



# VISITOR TO CANADA INSURANCE

## Visitors to Canada Policy

### Standard Plan and Enhanced Plan

Version V11

Effective December 2025

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

Underwritten by  
The Manufacturers Life Insurance Company (Manulife)

V11-2512-EN-ENH/STAN

Don't forget your wallet card!



underwritten by:



#### VISITORS TO CANADA INSURANCE

NAME \_\_\_\_\_

21st CENTURY POLICY # \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

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



#### VISITORS TO CANADA INSURANCE

IN CASE OF A MEDICAL EMERGENCY, YOU  
MUST CALL OUR ASSISTANCE CENTRE

**1-877-882-2957**

toll-free from the USA and Canada  
If unable to use the toll-free number, call  
collect to Canada: **+1 519-251-7856**.

Our Assistance Centre can also be  
contacted through the  
Manulife TravelAid™ mobile application.  
Visit <http://www.active-care.ca/en/travelaid/>  
to download this free app before you travel.

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

Call prior to receiving any medical  
treatment. If you fail to contact the  
Assistance Centre, you will have to pay  
20% of the medical expenses we would  
normally pay under this insurance. If  
medically impossible for you to call,  
please have someone call on your behalf.

**Visitor to Canada Policy**  
**Standard Plan and Enhanced Plan**  
**Version V11**  
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## INTRODUCTION

This document becomes a valid policy when an application or other required forms have been duly completed, the required premium has been paid, and **you** have received a policy confirmation.

Read **your** entire policy carefully. Any word or phrase indicated in bold type is a defined term; please review Section 10 – Definitions for each specific meaning. The red outlined boxes throughout this policy details terms, limitations and conditions for the Monthly Payment Plan.

**Your** policy provides certain benefits during **your** insured visit to Canada. However, all insurance policies contain coverage limitations, exclusions, conditions, and other terms that may limit the reimbursement to which **you** are entitled.

The Standard Plan is 21st Century's comprehensive benefit plan that excludes **pre-existing conditions**.

The Enhanced Plan is 21st Century's most comprehensive benefit plan with enhanced coverage for stable **pre-existing conditions**.

### 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 the 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.

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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

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

For more information, go to  
[www.thiaonline.com/Travel\\_Insurance\\_Bill\\_of\\_Rights\\_and\\_Responsibilities.html](https://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. Terms in bold font 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, pregnancy, child born on trip, excessive use of alcohol, high risk activities, etc.)
- Depending on the plan purchased, 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.

## 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 is provided by 21st Century Travel Insurance Limited o/a 21st Century Travel Insurance Services in British Columbia ("21st Century").

## SECTION 3 – MEDICAL CONCIERGE SERVICES

We are 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 4 – IN THE EVENT OF AN EMERGENCY

### IN CASE OF A MEDICAL EMERGENCY, YOU MUST CALL OUR ASSISTANCE CENTRE

1 877 882-2957 toll-free from the USA and Canada

If unable to use the toll-free number, call collect to Canada +1 519-251-7856

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 and claim reporting portal. 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 5 – ELIGIBILITY

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

- **you** are travelling against the advice of a **physician**;
- **you** have been diagnosed with a terminal illness with less than two (2) years to live;
- **you** have been diagnosed with or received **treatment** within the last two (2) years for pancreatic, lung, brain, or liver cancer;
- **you** have ever been diagnosed with any type of cancer that has spread from one part or organ of the body to another (metastatic cancer);
- **you** have had or are waiting for an organ or bone marrow transplant (excluding corneal transplant);
- **you** have ever been diagnosed with Congestive Heart Failure;
- **you** have been prescribed or used home oxygen in the last 12 months;
- **you** require kidney dialysis;
- **you** reside in a nursing home or long term care facility; and/or
- **you** are **age** 86 or older.

**We** reserve the right to decline any application.

One or more persons may be insured under one policy. However, the **effective date** and **expiry date** must be identical for all applicants. Each applicant must pay their appropriate individual premium unless **family** rates apply.

Be sure to review the **waiting period** definition to determine if there is any time that **you** will not be reimbursed for expenses related to any sickness manifesting during that time.

## SECTION 6 – GENERAL INFORMATION

### Insuring Agreement

If, between the **effective date** and the **expiry date**, **you** suffer an unexpected **emergency** sickness or **injury** which results in **you** paying for or incurring costs for **insured services**, **we** will reimburse **you** or **your** designated assignee for such eligible expenses up to the policy limit shown on the **policy confirmation** less any applicable **deductible amount**, and subject to the **policy terms**.

### Monthly Payment Plan

The Monthly Payment Plan is restricted to:

- an applicant who is either applying for or holds a valid Temporary Resident, Work or Student Visa, or other visitor visa issued by the Government of Canada
- when the issuance of such visa is conditional on the purchase of mandatory medical insurance.

A minimum Coverage Period of 365 days and a minimum Aggregate Policy Limit of \$100,000 must be purchased. Additional cancellation restrictions as well as other terms, limitations and conditions will apply as stated in the sections of this policy highlighted by an outlined box.

### The Enhanced Plan or The Standard Plan

If **you** are under **age** 60, the Enhanced Plan is available to **you** if **you** satisfy the Eligibility requirements and pay the appropriate premium.

If **you** are **age** 60 to 85, the Enhanced Plan is available to **you** if **you** satisfy the Eligibility requirements, truthfully and accurately answer "No" to all questions on the Medical Declaration and pay the appropriate premium.

If **you** are **age** 60 to 85 and **you** answer "Yes" to any question on the Medical Declaration, **you** are not eligible for the Enhanced Plan, but the Standard Plan is available to **you** under this policy if **you** satisfy the Eligibility requirements and pay the appropriate premium.

If **you** are under **age** 86, the Standard Plan is available to **you**, without the completion of the Medical Declaration, if **you** satisfy the Eligibility requirements and pay the appropriate premium.

Applicants **age** 86 and over or applicants of any **age** who do not satisfy the Eligibility requirements are not eligible to purchase this policy.

### Your Coverage Starts

Coverage starts on the **effective date**.

If **you** purchase or **activate your** coverage after **your arrival date**, a **waiting period** may apply. Refer to the definition of **waiting period** in the Definitions section of this policy.

If **you** are arriving prior to the **effective date** shown on **your policy confirmation**, coverage does not start until this **effective date** or until **we** receive proper notification to change **your effective date**. A **waiting period** will apply if **you** have already arrived and request a date change to an earlier **effective date**.

If **you** will arrive later than the **effective date** shown on **your policy confirmation**, **you** must contact 21st Century prior to this **effective date** to request a date change. If notification of late arrival is received after the **effective date**, there will be no refund for the premium paid for coverage between the **effective date** shown on **your policy confirmation** and the date **we** receive **your** request for the date change.

