
3. The replacement trip must:
  - a. begin before the expiry date on the voucher; and
  - b. be purchased through a Travel Agency that offers Manulife Global Travel Insurance.

**Exclusions & Limitations – What does *Trip Cancellation & Trip Interruption Insurance* not cover?**

When reading this section, please take the time to review the definitions of “pre-existing condition” and “stable” at the end of this booklet.

<b>Trip Cancellation covered amount purchased</b>	<b>Stable requirement prior to insurance purchase date or application date</b>	<b>To whom does this apply?</b>
Less than \$20,000	3 months <i>stable</i>	<i>You, your spouse or your children</i>
\$20,000 or more	12 months <i>stable</i>	<i>You, a member of your immediate family, your travel companion, your key person, or the person whose guest you are during your trip</i>

**Review detailed Exclusions & Limitations below.**

If the *Trip Cancellation* covered amount purchased is less than \$20,000, under *Trip Cancellation* and *Trip Interruption Insurance*, we will not cover any expenses for a *medical condition* related to *you, your spouse, or your children*, if that *medical condition* was not *stable* in the **3 months** before the insurance purchase date or application date as indicated on *your confirmation*.

In addition to the “*stable*” requirement, we will not cover any expenses relating to:

- *your/their heart condition* if, in the **3 months** before the insurance purchase date or application date as indicated on *your confirmation*, any of *your/their heart condition(s)* has/have not been *stable* or *you/they* have taken any form of nitroglycerine for the relief of angina pain; and/or
- *your/their lung condition* if, in the **3 months** before the insurance purchase date or application date as indicated on *your confirmation*, any of *your/their lung condition(s)* has/have not been *stable* or *you/they* required *treatment* with oxygen or prednisone for any lung condition.

If the *Trip Cancellation* covered amount purchased is \$20,000 or more, under *Trip Cancellation* and *Trip Interruption Insurance*, we will not cover any expenses for a *medical condition* related to *you, a member of your immediate family, your travel companion, your key-person, or the person whose guest you are during your trip*, if that *medical condition* was not *stable* in the **12 months** before the insurance purchase date or application date as indicated on *your confirmation*.

In addition to the “*stable*” requirement, we will not cover any expenses relating to:

- *your/their heart condition* if, in the **12 months** before the insurance purchase date or application date as indicated on *your confirmation*, any of *your/their heart condition(s)* has/have not been *stable* or *you/they* have taken any form of nitroglycerine for the relief of angina pain; and/or

- *your/their lung condition* if, in the **12 months** before the insurance purchase date or application date as indicated on *your confirmation*, any of *your/their lung condition(s)* has/have not been *stable* or *you/they* required *treatment* with oxygen or prednisone for any lung condition.

**We will not pay for losses or expenses incurred for, or as the result of, the following events which are applicable to all coverages detailed in this section, including *Trip Cancellation, Trip Interruption, Misconnection* and *Delayed Return Insurance*:**

1. Any reason, circumstance, event or *medical condition* affecting *you* or anyone, which *you* were aware of on or before the date *you* purchased this coverage, and which may eventually prevent *you* from starting and/ or completing *your covered trip* as booked when *you* purchase this insurance coverage.
2. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
3. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
4. *Your* committing or attempting to commit a criminal act.
5. Not following a prescribed therapy or *treatment*.
6. Any *sickness, death or injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol or any other toxic substance(s).
7. Any loss resulting from *your minor mental or emotional disorder*.
8.
  - a) *your* routine prenatal care;
  - b) *your* pregnancy, childbirth, any complication(s) related to *your* pregnancy or childbirth, when any such event, in any combination, happen(s) in the nine (9) weeks before or after the expected date of delivery;
  - c) *your* child born during *your trip*.
9. A *medical condition*:
  - that occurs during a *trip* when *you* knew that *treatment* may be sought or required for that condition; and/or
  - for which it was reasonable to expect before *you* left home that *you* would need *treatment* during *your trip*; and/or
  - for which future investigation or *treatment* was planned before *you* left home; and/or
  - which caused symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 3 months before leaving home; and/or
  - that caused a *physician* to advise *you* not to go on *your trip*.
10. A travel visa that is not issued because of a late application.
11. Any *medical condition* if the answers provided in the *medical questionnaire* (if applicable), are not truthful and accurate.



12. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism* Coverage provision.
13. When, before the *effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadian residents not to travel to that country, region or city where *your* loss resulted 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*.
14. *Your* cancelling for any reason and deciding not to travel if *you* did not purchase this insurance within 72 hours of booking *your trip* or before any cancellation penalties applied.

## DEFAULT PROTECTION COVERAGE

We will provide *Default* Protection coverage subject to the benefit limits and exclusions listed below.

If *you*:

- a) have contracted with a *travel supplier* who *defaults*; and
- b) as a result of the *default*, *you* do not receive part or all of the *travel services* for which *you* have contracted; and
- c) cannot recover all of the cost of such undelivered *travel services* either from the *travel supplier*, any federal, provincial or other compensation fund, or from any other source that is legally responsible or under contract to reimburse *you* for the cost of such undelivered *travel services*,

then, we will reimburse *you* as follows:

- a) for *default* prior to *your departure date*:
  - the non-refundable portion of the amount that *you* prepaid for such undelivered *travel services* up to the covered amount of the *Trip* Cancellation coverage that *you* purchased in connection with *your trip*; or
- b) for *default* after *your departure date*:
  - the non-refundable portion of the amount that *you* prepaid for such undelivered *travel services*, except prepaid unused transportation *home*; and
  - *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares up to a maximum of \$200 per day for up to 3 days; and
  - the extra cost of *your* economy class transportation via the most cost-effective itinerary to *your* next destination or to return *you* *home*.

## Benefit Limits

The amount payable to *you* in respect of any one *trip* will not exceed \$3,500 CDN; and will not exceed \$7,500 CDN for all persons who are covered under the same Manulife Global All Inclusive policy. Any benefits payable shall also be subject to an overall maximum aggregate payable limit specified below relating to all in-force travel policies issued by *us*, including this policy.

If total claims otherwise payable for this type of coverage under all travel policies issued by *us*, resulting from the *default* of one or more *travel suppliers* occurring within an applicable time period, exceeds the 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.

The maximum aggregate limits are:

- a) \$1,000,000 CDN with respect to the *default* of any one (1) *travel supplier*; and
- b) \$3,000,000 CDN with respect to all *defaults* of all *travel suppliers* occurring in the same calendar year.

If, in *our* judgment, the total of all payable claims on account of the *default* of one or more *travel suppliers* exceeds the applicable limits, *your* pro-rated claim may be paid after the end of the calendar year in which *you* qualify for benefits.

## Exclusions

We will not cover any expenses caused by or resulting from any of the following:

- a) Loss or damage, incurred by *you*, which is or can be recovered from any other source, including any federal, provincial or other compensation fund;
- b) Loss arising as a result of a *default* if, at the time of booking, the *travel supplier* is bankrupt, insolvent or in receivership or has sought protection from creditors under any bankruptcy, insolvency or similar legislation;
- c) Loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker;
- d) Loss arising as a result of the *default* of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are not part of a package tour sold to *you*;
- e) Losses incurred by an individual who has not purchased coverage for *Trip* Cancellation & *Trip* Interruption Insurance coverage under the Manulife Global All Inclusive Policy, in connection with *your trip* which resulted in such losses;
- f) Insurance purchased or *trips* booked after the *default*; or
- g) *Travel services* that were actually provided.

## EMERGENCY MEDICAL INSURANCE

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

*Emergency Medical Insurance* covers you for up to \$5,000,000 CDN of *reasonable and customary* expenses incurred by you as a result of *emergency treatment* required by you during your trip if a *medical condition* begins unexpectedly after you leave home, but 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*).

**In the event of an emergency, call the Assistance Centre immediately: 1 800 211-9093** toll-free from the USA and Canada or +1 (519) 251-7821 collect where available.

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.

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

### The eligible expenses include:

- Expenses to receive *emergency treatment*** – 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 and could not be omitted without adversely affecting your condition or quality of medical care), 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.
- Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 by profession.
- Expenses for ambulance transportation** – *Reasonable and customary* charges for local licensed ambulance service to transport you to the nearest qualified medical service provider in an *emergency*.
- Expenses related to your death** – If you should die during your trip from an *emergency* covered under this insurance, we will reimburse your estate for:
  - the return home of your body (in the standard transportation container normally used by the airline); plus up to \$5,000 to have your body prepared where you die and the cost of a standard casket;
  - up to \$5,000 to have your body prepared and the cost of a standard casket or urn, plus up to \$5,000 for your burial where you die; or
  - the return home of your ashes, plus up to \$5,000 to cremate your body where you die including the cost of standard urn.

