



MEDICARE INTERNATIONAL TRAVEL INSURANCE

Emergency Medical Policy For Travelling Canadians

Version M14-Rev1

Effective April 2022

21st Century Travel Insurance Limited operates as 21st Century Travel Insurance Services in British Columbia.

Underwritten by
The Manufacturers Life Insurance Company (Manulife)

Don't forget your wallet card!

M14Rev1-2204-EN-MED



underwritten by:



MEDICARE INTERNATIONAL TRAVEL INSURANCE

NAME _____

MY POLICY # _____

To extend your coverage, call 21st Century prior to date required.
Please call:

1 800 567-0021 toll-free from the USA and Canada
(905) 372-1779 direct from outside Canada or the USA

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

IN CASE OF A MEDICAL EMERGENCY, CALL THESE NUMBERS FIRST:

1 855 478 3484 +1 (519)251-7851

toll-free from the USA and Canada

collect from anywhere in the world

You must contact the Assistance Centre before receiving treatment.
Failure to do so will limit liability to 80% of eligible expenses.
The Assistance Centre is open every day, 24 hours a day.

Immediate access to the Assistance Centre is also available through the Manulife TravelAid™ app. To download the app, visit <http://www.active-care.ca/en/travelaid>



MEDICARE INTERNATIONAL TRAVEL INSURANCE
EMERGENCY MEDICAL POLICY
FOR TRAVELLING CANADIANS
Version M14-Rev1
 Effective April 2022

10-Day Free Look to Review this Policy

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

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

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

Travel assistance and CLAIM SUBMISSION, anywhere in the world

Before you travel, download the Manulife TravelAid™ mobile app through the Google Play™ store or the Apple App Store®.

Features of Manulife TravelAid include:

- **Start a Claim – begin the process to file a claim and track your claim status**
- Contact Us – a direct link to the Assistance Centre for immediate medical assistance 24/7
- International 911 – search emergency phone numbers in other countries (GPS enabled)
- Find Medical Facility – find directions to the closest medical facility (GPS enabled)
- Travel Tips – pre- and post-departure
- Travel Advisories

Online Claims Submission is also available.

Visit <https://manulife.acmtravel.ca> to submit your claim online. For faster and easier submissions, have all your documents available in electronic format, such as a PDF or a JPEG.

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

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

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

For more information, go to www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html

SECTION 1 – IMPORTANT NOTICE

Read Carefully Before You Travel

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

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

It is your responsibility to understand your coverage. If you have questions, call 1 800 567-0021 or (905) 372-1779.

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.

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

SECTION 2 – IDENTIFICATION OF INSURER

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife). Claim payment and administrative services are provided by Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM" "Global Excel Management" and/or "Global Excel" as the provider of all assistance and claims services under the policy.

Administration of all applications, enrollments and customer service for the Medicare International Travel Insurance plan is provided by 21st Century Travel Insurance Limited o/a 21st Century Travel Insurance Services in British Columbia ("21st Century").

SECTION 3 – IN THE EVENT OF AN EMERGENCY

**IN THE EVENT OF AN EMERGENCY
CALL THE ASSISTANCE CENTRE IMMEDIATELY
1 855 478-3484** toll-free from the USA and Canada
+1 (519) 251-7851 collect to Canada
from anywhere else in the world.

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

Immediate access to the Assistance Centre is also available through the Manulife TravelAid mobile app. The Manulife TravelAid mobile app can also provide *you* with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

To download the app, visit: <http://www.active-care.ca/en/travelaid/>

You must call the Assistance Centre before obtaining *emergency treatment*, so that *we* may:

- confirm coverage
- provide pre-approval of treatment.

If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, *we* ask that someone call on *your* behalf as soon as possible. Otherwise, if *you* do not call the Assistance Centre before *you* obtain *emergency treatment*, *you* will have to pay 20% of the eligible medical expenses *we* would normally pay under this insurance.

SECTION 4 – ELIGIBILITY

To be eligible for *Emergency Medical coverage*, *you* must, as of the date *you* apply for coverage and the *effective date*:

- be a resident of Canada and covered under a *government health insurance plan* for the entire duration of *your trip*;
- be at least thirty (30) days of *age*;
- not have been advised by a *physician* to avoid travel at this time;
- not have a terminal illness or metastatic cancer;
- not require kidney dialysis;
- not have been prescribed or used home oxygen in the last twelve (12) months; and
- never have had a bone marrow, stem cell or organ transplant (except corneal transplant).

