



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.

RIGHT TO EXAMINE POLICY

Please review this policy when *you* receive it to ensure it meets *your* needs. *You* can request a full refund, provided *your* coverage has not begun. Please refer to Part 2 - EFFECTIVE DATE AND TERMINATION DATE OF INSURANCE that explains when coverage begins. For refunds after coverage has begun, refer to Part 12- REFUNDS.

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. If it is not reasonably possible for *you* to contact the Assistance Centre, due to the nature of *your* emergency, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible.

Failure to comply with the **Emergency Procedures** set out in **Part 14** will result in loss of rights to or reduction of, benefits offered under this policy.

For greater clarity, the terms 'we', 'us', 'our', 'insurer' used in this policy means Manulife.

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.

This insurance provides coverage to a policy maximum of \$1 million CAD per injury or sickness.

PART 1 ELIGIBILITY REQUIREMENTS

The expatriate health insurance under this policy is designed to cover *injury or sickness* while working or living outside Canada.

For the purposes of this policy, *insured persons* shall be considered as those who, on the policy *effective date*:

- are under age seventy (70);
- are considered a *dependent*;
- are Canadian citizens or hold a Canadian landed immigrant status; and
- have paid the required premium.

Newborn children shall be eligible to apply for insurance on the fifteenth (15) day after discharge from the *hospital* where the birth took place.

PART 2 EFFECTIVE DATE AND TERMINATION DATE OF INSURANCE

This policy takes effect on the *effective date*, from which date all insurance terms shall be calculated. It remains in force for the period for which premium has been paid. It may be renewed subject to the consent and conditions of the insurer for further consecutive terms, not exceeding fifty-two (52) consecutive weeks, upon payment of premium at the rate and in the amount determined at the time of renewal by the insurer.

The insurance of an *insured person* shall terminate on the **earliest** of the following:

- The date this policy is terminated; or
- The date that any premium required or due on the part of the *insured person* remains unpaid; or

- Ninety (90) days after the date the *insured person* permanently returns to Canada provided that the *insured person* has been insured under this policy for a period in excess of fifty-two (52) consecutive weeks, or such earlier date after the *insured person* returns to Canada permanently and becomes eligible for coverage under any Canadian Government Health Insurance Plan (GHIP).

PART 3 INSURING AGREEMENT

In consideration of the payment of the premium, the insurer agrees to reimburse up to the limits detailed on the *insured person's* *confirmation of coverage* for costs incurred during the policy period subject to all of the exceptions, terms, conditions, limitations and provisions of this policy.

Subject to *you* meeting the Eligibility Requirements, as stated in Part 1, and in consideration for the full and correct premium received, the insurer will insure *you* against eligible expenses incurred, or pay benefits for other covered losses in accordance with the benefits under the heading "Part 4 - Benefits."

The maximum period of coverage under this policy shall not exceed fifty-two (52) consecutive weeks. Acceptance of the application form and coverage under this policy is at the insurer's option. If *your* application form is not accepted, *you* will receive a full refund of *your* premium paid.

Your spouse, *your* blood relations 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.

Your policy coverage may be declared null and void if:

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

If you select a *deductible* option, the expenses covered will be limited to the eligible expenses described in your policy, after the application of the *deductible per insured person*, per policy period. Your *deductible* amount will appear on your confirmation of coverage.

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount specified herein, less any applicable *deductible* amounts, for any loss or expense. We do not assume responsibility for the availability, quality, results or outcome of any *medical 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 the insurer.

PART 4 BENEFITS

Covered expenses and benefits are subject to the policy maximums, terms, conditions, limitations and exclusions contained herein.

If applicable, you are responsible for paying the *deductible* amount shown on the application form for the covered expenses per *insured person*, per policy period.

Emergency Hospital

When, by reason of *injury* or *sickness*, an *insured person* is hospitalized, the insurer will pay the *reasonable and customary costs per insured person per injury or sickness* for room and board charges (up to semi-private room accommodation), including the costs relating to *physicians*, surgeons, diagnostic services, nursing, operating room, laboratory tests, prescription drugs, dressings, medical appliances such as crutches, casts, splints, canes, slings, trusses, braces, and the temporary rental of a wheelchair when prescribed by a *physician* or surgeon, and any other necessary costs charged by the *hospital for in-patient hospital services*, as well as costs incurred in an intensive care unit.