In addition, if someone is required to identify your body and must travel to the place of your death, when approved in advance by the Assistance Centre, we will pay the round-trip economy class airfare via the most cost-effective itinerary for that person and up to \$300 for that person's hotel and meal expenses. We will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to 72 hours.

- 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*, when approved and arranged in advance by the Assistance Centre, we will pay the *reasonable and customary* expenses 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, is appropriate and consistent with the diagnosis and could not be omitted without adversely affecting your condition or quality of medical care.
- Extra expenses for meals, hotel, phone calls and taxi** – If a medical *emergency* prevents you or your travel companion from returning home as originally planned, or if your *emergency* medical treatment or that of your travel companion requires your transfer to a location that is different from your original destination, we will reimburse up to \$500 per day to you to a maximum of \$5,000 for your extra meals, hotel, essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares). We will only pay for these expenses if you have actually paid for them.
- Expenses to bring someone to your bedside** – If you are travelling alone and are admitted to a *hospital* for 3 days or more because of a medical *emergency*, when approved in advance by the Assistance Centre, we will pay the round-trip economy class fare via the most cost-effective itinerary for someone to be with you. We will also pay up to \$500 for that person's hotel and meals and cover him/her under *Emergency Medical Insurance*, under the same terms and limitations of this policy, until you are medically fit to return home. For a child insured under this policy, this benefit is available immediately upon his/her *hospital* admission.
- Expenses for *emergency* dental treatment** – If you need *emergency* dental treatment, we will pay:
  - up to \$300 for the relief of dental pain; and
  - 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 90 days after the accident).
9. **Expenses to return children under your care** – If *you* are admitted to *hospital* for more than 24 hours or must return *home* because of an *emergency*, when approved in advance by the Assistance Centre, *we* will pay for the extra cost of one-way economy class airfare to return *your children* or *grandchildren 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. *We* will cover him/her under the *Emergency Medical Insurance*, under the same terms and limitations of this policy for a qualified escort. The *children* or *grandchildren* must have been under *your care* during *your trip* and be covered under this policy.
  10. **Expenses for childcare** – If *you* are admitted to *hospital*, *we* will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the *child's* parent, member of the *immediate family*, *your travel companion*, or the person whose guest *you* are during the *trip*. *We* will reimburse *you* up to \$100 per day to a maximum of \$300 per *trip*. The *child(ren)/grandchild(ren)* must have been under *your care* during *your trip*.
  11. **Expenses to return your domestic dog and/or cat** – When approved in advance by the Assistance Centre, *we* will pay up to \$500 for the extra cost of economy class transportation to return *your domestic dog(s)* and/or *cat(s) home* via the most cost-effective itinerary, if:
    - a) *your treating physician* recommends that *you* return *home* because of *your medical condition*;
    - b) *our medical advisors* recommend that *you* return *home* after *your emergency treatment*; or
    - c) *you* die.
  12. **Expenses to return your travel companion home** – *We* will pay the extra cost of one-way economy class 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 *our* travel medical insurance plan) *home*, if *you* return *home* under Benefit #5 (Expenses to bring *you home*).
  13. **Expenses to return your vehicle home** – If, because of a *medical emergency*, hospitalization, death or repatriation, *you* are unable to drive *home* the *vehicle* *you* used during *your trip*, when approved in advance by the Assistance Centre, *we* will cover up to the reasonable cost 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.
  14. **Return to Destination** – When approved in advance by the Assistance Centre and provided *your attending physician* determines no further *treatment* is required, *you* will be reimbursed the extra cost of one-way economy transportation to return to *your trip* destination after *you* are returned to *your home* for *emergency treatment* under

Benefit #5 (Expenses to bring *you home*). Once *you* return to *your trip* destination, a recurrence of the *medical condition* which required *your* return *home* or any related condition will not be covered under this policy. This benefit can only be used once during *your trip* and only if the return can be arranged within the original period of coverage.

