



MEDICARE INTERNATIONAL TRAVEL INSURANCE

Trip Cancellation & Interruption 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) and
First North American Insurance Company (FNAIC)
a wholly owned subsidiary of Manulife

Don't forget your wallet card!

M14Rev1-2204-EN-TRIPCAN



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
TRIP CANCELLATION & INTERRUPTION 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.

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

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.

TABLE OF CONTENTS

Section

| | | |
|-----------|---|----------|
| 1 | IMPORTANT NOTICE - Read Carefully Before You Travel..... | 3 |
| 2 | IDENTIFICATION OF INSURER..... | 3 |
| 3 | IN THE EVENT OF AN EMERGENCY..... | 3 |
| 4 | ELIGIBILITY..... | 3 |
| 5 | GENERAL INFORMATION..... | 3 |
| | Insuring Agreement | 3 |
| | When Your Coverage Starts | 4 |
| | When Your Coverage Ends | 4 |
| | Automatic Extension | 4 |
| | To Stay Longer than Planned..... | 4 |
| | Cancellations & Refunds..... | 4 |
| 6 | TRIP CANCELLATION & INTERRUPTION INSURANCE | 4 |
| | Benefits..... | 4 |
| | Exclusions and Limitations | 5 |
| 7 | WHAT ELSE DO YOU NEED TO KNOW? | 6 |
| | How does this insurance work with other coverages that you may have? | 6 |
| 8 | HOW TO SUBMIT A CLAIM..... | 7 |
| 9 | STATUTORY CONDITIONS | 8 |
| 10 | DEFINITIONS | 8 |
| 11 | NOTICE ON PRIVACY | 9 |



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) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Please note that risks identified with the symbol ‡ throughout this document are covered by FNAIC. 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/>

To cancel a *trip* before *your* scheduled *departure date*, *you* must cancel *your trip* with the travel supplier and notify us at 1 855 478-3484 or +1 (519) 251-7851 on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the trip contracts which are in effect on the next business day following the time the cause of cancellation occurs.

SECTION 4 – ELIGIBILITY

To be eligible for *Trip Cancellation & Interruption Insurance*, *you* must:

- be living in Canada or travelling through Canada; and
- have paid the appropriate premium.

Coverage will include travel within *your* province or territory of residence.

SECTION 5 – GENERAL INFORMATION

INSURING AGREEMENT

In consideration of the application for insurance for which *you* have met the eligibility requirements (if applicable) and paid the appropriate premium, *we* will pay up to the sum purchased as indicated on *your confirmation*, for eligible expenses incurred before *your departure date* and actual costs of eligible expenses incurred on or after *your departure date* for travel arrangements paid for prior to *your departure date* 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;
- the *confirmation* issued in respect of that application; and
- any other amendments or endorsements/riders resulting from changes, extensions or top-ups of coverage.

SECTION 6 – TRIP CANCELLATION & INTERRUPTION INSURANCE

WHEN YOUR COVERAGE STARTS

- *Trip* Cancellation coverage starts on the date *you* pay the premium for that coverage, shown as the *issue date* on *your confirmation*.
- *Trip* Interruption coverage starts on the later of:
 - the *departure date*; or
 - the effective date as shown on *your confirmation*.

WHEN YOUR COVERAGE ENDS

- *Trip* Cancellation coverage ends on the earliest of:
 - *your departure date*; or
 - the date *you* cancel *your trip*; or
 - the expiry date as shown on *your confirmation*.
- *Trip* Interruption coverage ends on the earlier of:
 - the date *you* return *home*; or
 - the expiry date 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, simply call the agent or broker from whom *you* purchased *your* coverage before the *expiry date* of *your* existing coverage.

You may be able to extend *your* coverage:

- if there will be no lapse in coverage;
- if there has been no event that has resulted or may result in a claim against the policy; and
- if there has been no change in *your* health status.

Any extension is subject to approval by the Assistance Centre.