SECTION 5 – GENERAL INFORMATION

INSURING AGREEMENT

In consideration of the application for insurance for which *you* have met the eligibility requirements and paid the appropriate premium, *we* will pay up to a maximum of \$10 million CDN per insured person for *reasonable and customary* charges incurred by *you* (less any applicable deductible) as a result of an *emergency* occurring while *you* are travelling outside *your* province or territory of residence for the benefits set out in this document.

These benefits are subject to the terms, limitations, exclusions and other conditions and in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and *your* Canadian provincial or territorial *government health insurance plan*.

Some benefits are subject to advance approval by *our* Assistance Centre. Unless otherwise stated, all amounts referred to in this policy are in Canadian dollars.

You will be responsible for any expenses that are not payable by *us*.

Coverage under this policy is issued on the basis of information provided in *your* application. *Your* entire contract with us consists of:

- this policy;
- *your* application for this coverage including the completed *medical questionnaire* if required;
- the *confirmation* issued in respect of that application; and
- any other amendments or endorsements/riders resulting from changes, extensions or top-ups of coverage.

This policy provides coverage for the plan *you* purchased:

- a Single-Trip plan for travel outside *your* province or territory of residence or Canada; or
- a Multi-Trip plan for an unlimited number of *trips*, taken within one (1) year of the *effective date* for the *trip-length* as shown on *your confirmation*.

NOTE: The Single-Trip Travel Canada *Emergency Medical* plan covers travel within Canada outside *your* province or territory of residence.

WHEN YOUR COVERAGE STARTS

Travel Insurance must be purchased prior to departure from *your* province or territory of residence in Canada and for the entire duration of *your trip* (exceptions apply to Top-Ups).

For Single-Trip *Emergency Medical* and Travel Canada *Emergency Medical* plans:

Coverage starts on the later of:

- the *departure date*; or
- the *effective date* as shown on *your confirmation*.

For Multi-Trip *Emergency Medical* plans:

Coverage starts:

- each date *you* leave *your* province or territory of residence, and
- each date *you* leave Canada on or after the *effective date* as shown on *your confirmation*.

WHEN YOUR COVERAGE ENDS

For Single-Trip *Emergency Medical* plans:

Coverage ends on the earlier of:

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

For Single-Trip Travel Canada *Emergency Medical* plans:

Coverage ends on the earliest of:

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

For all Multi-Trip *Emergency Medical* plans:

Coverage ends on the earliest of:

- the date *you* return *home*; or
- the *expiry date* as shown on *your confirmation*; or
- when travelling outside Canada, the date *you* reach the maximum *trip-length* *you* purchased for each *trip*, as shown on *your confirmation*.

AUTOMATIC EXTENSION of coverage is provided beyond *your expiry date*, if:

- *your common carrier* or *vehicle* is delayed and prevents *you* from travelling on *your expiry date*. In this case, we will extend *your* coverage for up to seventy-two (72) hours;

- *you* or *your travel companion* are hospitalized on the *expiry date*. In this case, we will extend *your* coverage during the hospitalization up to a maximum of 365 days or until, in *our* opinion, *you* are *stable* for discharge from the *hospital* and for up to five (5) days after discharge from *hospital*, or *you* are *stable* for evacuation *home*; whichever is earlier; or
- *you* or *your travel companion* have a medical *emergency* that does not require hospitalization but prevents travel on *your expiry date*, as confirmed by a *physician*. In this case, we will extend *your* coverage for up to five (5) days.

TO STAY LONGER THAN PLANNED

If *you* are already on *your trip* and need to apply for an extension of *your* coverage, call 21st Century 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* outside of Canada, including the extension, does not exceed the maximum allowed by *your government health insurance plan*;
- *you* pay the additional premium (minimum \$25); and
- there has been no event that has resulted or may result in a claim against the policy and there has been no change in *your* health status.

Any extension is subject to approval by 21st Century. In any case, we will not extend any coverage beyond twelve (12) months after the date *you* first leave *home*.