Paramedical / Professional Services

The services of a chiropractor, physiotherapist, osteopath, podiatrist or acupuncturist up to a maximum of \$500 CAD per profession, per *injury* or *sickness*.

Nursing at Home

The *reasonable and customary costs* for the medical services of a licensed nurse in the *insured person's* home when prescribed by a *physician* or surgeon and related directly to a *medical condition* for which the *insured person* has received or is receiving *medical treatment* covered under this policy. This benefit is available for up to twelve (12) weeks to a maximum limit of \$10,000 CAD. The nurse cannot be an *immediate family member* or currently be residing with the *insured person*.

Ambulance Transportation

Charges for necessary licensed ground ambulance transportation to the nearest *hospital*, or from one *hospital* to another.

Out-patient Services

Notwithstanding the foregoing, all insured services under **Out-patient Services** which are payable for care of the *insured person* outside a *hospital* shall be limited to a maximum amount of \$10,000 CAD per *insured person per injury or sickness*. When by reason of *injury* or *sickness*, an *insured person* incurs expenses while under the regular care and attendance of a *physician* or surgeon, the insurer will pay the *reasonable and customary costs* incurred for the following:

1. *Physician* or surgeon's service fees.
2. Diagnostic services such as but not limited to laboratory tests and x-ray services, radiographs and nuclear medicine procedures used to diagnose and treat *medical conditions*. Laboratory and x-ray services must be provided by or ordered by a *physician* or surgeon. This policy does not cover Magnetic Resonance Imaging (MRI), cardiac catheterization, Computerized Axial Tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are pre-authorized by Assistance Centre.
3. Drugs, medicine, serums and vaccines obtainable only upon a written prescription and dispensed by a pharmacist, *physician* or surgeon.
4. Rental (or purchase, at the option of the insurer) of braces, crutches, wheelchair, hospital-type bed, iron lung, or other approved durable equipment for temporary therapeutic use.
5. Blood or blood plasma (includes the administration of blood).
6. Charges for splints, trusses, casts and cast materials.

Emergency Dental Treatment

When an accidental blow to the mouth or face results in *injury* to an *insured person*, the insurer will pay for the *emergency* dental treatment necessary to restore or replace permanently attached artificial teeth or sound natural teeth lost or damaged in an *accident*, for which dental treatment is initiated within forty-eight (48) hours following an *accident* and completed within the policy period. Detailed medical documentation from a dentist, *physician* or surgeon must be provided to support an *insured person's* claim.

All indemnity payable for *emergency* dental treatment is subject to a maximum amount of \$5,000 CAD per *insured person*, per *injury*.

The insurer will reimburse the *insured person* in accordance with the suggested schedule of fees published by the Dental Association in the country in which treatment was received. If no such schedule of fees exists the insurer will reimburse according to the Dental Fee Guide in the *insured person's* province or territory of residence as indicated on the application form.

Repatriation or Local Burial

When a covered *injury* or *sickness* results in loss of life of an *insured person*, the insurer will pay for the preparation and the transportation of the mortal remains of the *insured person* from the place of death to the country of permanent residence or back to Canada, or for the preparation and local burial of the mortal remains of an *insured person* where loss of life occurs outside Canada. This benefit is limited to \$10,000 CAD and is excluded where death occurs in Canada. The cost of a casket, urn, headstones, flowers and reception expenses are excluded.

Emergency Medical Evacuation

This benefit MUST be pre-authorized by the Assistance Centre. Failure to obtain pre-authorization from the Assistance Centre will limit all indemnity payable for eligible *emergency* medical evacuation costs and for *injury* or *sickness* costs to 80% up to a maximum of \$25,000 CAD, except in cases of a critical medical *emergency* when it is proven and accepted by the Assistance Centre that the Assistance Centre could not have been reached prior to a necessary *emergency* medical evacuation.

When, by reason of *injury* or *sickness*, it is deemed medically necessary to evacuate an *insured person* who has a critical *medical condition* to the nearest *hospital* equipped to provide appropriate care and facilities, the insurer will reimburse the *reasonable and customary costs per insured person per injury or sickness* for *emergency* medical evacuation and medical care to such *hospital*. The insurer will also reimburse reasonable transportation costs for one other *insured person* accompanying the patient when this is deemed necessary, and will pay the cost of a one way economy airfare back to the *insured person's* country of permanent residence. Benefits under the **Emergency Medical Evacuation** are not applicable in the event of a complicated maternity.