CANCELLATIONS & REFUNDS

After the 10-Day Free Look, cancellations and refunds are not available for any *Trip* Cancellation & Interruption plans.

Benefits – What does *Trip* Cancellation & Interruption Insurance cover?

If *you* are unable to travel due to a covered event listed below that occurs before *you* leave *home*, *we* will pay up to the covered amount for the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date.

In addition, if *your travel companion* must cancel their *trip* due to a covered event applicable to them, and *you* decide to go on *your trip* as planned, *we* will cover the cost of the next occupancy charge up to the covered amount.

If *your trip* is interrupted due to a covered event listed below that occurs on or after *your departure date*, *we* will pay up to the covered amount for unused travel arrangements paid for prior to *your departure date*, that is non-refundable and non-transferable to another travel date, less the prepaid unused return transportation.

In addition, *we* will pay:

- *your* additional and unplanned hotel and meal expenses, and *your* essential phone calls and taxi fares to a maximum of \$300 per day for up to two (2) days when no earlier transportation arrangements are available; and/or
- *your* one-way economy class airfare via the most cost-effective itinerary to *your* or *your group's* next destination, or to return *home*.

We will pay for the change fee charged by the airline for *your* missed connection if this option is available, or up to \$1,000 for the cost of *your* one-way economy airfare to the next destination.

What else does *Trip* Interruption Insurance cover?

In the event of *your* death during *your trip*, *we* will reimburse *your* estate:

- 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;
- 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.

The *Trip* Cancellation & Interruption maximum payable amount is:

- up to the covered amount for *Trip* Cancellation before *you* leave *home*;
- unlimited *Trip* Interruption after departure (some benefits maximums do apply).

These benefits are payable if any of the following covered events happen:

1. *You* or *your travel companion* develop(s) a sudden and unforeseen *medical condition* or die(s).
2. A member of *your immediate family*, a member of *your travel companion's immediate family* or *your key-person* develops a sudden and unforeseen *medical condition* or dies; or the person whose guest *you* will be during *your trip* is unexpectedly admitted to a *hospital* or dies.
3. *You* or *your spouse*:
 - a) become pregnant after *you* book *your trip* and *your departure date* falls in the nine (9) weeks before or after the expected delivery date, or
 - b) legally adopt a child and the notice of custody is received after the *effective date* and the date of custody is scheduled in the nine (9) weeks before or after *your departure date*.

4. *You or your spouse* develop any complication of pregnancy within the first 31 weeks of pregnancy and the attending *physician* advises against travel. This is a covered event only under *Trip Cancellation*.
5. †*You or your travel companion's* travel visa is not issued for a reason beyond *your/their* control.
6. †*You or your spouse* are called to service as a reservist, fire-fighter, military or police staff, or to jury duty or to be a defendant in a civil suit, during *your trip*; or *you or your spouse* are subpoenaed to be a witness during *your trip*.
7. †*You, your spouse, your travel companion or your travel companion's spouse* are quarantined or hijacked.
8. †*You or your travel companion* are unable to occupy *your/their* respective principal residence or to operate *your/their* respective business because of a natural disaster.
9. †*You, your spouse, your travel companion or travel companion's spouse* lose a permanent job because of lay-off or dismissal without just cause.
10. †*You or your travel companion* are transferred by the employer with whom *you or your travel companion* were employed at the time of application for this insurance, which requires a relocation of *your or your travel companion's* principal residence.
11. †A business meeting that is the main intent of *your trip* and was scheduled before *you or you and your travel companion* purchased this insurance, is cancelled for a reason beyond *your* control or the control of *your* employer and the meeting is between companies with unrelated ownership. Benefits are only payable to *you or you and your travel companion* (one individual) who purchased *our* insurance, if *you* are the one who planned to attend the business meeting.
12. † A Government of Canada Travel Advisory is issued during *your trip*, or after *you* purchase *your* insurance but before *your departure date*, advising Canadians to avoid all or non-essential travel to a destination included in *your trip*. This applies only to residents of Canada.
13. † Weather conditions, earthquakes or volcanic eruptions cause the scheduled *common carrier*, on which *you* are booked, to be delayed for a period of at least 30% of *your trip* and *you* choose not to travel.
14. †*You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger vehicle or *common carrier*, when the delay is caused by the mechanical failure of *your* connecting private passenger vehicle or *common carrier*, a traffic accident, an emergency police-directed road closure or weather conditions, earthquakes or volcanic eruptions. *Your* connecting private passenger vehicle or *common carrier* must have been scheduled to arrive at *your* point of boarding at least two (2) hours before the scheduled time of departure.
15. † The *plane* *you* are ticketed to fly on leaves earlier or later than scheduled. Note: This benefit is only covered under *Trip Interruption*.
16. † *Sickness, injury* or death of *your* service animal if *you* are an individual with a physical, mental or visual disability, and travel arrangements have been made for the animal to accompany *you* on *your trip*. For this benefit to apply, the travel arrangement cost for *your* service animal must be included in the covered amount insured under *your* plan.
17. 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 \$2.5 million for all eligible *Trip Cancellation & Interruption* 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*.