CANCELLATIONS & REFUNDS

After the 10-Day Free Look:

- *You* may cancel *your* policy prior to *your departure date* (*your effective date* if *you* have purchased a Multi-Trip *Emergency Medical* plan).
- If *you* return home early, *you* may request a refund of premium (minimum \$25.00) for the unused coverage days of *your* Single-Trip *Emergency Medical* Plan, providing there has been or will be no claim reported or initiated, that *you* have not been provided with any assistance services and that *you* have mailed us *your* written request with proof of the date *you* returned *home*.
- All travellers insured under the same policy must return together for a refund to be possible.

Refunds are not available for Multi-Trip plans.

FAMILY COVERAGE

If *you* have purchased Family Coverage for any *Emergency Medical* Plan, all family members must be named on *your confirmation* and must be under age sixty (60) and a minimum of thirty (30) days of age.

Family Coverage can include:

- i) one applicant (parent or grandparent) travelling with their *children* or *grandchildren*; or
- ii) the applicant, *spouse* and *children* or *grandchildren*; or
- iii) three (3) generations of a single family (grandparent[s], parent[s] and their *children*).

All family members must have coverage that starts and ends on the same dates. Family Coverage and Travel Companion savings cannot be combined.

MULTI-TRIP PLANS

- Provide coverage for an unlimited number of *trips* taken within one (1) year, commencing with the *effective date* as shown on *your confirmation*.
- Provide *you* with coverage for an unlimited number of days of travel within Canada but outside *your* province or territory of residence.
- Each *trip* taken outside of Canada can be up to the maximum number of days *you* selected when *you* purchased *your* Multi-Trip plan, beginning on the first day *you* leave Canada.
- For a *trip* to be covered under the benefits of Medicare International Travel Insurance, it must start on or after the *effective date* and end prior to or on the *expiry date* as shown on *your confirmation*.

- Top-Up coverage can be purchased for *trips* that are longer than the maximum *trip* length selected or if *your trip* extends beyond the expiry date of *your Multi-Trip* plan as shown on *your confirmation*.

In the event of a claim, *you* will be required to provide proof of *your departure date* and *your return date*. Proof can include *your plane* ticket, train ticket, a stamped passport, and/or a credit card or bank statement showing purchases in Canada just prior to *your departure date*.

Top-Up *your trip* under *your Multi-trip Emergency Medical plan*:

If *your trip*:

- is longer than the maximum number of coverage days *you* have under *your current plan*; or
- will extend beyond the expiry date as shown on *your confirmation*, *you* can either:
 - purchase Top-Up coverage before the *expiry date* of *your Multi-Trip* plan for any additional travel days; or
 - purchase a new *Multi-Trip Emergency Medical* plan, with no lapse in coverage, providing the total duration of the *trip* does not exceed the maximum *trip* length *you* choose.

If *your multi-trip* plan is not underwritten by Manulife, it is *your* responsibility to confirm that a Top-Up is permitted on *your existing plan* with no loss of coverage.

When *you* apply for Top-Up coverage, *you* may be required to answer questions about *your* health.

SECTION 6 – MEDICAL CONCIERGE SERVICES

21st Century is pleased to provide *you* with value-added Medical Concierge Services.

What services are available? StandbyMD has an international network of medical providers and partners who can provide quick and streamlined services and access to healthcare, 24 hours a day, every day of the year.

StandbyMD offers access to personalized care including:

- telephone or video chat with a qualified physician who can assess symptoms and provide treatment options (for eligible cases)
- a network of physicians who make house call visits in 141 countries and over 4,500 cities
- in-network clinics and emergency rooms when necessary
- coordination and delivery of lost or forgotten prescription medications, eyeglasses or contact lenses, and medical supplies when you travel within Canada and the US

How this service works

StandbyMD triages you according to your symptoms, profile, and location and then refers you to the most appropriate level of care for your situation.

The worldwide network offers preferred rates and direct billing options to help reduce your out-of-pocket expenses. The StandbyMD program also helps coordinate payment for eligible expenses according to the terms and conditions of this policy.

To use this service, contact the Assistance Centre at the number provided in this policy.

Disclaimer, waiver, and limitation of liability

StandbyMD is not intended as a substitute for professional medical advice. The program is provided to assist you in finding medical providers.