15. **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 *your* incidental expenses (telephone calls, television rental, etc.) while *you* are in the *hospital*.
16. **Baggage Return** – If *you* return *home* under Benefit #5 (Expenses to bring *you home*), when approved in advance by the Assistance Centre, *we* will pay the extra costs to return *your* baggage to *your home*.
17. **Expenses to replace prescription drugs** – Up to \$50 if *you* have misplaced or have forgotten *your* prescription medication during *your trip* and it is necessary for *you* to continue taking the prescribed medication. Charges for vitamins, vitamin preparations, over-the-counter drugs, contraceptives or birth control are not covered.
18. **Hearing Aid** – Up to \$200 for the replacement of a hearing aid due to theft, loss or breakage during *your trip* and assistance to co-ordinate the replacement.
19. **Vision Care** – Up to \$200 for the replacement of prescription eyeglasses due to theft, loss or breakage during *your trip* and assistance to co-ordinate the replacement.

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

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

1. **A pre-existing condition.** When reading this section, please take the time to review the definitions of “*pre-existing condition*” and “*stable*” at the end of this booklet. The *pre-existing condition* exclusion which applies to *you* depends on *your age* at the time *you* purchased this policy as outlined below.

- If *you* are under the age of 75, this *pre-existing condition* applies to *you*.

*We* will not pay any expenses relating to:

- a *pre-existing condition* that was not *stable* in the **three (3) months** before *your effective date*; and/or
- a *heart condition*, if, in the **three (3) months** before *your effective date*, any *heart condition* has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
- a lung condition, if, in the **three (3) months** before *your effective date*, any lung condition has not been *stable* or *you* required *treatment* with oxygen or prednisone for any lung condition.

- **If you are age 75 or over, this *pre-existing condition* applies to you.**

We will not pay any expenses relating to:

- a *pre-existing condition* that was not *stable* in the **twelve (12) months** before *your effective date*; and/or
  - a *heart condition*, if, in the **twelve (12) months** before *your effective date*, any *heart condition* has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
  - a lung condition, if, in the **twelve (12) months** before *your effective date*, any lung condition has not been *stable* or *you* required *treatment* with oxygen or prednisone for any lung condition.
2. Any *medical condition* when, prior to *your departure date*, *you* had not met all the eligibility requirements.
  3. Expenses that exceed a maximum of \$25,000, if *you* do not have valid coverage under a *government health insurance plan* for the entire duration of *your trip*.
  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 that case, the 25% co-insurance does not apply).
  6. Any *treatment* that is not for an *emergency*.
  7. Any cosmetic, investigative and/or elective surgery or *treatment*, and/or any expenses that arise as a result of complications from such surgery or *treatment*.
  8. 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.
  9. 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 prior to the *departure 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 3 months before *your effective date*; and/or
    - that had caused *your physician* to advise *you* not to travel.
  10. For policy extensions: any *medical condition* which first appeared, was diagnosed or treated after the *departure date* and prior to the *effective date* of the insurance extension.
  11. An *emergency* resulting from: hang-gliding; 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; 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.
  12. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
  13. Committing or attempting to commit a criminal act.
  14. Not following recommended or prescribed therapy or *treatment*.
  15. Any *sickness*, death or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol or any other toxic substance(s).
  16. Any loss resulting from *your minor mental or emotional disorder*.
  17. a) *your* routine prenatal care;  
b) *your* pregnancy, childbirth, any complication(s) related to *your* pregnancy or childbirth, when any such event, in any combination, happen(s) in the nine (9) weeks before or after the expected date of delivery;  
c) *your* child born during *your trip*.
  18. For insured *children* under 2 years of age: any *medical condition* related to a birth defect.
  19. Any *treatment*, services or supplies not medically necessary, or any medical procedures and/or tests (**including** but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. 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.
  20. 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.
  21. Any *emergency* that occurs or re-occurs after *our* medical advisors recommend that *you* return *home* following *your emergency*, and *you* choose not to.
  22. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism* Coverage provision.
  23. When, before the *effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadian residents not to travel to that country, region or city where *your* loss resulted 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*.



## ‡ BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

Maximum coverage under this policy cannot exceed \$2,000 per trip.

