



Medicare International Travel Insurance

Multi-trip *Emergency* Medical Policy for Travelling Canadians

Version M15

Effective August 2026

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

10-day free look period

You have 10 days from the insurance *issue date* to review this policy and make sure it meets your needs. You may terminate the insurance and receive a premium refund if:

- You have not departed on your *trip*; and
- No claims are in progress.

Refunds are only available when 21st Century receives your request for a refund before your *departure date*.

A premium refund is not available after the 10-day free look period.

Underwritten by The Manufacturers Life Insurance Company (Manulife)



Claim payment and administrative services are provided by the administrator, 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. 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").

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, meaning 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 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. It is your responsibility to review and understand the pre-existing condition exclusions that apply to you.
- 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. For coverage information or general inquiries, contact your agent or broker or 21st Century at 1-800-567-0021. You can also send an email to info@21stcenturytravelins.com.



TRAVEL HEALTH INSURANCE ASSOCIATION OF CANADA (THIA)

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, visit:

[thiaonline.com/Travel Insurance Bill of Rights and Responsibilities](http://thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities)

TRAVEL ASSISTANCE AND CLAIM SUBMISSION FROM ANYWHERE IN THE WORLD

Manulife TravelAid™ app

Before you travel, download the Manulife TravelAid mobile app through the Google Play™ store or the Apple App Store®. TravelAid offers immediate access to healthcare provider information, directions to the nearest medical facility, international 911 lookup, pre- and post-departure travel tips, and claim submission support to out-of-province and out-of-country travellers. So, no matter where your travels take you – and no matter your travel emergency situation – TravelAid ensures you have access to all the care you need.

Features of the app include:

- Access to international emergency numbers by GPS
- Speaking to medical doctors
- Finding medical facility locations by GPS
- Current travel advisories
- Contact form with your preferred method of returned communications (text, email, phone) for 24/7 assistance
- Claims submission portal
- Relevant and timely travel tips

Online claim submission

In addition to the mobile app, you can also submit your claims online at globalexcel.com/manulife. For faster and easier submissions, have all your documents available in electronic format, such as PDF or JPEG/JPG.

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.

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MULTI-TRIP EMERGENCY MEDICAL POLICY

In an *emergency*, contact the Assistance Centre immediately. They are available 24 hours a day, every day of the year.

From Canada or USA: 1-855-478-3484

Collect, where available: +1(519) 251-7851

You can also contact the Assistance Centre with the Manulife TravelAid mobile app. Download the app through the Google Play store or the Apple App Store. For more information, visit active-care.ca.

If you do not call the Assistance Centre, you must pay 25% of the eligible medical expenses we normally pay under this plan.

For more information, read the [Exclusions & limitations for Emergency Medical insurance](#) section.

Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify they are contacted. If it is medically impossible for you to call during the *emergency*, the 25% co-insurance does not apply. In this case, contact the Assistance Centre as soon as possible or have someone call on your behalf.

If you choose to pay for expenses before you contact the Assistance Centre, we reimburse you according to *reasonable and customary* charges that we would have paid directly to the provider. Medical charges you pay may be higher than this amount and you are responsible for the difference between the amount you paid and what we reimburse. Some benefits are not covered unless they are pre-approved and pre-arranged by the Assistance Centre.

GUIDELINES FOR READING THIS POLICY

It is important you read and understand your policy before you travel. It is your responsibility to review the terms, conditions, and limitations outlined in this policy. When you read this policy, please keep this information in mind:

- All amounts in this policy are shown in Canadian dollars.
- Italicized words have a specific meaning. Refer to the [Definitions](#) section of this policy to find the meaning of each italicized word or phrase.
- “You” and “your” can refer to many people. It means the person named as insureds on the *confirmation*, for whom coverage was applied, and for whom we received the appropriate premium, unless the context states otherwise.
- “We,” “us,” and “our” means Manulife throughout this policy.
- Any claims you submit to us must be for items or events that are insured under this policy and for people who are included in this insurance coverage.
- All coverages are per person unless the context states otherwise.
- Words and terms that appear in the singular can be interpreted to mean the plural and vice versa unless the context indicates otherwise.

INTRODUCTION – POLICY CONTRACT

This is your insurance policy, a contract detailing terms and conditions of the insurance coverage you purchased. Coverage under this policy is issued on the basis of information provided in your application (including the *medical questionnaire* if required).