The advice StandbyMD provides is a recommendation only and entirely voluntary. You retain the right to choose your own level of care, regardless of the recommendation StandbyMD makes.

Medical providers within the StandbyMD network are not employees or agents and are not affiliated with StandbyMD in any way beyond accepting referrals. StandbyMD has no control – real or implied – over the medical judgment, actions, or inactions of the medical providers and does not assume any responsibility for:

- availability of the medical providers
- quality of the medical providers
- the results or outcome of any treatment or service.

You waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD. Related people include principals, parents, successors, and assigns of StandbyMD.

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

- any and all claims
- demands
- actions and causes of action
- suits of any kind, nature, or amount

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

SECTION 7 – EMERGENCY MEDICAL INSURANCE BENEFITS

What does *Emergency Medical Insurance* cover?

Emergency Medical Insurance covers *you* for up to \$10,000,000 CDN of covered expenses incurred as a result of *treatment* required by *you* during *your trip* if a medical *emergency* begins unexpectedly after *you* leave *home*, but only if these covered expenses are in excess of any amount covered by *your government health insurance plan* or any other benefit plan. The *treatment* must be required as part of *your emergency treatment*.

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

We will cover Benefits #5 through #13 and #18 only if they have been authorized and arranged by the Assistance Centre.

Covered expenses and benefits are subject to the policy's maximums, exclusions, limitations, and *your* deductible amount. The deductible amount is the amount of covered expenses that *you* are responsible for paying per person per *emergency* medical claim. *Your* deductible amount, in CDN dollars, applies to the amount remaining after any covered expenses are paid by *your government health insurance plan*.

The deductible amount is shown on *your confirmation*.

The eligible covered expenses include:

1. **Expenses for emergency treatment** – Reasonable and customary charges for:
 - medical care received from a *physician* in or out of *hospital*;
 - the cost of a semi-private *hospital* room (or an intensive or coronary care unit where medically necessary);
 - the services of a licensed private duty nurse while *you* are in *hospital*;
 - the rental or purchase (whichever is less) of a hospital bed, wheelchair, brace, crutch or other medical appliance;

- tests that are needed to diagnose or find out more about *your* condition;
 - drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist.
- 2. Expenses for paramedical services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiroprapist or podiatrist, up to \$70 per visit to a combined maximum of \$700 for a covered *injury*.
 - 3. Expenses for ambulance transportation** – *Reasonable and customary* charges for local licensed ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency*.
 - 4. Expenses for emergency dental treatment** –
 - If *you* need *emergency* dental *treatment*, we will pay up to \$300 for the relief of dental pain; and/or
 - If *you* suffer an accidental blow to the mouth, we will pay up to \$3,000 for the *reasonable and customary* charges to repair or replace *your* natural or permanently attached artificial teeth (up to \$1,500 during *your trip* and up to \$1,500 after *your return home* to continue *treatment* in the ninety (90) days after the accident).
 - 5. Expenses to bring someone to your bedside** – If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, we will pay the return economy class airfare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$1,000 for that person's hotel and meals and cover them with *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 their *hospital* admission.
 - 6. Extra expenses for meals, hotel and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency* medical *treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, we will reimburse *you* up to \$200 per day to a maximum of \$2,000 for *your* extra meals, hotel, and taxi fares. We will only reimburse *you* for these expenses if *you* have paid for them.
 - 7. Expenses related to your death** – If, during *your trip*, *you* die from an *emergency* covered under this insurance, we will reimburse *your* estate for:
 - up to \$5,000 to have *your* body prepared where *you* die and the cost of the standard transportation container normally used by the airline, plus the return *home* of *your* body; or
 - up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die (excludes headstones, flowers, reception expenses); or
 - up to \$5,000 to cremate *your* body where *you* die, plus the return *home* of *your* ashes.