For any approved date change, a revised **policy confirmation** will be issued.

At no time will **we** advance **your** original **effective date** more than two years from the original **effective date** selected when the policy was issued. At the end of two years from **your** original **effective date**, if **you** do not have a scheduled **arrival date**, the policy must be cancelled. Notification of

cancellation will be sent to the last known mailing and email addresses. **Your** agent who sold **you** the policy will also be notified. **Your** premium will be refunded less a \$25.00 processing fee.

If **you** are purchasing coverage to extend **your** trip, **you** will receive a new **policy** with **policy terms** starting on the **effective date** stated on that policy's confirmation.

If **your** policy was purchased under the Monthly Payment Plan, coverage does not start until the policy is **activated**. Upon successful **activation** of the policy, coverage starts on the **effective date** shown on the **policy confirmation** of the **activated** policy. If **you activate** **your** policy after **your** actual **arrival date**, a **waiting period** will apply.

If **you** have not **activated** **your** policy within two years of the original **effective date** shown on **your policy confirmation**, the policy may be cancelled. Notification of such cancellation will be sent to **your** last known mailing and email addresses. **Your** agent who sold **you** the policy will also be notified.

**You** are requested to confirm receipt of this notification. Upon **your** confirmation, if there have been no entries into Canada, **your** deposit premium less the \$50 Policy Fee will be refunded. If there is no response from **you** within 30 days, **your** deposit premium and Policy Fee will be non-refundable.

### Your Coverage Ends

Coverage ends on the **expiry date**. Please see Section 10 - Definitions to determine the **expiry date**.

### Side-Trips Outside of Canada

This insurance provides coverage when **you** are travelling in any other country, excluding **your country of origin**, subject to all the **policy terms**.

To be reimbursed for eligible costs:

- you** must have paid the required premium for those trip days which are prior to **your** arrival to Canada and/or after **your** departure from Canada; and
- you** must be continuously insured under a 21st Century Visitors to Canada policy or consecutive policies with no gaps in coverage; and
- the maximum number of combined days **you** can be covered in any other country before, during or after **your** visit to Canada must not exceed 30 days in total within a 365-day period; and
- you** must be in Canada or **you** must have a planned insured visit to Canada for no less than 51% of the overall time that **you** will be insured with **us**.

If **you** are insured with **us** for more than 365 consecutive days with no gaps in coverage, **we** will permit a maximum of 30 days in each subsequent 365-day period for side-trips.

Proof of all travel dates will be required in the event of a claim.

During **your** Coverage Period, if **you** take a side-trip outside of Canada that is longer than that permitted in this policy or if **you** return to **your country of origin**, **your** coverage will be suspended for the remainder of **your** side-trip or during the time that **you** are in **your** country of origin but **your** coverage will not be terminated unless **you** request termination in advance. When **you** return to Canada, **your** coverage will resume and continue up to the **expiry date** shown on **your policy confirmation**.

**We** will not reimburse **you** for insured services and/or any other expenses arising from any sickness, disease, symptom or **injury** that presented, recurred or for which **treatment** was received during any such suspension of coverage.

### Extra Injury Coverage

If **you** purchased the policy limit of \$100,000, **your** policy includes an additional \$50,000 coverage for **insured services** that result from an **injury**. Any portion(s) of **your** claim(s) related to sickness or disease will continue to have a maximum of \$100,000 less any **injury**-related expenses paid.

## SECTION 7 – INSURED SERVICES

### HOSPITAL AND MEDICAL

Subject to the **policy terms**, **we** will reimburse **you** for eligible expenses incurred by **you**, that are in excess of any other sums which **you** are legally entitled to recover from any health insurance plan or any other valid and collectible policy of insurance and **your deductible amount**, for:

1. Emergency Medical Attention - **Reasonable and customary** charges for:

- medical care received from a **physician** in or out of a **hospital**;
- the cost of a **hospital** room (semi-private room when available or an intensive care unit when medically necessary);
- tests that are needed to diagnose or learn more about **your** condition;
- drugs that are prescribed for **you** and are available only by prescription from a **physician**.

Note: This policy does not cover cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated test(s) or charges, magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by the Assistance Centre.

2. Extended Healthcare - private duty registered nursing or licensed home care providers and rental of a hospital bed, wheelchair, crutches, splints, canes, slings, trusses or braces or other prosthetic appliance up to \$10,000 following **emergency insured services** when prescribed in writing by a **physician**. The use of any private duty registered nurse or licensed home care provider must be authorized in advance by the Assistance Centre.
3. Health-care Practitioner - services provided by a **health-care practitioner**, up to a combined total of \$1,000 for a covered **emergency**, when **you** have received prior written referral from a **physician**.
4. Local Ambulance Service - the use of a licensed local ambulance service for **emergency** transportation.
5. Prescription Medications - prescription medications up to \$1,500 and not exceeding a 30-day supply when these medications are prescribed on an outpatient basis. **We** will not reimburse **you** for any medications that can be purchased over-the-counter without a prescription.
6. 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 \$3,000 to have **your** body prepared where **you** die and the cost of a standard burial container;
  - up to \$3,000 to have **your** body prepared and the cost of a standard burial container, plus up to \$3,000 for **your** burial where **you** die; or
  - up to \$3,000 to cremate **your** body where **you** die, plus the return home of **your** ashes.
7. Repatriation and Air Ambulance - if **your** treating **physician** and **our** medical advisors recommend that **you** return to **your country of origin** because of **your emergency** or after **your emergency treatment**, **we** will pay for one or more of the following:
  - the extra cost of an economy class fare via the most cost-effective itinerary;
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary;
  - the return economy class fare of a qualified medical attendant via the most cost-effective itinerary to accompany **you**, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline; or
  - the cost of air ambulance transportation, if it is medically necessary.

This benefit must be authorized and arranged by the Assistance Centre.



8. Emergency Dental - up to \$4,000 for **treatment** to natural teeth and repairs to dentures or other dental devices if such **treatment** is necessitated by a direct unintended or unexpected blow to **your** face.
9. Relief of Dental Pain - up to \$500 for the immediate relief of acute dental pain not caused by a direct blow to the face and for which have not previously received **treatment** or advice.
10. Obtaining Medical Records and Reports - obtaining hospital, medical or **health-care practitioner** records, or a medical report from a **physician** or **health-care practitioner** provided **we** request the record or report. Under no circumstances will **we** reimburse **you** for the cost of completing the claim form.

