

Underwritten by: The Manufacturers Life Insurance Company (Manulife).

Claims Administration and Assistance Services provided by: Active Care Management. 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.

Managed by: The Destination: Travel Group Inc. (DTGI)

NOTICE REQUIRED BY PROVINCIAL LEGISLATION

This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

Important Notice - 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 of insurance 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).
- 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 your broker or 1 855-337-3532.

IMPORTANT INFORMATION

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. This policy also contains exclusions which apply to *injury, sickness and/or medical conditions* that existed prior to and/or during your trip. Check to see how this applies in *your* policy and how it relates to *your* date of purchase, departure date and *policy effective date*.

Assistance in an Emergency

Our Assistance Centre is there to help you 24 hours per day, 7 days a week.

You, or someone acting on *your* behalf, must notify the Assistance Centre at +1 (519) 945-1068 (collect) or 1-833-886-1068 toll free from Canada/USA within 24 hours of any *emergency* medical *treatment* or as soon as possible. Failure to notify the Assistance Centre without reasonable cause will reduce the benefits payable to *you* under this policy by 20%. If *you* or someone on *your* behalf does not call the Assistance Centre prior to the arrangement of an *emergency* assistance service (as stated in Part 3 - Benefits), no benefit is payable.

Failure to comply with the **Emergency Procedures** set out in **Part 9** will result in loss of rights to or reduction of, benefits offered under this policy.

10 Day Free Look for Full Refund

Your satisfaction is *our* priority. If *you* are not completely satisfied with this policy, *you* may cancel it within 10 days of purchase for a full refund, provided *you* have not left on *your* trip and have not experienced an event that would cause *you* to submit a claim. For refunds after coverage has begun, refer to the **Refunds** section on page 6 of this policy.

This insurance provides coverage to a policy maximum of \$5 million CAD per insured, per trip.

PART 1 ELIGIBILITY REQUIREMENTS

You must meet the following conditions on *your policy effective date* to be eligible for this insurance. *You* must:

- be at least 15 days old and under age 75; and
- be covered by the *Government Health Insurance Plan (GHIP)* of *your* Canadian province or territory of residence for the entire duration of *your trip*; and
- not be travelling against the advice of a *physician*; and
- not have used home oxygen within the last 12 months prior to date of application.

You are **not eligible** for coverage if *you* have been diagnosed with or received *treatment* for any of the following:

- *terminal illness*; or
- aneurysm that has not been surgically repaired; or
- metastatic cancer or cancer of the liver, pancreas or bone; or
- organ transplant (heart, lung, liver, kidney); or
- kidney failure requiring dialysis.

PART 2 POLICY TYPES

SINGLE TRIP PLAN

If *you* are age 54 or *younger*, *you* may purchase a daily rated plan for a period of up to amount of days permitted by *your* provincial/territorial *GHIP*.

If *you* are age 55 to 74, *you* may purchase a daily rated plan of up to 25 days.

The **Single Trip Plan** option covers *you* for a single *trip* outside of *your* province/territory of residence. *You* must be eligible for coverage, as per **Part 1 – Eligibility Requirements**, when *you* depart on *your trip* and on *your policy effective date*.

If *you* are aged 54 or *younger*, the *Single Trip Plan* can be used to *top up* other plans. All terms, conditions, limitations and exclusions of this policy apply.

Coverage begins on the *policy effective date* and terminates on the earlier of: (i) the *policy expiry date* as specified on the *confirmation of coverage*; or (ii) the date *you* return to *your* province/territory of residence.

Waiting Period

If *you* purchase *your* policy after *you* have exited *your* province/territory of residence or after the expiry date of an existing policy, any *sickness* that manifests itself during the first 48 hours after the *policy effective date* is not covered even if related expenses are incurred after the 48-hour waiting period.

Extended Absence from Canada: Provincial and territorial *Government Health Insurance Plans* limit the time a person can be out of Canada and still remain eligible for provincial/territorial coverage. Check *your* province/territory's health insurance plan for details. If *you* are no longer eligible for *GHIP*, contact *your* broker or DTGI to inquire about our Destination: Expat Essential Plan.

ANNUAL MULTI-TRIP PLAN

The Annual Multi-Trip Plan option covers *you* for an unlimited number of *trips* outside of Canada up to the allowable *trip* duration, as chosen by *you* and indicated on *your confirmation of coverage*, during a 365 day period.

If *your* health changes or does not remain stable after the *policy effective date*, *your* eligibility will not be affected but coverage for that *medical condition* will be subject to *your pre-existing medical condition* exclusion.

The Annual Multi-Trip Plan cannot be purchased as a *top up* to another policy. All other terms, conditions, limitations and exclusions of this policy apply.