In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, we will pay the return 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 seventy-two (72) hours.
 - 8. Expenses to bring you home** – If *your* treating *physician* recommends that *you* return *home* earlier than planned because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, we will pay for one or more of the following:
 - the extra cost of economy class airfare via the most cost-effective itinerary; and/or
 - a stretcher airfare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; and/or
 - the cost of return economy class airfare 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; and/or
 - the cost of air ambulance transportation if this is medically necessary.
 - 9. Return excess baggage** – Up to \$300 for the return of *your* excess baggage. This benefit is payable if *you* return *home* under Benefit #7 or #8.
 - 10. Expenses to return children under your care** – If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of an *emergency*, we will pay for the extra cost of one-way economy class airfare to return the children *home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The children must have been under *your* care during *your trip* and covered under a policy underwritten by *us*.
 - 11. Childcare expenses** – We will pay up to \$75 per day to a maximum of \$500 for childcare costs incurred by *you* during *your trip* to care for *your* children travelling with *you* and remaining with *you* at *your* destination while *you* are hospitalized as an in-patient during *your trip*. Original receipts from the professional childcare provider are required and the professional childcare provider must be someone other than *immediate family* or a *travel companion*.
 - 12. Expenses to return your travel companion** – We will cover 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 insurance plan) *home*, if *you* are repatriated or evacuated under Benefit #7 or #8 above.
 - 13. Expenses to return your vehicle home** – If, because of a medical *emergency*, *you* are unable to drive the *vehicle* *you* used during *your trip*, we will cover up to \$3,000 charged by a commercial agency to bring *your vehicle* *home*. If *you* rented a *vehicle* during *your trip*, we will pay the cost of its return to the rental agency.
 - 14. Hospital allowance** – When *you* are hospitalized for 48 hours or more due to a medical *emergency* during *your trip*, we will reimburse *you* \$50 per day up to \$300 per policy for *your* telephone, parking and television out-of-pocket expenses. Expenses must be supported by original receipts.
 - 15. Phone call expenses** – We will pay for phone calls to or from *our* Assistance Centre regarding *your* medical *emergency*. *You* must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during *your trip*.
 - 16. Pet return** – If *your* domestic dog or cat travels with *you* during *your trip* and *you* return to Canada under Benefit #7 or #8, we will pay the cost of one-way transportation up to a maximum of \$500 to return *your* domestic dog or cat to Canada.
 - 17. Trip break** – For Single-Trip plans, *you* may return *home* to *your* province or territory of residence without terminating *your* coverage. There is no coverage under this plan in *your* province or territory of residence. There will be no refund of premium for any of the days *you* spend in *your* province or territory of residence. If *you* experience any change in *your* health during the *Trip Break*, *you* must notify the Assistance Centre prior to leaving *your* province or territory of residence for confirmation of continued coverage.
 - 18. Return to original trip destination** – If *you* are returned to *your* province or territory of residence under Benefit #8 (Expenses to bring *you* *home*) and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency* and that no further *treatment* is required, we will reimburse up to a maximum of \$5,000 for a one-way economy flight to return *you* and one insured *travel companion* to the original *trip* destination. This benefit is available only if the return to destination occurs during the dates of the original *trip* and if the Assistance Centre has approved *your* return under *your* existing policy. A subsequent recurrence or complication of the condition that resulted in *you* being returned *home* is excluded under this policy.

19. Terrorism coverage – When an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this policy, coverage is available for up to two (2) *acts of terrorism* within a calendar year and up to a maximum aggregate payable limit of \$35 million for all eligible *emergency* medical in-force policies issued and underwritten by us. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a pro rata basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

SECTION 8 – EMERGENCY MEDICAL EXCLUSIONS & LIMITATIONS

What does *Emergency Medical Insurance* not cover?

We will not pay any expenses or benefits relating directly or indirectly to:

1. **A *pre-existing condition*.** The *pre-existing condition* exclusion that applies to *you* depends on the Rate Category *you* qualified for when *you* purchased this policy.

Please review the definition of "*pre-existing condition*" and "*stable*" at the end of this policy.

NOTE: For the Travel Canada *Emergency Medical* plan, no *pre-existing condition* exclusion applies.

Rate Category A. We will not pay any expenses relating to:

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

Rate Categories B and C. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the six (6) months before *your effective date*; and/or
- *your* heart condition if, in the six (6) months before *your effective date*, *your* heart condition has not been *stable* or *you* have taken any form of nitroglycerine for the relief of angina pain; and/or
- *your* lung condition if, in the six (6) months before *your effective date*, *your* lung condition has not been *stable* or *you* required *treatment* with oxygen or Prednisone for a lung condition.

