

**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) as the provider of all assistance and claims services.

**Managed by:** The Destination: Travel Group Inc.

## IMPORTANT NOTICE

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

This policy contains a clause which may limit the amount payable.

## TRAVEL INSURANCE ADVISORY

### Please read this policy carefully before you travel.

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* policy before *you* travel as *your* coverage is subject to certain limitations and exclusions.
- Exclusions 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 effective date.
- In the event of an emergency, *your* medical history will be reviewed when a claim is reported.

**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.**

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

### IMPORTANT:

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.

Terms used in this policy that have been italicized have specific meanings and are defined in the Definitions section of this policy. Please be sure to refer to them while reviewing this policy.

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.

Coverage under this policy is subject to certain terms, conditions, limitations and exclusions.

This insurance provides coverage to a 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 require any assistance with eating, bathing, using the toilet, changing positions [including getting in or out of bed], or getting dressed.

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

- *terminal illness*; or
- AIDS or HIV; 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 365 days.

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.

### 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 classed as a *pre-existing medical condition* and will be excluded from coverage.**

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.

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 up to the maximum limit shown below, 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. Original, itemized receipts or invoices are required for all claims.

**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).

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 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*. To file a claim *you* must supply original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.
- 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 ground ambulance service to a medical service provider in an *emergency*.
- 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:** In the event of *your* death while on *your trip* from a covered *emergency*, we will reimburse *your* estate for the transportation costs to return *your* body home (using customary airline procedures), plus:
- (i) up to \$5,000 for the preparation of *your* body and the cost of the transportation container; or
  - (ii) up to \$2,000 to cremate *your* body at the place of death; or
  - (iii) up to \$5,000 for the preparation of *your* body and for *your* burial at the place of death.
- 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:
- (i) 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 bedside 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
  - (ii) 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

1. **a) Pre-existing medical conditions 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*.
- b) Pre-existing medical conditions 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*.
2. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any medical *treatment* that is not an *emergency*, elective, or the consequence of a prior elective procedure.
3. 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.
4. 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.
5. 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*.
6. Benefits are not payable for costs incurred due to:
  - (i) any loss resulting from *your minor mental or emotional disorder*; and/or
  - (ii) *your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
7. 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.
8. Benefits are not payable for costs incurred to obtain *treatment* outside *your* provincial/territory of residence whether or not recommended by *your* attending *physician*.
9. 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.
10. 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.
11. 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.
12. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
  - (i) routine prenatal or post-natal care; or
  - (ii) elective *treatment*; or
  - (iii) pregnancy, childbirth or complications thereof after the 31<sup>st</sup> week of pregnancy; or
  - (iv) *high-risk pregnancy*; or
  - (v) a *child* born during a *trip*.
13. 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:
  - (i) *your* abuse of alcohol; or
  - (ii) *your* use of prohibited drugs or any other intoxicant; or
  - (iii) *your* non-compliance with prescribed *treatment* or medical therapy before or after the *policy effective date*; or
  - (iv) *your* use of medication or drugs that have not been approved by the appropriate government authority; or
  - (v) *your* misuse of medication before or after the *policy effective date*.

14. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any :
  - (i) *act of war*; or
  - (ii) kidnapping; or
  - (iii) *act of terrorism* (limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism Coverage* provision); or
  - (iv) riot, strike or civil commotion; or
  - (v) unlawful visit in any country.
15. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
  - rock or *mountain climbing*;
  - hang-gliding;
  - parachuting;
  - bungee jumping;
  - skydiving;
  - participation in a motor sport or motor racing;
  - *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).
16. 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.
17. 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*; performing employment duties on any aircraft or ship; or performing duties in any regular armed forces service.
18. Benefits are not payable for costs incurred due to, contributed to by, or resulting from operating or learning to operate any aircraft, as pilot or crew.
19. Benefits are not payable for costs incurred due to, contributed to by, or resulting from the participation by *you* or *your travelling companion* in:
  - (i) protests; or
  - (ii) armed forces activities; or
  - (iii) a commercial sexual transaction; or
  - (iv) the commission or attempted commission of any criminal offence; or
  - (v) the contravention of any statutory law or regulation in the area where the loss occurred.
20. Benefits are not payable for costs incurred in *your* province/territory of residence.
21. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any loss incurred in a city, region, or country when, prior to the *policy effective date*, that the Canadian government issued a warning to avoid all travel, or to avoid non-essential travel to that city, region, or country, and such *injury or sickness* is due to, contributed to by, or resulting from the reason for the warning.
22. Benefits are not payable for costs incurred due to, contributed to by, or resulting from Sexually Transmitted Infections.

## 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.

### Claim Submission

*You* or the claimant, if other than *you*, will be responsible for providing the Assistance Centre with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. any payment made by any other insurance plan or contract, including a government hospital/medical plan; and
3. substantiating medical documentation, at the request of the Assistance Centre.

Failure to provide substantiating documents will invalidate all claims under this insurance.

### 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 agent 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:

- are in good health; and
- 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.

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 Broker 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/their 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.

### 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 in the Limitations Act, 2002 in Ontario or other applicable legislation.