Your entire contract with us consists of:

- This policy; and
- Your application for this policy (including the completed and signed *medical questionnaire*, if required); and
- The *confirmation* issued in respect of that application; and
- Any riders, amendments, or endorsements resulting from extensions of or changes to coverage.

CONTACT INFORMATION

Prior to travelling, or when travelling and you require *emergency* assistance, call 1-855-478-3484 toll-free from the USA and Canada or +1(519) 251-7851 collect where available.

For coverage information or general inquiries, contact 21st Century.

ELIGIBILITY

You are not eligible for this insurance if any of the following apply to you:

- Have been advised by a *physician* not to travel
- Have been diagnosed with a terminal illness with less than 6 months to live
- Have a kidney condition that requires dialysis
- Used home oxygen during the 12 months before you applied for this insurance

REQUIREMENTS OF THIS INSURANCE

You can be insured by this policy if you, and anyone you want to insure, meet all the following requirements:

- Are at least 30 days of *age* at time of application
- Be a resident of Canada
- Are covered under a government health insurance plan (*GHIP*) for the entire *trip* duration
- Meet all eligibility requirements
- If you are *age* 60 or older at the time of application, you must truthfully and accurately answer all questions in a *medical questionnaire*

FAMILY COVERAGE

Family coverage is available if all family members to be insured under 1 policy meet the following requirements:

- Named in your *confirmation*
- Under *age* 60
- You meet all eligibility requirements when you purchase the family coverage option
- You pay the family rate

The following people qualify under family coverage:

- 2 adults of the same family under *age* 60 who are the parents or grandparents of the *children*
- Your *children* or *grandchildren* if they are at least 30 days of *age*

Family coverage calculation: You and your family are insured when you pay an amount equal to 2 times the rate for the oldest parent or grandparent.

GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

Coverage must be for your entire *trip*. You must pay the required premium to 21stCentury, your agent, or broker before you leave *home*. A [pre-existing condition exclusion](#) applies to your coverage. It is your responsibility to review and understand the *pre-existing condition* exclusion that applies to you:

[Exclusions and Limitations for Emergency Medical Insurance](#)

After you apply for insurance, meet all eligibility requirements, and pay the appropriate premiums, we will pay up to the maximums outlined in this policy. We pay the benefits in this document subject to the terms, limitations, exclusions, and other conditions and in excess of the benefits that are payable under any group, individual, private, or public plan or contract of insurance, including any auto insurance plan and your *GHIP*.

SCHEDULE OF BENEFITS

EMERGENCY MEDICAL INSURANCE*	
Hospital and medical	\$10 million combined
Medical repatriation	
Accidental dental	Up to \$3,000
Accommodations and meals	\$350 per day to a maximum of \$3,500
Expenses related to your death	Read benefit information

*Unless otherwise stated, all benefit maximums are per *trip*.

THE LENGTH OF YOUR COVERAGE

This policy provides *Emergency Medical Insurance* coverage for any number of *trips* you take within 1 year starting on the *effective date* shown on your *confirmation*.

Your coverage is for *trips* with the following maximum durations, depending on the option you choose:

- 4 days
- 10 days
- 18 days
- 30 days
- 60 days

Each *trip* must start on or after the *effective date* and end prior to or on the *expiry date* shown on your *confirmation*.

Top-up plans or additional Medicare International Multi-*trip Emergency Medical* plans are available to purchase if a *trip* begins during the coverage period but extends beyond your *expiry date*.

Travelling outside your province or territory of residence

- This policy provides *emergency medical* coverage for an unlimited number of days of travel within Canada but outside your province or territory of residence.
- Each *trip* taken outside of Canada can be up to the maximum number of days you selected when you purchased your Multi-*trip* plan, beginning on the first day you leave Canada.

YOUR COVERAGE EFFECTIVE DATE

Your policy starts on the *effective date* shown on your *confirmation*. After this date, your coverage starts again for each *trip* every time you leave *home*.

YOUR COVERAGE EXPIRY DATE

Your coverage for each insured *trip* ends on the earliest of:

- The date you return *home*
- When travelling outside Canada, the date the number of days of coverage you purchased expires
- The *expiry date* shown on your *confirmation*

Your policy is issued with an *expiry date* of 365 days from the *effective date*.

COVERAGE EXTENSIONS

Automatic extensions

We extend your coverage automatically beyond the date you are scheduled to return *home* from your *trip*, in the following instances:

- If your *common carrier* is delayed, we will extend your coverage for up to 72 hours.