If *you* wish to be out of Canada for more than the number of days permitted for the plan *you* have chosen, *you* may purchase additional coverage for that period by calling *your* Broker or The Destination: Travel Group Inc. at 1-855-337-3532 or collect at 416-499-1900.

Coverage for each *trip* begins on the day *you* leave Canada and terminates on the earliest of:

- the date *you* return to *your* province/territory of residence; or
- 11:59 p.m. on the last day of coverage permitted for the Annual Multi-Trip Plan duration *you* have chosen; or
- 365 days after *your policy effective date* unless *you* have paid the required premium to purchase a new Annual Multi-Trip Plan and are eligible for a new term of coverage.

The Annual Multi-Trip Plan also provides coverage for an unlimited number of days within Canada. Coverage while travelling within *your* province/territory of residence is excluded from this policy.

The maximum number of days for each *trip* outside Canada is as shown on *your confirmation of coverage*, and will be counted starting the date *you* exit Canada.

All trips made under any Annual Multi-Trip Plan must be separated by a minimum of a 24 hour return to Canada.

In the event of a claim under any Annual Multi-Trip Plan, proof of your departure date from Canada must be supplied.

Automatic Extension of Coverage:

If you or your travelling companion are hospitalized on your policy expiry date, your coverage will automatically be extended at no additional premium for the period of hospitalization and up to 72 hours after discharge.

If medical evidence supports that you are medically unfit to travel due to a covered sickness or injury on or before the coverage policy expiry date, coverage will be automatically extended for up to 5 days.

In addition, coverage will automatically be extended for 72 hours when there is a delay of a common carrier on which you are pre-booked as a passenger, extreme weather conditions or mechanical failure of your vehicle.

You must provide documented proof of the cause for the delay that is satisfactory to us.

Insuring Agreement

Subject to you meeting the **Eligibility Requirements**, as stated in **Part 1**, and in consideration for the full and correct premium received, we will insure you against eligible expenses incurred as the result of an *emergency*, or pay benefits for other covered losses in accordance with the benefits under the heading **Part 3 - Benefits**. All benefits and payments are subject to the terms, conditions, limitations and exclusions of this policy. The maximum *period of coverage* under this policy shall not exceed 365 consecutive days. Acceptance of the application form and coverage under this policy is at our option. If your application form is not accepted, you will receive a full refund of the premium paid.

Your spouse, your immediate family member if travelling with you or your substitute decision maker are appointed to act on your behalf in the event that, because of an *emergency*, you are unable to make the necessary decisions with respect to your health status.

You must submit the full and correct premium for your trip. If you purchase this policy after you have exited your province/territory of residence, a waiting period will apply (see **Part 2 - Waiting Period**). No coverage will be provided to anyone not named on the *confirmation of coverage*. Coverage begins at 12:00 a.m. on your policy effective date and terminates at 11:59 p.m. on your policy expiry date.

Your coverage under this policy may be declared null and void if:

- (i) the full and correct premium is not received;
- (ii) the cheque is not honoured;
- (iii) credit card charges are declined for any reason; or
- (iv) you are ineligible for coverage in accordance with any section of this policy.

No statement made by you or any agent prior to or at the time of your application will be considered valid unless such statement has been documented and submitted in writing and accepted by us at that time.

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount specified herein, for any loss or expense. We do not assume responsibility for the availability, quality, results or outcome of any *treatment* or service covered under the terms of this policy.

You must, at all times while you are covered under this policy, act in a prudent manner so as to minimize costs to us.

PART 3 BENEFITS

We will pay for eligible expenses in the event of an *emergency* subject to the policy's maximums, limitations and exclusions. We cover up to \$5,000,000 CAD for the *reasonable and customary* expenses related to the medical attention you need during your trip due to an *emergency*, when these expenses are not covered by your *Government Health Insurance Plan (GHIP)* or any other insurance coverage you have in force.

You, or someone acting on your behalf, must notify the Assistance Centre at +1 (519) 945-1068 (collect) or 1-833-886-1068 toll free from Canada/USA within 24 hours of any emergency medical treatment or as soon as possible. Failure to notify the Assistance Centre without reasonable cause will reduce the benefits payable to you under this policy by 20%.

The *emergency* medical attention you receive must be outside of your province/territory of residence and be required as part of your *emergency treatment* and ordered by a *physician* (or a licensed dentist).

You will be responsible for payment of any remaining charges incurred unless your *emergency* prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

Following an *emergency*, when medical evidence supports you are medically fit to travel, the Assistance Centre, in consultation with your attending *physician*, reserve the right to transfer you to any hospital or to return you to your province or territory of residence prior to any further *treatment*. If you refuse to do so, then any continuing costs, incurred after your refusal, with respect to such *emergency* will not be covered and all coverage and benefits for that *medical condition* under this policy will cease.