Compassionate Emergency Travel

In the event that an *insured person* suffers an *injury* or *sickness* and is confined to a *hospital* outside Canada for a minimum period of seven (7) consecutive days, or suffers loss of life outside Canada, the insurer will pay a single round-trip economy airfare for an *immediate family member* to attend the *insured person* and/or identify the *insured person*. The Assistance Centre will arrange for repatriation of the *insured person's* remains. This benefit includes meals and accommodations for one *immediate family member* up to a maximum of \$150 CAD per day, is limited to \$3,000 CAD per *insured person*, per *injury* or *sickness* and MUST be pre-approved by the Assistance Centre.

Parent Accompanying Child

When an *insured person* under fifteen (15) years of age is hospitalized as an *in-patient*, the insurer will pay the *reasonable and customary costs per insured person per injury or sickness* charged by the *hospital* for one parent to stay with the child. Furthermore, if an *insured person* who is a single parent is confined to a *hospital* as an *in-patient*, the insurer will pay the *reasonable and customary costs* for a *dependent* child under fifteen (15) to stay with the *insured person*.

Complicated Maternity

When an *insured person* is hospitalized due to a pregnancy diagnosed as complicated by a specialist, *physician* or surgeon, the insurer will pay the *reasonable and customary costs* for *hospital* and *medical expenses* incurred for pre-natal care, childbirth and post-natal care treatment subject to a maximum of \$5,000 CAD per *insured person*, per *injury* or *sickness*. This benefit is only payable when the expected date of birth is at least ten (10) months after the *effective date* of coverage of the *insured person*.

Emergency Coverage in the United States (Available to worldwide coverage excluding USA only)

Reasonable and customary costs, up to the limitations specified in the Benefits section of this policy, for *emergency* treatment of an *injury* or *sickness* while traveling in the United States. Coverage shall be limited to a period of no more than fourteen (14) days per trip. *Emergency medical treatment* must be recommended by a *physician* or surgeon. If the *insured person's* return to *country of residence* is delayed due to *injury* or *sickness* covered under this benefit, this coverage will be extended automatically until discharge from the *hospital*. The coverage will only be extended if the *insured person* is admitted as an *in-patient* for *emergency medical treatment* of an *injury* or *sickness* before the expiry of the fourteen-day (14-day) coverage. Proof of the date of entry into the United States may be required.

LIMITED USA COVERAGE FOR EMERGENCY MEDICAL TREATMENT

If you are outside the United States and have an *injury* or *sickness* that necessitates *emergency medical treatment* provided within the United States, and the Assistance Centre has decided that *medical treatment* is the only viable option, you will be covered for such an *emergency* according to the terms and conditions of the policy. The decision to transfer you to the United States must be approved by the Assistance Centre in advance of such transfer and *emergency medical treatment*. The Assistance Centre in conjunction with your treating *physician* will decide when you are able to return to your *country of residence*.

PART 5 EXCLUSIONS

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Any condition (except for a *minor ailment*) for which the *insured person* has sought or received *medical treatment*, advice, follow-up visits, counseling, or has taken prescription drugs within one hundred and eighty (180) days prior to becoming insured under this policy. Such condition shall be covered when subsequently a continuous period of not less than three hundred and sixty-five (365) consecutive days has passed during which time the *insured person* has not sought or received *medical treatment*, advice, follow-up visits, counseling, nor has taken prescription drugs related to such condition.

2. Air travel, other than as a passenger in a certified commercial aircraft providing passenger service which complies with government regulations concerning pilot licensing and current certificates of airworthiness.

3. Benefits are not payable for costs incurred due to any:

- (i) *act of war*; or
- (ii) kidnapping; or
- (iii) *act of terrorism*; or
- (iv) riot, strike or civil commotion; or
- (v) unlawful visit in any country; or
- (vi) participating in protests; or
- (vii) a commercial sexual transaction; or
- (viii) the commission or attempted commission of any criminal offence or illegal act; or
- (ix) the disobeying of any statutory law or regulation in the area where the loss occurred.

4. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.

5. A disorder, disease, condition or symptom that is emotional, psychological, or mental in nature unless *you* are hospitalized.

6. Pregnancy, miscarriage, childbirth or termination of pregnancy or expenses relating thereto, except as provided under Part 4 - BENEFITS "Complicated Maternity".