- If you or your *travel companion* have an *emergency* that prevents travel but does not require hospitalization, we will extend your coverage for up to 5 days.
- If you or your *travel companion* are hospitalized on your return date, we will extend coverage during hospitalization and for up to 5 days after *hospital* discharge.

Note: If you have been advised by a medical professional to self-isolate or quarantine beyond your *expiry date*, we will extend your coverage for the duration of your quarantine and up to 72 hours after the date your quarantine ends.

Staying longer than planned

Top ups

You may be able to top-up your *trip* under your Medicare International Multi-*trip* plan if your *trip*:

- Is longer than the maximum number of coverage days you have under your current plan; or
- Will extend beyond the *expiry date* shown on your *confirmation*.

Your options include:

- Purchasing top up coverage for any additional travel days before the *expiry date* of your multi-*trip* plan; or
- Purchasing a new Medicare International Multi-*trip* plan, with no lapse in coverage, provided the total duration of the *trip* does not exceed the maximum *trip* length you choose. When you apply for top up coverage, you will be required to answer questions about your health.

If you want to top-up this policy for *trips* longer than the number of coverage days you have, call the agent or broker where you purchased this policy, before you leave *home* or 21st Century during your *trip* and before the *expiry date*.

You must be covered under your provincial or territorial *GHIP* for the entire duration of your *trip*, including any extensions.

Additionally, to extend your coverage:

- You must pay the additional premium (minimum \$25).
- There must not be any change in your health status.
- No event may have taken place that resulted in a claim or may result in a claim in the future.

Any extension is subject to approval by 21st Century and may be subject to a \$25 processing fee.

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

PREMIUM REFUNDS

There are no premium refunds available under this policy.

Exception: The [10-day free look period](#).

MEDICAL CONCIERGE SERVICES

This Medicare International Travel Insurance policy provides value-added medical concierge services through our partner, StandbyMD™.

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 USA

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.

EMERGENCY MEDICAL INSURANCE

EMERGENCY MEDICAL INSURANCE BENEFITS

This section outlines eligible expenses for *Emergency Medical Insurance*.

We cover expenses for your *emergency medical treatment* up to \$10,000,000 during your *trip* when:

- The medical *emergency* begins unexpectedly after you leave *home*.
- The expenses are more than what is covered by your *GHIP* or other benefit plan.
- The *treatment* is required for your *emergency* and ordered by a *physician* or a dentist for dental *treatment*.

If you undergo tests as part of a medical investigation, *treatment*, or surgery, obtain *treatment* or undergo surgery that is not pre-approved, your claim will not be paid. This includes, but is not limited to MRIs, MRCP tests, CAT scans, CT angiograms, sonograms, ultrasounds, nuclear stress tests, biopsies, angiograms, angioplasty, cardiovascular surgery including any associated diagnostic tests, cardiac catheterization, or any surgery.

In the event of an *emergency*, call the Assistance Centre immediately:
1-855-478-3484 toll-free from the USA and Canada or
+1(519) 251-7851 collect where available

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 you to call or have 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 be responsible for 25% of your medical expenses covered under this insurance.

Covered expenses and benefits are subject to policy maximums, exclusions, limitations, and any applicable deductibles. A deductible is the amount of covered expenses you must pay per *emergency medical claim* and applies to the amount that remains after any covered expenses are paid by your *GHIP*.

COVERED EXPENSES

1. *Emergency medical treatment*

We consider *reasonable and customary* expenses for:

- Medical care received from a *physician*
- Semi-private *hospital* room costs
- Intensive care or coronary care unit costs if considered medically necessary by the attending *physician* that could not be avoided without adversely affecting your condition and quality of medical care
- Services of a licensed private duty nurse while you are in the *hospital*

- The lesser cost to rent or purchase a wheelchair, hospital bed, brace, crutch, and other medical appliances
- Tests to diagnose or learn more about your condition
- Drugs available with a prescription only, prescribed to you by a *physician* or dentist

2. *Paramedical services*

We pay up to \$70 per visit to a combined maximum of \$700 for services provided by a licensed chiropractor, osteopath, physiotherapist, chiropodist, or podiatrist for a covered *medical condition*.

3. *Ambulance transportation*

We pay *reasonable and customary* charges for a local licensed ambulance service to transport you to the nearest medical facility that can fully treat your *medical condition* in an *emergency*.