## ACCIDENTAL DEATH AND DISMEMBERMENT

Under Accidental Death and Dismemberment **we** will cover the following benefits:

- i) up to \$50,000 if an **injury** causes **you** to die, to become completely and permanently blind in both eyes, or to have two of **your** limbs fully severed above **your** wrist or ankle joints, within 365 days of the accident.
- ii) up to \$25,000, if an **injury** causes **you** to become permanently blind in one eye, or to have one of **your** limbs fully severed above **your** wrist or ankle joint, within 365 days of the accident.

If **you** have more than one **injury** during **your** trip, **we** will pay the applicable insured sum only for the one accident that entitles **you** to the largest benefit amount.

In addition to the other Exclusions and Limitations, Accidental Death and Dismemberment benefits are not payable if **your** death or **injury** results directly or indirectly from:

1. piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew;
2. an illness or disease, even if the proximate cause of its activation or reactivation is the result of an **injury**.

If **your** body is not found within 12 months of the accident, **we** will presume that **you** died as a result of **your injuries**. Death benefits will be payable to **your** estate.

Accidental Death and Dismemberment benefits are in excess of the policy limit.

## EXCLUSIONS AND LIMITATIONS

**We** will not reimburse **you** for insured services or pay an Accidental Death and Dismemberment claim and/or any other expenses directly or indirectly related to:

1. i) any **pre-existing condition** if **you** are covered under the Standard Plan; or
- ii) any **unstable condition** if **you** are covered under the Enhanced Plan, paid the required premium and, if **you** are **age** 60 to 85, **you** have completed the Medical Declaration.
2. any sickness, disease or symptom that manifests before or during the **waiting period** even if related expenses are incurred after the **waiting period**.
3. any sickness, disease, symptom, or **injury**:
  - i) when **you** knew, prior to **your effective date**, that **you** would need or be required to seek **treatment** for that **medical condition** during **your** trip; and/or
  - ii) for which, prior to **your effective date**, it was reasonable to expect that **you** would need **treatment** during **your** trip; and/or
  - iii) for which future investigation or **treatment** was planned prior to **your effective date**; and/or
  - iv) which produced symptoms that would have caused an ordinarily prudent person to seek **treatment** in the 180 days prior to the **effective date**; and/or
  - v) that had caused a **physician** to advise **you** not to travel; and/or
- vi) that presented, recurred or for which **treatment** was received during any temporary return to **your country of origin** during the Coverage Period as is permitted only if **you** are a holder of a multiple-entry visa.
4. any expenses or benefits if the information provided on **your** application for insurance is not truthful and accurate or **you** did not meet the eligibility requirements.
5. cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) including but not limited to, magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, or charges unless approved by the Assistance Centre prior to being performed, except in extreme circumstances where such procedures are performed on an emergency basis immediately upon admission to a **hospital**.
6. **your** self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
7. any claim that results from or is related to **your** commission or attempted commission of a criminal offence or illegal act.
8. any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed medication.
9.
  - 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** Coverage Period.
  - any **medical condition** arising during **your** Coverage Period, from or in any way related to, the abuse of alcohol, drugs or other intoxicants.
10. any loss resulting from **your minor mental or emotional disorder**.
11. any non-emergency, investigative, experimental or elective **treatment** such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
12. general health examinations or services.
13. prescription drugs or medicines, **treatment**, appliances or devices provided to monitor or maintain any **pre-existing condition**.
14. 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.
15.
  - any pregnancy that commences prior to the **effective date**;
  - **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.
16. medical **treatment** or services provided to **your** child born during **your** Coverage Period.
17. the provision of **insured services** to children under 30 days of **age**.
18. an **act of war** or an **act of terrorism** when **you** are outside of Canada and covered under this insurance.
19. a continuation of **treatment** or service first recommended or prescribed by a **physician** or **health-care practitioner** before the **effective date** of this policy or where such **insured services** were first initiated before the **effective date** of this policy or during the **waiting period**, or for holders of a valid multiple-entry visa issued by the Government of Canada, during a return to **your country of origin** during the Coverage Period.

20. **your** medical or health assessment or any form of report or document supporting an application to obtain immigrant status or extend **your** visa in Canada or any recommended **treatment** resulting from such health assessment.
21. any medical **treatment** or follow-up visit outside of Canada when the **emergency** occurred in Canada.
22. any **emergency** that occurs or recurs after **our** medical advisors recommend that **you** return to **your country of origin** and **you** choose not to. (See Loss of Coverage under Section 8 - General Conditions.)
23. the ongoing **treatment**, recurrence or complication of a **medical condition** when **you** have already received **emergency treatment** for that condition during **your** Coverage Period and **our** Assistance Centre determines that **your** medical **emergency** has ended. (See 90-Day Provision (Reinstatement of Coverage) for exception.)
24. any **medical condition** **you** suffer or contract in a specific country, region or city outside of Canada, while covered under the "Side-Trips Outside of Canada" provision or while on an uninterrupted flight to or from Canada if a Government of Canada Travel Advisory, issued before **you** travel to that location, advises to Avoid Non-essential Travel or to Avoid All Travel to that specific country, region or city. In this exclusion, **medical condition** is limited, related or due to the reason for the Travel Advisory.
25. any medical **treatment** for which **you** are eligible and/or covered under a **government health insurance plan**.
26. covered expenses that exceed 80% of those **we** would normally pay, if **you** do not contact the Assistance Centre within 24 hours of **hospitalization** unless **your medical condition** makes it impossible for **you** to call. If **your medical condition** makes it medically impossible for **you** to call, someone must call on **your** behalf.
27. any expenses arising from any sickness, disease, symptom or **injury** that presented, recurred or for which **treatment** was received during any suspension of coverage during a Side-Trip Outside of Canada.

Note: Each time **you** purchase another policy from **us**, each new policy will have a new **effective date** even if **you** are continuing the same visit to Canada (or other country covered under the "Side-Trips Outside of Canada" provision).

## SECTION 8 – GENERAL CONDITIONS

### Coordination of Benefits

This policy is intended to provide benefits in excess of those provided by any health insurance plan or any other valid collectible policy of insurance.

If **you** have other coverage, **you** must first seek reimbursement for the **insured services** from such insurance plan or such policy and **you** may only submit a claim for reimbursement of **insured services** under this policy after the other insurer has assessed **your** claim. In submitting a claim for reimbursement of **insured services**, **you** must provide **us** with the other insurer's written assessment of **your** claim submission.

### Loss of Coverage

If **you** have an **emergency** covered under this policy, and **our** Assistance Centre determines that **you** are able to travel, **we** reserve the right to transfer **you** to **your country of origin**. If **you** choose not to return, **you** will no longer be covered for any **insured services** under this policy that relate directly or indirectly to such **emergency**. Any related expenses incurred after **you** choose not to return will not be covered and will become **your** sole responsibility.