7. *Emergency* medical evacuation as a result of a complicated maternity.

8. An *accident* that occurs while *you* are participating in:

- any sports as a professional athlete (person who engages in an activity as one's main paid occupation),
- 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 (an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event),
- scuba diving (unless *you* hold a basic SCUBA designation from a Canadian certified school),
- mountaineering 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,
- a flight *accident* (unless *you* are travelling as a fare paying passenger on a commercial airline)
- hang-gliding, paragliding,
- skydiving, parachuting,
- any form of BASE jumping (ie: wingsuit flying),
- rock climbing,
- bungee jumping

9. Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to:

- a) *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your* trip; or
- b) any *medical condition* arising during *your* trip from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.

10. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescription resulting therefrom.

11. Routine medical examinations, preventative medicines (including vaccinations, the issue of medical certificates and attestations, and examinations as to suitability for employment, travel or for a third party).

12. Organ Transplants.

13. Elective and/or cosmetic surgery or treatment, whether or not for psychological reasons, including any expenses for directly or indirectly related complications unless required as the result of *injury* incurred while this policy is in force.

14. *Medical treatment*, surgery, investigation, palliative care, obtaining a diagnosis, or any alternative therapy, as well as any directly or indirectly-related complications, during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving *medical treatment* or *hospital services*, whether or not such trip is taken on the advice of a *physician* or surgeon.

15. Any benefit or procedure that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangements for that benefit or procedure.

16. Any costs incurred arising during any period for which the appropriate premium has not been paid or while the policy is not in force as to the *insured person*.

PART 6 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 or territory of residence respecting contracts of *sickness* and *accident* insurance.

Return to Home Country

Benefits shall be limited to a period (in the aggregate) of ninety (90) days per year for *insured persons* returning or receiving *medical treatment* in their *home country*. For Canadian Nationals returning permanently to Canada, and where the *insured person* has been insured under this policy for a period in excess of fifty-two (52) consecutive weeks, coverage can be automatically extended for a period of not more than thirteen (13) consecutive weeks with an additional charge. *Insured persons* must notify The Destination: Travel Group Inc. at 1-855-337-3532 of the date of return to their *home country* within thirty (30) days of the date of return. Proof of the date of return may be required.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to *you* during a trip. Benefits are only payable to *you* under one policy during a trip.

If *you* are insured under more than one insurance policy underwritten by the insurer 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 Assistance Centre 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;
- any other liability insurance in force concurrently with this 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 \$50,000, 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, benefits, and limits are stated 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.

Extending Your Trip

If *you* choose to extend *your* trip beyond the policy expiry date shown on the application, *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 application form, as long as the total trip does not exceed fifty-two (52) consecutive weeks, and pay the required additional premium by credit card only.

General Terms

Insurance terms and conditions are subject to change with each new policy purchased, without prior notice.

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 or territory in which *you* normally reside. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured person*.

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, provided *you* meet the Eligibility Requirements indicated in PART 1.

Premiums

The premium amount is due and payable at the time of application. The premium is calculated using the most current rates for *your* age each time *you* apply. Premium must be paid according to the payment schedule selected.

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

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

PART 7 DEFINITIONS

Throughout this policy, defined words are written in italics.

Accident 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.

CAD means Canadian dollars.

Confirmation of coverage means the document(s) that *you* receive from The Destination: Travel Group Inc. as a confirmation of the coverage *you* have purchased, which may be a *confirmation of coverage* letter, an application form or an internet purchase confirmation page.

Country of residence means the country the *insured person* declares on the application form as the country in which he/she permanently resides as a Canadian expatriate.

Chronic condition means a medical condition that continues or persists over an extended period of time. A *chronic condition* is usually long lasting and does not easily or quickly go away.

Deductible (if applicable) means the dollar amount, in *CAD*, for which the *insured person* is liable per policy period, as stated on his/her *confirmation of coverage*, before any remaining eligible *medical expenses* are reimbursed under this policy.

Dependent means:

- The spouse of an *insured person* (but excluding those legally separated), under the age of seventy (70).
- Unmarried children, step-children, foster children and legally adopted children, who are dependent on the *insured person* for support, provided that such children are:
 - Not less than fifteen (15) days old; and
 - Not more than eighteen (18) years old; or
 - Twenty-four (24) years old or less provided it can be proven that the *dependent* is continuing in full-time education and is dependent on the insured for support.