4. *Expenses related to your death*

If you die during your *trip* from an *emergency* covered under this insurance, we reimburse your estate for:

- The costs to return your body *home* in the standard transportation container used by the airline plus up to \$5,000 to prepare your body where you die, including the cost of a standard casket; or
- The costs to return your ashes *home*, plus up to \$5,000 to cremate your body where you die, including the cost of a standard urn.
- Up to \$10,000 to prepare your body and bury you where you die, including the cost of a standard casket or urn (excluding grave markers of any kind, flowers, ceremony, or reception expenses).

If someone must travel to the place of your death to identify your body, we pay for round-trip economy class airfare on the most cost-effective itinerary for that person. We also pay up to \$300 for their hotel and meal expenses and provide them with up to 72 hours of *emergency medical insurance* under the same terms and conditions of this policy.

5. *Emergency medical transportation/Expenses to bring you home*

We pay *reasonable and customary* expenses when:

- The treating *physician* recommends that you should be transported to another *hospital* or return *home* because of your *emergency*; or
- You call the Assistance Centre, and our medical advisors recommend, approve, and pre-arrange for you to be transported to another *hospital* because of your *emergency* or return *home* after your *emergency*.

Expenses include:

- The cost of an economy-class fare on the most cost-effective itinerary to return *home*; or
- A stretcher fare on a commercial flight on the most cost-effective itinerary to return *home* if a stretcher is medically necessary; and

- The return cost of an economy-class fare on the most cost-effective itinerary if a qualified medical attendant must accompany you on your return *home* because it is required by the airline or it is medically necessary. We also pay *reasonable and customary* fees and expenses for the medical attendant.
- The cost of an air ambulance if it is medically necessary, consistent with your condition, and cannot be avoided without adversely affecting the quality of your medical care.

6. Expenses to bring someone to your bedside

If you are travelling alone and are admitted to a *hospital* for 3 or more days, we pay for someone to be by your side when pre-approved by the Assistance Centre.

Benefits include:

- Return economy-class airfare on the most cost-effective itinerary
- Up to \$1,000 for their hotel and meals
- *Emergency* medical insurance for them under the same terms and conditions of this policy until you are medically fit to return *home*

Note: This benefit is available immediately when the hospitalized person is an insured *child* on this policy.

7. Emergency dental treatment

If you need *emergency* dental *treatment*, we pay:

- Up to \$300 for services to relieve dental pain; and
- Up to \$3,000 to repair or replace natural or permanently attached artificial teeth when you suffer an accidental blow to the mouth. We consider up to \$2,000 during your *trip* and up to \$1,000 in the 90 days after the accident to continue medically necessary *treatment*.

8. Expenses to bring home children under your care

When pre-approved by the Assistance Centre, if you are hospitalized for more than 24 hours or must return *home* because of an *emergency*, we pay the following to return *children* who are travelling with you and are under your care:

- Extra cost of one-way economy class airfare on the most cost-effective itinerary; and
- If required by the airline, the cost of return economy class airfare on the most cost-effective itinerary for a qualified escort.

Note: This benefit applies when the *children* are insured under a travel policy that is underwritten by us.

9. Expenses for childcare

If you are hospitalized during your *trip*, we pay up to \$75 per day, to a maximum of \$500 per *trip* for childcare services for the *children* under your care while you are in the *hospital*.

Note: This benefit applies when the childcare provider is not the *child's* parent or member of their *immediate family*, your *travel companion*, or the host you are staying with

during your *trip*. You must provide original receipts from the professional childcare provider.

10. Expenses to bring home your travel companion

If you return home under the [Emergency medical transportation/Expenses to bring you home](#) benefit, we pay the extra cost of a one-way economy class airfare on the most cost-effective itinerary to return your *travel companion home*.

Note: This benefit applies when your *travel companion* is insured under a travel policy that is underwritten by us.

11. Expenses to return your vehicle

When pre-approved by the Assistance Centre, we cover *reasonable and customary* charges for a commercial agency to return your *vehicle home* or the return of a rental *vehicle* to a rental agency if you experience any of the following and cannot drive your *vehicle*:

- A medical emergency
- Hospitalization
- Death
- Repatriation

12. Returning to your destination

If you return *home* under the [Emergency medical transportation/Expenses to bring you home](#) benefit, we cover the extra cost of one-way economy-class transportation for you to return to your destination.