### 90-Day Provision (Reinstatement of Coverage)

If **you** are advised by **our** Assistance Centre that **your emergency** has ended, **you** will have no further coverage under this policy for any **insured services** that are directly or indirectly related to ongoing **treatment**, recurrence or complication of that **medical condition**.

However, if **your** claim is deemed to be payable under this policy, subject to the other terms, conditions and exclusions of this policy, such **medical condition** will be covered again in the event of a subsequent **emergency** if, in the 90-days prior to that subsequent **emergency**:

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

### Coverage Period

This policy provides coverage for losses arising from a sudden and unforeseeable medical **emergency** occurring between **your effective date** and **expiry date** as shown on **your policy confirmation**. Coverage will not be issued for more than 365 days at a time. However, **you** may purchase a new policy if **you** require insurance for more than 365 days.

If **you** have opted to pay **your** premium under the Monthly Payment Plan, **you** can choose to upgrade **your** Coverage Period on the Issue Date or any time prior to **activation** from one full year (12 months) to two full years (24 months). For an upgrade after the Issue Date, **we** reserve the right to request proof of continued good health. A premium surcharge will apply.

### Policy Limit

The policy limit **you** purchased is the maximum per insured **we** will reimburse **you** regardless of the number of **insured services** received by **you** during the Coverage Period. If **you** purchased a two-year Coverage Period, then the Policy Limit is fully reinstated for any new claims incurred after day 365 of **your** Coverage Period. If **you** are insured under more than one policy with 21st Century and/or underwritten by **us**, **our** liability will not exceed **your** actual expenses and the maximum **you** are entitled to is the largest policy limit available to **you** in any one policy.

### Benefit Limits

Maximum limits in this policy are per insured per policy, unless otherwise specified. If **you** purchased a two-year Coverage Period, all benefit limits and the policy limit are fully reinstated for any claims incurred after day 365 of **your** Coverage Period.

### Continuing Treatment

The coverage provided under this policy for any ongoing **treatment**, recurrence or complication relating to the **emergency** for which **you** have already received **emergency treatment** during the Coverage Period, will terminate when the first of these events occurs:

- a) the Assistance Centre has determined that **your emergency** has ended (See Exclusion #22);
- b) the aggregate policy limit has been exhausted;
- c) **we** notify **you** that coverage has been terminated under the Loss of Coverage provision.

Any follow-up appointment that is scheduled or required after the **expiry date** of the policy must be pre-approved by the Assistance Centre and will only be considered for reimbursement if the initial **emergency** is reported to the Assistance Centre prior to the **expiry date** and if that initial **emergency** is a payable claim; otherwise, notwithstanding any of the above, coverage terminates on the **expiry date**.

## SECTION 9 – GENERAL PROVISIONS

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

### Automatic Extension

If **you** are unavoidably delayed on **your** scheduled return to **your country of origin**, through no fault of **your** own, coverage will automatically be extended beyond **your expiry date**:

- for the length of **your** delay to a maximum of 72 hours if **your** common carrier is delayed; or
- if **you** are **hospitalized** on **your 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 5 days after discharge from the **hospital**; or **you** are stable for evacuation to **your country of origin**, whichever is earlier; or
- if **you** have a medical **emergency** that occurs within the 5 days prior to **your expiry date** that does not require **hospitalization** but prevents travel as confirmed by a **physician**. In this case, **we** will extend **your** coverage for up to 5 days.

### Material Facts

Any fraudulent act, misrepresentation or omission in the submission of a claim, or any misrepresentation or omission to disclose any fact material to the assessment of **our** risk during the application process, including **our** determination that **you** were ineligible for this insurance at the time of application, may void the coverage available under the policy against which the claim was filed.

### Subrogation

If **you** suffer an eligible loss under **insured services** and in so doing acquire any right of action against another party, **we** 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 cooperate fully before, during and after the Coverage Period.

### Suit

No action or arbitration proceeding for the recovery of any claim under this policy shall be commenced more than one year after the date of **injury** or the date on which **you** first received any **insured services** arising out of unexpected **emergency** sickness or disease. If, under the law of the province or territory in which this policy was issued, such limitation period is invalid, then any claim shall be void unless such action or arbitration proceeding was initiated within the time permitted by the laws of such province or territory.

### Arbitration

If **you** disagree with **our** claim decision, the matter will be submitted to arbitration under the arbitration law in the Canadian province or territory where **your** policy was issued. Legal action to recover a claim must start within 12 months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before the courts of the Canadian province or territory where **your** policy was issued.

### Medical Examination

To determine the validity of a claim under this policy, **we** may obtain and review medical records from **your** attending **physician(s)**, including the records from **your physician(s)** in **your country of origin**. 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.

### Statutory Conditions

The Statutory Conditions governing accident and sickness insurance, of the Insurance Act of the province or territory in which this policy was issued, are incorporated into and form part of this policy.

### Premium Payment Requirement

**We** provide the insurance described in this policy in return for payment of the premium shown and subject to all the **policy terms**. This insurance will be in effect only if the premium is paid in full at the time of application and on or before the policy **effective date** unless **you** opted for the Monthly Payment Plan, in which case all premium payments must be paid when they come due.

If the incorrect premium is charged, or if any payment is rejected for any reason, or if any information or required forms are missing, **we** will either modify the Coverage Period or declare the policy void.

**If you opted for the Monthly Payment Plan**, this insurance will be and will remain in effect only if the premium is paid in accordance with the terms of this policy and the Monthly Payment Authorization Form or electronic payment authorization completed when the Monthly Payment Plan was selected. 21st Century reserves the right to discontinue the monthly payment schedule and/or charge additional processing fees in the event that payments cannot be charged to the credit card **you** have provided.

Under the Monthly Payment Plan an initial deposit equal to (2) two months of premium is payable at the time of application. A third month of premium is payable when the policy is **activated**. Thereafter, the **effective date** will establish the **premium due date** and monthly premiums must be paid in each subsequent month until the full policy premium has been paid or until **you** provide acceptable proof to be eligible for an early cancellation (whichever is earlier). See Section 12. If credit card charges are invalid or no proof of payment exists, 21st Century will immediately notify **you** of the failed payment and **you** will be given 30 days from the date the notice is mailed to pay the full monthly payment that failed and any other payments that have since become due. If 21st Century is unable to collect the outstanding premium(s) by the end of the 30 days, the policy will be terminated and all coverage will end on the paid-to date (the date to which the policy had been paid by the last monthly payment received). **You** will not be able to reinstate the policy. There will be no grace period permitted.

At no time will **we** pay or be liable for any claim that occurs when **your** policy has not yet been **activated** or has lapsed due to non-payment of premium regardless of whether the claim is presented before or after the date that **your** credit card payment failed or was declined. In other words, **we** are not liable for the payment of any benefits under this policy if payments are in arrears or if **your** policy was never **activated**.