Effective date means the date on which the coverage under this policy first begins, as specified on the *confirmation of coverage*.

Emergency means a sudden and unexpected turn of events or change of condition that requires immediate *medical treatment* and which first manifests itself while this policy is in force as to the *insured person*.

Home country means the country for which the *insured person* holds a passport. Where the *insured person* holds more than one passport, the *home country* will be taken to mean the country that the *insured person* has declared on the application form. Where a family is to be covered by the policy, there will be deemed to be one *home country* for the family, which will be the *home country* declared on the application form.

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 member means *your* mother, father, child, siblings, spouse.

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.

In-patient means a patient who occupies a *hospital* bed for more than twenty-four (24) hours for *medical treatment* and for which admission was recommended by a *physician* when medically necessary.

Insured Person/You/Your means an eligible person as defined in PART 1 - ELIGIBILITY REQUIREMENTS.

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

Medical expenses means those medical and related expenses for which coverage is provided under the Benefits section of this policy which are necessarily incurred as a result of an *injury* or *sickness* while coverage is in force under this policy as to the *insured person*.

Medical treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a *physician*. *Medical treatment* includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *injury* or *sickness* or symptom.

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.

Minor ailment means any condition which:

- does not require the use of medication for a period of greater than fifteen (15) days; and
- more than one follow-up visit to a registered practitioner, hospitalization, surgical intervention or referral to specialist, and
- which ends at least thirty (30) consecutive days prior to the *effective date* of coverage.

However, a *chronic condition* or complications of a *chronic condition* are not considered a *minor ailment*.

Out-patient means:

- an *insured person* who receives *medical treatment*, including diagnostic services at a *hospital*, or other medical institution, or at a *physician's* office; and
- where the *insured person* is not admitted or confined to a *hospital* bed as an *in-patient*.

Physician means a person:

- who is not *you* or an *immediate family member* or *your* travel companion;
- licensed in the jurisdiction where the services are provided, to prescribe and administer *medical treatment*.

Reasonable and customary costs means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area

Sickness means any illness, disease, or any symptom.

PART 8 CLAIM PROCEDURES

The insurer will pay benefits provided that:

1. The *insured person* has contacted the Assistance Centre and received pre-authorization for any costs to be incurred as an *in-patient*. In an *emergency* when the Assistance Centre cannot be contacted in advance, then the admission to the *hospital* must be reported as soon as possible and in any event not later than forty-eight (48) hours after admission.
2. Written details of all claims have been sent to the Assistance Centre as soon as possible and in any event not later than ninety (90) days from the beginning of the *medical treatment*.
3. All documentation relating to the claim including the claim form and accounts are originals and not copies.
4. The required premium has been paid relative to the *insured person* making the claim.

It is understood that:

1. the insurer can ask for medical information from any *physician* or surgeon as often as required;
2. the insurer shall be notified of any circumstances that may lead to a claim against a third party or any other insurance;
3. in the case of a claim in the *insured person's home country*, proof of the *insured person's* entry date into their *home country* is provided; and
4. the *insured person*, will provide
 - a) original, itemized bills and invoices
 - b) proof of payment by *you* (receipts)
 - c) proof of payment from any other insurance plan
 - d) applicable medical records, including:
 - complete diagnosis by the attending *physician* or surgeon
 - documentation from the *hospital* that the *medical treatment* was appropriate and consistent with *your* diagnosis
 - e) proof of the *accident* if *you* submit a claim for dental expenses
 - f) proof of travel, including *your* departure date and return date
 - g) proof of entry into the United States under Benefit - **Emergency Coverage in the United States**
 - h) *your* historical medical records if we ask for them

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 costs* 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 costs* reimbursed by us.

Payment of Benefits: All payments are payable to *you* or on *your* behalf. Except in the case of *your* death, we will pay the covered expenses under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate. *You* must repay us any amount paid or authorized by us on *your* behalf if we determine that the amount is not payable under *your* policy. Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest. Once the Assistance Centre receives *your* claim, *you* may be required to provide additional information. Any information not provided may lead to a delay in processing *your* claim.

To submit a claim for benefits, please review Part 13 - HOW TO MAKE A CLAIM FOR BENEFITS for full details and instructions.

PART 9 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.

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.