This benefit applies once during your *trip* when all of the following apply:

- You are pre-approved by the Assistance Centre
- Your *physician* advises that it is safe for you to travel
- You return to your destination during the dates of the original *trip*

Note: After you return to your destination, we do not cover a recurrence of the *medical condition* that sent you *home* or any related conditions.

13. Hospital allowance

When you are hospitalized for 48 hours or more, we reimburse you for out-of-pocket expenses such as phone calls, TV rental, and parking fees. We pay up to \$50 per day to a maximum of \$500. You must provide original receipts for all expenses.

14. Baggage return

When you return *home* under the [Emergency medical transportation/Expenses to bring you home](#) benefit, we pay any extra costs to return your baggage to your *home*.

Note: This benefit applies when pre-approved by the Assistance Centre.

15. Expenses to replace prescription drugs

If you forget to bring your prescription medication on your *trip* or you lose it, we pay up to \$50 to replace the medication when it is medically necessary for you to continue taking it.

We do not cover:

- Vitamins or vitamin preparations

- Over the counter drugs available without a prescription
- Contraceptives or birth control

16. Hearing aids

If your hearing aid is lost, stolen, or broken during your *trip* and you want to replace it at your destination, we:

- Pay up to \$200 for the replacement
- Can help coordinate the replacement when you call the Assistance Centre

17. Eyeglasses

If your prescription eyeglasses are lost, stolen, or broken during your *trip* and you want to replace them at your destination, we:

- Pay up to \$200 for the replacement
- Can help coordinate the replacement when you call the Assistance Centre

18. Extra expenses for incidentals

We reimburse up to \$350 per day to a maximum of \$3,500 for the following extra expenses:

- Meals
- Hotels
- Essential phone calls
- Internet usage fees
- Taxi fares or car rental fees

These expenses are eligible when:

- You or your *travel companion* are unable to travel *home* due to a medical *emergency*; or
- You or your *travel companion* require *emergency* medical *treatment* at a location different from your original destination; and
- You provide receipts or other proof of payment.

19. Phone calls

We pay for phone calls to or from our Assistance Centre about your medical *emergency*. You must provide receipts or other proof that shows the cost of the calls and the numbers contacted during your *trip*.

20. Expenses to return your pet

When pre-approved by the Assistance Centre, if you are travelling with your domestic dog and/or cat, we pay up to \$500 for the extra cost to return your pet *home* if any of the following happen:

- Your treating *physician* recommends that you return *home* because of your *medical condition*
- Our medical advisors recommend that you return *home* after your *emergency treatment*
- You die

21. Expenses for pet care

If you are hospitalized during your *trip* and no one is available to care for your pet travelling with you, we pay up to \$50 per day to a maximum of \$150 per *trip* for animal boarding fees with a licensed commercial boarding kennel, cattery, or animal shelter.

Note: You must provide original receipts for the boarding fees.

22. Acts of terrorism

If an *act of terrorism* directly or indirectly causes loss that is eligible under the terms and conditions of this policy, we cover:

- Up to 2 *acts of terrorism* within a calendar year; and
- Up to a maximum aggregate payable limit of \$35 million across all eligible, in force *emergency* medical policies that are issued and administered by us.

The amount we pay for each eligible claim is in excess of all other payments you receive, including alternative or replacement travel options and other insurance coverage.

The amount we pay for claims is reduced on a pro rata basis so as not to exceed the respective aggregate maximum we pay after the end of the calendar year and after we adjudicate all claims related to *acts of terrorism*.

QUARANTINE EXPENSES

We do not pay any benefits for any government mandated quarantine or self-isolation in Canada.

If you or your *travel companion* must unexpectedly self-isolate or quarantine after your *departure date* outside your province or territory of residence, as determined by a medical professional, we will:

1. Pay up to \$500 for your one-way economy class fare on the most cost-effective itinerary to return you *home* when you are delayed beyond the date you were originally scheduled to return *home*; and/or
2. Pay up to \$200 per day per insured person for additional and unplanned accommodations and meals to a maximum of \$2,800. If you paid the family rate, we pay up to \$400 per insured family per day to a maximum of \$5,600.

This benefit is payable to a maximum of 14 days when you are delayed beyond your originally scheduled return date and/or you must pay unexpected costs for new accommodations and/or meals where you must quarantine. It is your responsibility to find accommodation during your quarantine. If you must quarantine at a medical facility and *treatment* is not required, we pay up to the maximums noted in this section.

