



## Travellers Choice Medical Insurance 2024-2025 Policy

Underwritten by

**The Manufacturers Life Insurance Company (Manulife)**

Assistance and claims administrator

Claim payment and administrative services are provided by the administrator, Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as “Active Care Management,” “ACM,” “Global Excel Management,” and/or “Global Excel” as the provider of all assistance and claims services.

Available exclusively from

**Travel Insurance Office Inc.**

### Emergency Phone Numbers

The Assistance Centre is here to help *you* with service available 24 hours a day, 7 days a week.

**1-888-668-0132 (toll free from the USA and Canada)**

or

**519-251-0132 (from elsewhere, call collect)**

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 while this insurance is in force and *you* are travelling out of *your* province or territory of residence.

If *you* have a medical *emergency*, *you* or someone on *your* behalf must notify the Assistance Centre as soon as reasonably possible and no later than 24 hours after admission to a *hospital* and before having any surgery. **If *you* fail to notify the Assistance Centre without reasonable cause, *you* may be responsible for 20% of *your* medical expenses covered under this insurance.**

### Changing Your Coverage

Travel Insurance Office Inc. is available Monday to Friday from 9:00 to 5:00 (ET). *You* must speak to an agent. Changes will not be made if *you* leave a voice mail or send an email.

## Travellers Choice Medical Insurance Important Notices

**PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL.**

**It is important that *you* understand what this *policy* includes, what it excludes, and what is limited (payable but with limits). Please take the time to read through *your policy* before *you* travel.**

- Travel insurance covers claims arising from sudden and unexpected situations such as accidents and emergencies.
- To qualify for this *policy*, *you* must meet all of the *eligibility requirements*.
- This *policy* contains limitations and exclusions. Examples may include *medical conditions* that are not *stable*, pregnancy, a child born on a trip, excessive use of alcohol and high risk activities.
- This *policy* may not cover claims related to *pre-existing medical conditions*, whether disclosed or not at the time of *policy* purchase. It is important and *your* responsibility to understand how this applies to *your* coverage. In the event of an accident, *injury* or *sickness*, *your* previous medical history may be reviewed when a claim is made.
- This *policy* provides travel assistance. Contact the Assistance Centre immediately at 1-888-668-0132 before seeking *treatment* or *your* benefits may be limited or denied.
- 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, this *policy* will be voidable by *us*.
- If *you* have been asked to complete a *medical questionnaire* and any of *your* answers have changed between the date *you* completed the *medical questionnaire* and the coverage begins date, *you* must advise *us* immediately or this *policy* will be voidable by *us*.

**This *policy* contains a clause(s) that may limit the amount payable.**

**Notice Required by Provincial Legislation**

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

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## About This *Policy*

- Words and terms that appear in the singular can be interpreted to mean the plural and vice versa unless the context indicates otherwise.
- *You* may return this *policy* for a full refund before the coverage begins date of the *policy*, provided *you* have not departed from *your* province or territory of residence. Otherwise, *you* may receive a pro-rated refund. There are no administration fees and no service charges.
- This *policy* must be accompanied by a *confirmation of coverage* issued by **Travel Insurance Office Inc.**, before coverage can take effect.
- Key terms used in this *policy* are printed in *italics*. The definitions of the key terms appear on page 9-10.
- The provincial and territorial *Government Health Insurance Plans* limit the time a person can be out of the province or territory and still remain eligible for coverage. Check *your* province or territory's *Government Health Insurance Plan* for details.

### Ten (10) Day Right to Examine this *Policy*

*You* may cancel this *policy* within ten (10) days of the date of purchase identified on *your confirmation of coverage* for a full refund providing *you* have not departed on a trip by contacting **Travel Insurance Office Inc.** at one of the telephone numbers shown under the Changing *Your Coverage* section on page 14.

**There are no administration fees or service charges.**

## Eligibility Requirements

*You* and anyone else covered under this *policy* must meet the following eligibility requirements of this *policy* at the time of *application*, on the departure date of *your* first trip outside *your* province or territory of residence and, if *you* have purchased an annual plan, on each subsequent departure date:

- Be at least 15 days old and no more than 89 years old on the date coverage begins.
- Be insured under a provincial or territorial *Government Health Insurance Plan* during the entire coverage period, and be a resident of a province or territory in Canada.