2. Covered expenses that exceed the *reasonable and customary* charges where the *medical emergency* happens.
3. Any *emergency* when, prior to the *issue date*, *you* had not met all the eligibility requirements or truthfully and accurately answered all the questions in the *medical questionnaire* (if applicable).
4. Covered expenses that exceed 80% of the cost we would normally have to pay under this insurance if *you* do not, or someone on *your* behalf does not, contact the Assistance Centre at the time of the *emergency*.
5. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by the Assistance Centre prior to being performed. 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 immediately upon admission to *hospital*.
6. Any non-*emergency*, investigative, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.

7. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if *our* medical advisors determine that *your* *medical emergency* has ended.
8. A *medical condition*:
 - when *you* knew or for which it was reasonable to believe or expect before *you* left *home*, or before the *effective date* of coverage, that *treatment* will be required during *your trip*; and/or
 - for which future investigation or *treatment* was planned before *you* left *home*; and/or
 - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before leaving *home*; and/or
 - that had caused *your physician* to advise *you* not to travel.
9. An *emergency* resulting from:
 - mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead-rope or top-rope anchoring equipment to ascend or descend a mountain;
 - rock-climbing;
 - parachuting, skydiving, hang-gliding or using any other air-supported sporting device;
 - participating in a motorized speed contest including training activities; or
 - *your* professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation.
10. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, whether or not it was authorized by a *physician*, as well as any directly or indirectly-related complication.
11. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
12. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
13. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
14.
 - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
 - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
15. Any loss resulting from *your minor mental or emotional disorder*.
16.
 - *Your* routine pre-natal or post-natal care;
 - *Your* pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
17. *Your* child born during *your trip*.
18. For insured *children* under two (2) years of *age*, any *medical condition* related to a birth defect.
19. 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.
20. Any further *medical treatment* if *our* medical advisors determine that *you* should transfer to another facility or return to *your home* province or territory of residence for *treatment*, and *you* choose not to.
21. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
22. For policy extensions: any *medical condition* which first appeared, was diagnosed or treated after the scheduled *departure date* and prior to the *effective date* of the insurance extension.
23. Any change in *your* health status or *medical condition* that occurred or started, or any *medical condition* that did not remain *stable*, during *your Trip* break (see Benefit #17).
24. A recurrence or complication of the condition for which *you* returned *home* under Benefit #18.

23. Any *act of terrorism* or any *medical condition* you suffer or contract when an official travel advisory issued by the Canadian government states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.
To view the travel advisories, visit the Government of Canada Travel site. This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.
24. Any *act of terrorism* caused by biological, chemical, nuclear or radioactive means.
25. An *act of war*.

SECTION 9 – WHAT ELSE DO YOU NEED TO KNOW?

This policy is issued based on information provided in *your* application (including the *medical questionnaire* if required). Claims will be processed according to the policy in force at the time of claim.

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

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

You must be accurate and complete in *your* dealings with *us* at all times. This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy, extension or Top-Up of coverage for benefits under this policy.

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

No agent or broker has the authority to change the contract or waive any of its provisions. This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

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

You must pay the premium when *you* purchase this insurance, according to the rates in effect at that time. Premiums and policy terms and conditions are subject to change without notice.

You enter into a binding contract with *us* when:

- *you* meet all eligibility requirements; and
- pay the required premium; and
- receive a *confirmation* with a contract policy number.

If, at any time, *we* determine that *you* are not eligible for coverage, *we* will refund *your* premiums only. No other refunds are eligible. *You* are responsible for any expenses not paid by *us*.

If the premium *you* pay does not cover the cost for the period of coverage *you* choose:

- *we* charge *you* and collect any underpayment; or
- *we* shorten the policy period when a premium cannot be collected. *We* will advise *you* of the shortened period in writing.

Your coverage is null and void when any of the following happens:

- *we* don't receive premium payment
- *your* cheque is not honoured
- credit card charges are invalid
- there is no proof of *your* payment

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

This is a second payor policy. This means that before *we* consider any expenses, *you* must first submit them to other policies or plans *you* have, including but not limited to the following:

- third-party liability
- group or individual, basic, or extended health insurance plans or contracts
- private, provincial, or territorial auto insurance plans that cover hospital, medical, or therapeutic expenses
- any other third-party liability insurance

We consider claims for amounts that are greater than what *you* are covered for under *your* other policies. The total benefits *you* receive from all insurers cannot exceed the actual expenses.