If you elect to return to your province or territory of residence for further *treatment* and then travel again, any further expenses incurred relating to the *medical condition* for which you returned will not be covered.

Our policy allows you to make a temporary return to your province or territory of residence during the *period of coverage*. If you receive *medical treatment* during this temporary return to your province or territory of residence, any *treatment* relating to that *medical condition* will not be covered for the remaining *period of coverage*.

This coverage pays for:

Emergency Medical Expenses

- a) **Emergency Medical Services:** Services received from a *physician* in or out of a *hospital* as well as the cost of a *hospital* room (to a maximum of semi-private room rates).
- b) **Medical Appliances:** When approved in advance by the Assistance Centre, the rental or purchase (whichever is less) of a wheelchair, brace, crutch or other medical appliance when prescribed by the attending *physician* and required due to a covered *emergency*.
- c) **Diagnostic Services:** Laboratory tests and X-rays prescribed by the attending *physician* due to an *emergency*. **Note:** This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by the Assistance Centre.
- d) **Prescription Drugs:** Drugs, serums and injectables that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when required as a result of an *emergency*. Limited to a one-time 30-day supply per prescription, unless you are hospitalized. This benefit does not cover drugs, serums and injectables needed to control a *medical condition* that continues or persists over an extended period of time and is usually long lasting and does not easily or quickly go away; or a *medical condition* which you had before your trip.
- e) **Emergency Paramedical/Professional Services:** Services received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to \$350 per category of practitioner, when referred by a *physician* and approved in advance by the Assistance Centre.
- f) **Emergency Ambulance Transportation:** Local licensed ambulance service to transport you to the nearest medical facility that can fully treat your *medical condition* in an *emergency*. If an ambulance is medically required but not available, we will reimburse for local taxi fare.
- g) **Emergency Dental:** You are covered for the following dental expenses when required as *emergency treatment*, performed prior to your return to your province/territory of residence and ordered or prescribed by a licensed dentist:
 - (i) if you need dental *treatment* to repair or replace your sound natural or permanently attached artificial teeth because of an *accidental* blow to your mouth, you are covered to a maximum of \$3,000. This *treatment* must be completed within 90 days after the *accident*;
 - (ii) if you need dental *treatment* for the relief of pain outside your province/territory of residence, we will pay up to \$500.
- h) **Private Duty Nurse:** When approved in advance by the Assistance Centre, the services of a registered nurse, other than a relative, up to a maximum benefit of \$5,000.

Emergency Assistance Services

- a) **Expenses to return children under your care:** When approved in advance by the Assistance Centre, we will pay:
 - (i) up to the cost of a one-way economy airfare to transport your children or grandchildren to their original point of departure if you are admitted to the hospital for more than 24 hours or must be medically repatriated due to a covered *emergency*.
 - (ii) if necessary, the extra cost for a qualified caregiver to escort your children or grandchildren to their original point of departure.The children or grandchildren must have been under your care during your trip and be covered under your policy.
- b) **Expenses to return your vehicle:** Up to \$2,500 for the return of the vehicle to your home in your province/territory of residence or the nearest appropriate rental agency, if neither you, nor someone traveling with you, are able to drive your vehicle to your original departure point as a result of an *emergency*.
Your vehicle must be returned within 60 days of the claim occurrence date.
Benefits will only be payable for one person to return the vehicle when it is approved and arranged in advance by the Assistance Centre. This benefit does not cover wages lost by the person driving your vehicle and is available for claim only once per insured per period of coverage.
- c) **Return to Original Trip Destination:** If you are returned to your province/territory of residence under the **Emergency Evacuation and Repatriation** benefit, and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, a maximum of \$5,000 will be paid, only when pre-approved and arranged by the Assistance Centre, for a one-way economy flight to return you and one insured travelling companion to the original trip destination. The return must occur within the *period of coverage* originally provided by this benefit. A subsequent *recurrence* or complication of the condition that resulted in you being returned home is excluded under this policy.
- d) **Emergency Evacuation and Repatriation:** The Assistance Centre, in consultation with the attending *physician*, request you return to your province/territory of residence or your transfer to another hospital for the continuance of your *emergency* medical care we will pay for one or more of the following:
 - (i) air ambulance to the nearest appropriate medical facility or to a Canadian hospital for medical *treatment*;
 - (ii) transport on a licensed airline with an attendant (when required) for *emergency* return to your province/territory of residence for immediate medical attention;
 - (iii) the fare for additional airline seats to accommodate a stretcher on a commercial flight;
 - (iv) when required, the return economy class/charter fare of a qualified medical attendant and the attendant's reasonable fees and expenses;
 - (v) up to the cost of a one-way economy airfare to return your travelling companion;
 - (vi) up to \$5,000 for search and rescue should you be stranded in a mountainous area, the sea, a remote area or other similar location.