***You* and anyone else covered under this *policy* must be able to answer “No” to each of the following eligibility questions:**

- 1) Has *your physician* advised *you* not to travel or have *you* been diagnosed with a *terminal illness*?
- 2) Do *you* need assistance with dressing, eating, bathing, using a toilet or changing positions due to an ongoing *medical condition*?
- 3) Do *you* have **any** of the following *medical conditions*:
  - a) pulmonary fibrosis
  - b) congestive heart failure
  - c) kidney disease requiring dialysis
  - d) an aneurysm that is larger than 4.5 cm in diameter or width?

- 4) Have *you* ever had or are awaiting a stem cell, bone marrow, heart, kidney, liver, or lung transplant?
- 5) In the 5 years before *your application* date, have *you* had metastatic cancer OR **2 or more** cancers (excluding basal cell or squamous cell skin cancer or breast cancer treated only with hormone therapy)?
- 6) In the 12 months before *your application* date, have *you* been:
  - a) prescribed or used home oxygen OR taken prednisone for a lung condition?
  - b) diagnosed with cancer, had a positive biopsy, or had chemotherapy, radiation therapy, or cancer surgery (excluding basal cell or squamous cell skin cancer)?
- 7) In the 12 months before *your application* date, have *you* been admitted to a *hospital* because of any of the following (excluding routine monitoring):
  - a) a heart condition (excluding a pacemaker battery change)
  - b) a stroke or mini-stroke or Transient Ischemic Attack (TIA)
  - c) a lung condition (including pneumonia)
  - d) a kidney condition (excluding kidney stones)

## Medical Questionnaire

A *medical questionnaire* is required for applicants who are between 55 - 89 years of age. The premium for this coverage will be based on the answers to the medical questions. Some applicants may not qualify for this coverage based on their responses to the medical questions.

## Insuring Agreement

1. Subject to the *policy* terms and conditions, Manulife agrees to pay up to \$5 million *USD* per person for *reasonable and customary charges* incurred unexpectedly during the period of coverage. Costs are paid for *emergency hospital*, medical, or other covered costs incurred during the period of coverage up to the maximum amounts provided in the Summary of Benefits section due to a *sickness* or *injury* occurring during the period of coverage.
2. Amounts payable under this plan are in excess of any amounts available or collectible under the *Government Health Insurance Plan* of the province or territory in which *you* are covered, or those amounts payable or collectible under any other *policy* or plan. This is a second payor *policy*. The total benefits *you* receive from all insurers may not exceed the actual expenses. *We* consider claims for amounts that are greater than what *you* are covered for under any other policies, including but not limited to the following:

- Third-party liability
- Group or individual, basic, or extended health insurance plans or contracts
- Private, provincial, or territorial auto insurance plans that cover *hospital*, medical, or therapeutic expenses
- Any other third-party liability insurance

*We* coordinate benefits payments with all insurers who provide *you* benefits similar to the ones provided in this *policy*, to a maximum of the highest amount specified by any insurer.

3. If an *act of terrorism* directly or indirectly causes loss that is eligible under the terms and conditions of this *policy*, *we* cover:
  - Up to 2 *acts of terrorism* within a calendar year; and
  - Up to a maximum aggregate payable limit of \$35 million *CAD* across all eligible, in force *emergency* medical policies that are issued and administered by *us*.

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

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

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

## Types of Coverage

### Single Trip Coverage

Coverage begins on the later of:

- a) the date and time the completed *application* is processed by **Travel Insurance Office Inc.**; or
- b) the coverage begins date, as shown on *your confirmation of coverage*; or
- c) the date and time *you* exit *your* province or territory of residence, or Canada.

Coverage ends on the earlier of:

- a) the date and time *you* return to *your* province or territory of residence (unless *you* make a temporary return to Canada with the intent to return to *your* out-of-Canada destination); or
- b) the coverage expires date, as shown on *your confirmation of coverage*.

### Top-Up Coverage

*You* may be eligible to purchase a Travellers Choice Medical Insurance *policy* to top-up other *emergency* medical insurance coverage which *you* have by calling **Travel Insurance Office Inc.** at one of the telephone numbers shown under the Changing *Your* Coverage section on page 14. Coverage purchased to top-up other policies begins on the coverage begins date, as shown on *your confirmation of coverage* and must be the day after *your* other coverage terminates.