3. Extend your coverage for the duration of your self-isolation or quarantine and for up to 72 hours after the self-isolation or quarantine period ends if you must stay at your destination beyond your *expiry date*.

EXCLUSIONS & LIMITATIONS FOR EMERGENCY MEDICAL INSURANCE

We do not pay for claims or benefits that relate directly or indirectly to any of the expenses or services in this section.

1. *Pre-existing conditions*

Please review the [definitions](#) of *pre-existing condition* and *stable* as you read this section.

Rate Category A & Under Age 60

We do not pay any expenses related to:

- Any *pre-existing condition* that was not *stable* in the 3 months before your *effective date*
- A *heart condition* that was not *stable* or that required any form of nitroglycerine to relieve angina pain in the 3 months before your *effective date*
- A lung condition that was not *stable* or that required *treatment* with oxygen or prednisone in the 3 months before your *effective date*

Rate Category B & C

We do not pay any expenses related to:

- Any *pre-existing condition* that was not *stable* in the 6 months before your *effective date*
 - A *heart condition* that was not *stable* or that required any form of nitroglycerine to relieve angina pain in the 6 months before your *effective date*
 - A lung condition that was not *stable* or that required *treatment* with oxygen or prednisone in the 6 months before your *effective date*
2. Any *medical condition* when - before your *departure date* - you do not meet all of the eligibility requirements.
 3. Any *medical condition* when you do not truthfully and accurately answer all questions in the *medical questionnaire*, if applicable.
 4. Expenses that exceed a maximum of \$25,000 if you do not have valid coverage under a *GHIP* for the entire duration of your *trip*.
 5. Covered expenses that are more than the *reasonable and customary* charges where the medical *emergency* happens.
 6. Covered expenses that exceed 75% of the cost we would normally have to pay under this insurance, if you do not contact the Assistance Centre at the time of the *emergency*, unless your *medical condition* makes it medically impossible for you to call (in that case, the 25% co-insurance does not apply).
 7. Any *treatment* that is not for an *emergency*.
 8. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
 9. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during your *trip*, if our medical advisors determine that your *emergency* has ended.

10. Any *medical condition* or symptoms when any of the following apply:

- Before you leave *home* or before the *effective date* of coverage, you know, or it is reasonable to expect that *treatment* will be required during your *trip*.
- *Treatment* or investigation is planned before you leave *home*.
- You have symptoms that would cause an ordinarily prudent person to seek *treatment* in the 3 months before your *trip*.
- The *medical condition* or symptoms cause your *physician* to advise you not to travel.

11. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, whether or not it was authorized by a *physician*, as well as any directly or indirectly related complication.

12. For policy top-ups:

We do not pay claims for any *medical condition* that first appeared, was diagnosed, or required *treatment* after your *departure date* and before the *effective date* of the insurance top-up.

13. An *emergency* resulting from an accident that happens when you participate in any of the following activities:

- A sporting activity you are paid for, including snorkeling and scuba diving
- Any form of BASE jumping, such as wingsuit flying
- Hang gliding
- Rock climbing
- Mountain climbing, including ascending or descending a mountain using specialized equipment such as crampons, pickaxes, anchors, bolts, carabiners, and lead or top rope anchoring equipment
- Competitions, speed events, or other high-risk activities using motor *vehicles* on land, water, or in the air and training activities for these events on approved tracks or elsewhere

14. Your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.

15. Any claim that results from or is related to your commission or attempted commission of a criminal offence or illegal act.

16. Any *medical condition* that is the result of you not following *treatment* as prescribed to you, including prescribed medication.

17. 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*.
- Arising during your *trip* from, or in any way related to, the abuse of alcohol, drugs, or other intoxicants.

18. Any loss that results from your *minor mental or emotional disorder*.

19. Your:

- Routine pre-natal or post-natal care
- Pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after

20. Your child born during your *trip*.

21. Any *medical condition* related to a birth defect if the insured *child* is under *age 2*.

22. Any further medical *treatment* if our medical advisors determine that you should transfer to another facility or return to your *home* province or territory of residence for *treatment*, and you choose not to.

23. If a benefit requires pre-approval or pre-arrangement from the Assistance Centre, we do not pay claims when:

- You do not contact the Assistance Centre
- The Assistance Centre does not authorize or arrange the services for the benefit

24. Any *act of war*.

25. Any *act of terrorism* caused by biological, chemical, nuclear, or radioactive means.

26. Any *act of terrorism* or any *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government stating to Avoid non-essential travel or to Avoid all travel regarding the country, region, or city of your destination, before your *effective date*. To read the travel advisories, visit the Government of Canada Travel site.