Benefits – What does Misconnection Insurance cover?

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

- A. Up to the covered amount, to a maximum of \$1,000, for *your* misconnection or travel disruption expenses for the lesser of:
 - i. the change fee charged by the airline for *your* missed connection or the cost of *your* one-way economy transportation via the most cost-effective itinerary to the next destination, or
 - ii. the unused prepaid portion of *your trip* (less the prepaid unused transportation *home*) that is non-refundable and non-transferable to another travel date (provided such expenses are not reimbursable by any other source).
- B. *Your* additional and unplanned hotel and meal expenses, *your* essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of \$300 per day for up to two (2) days when no earlier transportation is available.

Misconnection Insurance Covered Events:

1. †*You* miss *your* next connecting *common carrier* because the *common carrier* that is providing transportation for a portion of *your trip* leaves later than originally scheduled.
2. †The *common carrier* that is providing transportation for a portion of *your trip* leaves earlier than originally scheduled and the ticket *you* have purchased for *your* prior connection via another *common carrier* becomes unusable.
3. †*You or your travel companion* are delayed for at least six (6) hours in arriving at *your trip* destination or returning to *your home* due to the delay or schedule change or cancellation of *your or your travel companion's common carrier*.
4. † *You* miss *your* next connecting *common carrier* because the airline with whom *you* have booked an earlier connecting flight (that is included in *your* insured prepaid travel arrangements) cancels such earlier flight.
5. † *Your* earlier connecting *common carrier* has been rendered unusable because the airline with whom *you* have booked a subsequent connecting flight (that is included in *your* insured prepaid travel arrangements) cancelled the subsequent flight.

Only misconnection or travel disruption expenses outlined under this Misconnection Insurance will be payable.

***You* must make reasonable efforts to continue *your trip* as originally planned. The amount payable will be reduced by any amounts paid or payable by the rescheduled or delayed *common carrier*.**

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

We will not cover expenses or benefits relating to:

1. *Any medical condition* related to *you, your spouse or your children*, if that *medical condition* was not *stable* in the three (3) months before the *issue date* as shown on *your confirmation*.
 Any heart condition *you or your travel companion* have if, during the three (3) months prior to the *issue date* as shown on *your confirmation*, *you or your travel companion* have taken any form of nitroglycerine for the relief of angina.
 Any lung condition *you or your travel companion* have if, during the three (3) months prior to the *issue date* as shown on *your confirmation*, *you or your travel companion* required *treatment* with home oxygen or Prednisone for a lung condition.
2. An event when, on the *issue date* as shown on *your confirmation*, *you or your travel companion* knew, or it was reasonable to expect, may eventually prevent *you* from going on or completing *your trip* as booked.
3. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.

4. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
5. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
6. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
7.
 - 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.
8. *Your minor mental or emotional disorder*.
9.
 - *Your* routine pre-natal or post-natal care;
 - *Your* pregnancy, delivery, or complications of either, arising nine (9) weeks before the expected date of delivery or nine (9) weeks after.
10. *Your child* born during *your trip*.
11. A *medical condition*:
 - when *you* knew or for which it was reasonable to believe or expect before the *effective date* that *treatment* will be required during *your trip*;
 - for which future investigation or *treatment* was planned before *your effective date*;
 - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before *your effective date*; or
 - that had caused a *physician* to advise *you*, before *your effective date*, not to go on *your trip*.
12. Any non-emergency, investigative, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
13. A travel visa that is not issued because of its late application.
14. Failure of any travel supplier which *you* contract for services. No protection is provided for failure of any travel agent, agency or broker.
15. Any loss 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.
16. Any *act of terrorism* directly or indirectly caused by, resulting from, arising out of or which is in connection with biological, chemical, nuclear or radioactive means.
17. An *act of war*.

SECTION 7 – 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 8 – 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 the Manulife TravelAid mobile app. To download the app, visit:

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

To cancel a trip before *your* scheduled *departure date*, *you* must cancel *your trip* with the travel supplier and notify *us* at 1 855 478-3484 or +1 (519) 251-7851 on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the trip contracts which are in effect on the next business day following the time the cause of cancellation occurs.

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

1. If the claim is for medical reasons:
 - a medical certificate from the attending *physician* explaining why travel was not possible
 - a death certificate if *you* cancel *your trip* due to a death
 - the medical file of the person whose health or *medical condition* is the reason for *your* claim
2. If the claim is not for medical reasons, applicable documents such as:
 - a copy of a subpoena if *you* cancel *your trip* for jury duty or being called as a witness
 - a police report if *you* are involved in an accident
 - documents from a responsible authority if *you* miss a *common carrier* because of a covered event
 - complete, unused transportation tickets and vouchers
 - original passenger receipts for the new tickets *you* purchased
 - original receipts for *your* pre-paid *travel arrangements* and the extra expenses *you* incurred for hotels, meals, telephone, internet, taxis, or car rentals
3. Any additional invoices or receipts that support *your* claim.

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 9 – 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 10 – 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.

- *Trip* Cancellation coverage starts on the date *you* pay the premium for that coverage, shown as the *issue date* as shown on *your confirmation*.
- *Trip* Interruption coverage starts on the later of:
 - the *departure date*; or
 - 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.

- *Trip* Cancellation coverage ends on the earliest of
 - *your departure date*;
 - the date *you* cancel *your trip*; or
 - the expiry date as shown on *your confirmation*.
- *Trip* Interruption coverage ends on the earlier of:
 - the date *you* return *home*; or
 - the expiry date as shown on *your confirmation*.

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*.

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

Medical condition means 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*.

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 *Trip Cancellation Benefit #11*, where *travel companion* is limited to one (1) 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 as show on *your confirmation*.

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 FNAIC in connection with risk identified with § throughout this document, and Manulife in connection with all other coverages under this policy.

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

SECTION 11 – NOTICE ON PRIVACY

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

Notice on Privacy and Confidentiality. The specific and detailed information requested on *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
First North American 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 and First North American Insurance Company, a wholly owned subsidiary of Manulife.

Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license.

© 2022 The Manufacturers Life Insurance Company. All rights reserved. Manulife, P.O. Box 670, Stn. Waterloo, Waterloo, ON N2J 4B8.

TravelAid™ is a trademark of Active Claims Management (2018) Inc. and is used by Manulife and its affiliates under license.

App Store is a trademark of Apple Inc.

Google Play is a trademark of Google LLC.

M14Rev1-2204-EN-TRIPCAN