Coverage ends on the earlier of:

- a) the date and time *you* return to *your* province or territory of residence (unless *you* have made a temporary return to Canada with the intent to return to *your* out-of-Canada destination); or
- b) the coverage expires date, as shown on *your confirmation of coverage*.

### Waiting Period

If *you* purchase coverage after *you* have departed *your* province or territory of residence, coverage begins on the date shown on *your confirmation of coverage*.

Important: Any *sickness* that manifests itself during the first 48 hours after the date coverage begins is not covered even if related expenses are incurred after the 48-hour waiting period.

### Annual Plan

Coverage begins

- a) the coverage begins date, as shown on *your confirmation of coverage*.
- b) for each separate trip, coverage begins on *your effective date*.
- c) *you* must continue to meet the eligibility requirements (listed on page 2-3) on each departure date in order for the coverage to remain in force.

Trips within Canada are limited only by the maximum number of days allowed by *your* provincial or territorial *Government Health Insurance Plan*.

If *you* incur a claim, *you* will need to provide proof of *your* date of departure and the date *you* returned.

*You* cannot use annual plan coverage to top-up other coverage.

Coverage ends on the earlier of:

- a) the date *you* reach the maximum number of days permitted for each trip, as selected and paid for at the time *you* applied for coverage and as shown on *your confirmation of coverage*.
- b) the coverage expires date, as shown on *your confirmation of coverage*.

### Family Coverage

If *you* and another adult are both age 55 or under and travelling with *dependent children*, *your dependent children* have coverage. This benefit applies to single adults age 55 or under paying double the required premium.

The additional adult age 55 or under can be *your spouse*, partner, legal guardian, or grandparent.

The *dependent children* are *your* unmarried children who are born before the trip, financially dependent on *you*, at least 15 days old and no more than 21 years old.

## Summary of Benefits

Currency amounts shown below are in **USD**.

Overall plan maximum.....	\$5 million
Ambulance services (land and air).....	\$5 million
Remote location medical evacuation.....	\$5 million
Medical <i>treatment</i> , services and supplies.....	\$5 million
Prescribed medication due to a medical <i>emergency</i> .....	up to a 30-day supply
Chiropractor.....	\$500
Physiotherapist, Osteopath, Chiropodist, Podiatrist, and Acupuncturist.....	\$500 per profession Maximum \$3,000
Registered private duty nurse.....	\$7,500
<i>Hospital</i> accommodation.....	\$5 million
<i>Hospital</i> out-of-pocket expenses (if <i>hospitalized</i> ) for <i>you</i> and anyone remaining with <i>you</i> .....	\$3,500
Return to Canada of <i>you</i> , of <i>spouse</i> , or child, with a medical attendant if necessary.....	\$5 million
Return of dog or cat to Canada.....	\$750
Return of vehicle or watercraft.....	\$5,000
Transportation of two family members and/or friends to <i>your</i> bedside if <i>you</i> are <i>hospitalized</i> .....	\$3,000
Meals and accommodation expenses of two family members and/or friends if they are transported to <i>your</i> bedside if <i>you</i> are <i>hospitalized</i> .....	Up to \$150 per day Maximum \$3,000
Extension of coverage if <i>hospitalized</i> on the expiry date.....	up to 365 days
Extension of coverage if released from the <i>hospital</i> after the coverage has ended.....	up to 365 days
Accidental Dental.....	\$5,000
Dental pain.....	\$500
Return to original trip destination if returned to Canada.....	Economy class airfare
Trip-Break for Single-Trip Plans.....	up to 15 consecutive days
Transportation of one family member to identify an insured person's remains.....	\$1,500
Meals and accommodation expenses of one family member if they are transported to identify an insured person's remains.....	Up to \$150 per day Maximum \$1,500
Return of remains if deceased.....	\$10,000
Cremation at place of death.....	\$5,000

## Benefit Increase of some retiree plans

Retiree plans in Canada providing \$500,000 *CAD* or more of coverage for a limited period of time such as 42 days and 62 days will be topped up to an overall plan maximum of \$5 million *USD* if 30 days or more of coverage was purchased, as shown on the *confirmation of coverage*.

## Deductible

The deductible is shown on *your confirmation of coverage*. Deductibles are in *USD*. If *you* have paid the required premium to eliminate the deductible, the deductible will appear as \$0. If *you* have a deductible, the deductible applies on each claim. *You* are responsible to pay the deductible before any remaining eligible expenses are reimbursed under this insurance.