### Misrepresentation and Non-Disclosure

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 most current rates for your age on the policy effective date of this policy as indicated on your confirmation of coverage.

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:

- 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;
- 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;
- include all emergency medical and hospital costs paid under the policy in any settlement agreement you reach with the third party;
- act reasonably to preserve the insurer's right to be reimbursed for any emergency medical or hospital costs paid under the policy;
- keep the insurer informed of the status of any legal action against the third party; and
- 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:

- under 21 years of age;
- under 26 years of age if a full-time student;
- 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 an unforeseen sickness or accident which occurs during your trip and requires immediate intervention by a physician or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that you are able to continue your trip or return to your province/territory of residence.

**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 a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident inpatients, a laboratory, a registered graduate nurse and physician always on duty and an operating room where surgical operations are performed by a physician. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

**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 *sickness, injury*, disease or symptom; or complication of pregnancy within the first thirty-one (31) weeks of pregnancy.

**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.

**Mountain climbing** means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment.

**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 other than *you*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to *you*.

**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 a *sickness, injury or medical condition*, whether or not diagnosed by a *physician*:

- for which *you exhibited signs or symptoms*; or
- for which *you required or received medical consultation*; and
- which existed prior to *your departure date* from *your province/territory of residence*.

**Reasonable and customary** means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment, services or supplies* for a similar *sickness or injury*.

**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.

**Signs or symptoms** means any evidence of disease experienced by *you* or recognized through observation.

**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 a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician*, including but not limited to prescription medication, surgery or investigative testing that results in a diagnosis of a specific *medical condition*. Does not include *minor conditions*.

**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 or 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 or 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 to *you* for *your eligible expenses*, up to a maximum aggregate of \$35,000,000 (CDN) 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.

You or the claimant, if other than you, shall be responsible for providing the Assistance Centre with the following:

1. receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
2. any payment made by any other insurance plan or contract, including a government hospital/medical plan; and
3. supporting medical documentation, at the request of the Assistance Centre.

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:

- a) 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
- b) 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:

- a) no claim has been incurred or paid, or is pending; and
- b) 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 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 agent where coverage was originally purchased and submitted to The Destination: Travel Group Inc.

## CLAIMS PROCEDURES

Claim Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide you with directions to the nearest medical facility, and local emergency telephone numbers (such as 911 in North America).

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

Claims forms are available by calling the Assistance Centre Claims Department.

### SEND YOUR CLAIMS TO:

**Active Care 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

1. Claims must be reported within 30 days of occurrence.
2. Written proof of claim must be submitted within 90 days of occurrence.
3. Any costs incurred for documentation or required reports are your or the claimant's responsibility.
4. To submit your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
5. All eligible claims must be supported by original receipts from commercial organizations.

### When submitting your claim, please include:

1. Fully completed and signed claim form with all original bills and receipts from commercial organizations.

2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
3. For physiotherapy visits, a letter from the referring *physician* recommending a referral to the physiotherapist.
4. Any other documentation that may be required and/or requested by the Assistance Centre.

### Online Claims Submission

For quick and easy claim submission, please have all of your documents available [in electronic format] and visit <https://manulife.acmtravel.ca> to submit your claim online.

### CONTACT INFORMATION

#### Underwritten by:

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

#### Emergency Medical Assistance and Claims Administration provided by:

Active Care 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

## 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.

## 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

## ACTIVE CARE MANAGEMENT

Toll free Canada/USA:

**1-833-886-1068**

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

## 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 provide services across time zones and who assure a quick and streamlined access to healthcare 24/7/365 all over the world.

StandbyMD allows you to access multiple levels of personalized care ranging from:

- Teleconsultations for eligible cases (telephone/chat/ videoconference access to a qualified physician who can assess your symptoms and provide treatment options)
- A network of visiting physicians (In 141 countries and over 4,500 cities)
- In-network clinics close to the patient
- In-network ERs located close to the patient only if necessary

In addition, when you travel to the United States, StandbyMD offers the following services:

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eyeglasses or contact lenses and medical supplies.

**How does this service work?** StandbyMD's risk assessment algorithm triages patients according to their symptoms, profiles and location. Based on the information provided they are instantly referred to the most appropriate level of care their specific situation requires. StandbyMD uses a worldwide network of providers that offer high-quality care at preferred rates and direct billing solutions, minimizing the likelihood of paying out-of-pocket. The StandbyMD program will assist with co-ordinating payment of eligible expenses subject to the terms and conditions of the policy. To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card. Medical Concierge Services are provided by StandbyMD.

**Disclaimer, Waiver, and Limitation of Liability:** StandbyMD is not a medical provider. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals. StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy, does not assume any responsibility for the availability, their quality, or the results or outcome of any treatment or service. Policyholders hereby specifically waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD\* in any and all claims, demands, actions, causes of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flow from the medical concierge services that StandbyMD is offering. StandbyMD's liability under these medical concierge services, if any, is limited solely to the amount of payment made to participating medical providers for the services that a policyholder obtained after they received a referral from StandbyMD.

\*Related persons include principals, parents, successors and assigns of 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.thiaonline.com](http://www.thiaonline.com)

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



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