Transfer to Another Hospital (within the USA Only) - Whether prior to admission, during a covered hospitalization or after *your* release from the *hospital*, the Assistance Centre reserves the right to transfer the *insured person*, without danger to his/her health, to one of our preferred health care providers for *medical treatment* of an *injury* or *sickness*. If the *insured person* declines to be transferred when declared medically stable by the Assistance Centre, the insurer will be released from any liability for expenses incurred for such *injury* or *sickness* after the proposed transfer date. The Assistance Centre will choose the *hospital* and arrange the transfer of the *insured person* making every provision for the *insured person's* *medical condition*.

Availability and Quality of Care – 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 brokers will not be responsible for the availability, quantity, quality, or results of any *medical treatment* received, or for failure to obtain medical service.

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

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

PART 11 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 Part 12 - REFUNDS.

We may terminate this contract in whole or in part at any time by giving written notice of termination to *you* and by refunding, concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to *you*, or it may be sent by registered mail to *your* latest address on record. Where notice of termination is delivered to *you*, five (5) days notice of termination will be given; where it is mailed to *you*, ten (10) days notice will be given and the ten (10) days will begin on the day following the date of mailing of the notice.

Notice and Proof of Claim

Please refer to PART 8- CLAIM PROCEDURES and PART 13- HOW TO MAKE A CLAIM FOR BENEFITS.

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 (1) 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 (1) 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 sixty (60) days after the insurer has received proof of claim.

PART 12 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* non-departure 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 weekly pro-rated basis from the premium paid and 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 administrative fee and a minimum refund of \$50.00.

Refunds are based on paid premium on the date the request is processed. Post-dated cheques that were not cashed will be destroyed.

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.

PART 13 HOW TO MAKE A CLAIM FOR BENEFITS

GLOBAL EXCEL MANAGEMENT

Toll free Canada/USA:

1-833-886-1068

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

When submitting a claim, please review PART 8 – CLAIM PROCEDURE for details on what is required to process *your* claim.

Travel assistance and CLAIM SUBMISSION, anywhere in the world

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

Features of Manulife TravelAid include:

- Start a Claim – begin the process to file a claim and track *your* claim status**
- Contact Us – a direct link to the Assistance Centre for immediate medical assistance 24/7
- International 911 – search emergency phone numbers in other countries (GPS enabled)
- Find Medical Facility – find directions to the closest medical facility (GPS enabled)
- Travel Tips – pre- and post-departure
- Travel Advisories

Online Claims Submission is also available, visit <https://manulife.acmtravel.ca> to submit *your* claim online. For faster and easier submissions, have all *your* documents available in electronic format, such as a PDF or a JPEG.

Mailing Instructions

Claims correspondence should be mailed to:

Destination: Expatriate Insurance
c/o Global Excel Management
P.O. Box 1237, Stn. A
Windsor, ON N9A 6P8

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 14 EMERGENCY PROCEDURES

In the event of a medical *emergency*, *you* or someone 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*.

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 15 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 this service works

StandbyMD triages *you* according to *your* symptoms, profile, and location and then refers *you* to the most appropriate level of care for *your* situation.

The worldwide network offers preferred rates and direct billing options to help reduce *your* out-of-pocket expenses. The StandbyMD program also helps coordinate payment for eligible expenses according to the terms and conditions of this policy.

To use this service, contact the Assistance Centre at the number provided in this policy.

Disclaimer, waiver, and limitation of liability

StandbyMD is not intended as a substitute for professional medical advice. The program is provided to assist *you* in finding medical providers.

The advice StandbyMD provides is a recommendation only and entirely voluntary. *You* retain the right to choose *your* own level of care, regardless of the recommendation StandbyMD makes.

Medical providers within the StandbyMD network are not employees or agents and are not affiliated with StandbyMD in any way beyond accepting referrals. StandbyMD has no control – real or implied – over the medical judgment, actions, or inactions of the medical providers and does not assume any responsibility for:

- availability of the medical providers
- quality of the medical providers
- the results or outcome of any treatment or service.

You waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD. Related people include principals, parents, successors, and assigns of StandbyMD.

Waiving these rights to proceed legally includes the following that relate in any way to the medical concierge services offered by StandbyMD:

- any and all claims
- demands
- actions and causes of action
- suits of any kind, nature, or amount

StandbyMD's liability, if any, is limited solely to the amount of payment made to participating medical providers for services *you* received after obtaining a referral from StandbyMD.



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App Store is a trademark of Apple Inc.

Google Play is a trademark of Google LLC..



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