### Benefits – What does Baggage Loss, Damage & Delay Insurance cover?

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of the baggage and effects that belong to you and that you use during your trip. We will pay:

1. The *reasonable and customary* charges for the replacement of a lost or stolen passport, driver's licence, birth certificate or travel visa. In addition, we will cover up to \$200 per trip for travel and accommodation expenses you actually incur while waiting to receive the replacement travel documents.
2. Up to \$500 in total per trip for necessary toiletries and clothing when your checked luggage is delayed by the carrier for at least 10 hours while you are en route. This benefit is payable only when the delay happens before your return home.
3. Up to \$100 per day to a maximum of \$500 in total for the rental of golf clubs or ski equipment or for the purchase of reasonable golf accessories (golf balls, gloves, tees, etc.) or ski accessories (ski equipment includes snowboards, bindings, boots or poles, etc.) in the event your checked golf clubs or ski equipment are delayed by the common carrier for at least 10 hours while you are en route. This benefit is payable only when the delay happens before your return home.
4. Up to \$300 per trip for any item or set of items which is lost, stolen or damaged during your trip to a maximum of \$1,500. Jewellery or cameras (including camera equipment) are respectively considered a single item.

### Exclusions & Limitations – What does Baggage Loss, Damage & Delay Insurance not cover?

We will not cover expenses or benefits relating to:

1. Animals, perishable items, bikes that are not checked as baggage with the common carrier, household items and furniture, artificial teeth or limbs, hearing aids, glasses of any type, contact lenses, money, tickets, securities, documents, items related to your occupation, antiques or collector items, items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, your imprudence or omission.
3. Unaccompanied baggage, personal property left unattended, personal property left in an unattended vehicle or unlocked trunk and any jewellery or cameras placed in the custody of a common carrier.
4. In instances of theft, losses unreported to authorities.
5. Any loss resulting from an act of war or an act of terrorism while you are at destination, when, before your effective date, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadians not to travel to that country, region or city.

## FLIGHT & TRAVEL ACCIDENT INSURANCE

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

We will cover the following Flight & Travel Accident Insurance benefits:

1. If an accidental injury sustained during your trip causes you to die, to become completely and permanently blind in both eyes or to have two of your limbs fully severed above your wrist or ankle joint in the 12 months after the accident, we will pay \$100,000 under Flight Accident Insurance; or \$50,000 under Travel Accident Insurance.
2. If an accidental injury sustained during your trip causes you to become completely and permanently blind in one eye or to have one of your limbs fully severed above your wrist or ankle joint in the 12 months after the accident, we will pay \$50,000 under Flight Accident Insurance or \$25,000 under Travel Accident Insurance.
3. If you sustain more than one accidental injury during your trip, we will pay the applicable insured sum only for the one accident that entitles you to the largest benefit amount.

For Flight Accident Insurance, the accident giving rise to your injury must happen:

- a) while you are travelling on a commercial passenger plane for which a ticket was issued to you for your entire airline trip; or
- b) if making a flight connection, while riding over land or water at the expense of the airline, riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports; or
- c) while you are at an airport for the departure or arrival of the flight covered by this insurance.

### Exclusions & Limitations – What does Flight & Travel Accident Insurance not cover?

We will not pay for losses or expenses incurred for, or as the result of the following:

1. Hang-gliding; 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; 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.
2. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
3. Your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
4. A criminal act or an attempt to commit such an act by you or your beneficiary.
5. Not following recommended or prescribed therapy or treatment.

6. Any *sickness*, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
7. Any loss resulting from *your* *minor mental or emotional disorder*.
8. A loss caused directly or indirectly from an existing disease or bodily infirmity, even if the proximate cause of its activation or reactivation is the result of an accidental *injury*.
9. An *act of war* or *act of terrorism*.
10. When, before the *effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadian residents not to travel to that country, region or city where *your* loss resulted from a specific or related *medical condition* which *you* contracted in a foreign country during *your* *trip*.

## 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 **Emergency Medical Insurance and Trip Cancellation & Trip Interruption Insurance** coverage, we will provide benefits to *you* for *your* eligible expenses, subject to the maximums shown in the benefits section and this provision; and
- The benefits payable, as described directly above, are in 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 and Trip Cancellation & Trip Interruption 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\$)
<i>Emergency Medical</i>	\$35,000,000
<i>Trip Cancellation &amp; Trip Interruption</i>	\$2,500,000

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 Act of 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 *act of terrorism* perpetrated by biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

## WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this policy is issued on the basis of information provided in *your* application (including the *questionnaire* if required). *Your* entire contract with *us* consists of: this policy; *your* application for this policy (including the completed and signed *questionnaire*, if required); 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* conceal or misrepresent any material fact or circumstance concerning this insurance, either at time of application for this policy (including any request for extension of coverage for benefits), at the time of claim or at any other moment during *your* coverage period.**

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.