### Canadian Currency Clause

Premium, limits, sums paid by or to **us**, and all amounts referenced in this policy are in Canadian currency.

### Governing Law

It is understood and agreed that this policy shall be construed and governed by the laws of the province or territory in which this policy was issued. Without limiting the foregoing, it is agreed that, in hearing any dispute arising out of any **policy terms**, arbitrators or any court shall apply the substantive and procedural law of the province or territory in which the policy was issued.

## SECTION 10 – DEFINITIONS

**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 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.

**Activate, Activation and Activated** means acceptable notice has been provided to 21st Century to finalize **your effective date** and **you** have paid the third monthly premium installment. If this policy is issued with only two monthly premiums paid, it is issued with a status of Pending in our records and is not **Activated** until the third payment is made. THERE IS NO COVERAGE UNDER THIS POLICY UNTIL THE POLICY IS **ACTIVATED**.

**Activation** may require a new **policy confirmation** reflecting any date changes or changes to **your** coverage and/or premium. **Activation** authorizes 21st Century to immediately begin charging the remaining monthly payments to the applicable credit card until the full premium for 12 full months (or 24 full months if **you** purchased a two-year Coverage Period) has been paid or until 21st Century is appropriately notified that **you** wish to terminate **your** coverage for a valid reason.

**Age** means the attained age on the **effective date** of this policy. If **you** request a change to the **effective date**, **your** policy may be subject to a premium change or modified eligibility requirements based on **your age** on that new **effective date**. The maximum **age** under this policy is 85 and the minimum **age** is 30 days.

**Arrival date** means the date and time **you** arrive in Canada from **your country of origin** (or in such other country as permitted under the "Side-Trips Outside of Canada" provision). If **you** are a holder of a valid multiple-entry visa issued by the Government of Canada, **arrival date** does not apply to any re-entry into Canada following any temporary return to **your country of origin** during **your** Coverage Period.

**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.

**Country of origin** means the country in which **you** maintained a permanent residence immediately prior to **your arrival date** or may also be any country where **you** hold a passport and have immediate access to public health care.

**Deductible amount** means the amount of eligible expenses that **you** are responsible for paying per policy per insured before **our** obligation to reimburse any eligible expenses begins. **Your deductible amount** that **you** selected at the time **you** purchased this coverage, applies to the amount remaining after any eligible expenses are paid by any other benefit plan **you** may have. The **deductible amount** is shown on **your policy confirmation** and applies per policy per Insured. If **you** have upgraded **your** Coverage Period to two years, the **deductible amount** will be reset on day 366 of **your** Coverage Period and will have to be paid again by **you** before **you** will be reimbursed for eligible expenses in year two.

**Disappearing deductible** means that all other **deductible amounts** are waived and replaced with a \$2,500 per-claim **deductible amount** that applies to each sickness-related claim when eligible expenses, per claim, are \$2,500 or less.

When **you** submit a claim where the sickness-related eligible expenses exceed \$2,500 per claim, the **deductible amount** is waived and eligible expenses will be reimbursed back to the first dollar. There will be no **deductible amount** when a claim results from an **injury**. If **you** selected the **Disappearing Deductible** option, it will be shown on **your policy confirmation**.

**Effective date** means the latest of:

- a) the time and date **you** apply for this insurance;
- b) 12:01 AM on the **effective date** as shown on **your policy confirmation**; or
- c) **your arrival date**.

When coverage is purchased prior to leaving **your country of origin** with an **effective date** equal to the date and time **you** are scheduled to arrive

in Canada, coverage will also be provided with no additional premium during **your** uninterrupted flight directly to Canada. An uninterrupted flight shall include a stop-over provided **you** do not leave the airport.

**NOTE:** Each time **you** purchase another policy from **us**, the new policy will have a new **effective date**.

#### **If you opted for the Monthly Payment Plan:**

**Effective Date** means the later of:

- a) 12:01 AM on the **effective date** as shown on **your policy confirmation** if **you activated your** policy prior to **your arrival date**; or
- b) the date and time **you activate your** policy if **you activate** it after **your arrival date**.

When coverage is purchased and **activated** prior to leaving **your country of origin** with an **effective date** equal to the date and time **you** are scheduled to arrive in Canada, coverage will also be provided with no additional premium during **your** uninterrupted flight directly to Canada. An uninterrupted flight shall include a stop-over provided **you** do not leave the airport.

If **you** fail to **activate your** policy until after **your arrival date**, a **waiting period** will apply to sickness-related claims.

**NOTE:** Each time **you** purchase another policy from **us**, the new policy will have a new **effective date**.

**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 or **you** are able to return to **your country of origin** for further **treatment** or continue with the trip.

**Expiry date** means the earliest of:

- a) 11:59 PM on the **expiry date** indicated on **your policy confirmation**;
- b) 11:59 PM on an earlier date calculated by **us** due to an incorrect or insufficient or lapsed premium payment;
- c) the date and time **you** leave Canada (or such other country as permitted under the "Side-Trips Outside of Canada" provision); or
- d) the date 21st Century receives **your** request to cancel and proof that **you** are eligible and covered under a **GHIP**. **NOTE:** until acceptable proof of coverage under a **GHIP** and **your** cancellation request are received, this policy will continue to provide eligible benefits that are not covered by **your GHIP**.

At no additional premium, coverage will be provided during an uninterrupted flight from Canada directly to **your country of origin**. An uninterrupted flight shall include a stop-over provided **you** do not leave the airport.

If **you** hold a multiple-entry visa (such as a **PG-1 VISA** or an IEC Work Permit) and return to **your country of origin** without cancelling **your** policy, **your** coverage will be suspended while **you** are in **your country of origin** and will resume when **you** return to Canada (or other country as permitted under the "Side-Trips Outside of Canada" provision). There will be no refund of premium related to **your** suspension of coverage while in **your country of origin** and **your expiry date** will not change.

**Family** means a maximum of two parent(s) or legal guardian(s) plus their unmarried children under **age** 22 dependent on them for their sole means of support and visiting Canada with them. It can also mean three or more siblings under **age** 22.

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

**Health-care practitioner** means a licenced acupuncturist, chiroprapist, chiropractor, osteopath, physiotherapist or podiatrist (other than **yourself** or a member of **your** immediate family) who is lawfully entitled to provide such healthcare in the state, province or territory in which the **insured services** are provided.

**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.

**Hospitalization** or **hospitalized** means **you** are admitted to a **hospital** and are receiving **treatment** as an in-patient.