Note: This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

27. For quarantine, the following also apply:

- We do not pay any benefits for quarantine or self-isolation in Canada as mandated by any government.
- We will not provide coverage for any pre-paid, unused *travel arrangements*.
- We will not cover any expenses you incur when you or your *travel companion* are denied entry to a country or region included in your *trip* when, before your *departure date*, there was a foreign government and/or regional travel guideline restricting entry of Canadian residents or guidelines that require self-isolation or quarantine for a specific period of time during your *trip*.

HOW TO MAKE A CLAIM FOR BENEFITS

Claim payment and administrative services are provided by the administrator, 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.

You must send written proof, a completed claim form, and any other information we ask for within 90 days of the event that results in the claim. In some cases, we accept claims up to 12 months after the event. We do not accept any claims after 12 months.

In this section, we list all the documents and information we need to process your claim. We may ask for different information depending on the type of claim you submit.

We need the following information when you submit your claim:

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

We also need the following information, where applicable:

- A medical certificate completed by the attending *physician* that states why travel was not possible as booked or a report from an authority that documents the reason for the self-isolation or quarantine.
- Original passenger receipts for the new tickets you had to purchase.
- Original receipts for the *travel arrangements* you had paid in advance.
- Original receipts for the extra hotel and meal expenses.

WHERE TO SUBMIT YOUR CLAIMS

Mobile app

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

Use the app to begin the process to file a claim and track your claim status.

Online

Visit globalexcel.com/manulife 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.

By mail

Mail all claims correspondence to:

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

Telephone

For questions about your claim status, contact the Assistance Centre.

WHO WE PAY BENEFITS TO IF YOU HAVE A CLAIM

We pay *reasonable and customary* covered expenses to you or to the service provider, minus any applicable deductibles.

We pay loss of life benefits to your estate.

If we determine that an expense is not eligible under your policy, you must repay any amount we paid or that you authorized us to pay on your behalf.

All amounts in this policy are shown in Canadian dollars. When we convert currency, we use our exchange rate on the date of service shown on your receipt. We do not pay any interest.

OTHER INFORMATION YOU SHOULD KNOW IF YOU HAVE A CLAIM

You may disagree with our claim decision and contest our decision in court under the laws of the Canadian province or territory where you live at the time you applied 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.

WHAT ELSE YOU NEED TO KNOW

GENERAL CONDITIONS

This insurance is void if, at any time during the application process or during your coverage, you, anyone who acts on your behalf, or anyone insured under this policy:

- Commits fraud or attempted fraud
- Attempts to deceive us in any way
- Conceals or misrepresents any material facts or circumstances
- Provides incomplete or inaccurate information

When we process your claims, we may review your medical history. If any information is incomplete or inaccurate, your coverage is void and we do not pay your claims.

This policy is non-participating and does not entitle you to share in our divisible surplus.

We restrict the right of anyone to designate persons to whom or for whose benefit insurance money is payable.

This policy is governed by and construed according to the laws of your province or territory of residence.

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

LIMITATION OF LIABILITY

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither we, upon making payment under this policy, nor our agents or administrators assume any responsibility for the availability, quality, results or outcome of any *treatment* or service, or your failure to obtain any *treatment* or service covered under the terms of this policy.

The participation of the insurers is several and not joint and none of them will, under any circumstances, participate in the interest and liabilities of any of the others.

PREMIUM

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 payment is not honoured
- Credit card charges are invalid
- There is no proof of your payment

HOW THIS INSURANCE WORKS WITH OTHER COVERAGES YOU HAVE

This is a second payor policy. The total benefits you receive from all insurers may not exceed the actual expenses. We consider claims for amounts that are greater than what you are covered for under any other policies, 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 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 1 policy or certificate underwritten by us, the maximum we pay is the highest amount for the benefit in any 1 policy or certificate.

If the total amount of all accident insurance you have under policies or certificates issued by us is more than \$100,000, the total combined maximum we consider for all your claims is

\$100,000. Any excess insurance is void and any premiums you pay for the excess insurance will be refunded to you.

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.

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, 5 days notice of termination will be given; where it is mailed to you, 10 days notice will be given, and the 10 days will begin on the day following the date of mailing of the notice.

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.