This policy shall be governed by and construed in accordance with the laws of the province or territory of residence of the insured.

**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.**

## Limitation of Liability

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither we, upon making payment under this policy, nor our agents or administrators assume any responsibility for the availability, quality, results or outcome of any *treatment* or service, or your failure to obtain any *treatment* or service covered under the terms of this policy. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

## Premium

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect. Premium rates and policy terms and conditions are subject to change without prior notice. Upon payment of premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and we have received your completed application 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.

If you have purchased insurance for a period of coverage of 183 days or more, you have 10 days from the date of purchase to review this policy. If it does not meet your needs, you may cancel it and get the premium refunded by notifying us. Your ability to cancel the policy may be affected if you have already departed on your trip.

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?

This is second payor coverage. You may have other in-force plans or contracts such as, but not limited to, third party liability, auto insurance, group or individual health insurance providing *hospital*, medical or therapeutic coverage. In this case, the amounts payable under this insurance are limited to that portion of your eligible expenses that are in excess of the amounts provided by those other in-force plans or contracts. 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 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), to a maximum of the largest amount specified by any such 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. If the total amount of all accident insurance you have under policies issued by us is more than \$100,000, our aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

## IN THE EVENT OF A CLAIM

### In the event of an *emergency*, call the Assistance Centre immediately, prior to receiving *treatment*:

1 800 211-9093 toll-free from the USA and Canada or +1 (519) 251-7821 collect where available. The Assistance Centre is ready to assist you 24 hours a day, every day of the year.

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 (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 at time of claim, it is discovered that you no longer have coverage under a *government health insurance plan*, the maximum amount payable for all eligible expenses combined will be limited to \$25,000.

If you choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these services 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 for benefits under this policy, your written proof of claim and your fully completed Manulife 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 on the following pages.

### Written claims correspondence should be mailed to:

Manulife Global Travel Insurance  
c/o Active Care Management  
PO BOX 1237, Station A, Windsor, ON N9A 6P8

## Online Claims Submission

For quick and easy submission of *your* Proof of Claim, visit <https://manulife.acmtravel.ca> and please have all of *your* documentation available [in electronic format].

*You* may also call the Assistance Centre directly to inquire about *your* claim status at: **1 855 841-4793**

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

**If *you* are making a *Trip Cancellation & Trip Interruption Insurance claim*, we will need proof of the cause of the claim, including:**

- a) a medical certificate completed by the attending *physician* and stating why travel was not possible as booked, if the claim is for medical reasons;
- b) a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to a misconnection or *trip* delay, or
- c) other appropriate documentation if the claim is not for medical reasons. For example: copy of the subpoena if cancelling due to jury duty or being called as witness. 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.

We will also need, as applicable:

- a) complete original unused transportation tickets and vouchers;
- b) original passenger receipts for the new tickets *you* had to purchase;
- c) original receipts for the travel arrangements *you* had paid in advance and for the extra hotel, meal, telephone, internet usage fees, taxi fares or car rental expenses *you* may have had;
- d) any other invoice or receipt supporting *your* claim; and
- e) the entire medical file of any person whose health or *medical condition* is the reason for *your* claim.

**If *you* are making a *Default Protection claim*, we must receive written notice of the claim within 60 days of the day on which the *travel supplier* announces that it is in *default*. *You* must submit proof of loss (including original receipts, proofs of payment to *travel suppliers*, proof of payment for insurance, unused transportation or accommodation documents and, where appropriate, evidence of claim to or reimbursement from any federal, provincial or other compensation fund, or other insurance, or any other source (including credit card companies) that is legally responsible or under contract to reimburse *you* for the cost of such undelivered *travel services*) no later than 30 days immediately after such filing deadline.**

**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 appropriate and consistent with the diagnosis and could not be omitted

- d) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident;
- e) proof of travel (including *departure date* and return date); and
- f) *your* historical medical records (if we determine applicable).