We coordinate benefits payments with all insurers *who* provide *you* benefits similar to the ones provided in this policy, to a maximum of the highest amount specified by any insurer. **Exception:** If *your* current or former employer provides an extended health insurance plan with a lifetime maximum of \$50,000 or less, *we* do not coordinate payment.

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

Subrogation

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

SECTION 10 – HOW TO SUBMIT A CLAIM

**IN THE EVENT OF A MEDICAL EMERGENCY,
CALL THE ASSISTANCE CENTRE IMMEDIATELY**

1 855 478-3484 toll-free from the USA and Canada
+1 (519)-251-7851, collect to Canada
from anywhere else in the world.

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

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit:

<http://www.active-care.ca/en/travelaid/>

Please note that if *you* do not call the Assistance Centre in a medical *emergency* and prior to receiving *treatment*, ***you will have to pay 20% of the eligible medical expenses*** *we* would normally pay under this policy (20% co-insurance). If it is medically impossible for *you* to call when the *emergency* happens, *we* ask that someone call on *your* behalf as soon as possible. For all other insurance coverage, *you* must call *our* Assistance Centre within forty-eight (48) hours of the cause of *your* claim.

Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify that the Assistance Centre has been contacted.

If you choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, eligible expenses will be reimbursed to you based on 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.

Notice and Proof of Claim. Claims must be reported within thirty (30) days of occurrence of a claim arising under this contract. Your proof of claim must be sent to us within ninety (90) days of the date a claim has occurred or the service was provided.

Failure to Give Notice or Proof of Claim. Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one (1) year from the date of the occurrence arising under this contract, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Proof of Claim. The Assistance Centre will furnish forms for proof of claim within fifteen (15) days after receiving notice of claim. If you have not received the forms within that time, you may submit your proof of claim in the form of a written statement of the cause or nature of the accident, *sickness, injury* or insured risk giving rise to the claim and the extent of the loss or you can submit your claim online.

Mailing Instructions

Claims correspondence should be mailed to:

Medicare International Travel Insurance
c/o Active Care Management
P.O. Box 1237, Stn. A
Windsor, ON N9A 6P8

Online Claim Submission

Visit <https://manulife.acmtravel.ca> to submit your claim online. For faster and easier submissions, have all your documents available in electronic format, such as a PDF or a JPEG.

You may call the Assistance Centre directly for specific information on how to submit a claim or to enquire about your claim status at:

1 855 429-7437 or **+1 (519) 251-1589.**

All money payable under this contract shall be paid by us within sixty (60) days after proof of claim and all required documentation has been received.

If you are making an Emergency Medical Insurance claim, we will need:

1. original, itemized bills and invoices
2. proof of payment by you (receipts)
3. proof of payment from any other insurance plan or any *government health insurance plan*
4. applicable medical records, including:
 - complete diagnosis by the attending *physician*
 - documentation from the *hospital* that the *treatment* was appropriate and consistent with your diagnosis
 - documentation that states the *treatment* could not be delayed until you returned *home* without adversely affecting your condition and quality of medical care
5. proof of the accident if you submit a claim for dental expenses that result from an accident
6. proof of travel, including your *departure date* and return date
7. your historical medical records if we ask for them

To whom will we pay your benefits, if you have a claim?

Except in the case of your death, we will pay the covered expenses under this insurance to you or the provider of the service. Any sum payable 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.

SECTION 11 – STATUTORY CONDITIONS

Copy of Application. Upon request, a copy of the application shall be given to you or to a claimant under the contract.

Waiver. We reserve the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by Manulife.

Material Facts. No statement made by you at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Termination by Insurer. We may terminate this contract in whole or in part at any time by giving written notice of termination to you and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to you, or it may be sent by registered mail to your latest address on record. Where notice of termination is delivered to you, five (5) days notice of termination will be given; where it is mailed to you, ten (10) days notice will be given and the ten (10) days will begin on the day following the date of mailing of the notice.

Termination by Insured. You may terminate this contract at any time by mailing or delivering a written notice of termination to us at our office. See the Cancellations & Refunds section of this policy.