**Injury** means sudden bodily harm that is caused directly by external and purely accidental means. For Accidental Death and Dismemberment, the **injury** must also be independent of sickness or disease.

**Insured services** means only those services, **treatments**, equipment and medications identified in the **insured services** section of this policy and provided while **you** are in Canada or while on an uninterrupted flight to or from Canada as described in the definitions of **effective date** and **expiry date** or while covered under the "Side-Trips Outside of Canada" provision.

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

**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.

**PG-1 VISA** means the Parent and Grandparent Super Visa issued by the Government of Canada.

**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**.

**Policy confirmation** means the document or set of documents confirming **your** insurance and the dates **you** are covered under this policy. It may include the Medical Declaration (if required) and the application for this policy, once it has been completed, signed and submitted with the required premium to **us** and, if applicable, the Monthly Payment Authorization form or other electronic payment authorizations.

**Policy terms** means all benefits, provisions, definitions, conditions, limitations and exclusions in this policy of insurance.

**Pre-existing condition** means sickness, illness, disease, symptom, or **injury** that existed or for which medication has been taken, received, or prescribed (including prescribed as needed), or for which **treatment** has been prescribed or received in the 180 days before **your effective date** of insurance as stated on **your policy confirmation**.

**Premium due date** means that, following the initial deposit of two (2) months of premium and the third monthly payment charged on the date the policy is **activated**, each of the nine (9) subsequent monthly payments, or twenty one (21) subsequent monthly payments if **you** upgraded to a two-year Coverage Period, after the **effective date** will be charged to the authorized credit card on the same day in the month as the **effective date** to commence in the first month following the **effective date**. If the **effective date** falls on the 29th, 30th, or 31st day of a month, monthly premiums will be billed on the 28th day in those months where those calendar days do not exist.

**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.

**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.

**Unstable condition** means a **pre-existing condition** for which, in the 180 days prior to **your effective date** of insurance, any of the following apply:

- there have been new symptoms or change in symptoms;
- existing symptoms have become more frequent or severe;
- a **physician** has found that the **medical condition** has become worse;
- test findings have shown that the **medical condition** may be getting worse;
- a **physician** has provided, prescribed, or recommended any new medication, or any **change in medication**;
- a **physician** has provided, prescribed, or recommended new **treatment**, or any change in **treatment**;
- a **physician** has provided, prescribed, or recommended any investigative testing, other than regular scheduled maintenance investigations or testing;
- there has been **hospitalization** or referral to a specialist or specialty clinic;
- a **physician** has advised a referral to a specialist or further testing, or there has been testing for which results have not yet been received.

**We** will not cover any heart condition if, in the 180 days before the **effective date**, **you** required any form of nitroglycerine for the relief of angina pain.

**We** will not cover any lung condition if, in the 180 days before the **effective date**, **you** required **treatment** with prednisone for a lung condition.

**Waiting period** means a period, starting from the **effective date** of this policy, during which premiums are payable but claims resulting from any sickness will not be eligible for reimbursement. Any sickness that manifests itself during the **waiting period** is not covered even if related expenses are incurred after the **waiting period**.

A **waiting period** will apply to this policy if **you**:

- i) purchase this policy after **your arrival date**; or
- ii) fail to properly notify 21st Century of **your actual arrival date** (as explained in **Your Coverage Starts**).

The **waiting period** is 72 hours if the above circumstances occur within the first 30 days after **your arrival date**.

The **waiting period** is 7 days if the above circumstances occur 31 days or more after **your arrival date**.

A **waiting period** of 7 days will apply to this policy when you purchase consecutive policies with 21st Century with no gap in coverage, and relative to the coverage on the prior policy, **you** choose to:

- i) decrease your **deductible amount**; or
- ii) change from a 21st Century plan that does not cover stable **pre-existing conditions** to one that does; or
- iii) increase **your** aggregate policy limit.

The **waiting period** will be waived if this policy:

- i) is purchased or **activated** on or prior to the **expiry date** of an existing Visitors to Canada policy already issued by **us** to take effect on the day following such **expiry date**, provided there is no increase in the aggregate policy limit or decrease in the **deductible amount** or there is no change from Basic to Standard or from Standard to Enhanced coverage rates; or
- ii) is purchased prior to **your arrival date** (unless **you** failed to notify 21st Century as explained in **Your Coverage Starts**); or
- iii) **we** specifically waive or modify the **waiting period**.

If **you** have coverage with another insurer during the first part of **your** trip, and **you** are purchasing or **you** will **activate** this insurance after **your arrival date** and there will be no gap in **your** coverage, **you** may submit a Special Consideration Form and request to have the **waiting period** waived. **You** must be in good health and provide proof satisfactory to 21st Century that **you** have other coverage in force prior to purchasing this policy and receive written approval from 21st Century.

**We, us** and **our** means Manulife.

**You, your** and **yourself** mean the person(s) identified as Insureds on the **policy confirmation** or eligible applicant(s) listed on the application for this insurance and for whom premium has been received by **us**.

## SECTION 11 – POLICY ADMINISTRATION

For inquiries contact 21st Century Travel Insurance Limited,  
1040 Division St., Unit 18, Cobourg, Ontario K9A 5Y5

1 800 567-0021

toll-free from the USA or Canada

or 905-372-1779

From 9 AM to 5 PM ET

## SECTION 12 – REFUND OF PREMIUM OR CANCELLATION OF POLICY

### General Information:

Once 21st Century has received **your** cancellation request, no further expenses will be accepted for consideration under the policy, regardless of the date the expense was incurred.

All refunds are subject to approval by 21st Century and **we** reserve the right to refuse any refund request. Premium for partial cancellation will be refunded on a prorated basis. Partial cancellations are subject to a minimum premium of \$25 and a \$25 processing fee.

Other cancellation requests not described in this section may be considered but, if this insurance has been issued to satisfy the requirements necessary to obtain or maintain a visitor visa, the refund calculation will be subject to a \$250 processing fee.

With any cancellation request, **we** reserve the right to request proof that no travel visa application is still in process.

### Visa Application Denials, Visa Application Withdrawals, or Alternative Visa Issued:

If **your** visa application is denied by the Government of Canada or **you** formally withdraw **your** visa application and **your** coverage under this policy has not yet gone into effect, **we** will refund any premium paid. Proof of the denial or withdrawal of **your** application for a visa must be provided to 21st Century with **your** written request for a refund within 30 days of the date of the visa application being denied or withdrawn.

If the Government of Canada issues **you** an entry permit that is different than the one **you** applied for, **you** may request a refund of any premium paid as long as 21st Century receives **your** request prior to **your** entry into Canada. Proof of the change in entry permit will be required.