**If *you* are making a *Baggage Loss, Damage & Delay Insurance claim*, the following conditions apply:**

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item, *you* must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide or transportation authorities. *You* must also take all precautions to protect, save or recover the property immediately, and advise *us* as soon as *you* return home. *Your* claim will not be valid under this insurance if *you* do not comply with these conditions.
2. If the property *you* have checked with a *common carrier* is delayed, we will continue to provide coverage until the property is delivered by the carrier.
3. We cover the current actual cash value of *your* property when it is lost or damaged. We also reserve the option to repair or replace *your* property with other of similar kind, quality and value. We may also ask *you* to submit damaged items for an appraisal of the damage. If a lost or damaged article is part of a set, we will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.
4. If *you* need to make a claim under this insurance, we will need:
  - a) copies of reports from the authorities as proof of loss, damage or delay; and
  - b) proof that *you* owned the articles, and receipts for their replacement.

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

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

**Who will we pay *your* benefits to if *you* have a claim?**

Except in the case of *your* death, we will pay the *reasonable and customary* expenses under this insurance to *you* or the provider of the service, less any applicable deductible. Any sum payable for loss of life will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if we determine that the amount is not payable under *your* policy. All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, we will use *our* exchange rate on the date *you* received the service outlined in *your* claim. We will not pay for any interest under this insurance.



### Is there anything else *you* should know if *you* have a claim?

If *you* disagree with *our* claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where *you* reside at the time of application for this policy.

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

For the purposes of determining the validity of a claim under this policy, *we* may obtain and review the medical records of the attending *physician(s)*, including the records of the 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(s) 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.

**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 time of application.

**Change in medication** means the medication dosage, frequency or type has been reduced, increased or stopped, and/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 joins *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 of *age*.

**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 for *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.

- 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*.
- For *Emergency Medical Insurance*, coverage starts when *you* leave *home*.
- All other coverages start on *your departure date*.

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

**Expiry date** means the date *your* coverage ends.

- For *Trip Cancellation Insurance*, *your* coverage ends on *your* departure date as shown on *your confirmation*.
- For *Trip Interruption Insurance*, *your* coverage ends on the earlier of:
  - a) the date when *you* return to *your departure point*; or
  - b) on the expiry date as shown on *your confirmation*.
- All other coverages end on the earlier of:
  - a) the date *you* return *home*; or
  - b) the expiry date, as shown on *your confirmation*.

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

**Heart condition** means ANY disorder relating to the heart. *Heart conditions* include but are not limited to the following:

- An abnormal cardiac test result
- Atrial fibrillation
- Chest pain or discomfort due to the heart, or angina
- Heart failure, or heart attack, or myocardial infarction, or cardiac arrest
- Heart murmur (Does not include a murmur that existed as a child if the *physician* has advised that there is no murmur as an adult.)
- Narrowing or blockage of a coronary artery, or coronary artery disease
- Prior heart surgery of any kind, including but not limited to angioplasty, bypass surgery, valvuloplasty, valve replacement, heart ablation surgery, heart transplantation or surgery for any congenital heart disorder
- Any heart valve disorder, or any rapid, or slow, or irregular heartbeats or heart rates for which a *physician* has prescribed medication, or for which there has been surgery or cardioversion
- *Treatment* with a pacemaker or a cardiac defibrillator device
- Water on the lungs or swelling of the ankles due to a heart disorder.

**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 Cancellation, Trip Interruption, Trip Delay, Flight and Travel Accident and Baggage Insurance*, it means the *departure point*.

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

**Immediate family** means *spouse*, parent, legal guardian, step-parent, grandparent, step-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, and independent of *sickness* or disease.

**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** means *sickness, injury*, disease or symptom, complication of pregnancy within the first thirty-one (31) weeks of pregnancy.

**Minor mental or emotional disorder** means:

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

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

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

**Plane** means a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board licence, Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**Pre-existing condition** means a *medical condition* that existed before *your effective date*.

**Questionnaire** means the document *you* must fill out truthfully and accurately to confirm *your* eligibility and premium (rate), if the non-refundable value of *your trip* is more than \$30,000.

**Reasonable and customary** 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* for a similar *sickness* or *injury* or for other comparable services or supplies for similar circumstance.

**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 medical condition** means that all of the following apply:

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

**Travel companion** means someone who shares *trip* arrangements with *you* on any one *trip*, up to a maximum of 5 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, prescribed medication (including medication prescribed “as needed”) medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner.

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

**Trip** means the period of time between *your* effective date and expiry 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, our** means FNAIC in connection with risk identified with ‡ throughout this document; and Manulife in connection with all other coverages under this policy.

**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.

## NOTICE ON PRIVACY

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

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