- e) **Subsistence Allowance:** If an *emergency* prevents you or your travelling companion from returning to your province/territory of residence as originally planned or if your *emergency medical treatment* or that of your *travelling companion* requires your transfer to a location that is different from your original destination, we will reimburse expenses for meals, hotel, phone calls and taxis, up to \$150 per day to a maximum of \$1,500. To file a claim, you must supply original receipts from commercial organizations and a certificate from the attending *physician* stating why you or your travelling companion were unable to travel.
- f) **Expenses Related to your Death:** If you die during your trip from an *emergency* covered under this insurance, we reimburse your estate for either:
- A. the transportation costs to return your body home to your province/territory of residence (using customary airline procedures), plus:
- up to \$5,000 for the preparation of your body including the cost of the transportation container; or
 - up to \$2,000 to cremate your body at the place of death.
- B. the costs for the preparation of your body including your burial at the place of death (excludes headstones, flowers, reception expenses), up to \$5,000.
- g) **Beside Companion Travel and Subsistence:** When approved in advance by the Assistance Centre, a round-trip economy airfare from Canada and up to \$150 per day up to a maximum of \$1,500 for the cost of meals and commercial accommodation (original receipts are required) will be provided for a person of your choice to:
- be with you when you are travelling alone and have been hospitalized for at least 72 consecutive hours outside your province/territory of residence (for an insured child, a beside companion is available immediately upon hospital admission). You must provide written certification from the attending *physician* that the situation is serious enough to warrant the visit; or
 - identify your remains prior to the release of the body, where necessary.
- Furthermore, the person required at bedside or mandated to identify the deceased will be covered under the same terms and limitations of your policy.
- h) **Pet Return:** Up to \$300 will be reimbursed for the cost of returning your accompanying dog or cat to Canada, if you are returned to Canada under the **Emergency Evacuation and Repatriation** benefit.
- i) **Hospital Allowance:** Reimbursement of up to \$50 per day, to a maximum of \$250, for additional out-of-pocket expenses (i.e. telephone, television rental) when you are hospitalized for 48 hours or more as the result of a covered *emergency*. Expenses must be supported by original receipts.

PART 4 EXCLUSIONS

- Please review the definitions of *pre-existing medical condition*, *stable*, *policy effective date* and *departure date* as you read this section.

Pre-existing medical condition exclusion (Age 59 or younger)
Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *pre-existing medical condition* or related condition (other than a *minor condition*) that was not *stable* at any time during the **90 days** prior to the *policy effective date* or *departure date* if you purchased this insurance as a *top up* to your Destination: Travel Leisure Annual Multi-Trip plan prior to your *departure date*.

Pre-existing medical condition exclusion (Age 60 to 74)
Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *pre-existing medical condition* or related condition (other than a *minor condition*) that was not *stable* at any time during the **180 days** prior to the *policy effective date* or *departure date* if you purchased this insurance as a *top up* to your Destination: Travel Leisure Annual Multi-Trip plan prior to your *departure date*.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from medical care or services where travel was undertaken contrary to medical advice or after notice of a *terminal illness* has been given.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from exceeding the *reasonable and customary* rate for the area where the *treatment* or services are being performed.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from ongoing or followup *treatment*, rehabilitative care, or the *recurrence* of a *medical condition* or related condition once the *emergency* is declared over by the attending *physician* or the Assistance Centre.
- Benefits are not payable for costs incurred due to:
 - any loss resulting from your *minor mental or emotional disorder*; and/or
 - your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from transplants, including but not limited to cornea or organ transplants or bone marrow transplants, artificial joints, prosthetic devices or implants including any associated charges.
- Benefits are not payable for costs incurred to obtain *treatment* outside your province/territory of residence whether or not recommended by your attending *physician*.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *treatment* which can be reasonably delayed until you return to Canada (whether or not you intend to return) by the next available means of transportation, unless approved in advance by the Assistance Centre.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from a *recurrence* or complication of the *sickness, injury or medical condition* that resulted in you being returned to your province/territory of residence if you elect to resume your trip after being returned to Canada.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from *treatment* or services that contravene, or are prohibited by legislation under a provincial or territorial *hospital/medical plan*.

- Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
 - your routine prenatal or post-natal care; or
 - your pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
 - your *high-risk pregnancy*.
- Benefits are not payable or costs incurred due to, contributed to by, or resulting from your child born during a trip.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from death or *injury* if at the time of the loss, death or *injury*, evidence supports that you were affected by, or the *medical condition* causing the loss was in any way contributed to by, arising from, or in any way related to:
 - your abuse of alcohol; or
 - your use of prohibited drugs or any other intoxicant; or
 - your non-compliance with prescribed *treatment* or medical therapy before or after the *policy effective date*; or
 - your use of medication or drugs that have not been approved by the appropriate government authority; or
 - your misuse of medication before or after the *policy effective date*.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from any:
 - act of war; or
 - kidnapping; or
 - act of terrorism (limited coverage applies with respect to an act of terrorism as described in the Act of Terrorism Coverage provision); or
 - riot, strike or civil commotion; or
 - unlawful visit in any country; or
 - participating in protests; or
 - a commercial sexual transaction; or
 - the commission or attempted commission of any criminal offence or illegal act; or
 - the disobeying of any statutory law or regulation in the area where the loss occurred.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from your participation in:
 - rock climbing;
 - mountain climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment;
 - hang-gliding;
 - parachuting;
 - bungee jumping;
 - skydiving;
 - any form of BASE jumping (ie: wingsuit flying);
 - any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere;
 - your professional participation in a sport, if that sport is your main paid occupation;
 - scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters).
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from a motor vehicle accident where you are entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance except when such benefits are exhausted.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
 - your engagement in manual labour for wages or profit including the operation of transport vehicles; or
 - performing employment duties on any aircraft or ship; or
 - operating or learning to operate any aircraft, as a pilot or crew; or
 - performing duties or activities in any regular armed forces service.
- Benefits are not payable for costs incurred in your province/territory of residence.
- Benefits are not payable for costs incurred due to, contributed to by, or resulting from any act of terrorism or any *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid non-essential travel" or "Avoid all travel" regarding the country, region or city of your destination, before your *policy effective date*.
To read the travel advisories, visit the Government of Canada Official Global Travel Advisory site.
This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

PART 5 GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by you, and the *insurer* is not responsible for and will not be bound by any assignment entered into by you.

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/territory of residence respecting contracts of sickness and accident insurance.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to you during a trip.

If more than one Active Claims Management administered policy issued by the *insurer* is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by the *insurer* at the time of application, and indicated on your *confirmation of coverage*.

Any benefits payable do not include interest charges.

Benefits payable as a result of *your* death will be payable to *your* Estate.

Conformity with Law

Any policy provision in conflict with any law to which this policy is subject is hereby deemed to be amended to conform thereto.

Coordination of Benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*.

Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing *hospital*, medical or therapeutic coverage.

The Assistance Centre, on behalf of the *insurer*, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.

Reimbursement will not be made for any costs, services or supplies that are payable to *you* under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which *you* receive benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

You may not claim or receive in total more than 100% of the loss caused by the insured event.

If *you* are retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$100,000, the Assistance Centre, on behalf of the *insurer*, will not coordinate benefits with that provider, except in the event of *your* death.

Currency

All amounts stated in the policy, including premium, are in Canadian dollars. At the option of the Assistance Centre, benefits may be paid in the currency of the country where the loss occurred. 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.

Emergency Assistance

The Assistance Centre will use its best efforts to provide assistance for a medical *emergency* arising anywhere in the world. However, the Assistance Centre, the *insurer*, The Destination: Travel Group Inc. and their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for failure to obtain medical service.

Extending Your Trip

You can extend *your* coverage before *you* leave *your* province/territory of residence.

If *you* decide to apply for additional coverage before *you* have left *your* province/territory of residence, contact the broker where coverage was originally purchased.

If *you* decide to apply for additional coverage after *you* have left *your* province/territory of residence, *you* may apply for a new term of coverage if *you*:

- a) are in good health; and
- b) have no reason to seek medical consultation during the new term of coverage.

If *you* have incurred a claim, the Assistance Centre will review *your* file before deciding on granting an extension.

The Assistance Centre reserves the right to decline any request for new terms of coverage.

Each policy or term of coverage is considered a separate contract and all limitations and exclusions will apply. If *you* are topping up an existing Destination: Travel Leisure Annual Multi-Trip plan prior to *your* departure date, without a break in coverage, this policy is a continuation of the original policy.

The recurrence of a *medical condition*(s) or related condition(s) that were present during the original term of the policy will not be covered under this policy during any extension period.

If *you* choose to extend *your* trip beyond the *policy expiry date* shown on the *confirmation of coverage* for any reason, *you* must contact *your* agent or The Destination: Travel Group Inc. at 1-855-337-3532 or 416-499-1900 prior to the *policy expiry date* shown on the *confirmation of coverage* and pay the required additional premium by credit card only (subject to a minimum premium).

Family Coverage

If *you* have purchased Family Coverage (calculated at 2 times the oldest traveller's premium), all family members must be eligible for coverage and named on *your* *confirmation of coverage*. Family coverage can include:

- *you* (either as a parent or grandparent) travelling with *your* children/grandchildren; or
- *you*, an immediate family member travelling with *your* children/grandchildren.

All family members must have valid coverage that starts and ends on the same dates.

General Terms

Insurance terms and conditions are subject to change with each new policy purchased, without prior notice, to reflect actual experience in the marketplace.