### Partial Refunds for GHIP Granted or Leaving Canada:

You can cancel **your** insurance and obtain a refund for the unused premium as of the date **we** receive acceptable proof that **you** are covered under a **GHIP** if there has been no claim paid or denied. The refund cannot be backdated because this policy will continue to provide Insured Services that are not covered by **your** GHIP until it is cancelled.

You can cancel **your** insurance and obtain a refund for the unused premium with acceptable proof that **you** have left Canada provided there has been no claim paid or denied. Acceptable proof includes a copy of **your** return airline tickets and stamped passport or a copy of **your** boarding pass(es). If this proof is received within 30 days of departure, **we** will consider refunding back to **your** departure date up to a maximum of 60 days, but if **your** cancellation request is received more than 30 days following the date of departure, **we** will require acceptable proof that **you** did not visit Canada between the departure date and the date **we** received **your** request. **We** will not go back more than 60 days prior to the date **we** receive the request and acceptable proof.

If **your** policy has more than one person identified as a Named Insured on the **policy confirmation** and one Named Insured requests an early cancellation while the other(s) will remain insured, this policy will be cancelled. A credit will be applied towards the premium required to insure

the remaining Named Insured(s) on a new policy for the remaining policy term. New eligibility is not required and the rates, terms and conditions from the cancelled policy will still apply.

If **you** leave Canada but spend time in a country covered under the "Side-Trips Outside of Canada" provision, **you** must advise 21st Century prior to exiting Canada if **you** do want to be covered in that other country. Failure to notify 21st Century prior to **your** exit date will result in premium being retained to cover all or part of that side trip.

If **you** are applying for a partial refund and a claim has been paid or denied, **you** may apply to have such claim(s) withdrawn. The amount of claim(s) paid will be deducted from the refund amount plus a file handling fee of \$300 per claim will also be deducted. A denied claim will be subject to a file handling fee of \$500 per claim. The file handling fee and any other adjustments will be deducted from any amount to be refunded.

### Non-Arrival:

Requests to cancel for non-arrival may be considered. **We** may ask for proof of the type of travel visa that was issued. If the insurance was used as part of a travel visa application, **we** are obliged to retain the policy for a minimum period of two years before cancellation can be considered. After this minimum period and once 21st Century is satisfied that the Insured has not and will not travel to Canada in the foreseeable future, **we** will consider cancellation of the policy. **You** will be asked to complete a "cancellation declaration". The premium paid will be refunded less a \$25 processing fee. The cancellation request must be received prior to the policy's effective date or **you** will need to prove that **you** did not enter Canada.

## REFUND OF PREMIUM OR CANCELLATION OF POLICY IF YOU HAVE A MONTHLY PAYMENT PLAN

### General Information

The \$50 Policy Fee for any cancellation of the Monthly Payment Plan or conversion to payment in full is non-refundable.

The two-month deposit premium is non-refundable if:

- the Named Insured arrives in Canada (whether the policy is **Activated** or Pending); or
- the insurance was used as part of a travel visa application and the entry permit is approved and issued by the Government of Canada or the travel visa application decision is still pending.

Refund of the two-month deposit may be considered if the policy is issued **Activated** to extend insurance for a trip in progress while the Named Insured is in Canada, if the policy has a future effective date, and if **we** receive a request to cancel with acceptable proof of their return to the **country of origin** prior to that effective date.

Once 21st Century has received **your** cancellation request, expenses with a date of service after the termination date will not be considered for reimbursement. Any claims incurred prior to the termination date will have no bearing on whether **you** are entitled to a refund or on the calculation of the refund amount.

If **your** policy has more than one person identified as a Named Insured on the **policy confirmation** and one Named Insured requests an early cancellation while the other(s) will remain in Canada, the remaining Named Insured(s) must either:

- purchase a new policy with the Monthly Payment Plan. New eligibility, rates, terms and conditions will apply; or
- pay the full outstanding balance for individual coverage. New eligibility is not required and the rates, terms and conditions from the cancelled policy will still apply.



All refunds are subject to approval by 21st Century and **we** reserve the right to refuse any refund request. Premium for partial cancellation will be refunded on a prorated basis subject to the two-month minimum premium if the cancellation is within the first two months. Partial cancellations are subject to a minimum premium of \$25 and a \$25 processing fee unless other fees are specified in the policy.

Other cancellation requests not described in this section may be considered but, if this insurance has been issued to satisfy the requirements necessary to obtain or maintain a visitor visa, any refund will be subject to a \$250 processing fee.

With any cancellation request, **we** reserve the right to request proof that no travel visa application is still in process.

#### **Visa Application Denials, Visa Application Withdrawals, or Alternative Visa Issued:**

If **your** visa application is denied by the Government of Canada or **you** formally withdraw **your** visa application and **your** coverage under this policy has not been **Activated**, **we** will refund any premium paid. Proof of the denial or withdrawal of **your** application for a visa must be provided to 21st Century with **your** written request for a refund within 30 days of the date of the visa application being denied or withdrawn.

If the Government of Canada issues **you** an entry permit that is different than the one **you** applied for, **you** may request a refund of any premium paid or change from the Monthly Payment Plan to a payment in full as long as 21st Century receives **your** request prior to **your** entry into Canada. Proof of the change in entry permit will be required. No processing fee will be applied, but the \$50 Policy fee is non-refundable.

#### **GHIP Granted:**

You can cancel **your** insurance and obtain a refund for the unused premium (subject to the two-month minimum premium) as of the date **we** receive acceptable proof that **you** are covered under a GHIP. The refund cannot be backdated because this policy will continue to provide Insured Services that are not covered by **your** GHIP until it is cancelled.

#### **Leaving Canada:**

You can cancel **your** insurance and obtain a refund for the unused premium (subject to the two-month minimum premium) with acceptable proof that **you** have left Canada. Acceptable proof includes a copy of **your** return airline tickets and stamped passport or a copy of **your** boarding pass(es). If this proof is received within 30 days of departure, **we** will consider refunding back to **your** departure date up to a maximum of 60 days, but if **your** cancellation request is received more than 30 days following the date of departure, **we** will require acceptable proof that **you** did not visit Canada between the departure date and the date **we** received **your** request. **We** will not go back more than 60 days prior to the date **we** receive the request and acceptable proof.

If **you** leave Canada but spend time in a country covered under the "Side-Trips Outside of Canada" provision, **you** must advise 21st Century prior to exiting Canada if **you** do want to be covered in that other country. Failure to notify 21st Century prior to **your** exit date will result in premium being retained to cover all or part of that side trip.