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

SECTION 12 – DEFINITIONS

When italicized in this policy, the term:

Act 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 government (whether that government is legal or illegal); 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 your issue date*.

Change in medication means the medication dosage, frequency or type has been reduced, increased, 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) and there has been no change in *your medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

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

- i) under the age of twenty-one (21); or
- ii) under the age of twenty-six (26) and a full-time student; or
- iii) your child of any age who is mentally or physically disabled.

In addition, the *child* must be a minimum *age* of thirty (30) days.

Common carrier means a bus, taxi, train, boat, *plane* or other commercial *vehicle* which is licensed, intended and used to transport paying passengers.

Confirmation means this policy, 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 the arrangements for *your trip*.

Departure date means the date *you* leave for *your trip*.

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

For Single-Trip Emergency Medical and Travel Canada Emergency Medical plans:

Coverage starts on the later of:

- the *departure date*; or
- the effective date as shown on *your confirmation*.

For Multi-Trip Emergency Medical plans:

Coverage starts:

- each date *you* leave *your* province or territory of residence, and
- each date *you* leave Canada on or after the effective date as shown on *your confirmation*.

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

Expiry date means the date *your* coverage ends.

For Single-Trip Emergency Medical plans:

Coverage ends on the earlier of:

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

For Single-Trip Travel Canada Emergency Medical plans:

Coverage ends on the earliest of:

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

For all Multi-Trip Emergency Medical plans:

Coverage ends on the earliest of:

- the date *you* return *home*; or
- the expiry date as shown on *your confirmation*; or
- when travelling outside Canada, the date *you* reach the maximum trip-length you purchased for each *trip*, 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.

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

Hospital means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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

Injury means sudden bodily harm that is caused by external and purely accidental means.

Issue date means the date *you* purchased this insurance as shown on *your confirmation*.

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

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

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 medication (anxiolytics) or no prescribed medication at all.

Physician means a person:

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

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 any *medical condition* that exists before *your effective date*.

SECTION 13 – NOTICE ON PRIVACY

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

Sickness means illness or disease, or any symptom related to that illness and/or disease.

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

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

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

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

Travel companion means someone who shares *trip* arrangements with *you* on any one *trip*, up to a maximum of three (3) persons including *you*, except under *Emergency Medical benefit #18*, where *travel companion* is limited to one (1) insured individual.

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

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

Trip means the time between *your effective date* of insurance and *expiry date*.

Vehicle includes any private or rental passenger automobile, motorcycle, 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 Manulife.

You, your means the person(s) named as the insured(s) on the *confirmation*, for whom insurance coverage was applied 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.

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 *your* application and *medical questionnaire* 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, ON 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

**IN THE EVENT OF A MEDICAL *EMERGENCY*,
CALL THE ASSISTANCE CENTRE IMMEDIATELY**

1 855 478-3484

toll-free from the USA and Canada

+1 (519) 251-7851

Collect to Canada where available, from anywhere else in the world

Our Assistance Centre is ready to assist you 24 hours a day, each day of the year.

HELP IS JUST A PHONE CALL AWAY

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

Pre-Trip Information

- Passport and travel visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and Embassy locations

During a Medical Emergency

- Confirming and explaining coverage
- Referral to a doctor, *hospital*, or other healthcare providers
- Monitoring *your* situation and informing *your* family
- Transportation arrangements to return *you home* when medically necessary
- Direct billing of covered expenses, where possible

Other Services

- Help with lost, stolen, or delayed baggage
- Help obtaining emergency cash
- Translation and interpreter services
- Emergency message services
- Help replacing lost or stolen airline tickets
- Help obtaining prescription drugs
- Finding legal help or bail bond

IMPORTANT TELEPHONE NUMBERS:

For coverage information, general enquiries, to apply for an extension or a refund of premium, please call 21st Century during regular business hours at, 1 800 567-0021 or (905) 372-1779.

Written correspondence should be mailed to:

Medicare International Travel Insurance
c/o 21st Century Travel Insurance Limited
1040 Division Street, Unit 18
Cobourg, ON K9A 5Y5

You may also call the Assistance Centre directly for specific information on how to make a claim or to inquire about *your* claim status at: **1 855 429-7437** or **+1 (519) 251-1589**.



Underwritten by

The Manufacturers Life Insurance Company.

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