This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

Governing Law

This policy will be governed by the laws of the Canadian province/territory in which *you* normally reside.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application and on the *policy effective date*, *you* are in good health and know of no reason to seek medical attention.

Limitation of Action

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.

Misrepresentation and Non-Disclosure

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

You must be accurate and complete in *your* dealings with *us* at all times.

Your failure to disclose or misrepresentation of any material fact, fraud or attempted fraud, either at the time of application or at the time of claim, shall render the entire contract null at the option of the *insurer*, and any claim submitted thereunder shall not be payable.

Where there is an error as to *your* age, provided that *your* age is within the insurable limits of this policy, the premiums will be adjusted according to *your* correct age.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the current rates for *your* age each time *you* apply or extend *your* insurance.

This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

Right to be Reimbursed (Subrogation)

As a condition to receiving benefits under the policy, *you* agree to:

- a) reimburse the *insurer* for all *emergency* medical and *hospital* costs paid under the policy from any amounts *you* receive from a third party responsible (in whole or in part) for *your* injury or sickness whether such amounts are paid under a judgment or settlement agreement;
- b) whenever reasonable, initiate a legal action against the third party to recover *your* damages, which include *emergency* medical and *hospital* costs paid under the policy;
- c) include all *emergency* medical and *hospital* costs paid under the policy in any settlement agreement *you* reach with the third party;
- d) act reasonably to preserve the *insurer's* right to be reimbursed for any *emergency* medical or *hospital* costs paid under the policy;
- e) keep the *insurer* informed of the status of any legal action against the third party; and
- f) advise *your* counsel of the *insurer's* right to reimbursement under the policy.

Your obligations under this section of the policy in no way restricts the *insurer's* right to bring a subrogated claim in *your* name against the third party and *you* agree to cooperate with the *insurer* fully should the *insurer* choose to exercise its right of subrogation.

Sanctions

Benefits are not payable under this policy for any losses or expenses incurred due to or as a result of *your* travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

Time

Expiry time of coverage is the time within the time zone where *you* were residing when the application was made.

PART 6 DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections.

Act of terrorism means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems. The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a sitting government or
- occupying power; and/or
- promote political, social, religious or economic objectives.

Act of war means any act causing loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

Change in medication means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) to test *your* blood levels; and a change from a brand name medication to a generic brand medication of the same dosage.

Child(ren) means *your* unmarried, financial dependent son or daughter, or *your* grandchildren, travelling with *you* and is either:

- a) under 21 years of age;
- b) under 26 years of age if a full-time student;
- c) of any age, who are mentally or physically disabled.

Confirmation of coverage means the document outlining *your* coverage under this policy.

Departure date means the date *you* leave *your* province/territory of residence.

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/territory of residence for further *treatment*.

Government Health Insurance Plan (GHIP) means the coverage that the provincial or territorial governments provide to residents of Canada.

High-risk pregnancy means a pregnancy involving a *medical condition* that puts the mother, the developing fetus or both at a higher than normal risk of developing medical complications during or after the pregnancy and birth. These *medical conditions* include preeclampsia, eclampsia, hypertension, Rh incompatibility, gestational diabetes or placenta previa.

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 *your spouse*, natural, step, or adopted *children*, persons for whom you are the legal guardian, parents, parents-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

Injury means bodily harm, which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of *sickness* and all other causes.

Insurer means The Manufacturers Life Insurance Company (Manulife).

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

Minor condition describes a *sickness* or *injury* during the stability period which ended prior to the *policy effective date* and which did not require:

- treatment for a period longer than 15 consecutive days; or
- more than one follow-up visit to a *physician*; or
- hospitalization, surgery, or referral to a specialist; and
- which ended at least 30 days prior to the *departure date*.

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.

Period of coverage means the period of time coverage is provided between the *policy effective date* and *policy expiry date*, as stated on *your confirmation of coverage*.

Physician means 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*.

Policy effective date means the latest of:

- the date *your application* is approved and accepted by *us*;
- the date *your coverage* begins, as stated on *your confirmation of coverage*;
- each time *you* depart on an insured *trip* under *your Annual Multi-Trip coverage*.

Policy expiry date means the date *your coverage* ends, being the earlier of the date:

- as stated on *your confirmation of coverage*; or
- the date that *you* return to *your province/territory* of residence.

Pre-existing medical condition means any *medical condition* that exists prior to *your policy effective date*. Note: If *you* are topping up an existing Annual Multi-Trip Destination: Travel Leisure Plan prior to *your departure date*, without a break in coverage, *pre-existing medical condition* will mean any *medical condition* that exists prior to *your departure 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.

Recurrence means the appearance of symptoms caused by or related to a *medical condition* which was previously diagnosed by a *physician* or for which *treatment* was previously received.