#### **Non-Arrival:**

Requests to cancel for non-arrival may be considered. **We** may ask for proof of the type of travel visa that was issued. If the insurance was used as part of a travel visa application, **we** are obliged to retain the policy for a minimum period of two years before cancellation can be considered. After this minimum period and once 21st Century is satisfied that the Insured has not and will not travel to Canada in the foreseeable future, **we** will consider cancellation of the policy. **You** will be asked to complete a "cancellation declaration". The premium paid will be refunded but the \$50 Policy Fee is non-refundable and a \$25 processing fee will apply. The request to cancel must be received prior to the policy's effective date if the policy is **Activated**. If the policy has been **Activated** **you** will need to prove that **you** did not enter Canada.

## **SECTION 13 – HOW TO SUBMIT A CLAIM**

Immediate access to the Assistance Centre is also available through the Manulife 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.

Attach all documentation requested in the claim form, and send it to:

21st Century Visitors Claims  
c/o Global Excel Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8 Canada

#### **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 to enquire about **your** claim status at: 1 855 297-4379 from 8:00AM to 8:00PM ET.

**We** need the following information when **you** submit **your** claim:

- a. original, itemized bills and invoices
- b. proof of payment by **you** (receipts)
- c. proof of payment from any other insurance plan
- d. 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 to **your** country of origin without adversely affecting **your** condition and quality of medical care
- e. a letter from the referring **physician** recommending treatment of a **health-care practitioner** under Insured Services benefit #3
- f. proof of travel, including **your** departure date and return date (airline ticket, passport or visa)
- g. copy of police report (in the case of a motor vehicle accident)
- h. **your** historical medical records, if **we** ask for them
- i. if a claim is made under Accidental Death and Dismemberment, **we** will need:
  - i) police, autopsy or coroner's report;
  - ii) medical records; and
  - iii) death certificate, as applicable.

## SECTION 14 – PERSONAL INFORMATION STATEMENT

At Manulife protecting your personal information and respecting your privacy is important to us.

“We”, “us” and “our” refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

### Why do we collect, use, and disclose your personal information?

For the purposes of establishing and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

### What personal information do we collect?

Depending on the product or service, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, your date of birth, driver’s license, passport number or your Social Insurance Number (SIN)
- Financial information, investigative reports, credit bureau report, and/or a consumer report
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Banking and employment information
- Medical information that any organization or person has about you
- Any test that may be necessary for underwriting purposes
- Other personal information that we may require to administer your products or services and manage our relationship with you
- We use fair and lawful means to collect your personal information.

### Where do we collect your personal information from?

Depending on the product or service, we collect personal information from:

- Your completed applications and forms
- Other interactions between you and us
- Other sources, such as:
- Your advisor or authorized representative(s)
- Third parties with whom we deal with in issuing and administering your products or services now, and in the future
- Public sources, such as government agencies, credit bureaus and internet sites
- Financial institutions
- Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
- The MIB, LLC (formerly known as the Medical Information Bureau)
- Health Care Professionals, including Medical Practitioners, health care institutions, pharmacy and any other medically-related facility

### What do we use your personal information for?

Depending on the product or service, we will use your personal information to:

- Administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us

- Analyze data to help us make decisions and understand our customers better so we can improve the products and services we provide
- Perform audits, and investigations and protect you from fraud
- Determine your eligibility for, and provide you with details of, other products and services that may be of interest to you
- Automate processing to help us make decisions about your interactions with us, such as, applications, approvals or declines

### Who do we disclose your personal information to?

Depending on the product or service, we disclose your personal information to:

- Persons, financial institutions, reinsurers, and other parties with whom we deal with in issuing and administering your product or service now, and in the future
- Authorized employees, agents and representatives
- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your doctor
- Public health authorities as required

Except where there are contractual restrictions, these people, organizations and service providers are both within Canada and outside of Canada. Therefore, your personal information may be subject to interprovincial or cross-border transfers in order to provide services to you and subject to the laws of those jurisdictions. Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

### Withdrawing your consent

You may withdraw your consent for us to use your personal information for certain uses, subject to legal and contractual restrictions.

You may not withdraw your consent for us to collect, use, or disclose personal information we need to issue or administer your products and services. If you do so, we may not be able to provide you with the products or services requested or we may treat your withdrawal of consent as a request to terminate or refusal the product or service.

If you wish to withdraw your consent, phone our customer care center at 1-888-MANULIFE (626-8543) or 1-888-MANUVIE (626-8843) in Quebec or write to the Privacy Officer at the address below.

### Accuracy

You will notify us of any change to your contact information. If your information has changed, or if you need to make a correction of any inaccuracies to your personal information in our files, contact your broker or Manulife Customer Service.

### Access

You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. Requests can be sent to: Privacy Officer Manulife, P.O. Box 1602, Del Stn 500-4-A, Waterloo, Ontario N2J 4C6 or [Canada\\_Privacy@manulife.ca](mailto:Canada_Privacy@manulife.ca)



For more information you can review our Canadian Privacy Policy. Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email.

Manulife, "we", "us", and "our" refer to The Manufacturers Life Insurance Company — Canadian Division operations, Manulife Wealth Inc., Manulife Wealth Investment Services Inc., Manulife Wealth Insurance Services Inc., Manulife Asset Management Limited, Manulife Assurance Company of Canada, First North American Insurance Company, Manulife Bank of Canada, and affiliates of these entities.

The Manufacturers Life Insurance Company

**IN CASE OF A MEDICAL EMERGENCY,  
YOU MUST CALL OUR ASSISTANCE CENTRE**

**1 877-882-2957**

toll-free from the USA and Canada

If unable to use the toll-free number, call collect to Canada

**+1 (519) 251-7856**

**Our Assistance Centre is there 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



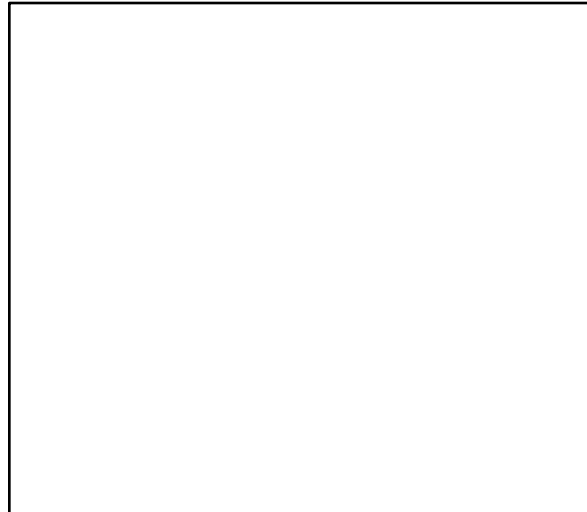
21st Century Travel Insurance Limited

1040 Division Street, Unit 18

Cobourg, ON K9A 5Y5

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

**Your Agent:**



Underwritten by

**The Manufacturers Life Insurance Company**

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