DEFINITIONS

When italicized in this policy, the terms in this section have the following specific meanings.

act of terrorism — 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 — 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 — your *age* at your *issue date*.

change in medication — when the medication type, dosage, or frequency is reduced, increased, stopped, and/or new medications are prescribed.

Exceptions:

- Regular blood tests that result in routine adjustments of Coumadin, warfarin, or insulin as long as these medications are not newly prescribed or stopped; or,
- Changing from a brand name medication to the same dose of a generic medication.

child, children — your unmarried, dependent son or daughter or *grandchild(ren)* who travels with you or joins you during your *trip* and is either:

- Under *age* 21
- Under *age* 26 and a full-time student
- Any *age* with a mental or physical disability

Note: To be eligible for *Emergency Medical Insurance*, the *child* must be at least 30 days of *age* on the *issue date*.

common carrier — a licensed bus, taxi, train, boat, airplane, or other licensed commercial *vehicle* intended and used to transport paying passengers.

confirmation — this policy, the application for this policy, and any other documents that confirm your insurance coverage after you pay the required premium.

Where applicable, it also includes:

- The medical questionnaire
- Your *trip* arrangements including tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line, or any other accommodation or travel provider

departure date — the date you leave for your *trip*.

effective date — the date your coverage starts. The *effective date* of this policy is shown on your *confirmation*.

The *effective date* for each *trip* is on or after the policy *effective date*. Coverage for each *trip* begins when:

- You leave your province or territory of residence.
- You leave Canada.

emergency — 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 — the date your coverage ends. Coverage ends on the earliest of:

- The date you return *home*
- When travelling outside of Canada, the date you reach the maximum number of days of coverage you purchased for each *trip*
- The *expiry date* shown on your *confirmation*

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

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

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

home — your Canadian province or territory of residence. If you request that your coverage starts when you leave Canada, *home* means Canada.

hospital — an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of inpatients and outpatients.

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 — *spouse*, parent, legal guardian, stepparent, grandparent, step-grandparent, grandchild, in-law, child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, or nephew.

injury — sudden bodily harm caused by external and purely accidental means, independent of *sickness* or disease.

issue date — the date you purchased this insurance as shown on your *confirmation*.

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

medical questionnaire — all the medical questions included in your application for coverage under this policy.

minor mental or emotional disorder — having anxiety or panic attacks or being in an emotional state or stressful situation.

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

physician — a person who is:

- Not you or a member of your *immediate family* or your *travel companion*
- Licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

pre-existing condition — any *medical condition* that exists prior to your *effective date*.

reasonable and customary — 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 — illness, disease, disorder, or any symptom.

spouse — a person one is legally married to, or a person one lives with and publicly represents as a *spouse*.

stable — a *medical condition* when all of the following statements are true:

1. There has not been any new *treatment* prescribed or recommended, or change 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 have 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 these conditions must be met for a *medical condition* to be considered *stable*.

travel arrangements — transportation or sleeping accommodations (including pre-paid expenses in all-inclusive packages). *Travel arrangements* do not include expenses such as flowers, catering, and other expenses related to ceremonies or celebrations.

travel companion — someone who shares *trip* arrangements with you on any 1 *trip*, to a maximum of 5 people including you.

treatment — 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 — the time between your *effective date* and the *expiry date*.

vehicle — any private or rental passenger automobile, motorcycle, boat, mobile home, camper truck, or trailer home that you use during your *trip* exclusively to transport passengers, other than for hire.

NOTICE ON PRIVACY AND CONFIDENTIALITY

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 refuse 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

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.

IMPORTANT TELEPHONE NUMBERS:

For coverage information, general inquiries, 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:

21st Century Travel Insurance
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.**

HELP IS JUST A PHONE CALL AWAY

In an *emergency*, contact the Assistance Centre immediately. They are available to support you 24 hours a day, every day of the year.

From Canada or USA: 1-855-478-3484

Collect, where available: +1 (519) 251-7851

Pre-trip assistance

- Passport and visa information
- Health hazards advisories
- 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
- Emergency message services
- Translation and interpreter services in a medical *emergency*
- Help replacing lost or stolen airline tickets
- Help obtaining prescription drugs
- Finding legal help or bail bond

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

StandbyMD is a trademark of Healthcare Concierge Services Inc, owned by Global Excel Management Inc.

App Store is a trademark of Apple Inc.

Google Play is a trademark of Google LLC.

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P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

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

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