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

Spouse means a person who is legally married to *you*, or a person who has been living with *you* in a common-law relationship for a period of at least 12 consecutive months.

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

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

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

Terminal illness means a *medical condition* for which, prior to *your policy effective date*, a *physician* gave a prognosis of eventual death within 24 months or palliative care was received.

Top up means a policy purchased to extend *your coverage* period and would become effective directly following the expiry of another policy.

Travelling companion means a person with whom *you* have coordinated travel arrangements and with whom *you* intend to travel during *your trip*, up to a maximum of three companions.

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,
- surgery,
- investigative testing that results in a diagnosis of a specific *medical condition*.

Does not include *minor conditions*.

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(s) means a period during which *you* are travelling outside of *your province/territory* of residence and for which coverage is in effect.

Vehicle means a private or rental passenger automobile, minivan, mobile-home, SUV, camper truck, or trailer-home used during *your trip* exclusively for transporting of passengers other than for hire.

We, us, our means Manulife.

You, or your means an eligible person named on the application, who has been accepted by the Assistance Centre or its authorized representative, and has paid the required premium for a specific plan of insurance.

PART 7 LIMITATIONS AND RESTRICTIONS

Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment –

The Assistance Centre must approve in advance any surgery, invasive procedure, diagnostic testing or *treatment* (including, but not limited to, cardiac catheterization), prior to *you* undergoing such surgery, procedure, testing or *treatment*. It remains *your* responsibility to inform *your attending physician* to call the Assistance Centre for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

Failure to Notify the Assistance Centre - In the event of an *emergency* during a covered *trip*, *you* or someone acting on *your behalf* must call the Assistance Centre immediately, prior to seeking *treatment*. If it is not reasonably possible for *you* to contact the Assistance Centre prior to seeking *treatment*, due to the nature of *your emergency*, *you* must call as soon as medically possible. Failure to do so limits benefits payable to:

- in the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary* costs; and
- in the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges incurred unless *your emergency* prevents *you* from calling.

Transfer or Medical Repatriation - During an *emergency* (whether prior to admission, during a hospitalization or after *your release* from the *hospital*), the Assistance Centre reserves the right to:

- transfer *you* to one of their preferred health care providers; and/or
- return *you* to *your province/territory* of residence, for the *medical treatment* of *your sickness* or *injury*, provided it does not endanger *your life* or health. If *you* choose to decline the transfer or return when declared medically *stable* by the Assistance Centre along with *your treating physician*, the *insurer* will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return. The Assistance Centre will make every provision for *your medical condition* when choosing and arranging the mode of *your transfer* or return and, in the case of a transfer, when choosing the *hospital*.

Limitation of Benefits - Once *you* are deemed medically *stable* to return to *your province/territory* of residence (with or without a medical escort) either in the Assistance Centre's opinion or the treating *physician's* opinion *your emergency* is considered to have ended, whereupon any further consultation, *treatment*, *recurrence* or complication related to the *medical emergency* will no longer be eligible for coverage under this policy.

Availability and Quality of Care –The *insurer*, along with the Assistance Centre are not responsible for the availability, quality or results of any *medical treatment* or transportation, or *your* failure to obtain *medical treatment* or hospitalization.

Benefits Limited to Incurred Expenses - The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

Act of Terrorism Coverage

Where an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this policy, this insurance will provide coverage as follows:

- We will provide benefits for eligible expenses, up to a maximum aggregate of \$35,000,000 (CAD) for each *act of terrorism* (up to two (2) *acts of terrorism* within a calendar year); and
- The benefits payable, as described directly above, are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only become available after *you* have exhausted all such other sources. Any benefits payable pursuant to *our Emergency Medical Insurance* shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *us*, including this policy. If total claims otherwise payable for a type of coverage under all travel policies issued by *us*, resulting from one or more *acts of terrorism* occurring within an applicable time period, exceed this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit. If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable limits, *your* prorated claim may be paid after the end of the calendar year in which *you* qualify for benefits.

PART 8 STATUTORY CONDITIONS

Contract

The application, *confirmation of coverage*, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing after this policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.

Waiver

The *insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

Copy of Application

The *insurer* shall, upon request, furnish *you* or a claimant under the contract a copy of the application.

Material Facts

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

Termination

You may at any time request that this contract be terminated and the *insurer* shall, as soon as practical after *you* make the request, refund the amount of premium actually paid by *you* that is in excess of the short-rate premium calculated to the date of the request according to the table in use by the *insurer* at the time of the termination.

Refer to **Refunds** on page 6.

Notice and Proof of Claim

Please refer to the Claims Procedures on page 6.

If *you* do not provide the required supporting documentation, *your* claim will not be paid.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

- the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- in the case of *your* death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

Claims forms are available by contacting the Assistance Centre's Claims Department and shall be furnished to *you* upon request.

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.

When Money Payable

All money payable under this contract shall be paid by the *insurer* within 60 days after the *insurer* has received proof of claim.

REFUNDS

The *insurer* will only consider requests for a refund if *you* did not leave on *your* trip or if *you* returned early from *your* trip and:

- no claim has been incurred or paid, or is pending; and
- you* send a written request with proof of *your* nondeparture or early return, to The Destination: Travel Group Inc., 211 Consumers Rd. Suite 307, Toronto, ON M2J 4G8 or admin@desttravel.com before *your* coverage period ends.

No claim will be paid if *you* have received a refund of premium for unused days.

Refunds will be calculated on a prorated basis from the date postmarked on *your* written request if mailed or emailed, or on the date such faxed request is received by The Destination: Travel Group Inc. and are subject to a \$25.00 cancellation fee and a minimum refund of \$10.00.

Under no condition will a refund be made after the *policy effective date* of an Annual Multi-Trip Plan or for an early return during a coverage extension period.

Important Notes

Premium refunds, regardless of method of payment, must be obtained from the broker where coverage was originally purchased and submitted to The Destination: Travel Group Inc.

CLAIM PROCEDURES

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

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

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.

SEND YOUR CLAIMS TO:

Global Excel Management

P.O. Box 1237, Stn. A
Windsor, ON N9A 6P8

Collect worldwide: + 1 (519) 945-1068
Toll free Canada/USA: 1-833-886-1068

- Claims must be reported within 30 days of occurrence.
- Written proof of claim must be submitted within 90 days of occurrence.
- Any costs incurred for documentation or required reports are *your* or the claimant's responsibility.
- To submit *your* claim, fill out the claim form completely. Incomplete information will cause delay.
- Failure to comply with the claims procedures will result in loss of rights to or reduction of, benefits available under this policy.

We need the following information if you are submitting a claim:

- original, itemized bills and invoices
- proof of payment by *you* (receipts)
- proof of payment from any other insurance plan or benefit plan
- 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
- under the *Emergency Paramedical/Professional Services* benefit, a letter from the referring *physician* recommending *treatment* by any professional
- under Prescription Drugs benefit, original pharmacist, *physician* or *hospital* receipts indicating total drug cost, prescription number, name of medication, quantity, date and prescribing *physician* name
- proof of the accident if *you* submit a claim for dental expenses that result from an accident
- proof of travel, including *your* departure date and return date
- your* historical medical records, if *we* ask for them

CONTACT INFORMATION

Emergency Medical Assistance and Claims Administration provided by:

Global Excel Management
P.O. Box 1237, Stn. A
Windsor, ON N9A 6P8

Managed and Distributed by:

The Destination: Travel Group Inc.
307-211 Consumers Road
Toronto, ON M2J 4G8
Tel: 1-855-337-3532

Underwritten by:

The Manufacturers Life Insurance Company (Manulife).
P.O. Box 670, Stn. Waterloo,
Waterloo, ON N2J 4B8

PART 9 EMERGENCY PROCEDURES

In the event of a medical *emergency*, *you* or someone acting on *your* behalf must notify the Assistance Centre (toll free 1-833-886-1068 or worldwide collect + 1 (519) 945-1068) prior to any surgery being performed or within 24 hours of admission to a *hospital*.

Limits on Coverage

Failure to notify the Assistance Centre, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. *You* will be responsible for any expenses that are not payable by the *insurer*.

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, eligible expenses will be reimbursed to *you* based on the *reasonable and customary* charges that *we* would have paid directly to such provider. Medical charges that *you* pay may be higher than this amount. Therefore, *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary* charges reimbursed by *us*.

The Assistance Centre is here to help with service available 24 hours a day, 7 days a week. The Assistance Centre also provides support and recommendations for non-medical emergencies, providing *you* with access to resources to help resolve any unexpected difficulties *you* encounter during *your* trip.

GLOBAL EXCEL MANAGEMENT

Toll free Canada/USA:
1-833-886-1068

If unable to contact us through the
toll-free number, call collect
+ 1 (519) 945-1068

PART 10 PRIVACY INFORMATION NOTICE

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

Notice on Privacy and Confidentiality. The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. *Your* file is secured in *our* offices or those of *our* administrator or agent. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Waterloo, Ontario N2J 4C6.

For further details about *our* Privacy Policy, *you* may also visit Manulife at <https://www.manulife.ca/privacy-policies.html>.

The Manufacturers Life Insurance Company

MEDICAL CONCIERGE SERVICES

The Destination: Travel Group Inc. is pleased to provide *you* with value-added medical concierge services.

What services are available?

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

StandbyMD offers access to personalized care including:

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

How does this service work?

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.



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.thionline.com

Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.



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