## Benefits

Manulife agrees to pay for the following costs:

**Ambulance services** (land and air) to transport *you* to the nearest appropriate medical facility or to a Canadian *hospital* due to a covered *emergency sickness* or *injury*. Any *emergency* transportation such as one-way airfare, stretcher, and/or the use of a medical attendant, must be pre-approved and arranged by the Assistance Centre.

**Remote location medical evacuation** by a licensed local air, land, or sea ambulance (including mountain and sea), to the nearest *hospital* when *reasonable and customary charges* and approved by the Assistance Centre.

**Medical treatment, services and supplies** as long as the health practitioner is not related to *you* by blood or marriage. The following medical *treatment*, services and supplies are covered:

- a) The services of a legally licensed *physician*, surgeon, anesthetist or registered graduate nurse.
- b) *Emergency* out-patient services provided by a *hospital*.
- c) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination as ordered by a *physician* for the purpose of diagnosis.
- d) Rental of crutches or *hospital*-type bed, not exceeding the purchase price, and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by the Assistance Centre.
- e) Drugs or medications that require a *physician's* written prescription up to a 30-day supply.
- f) The services of a legally licensed chiropractor for the *treatment* of a covered *injury* to a maximum of \$500 *USD*.
- g) The services of the following legally licensed practitioners for *treatment* of a covered *injury*:
  - physiotherapist, osteopath, chiroprapist, podiatrist, and acupuncturist;
- h) The benefit is limited to \$500 *USD* per profession to an overall maximum is \$1,000 *USD*.
- i) Registered private duty nurse, if pre-approved by the Assistance Centre, to a maximum of \$7,500 *USD*.

**Hospital accommodation**, including semi-private room, and for services and supplies necessary for *your emergency* care during confinement as a resident in-patient. Services provided must not be in excess of the standard practice or paid 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*.

**Hospital out-of-pocket expenses** to a maximum of \$3,500 *USD* for the following expenses incurred by *you* or anyone remaining with *you* while *you* are *hospitalized* as an in-patient during the period of coverage:

- a) commercial accommodation and meals; and
- b) child care costs for children under age 18 and any children (regardless of age) that are physically or mentally handicapped and reliant on *you* for assistance; and
- c) essential telephone calls; and
- d) in-*hospital* television rental; and
- e) access to the Internet; and
- f) taxi fares.

**Expenses must be supported by original receipts from service providers.**

**Return to Canada** if *you* are returned to Canada, this benefit includes:

- a) the cost of an attendant (not related to *you* by blood or marriage) plus the attendant's return economy class airfare, to travel with *your* travelling companions (under age 18, or physically or mentally handicapped and reliant on *you* for assistance) to *your* province or territory of residence; and
- b) the extra cost of a one-way economy class airfare to return *your* travelling companions (under age 18 or physically or mentally handicapped and reliant on *you* for assistance); and
- c) the extra cost of a one-way economy class airfare to return one of *your* accompanying family members (*your spouse*, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, or ward) to their province or territory of residence.

**Benefits are payable only when approved in advance and arranged by the Assistance Centre.**

**Dog and cat return** if *you* are returned to Canada or if *you* are *hospitalized* due to a covered *sickness* or *injury*, this benefit provides up to \$750 *USD* for the cost of returning *your* accompanying dog or cat to Canada.

**Return of Vehicle or Watercraft** if, as a result of a covered *sickness* or *injury*, *you* are unable to return to Canada with the vehicle or watercraft used for *your* trip, *you* will be reimbursed up to a maximum of \$5,000 *USD* for the cost of a commercial agency to return one vehicle or one watercraft to *your* province or territory of residence or to the nearest commercial rental agency.

**All vehicle and watercraft returns must be approved in advance and arranged by the Assistance Centre.**

Vehicle means a private passenger automobile, station wagon, pickup truck or minivan that is used exclusively for the transportation of passengers and is either owned or rented by *you*. If travelling outside continental North America, this benefit applies to a rental vehicle only. A vehicle also means a motorhome or a camper unit that is either owned or rented by *you* where the motorhome means a self-propelled vehicle containing living quarters that are an integral part of the vehicle and are not removable and a camper unit means a specifically constructed unit for living purposes mounted on and removable from a vehicle.

## Benefits (continued)

**Transportation of two family members and/or friends to your out-of-country location** up to a maximum of \$3,000 USD for the cost to transport up to two bedside companions (*your* family member or close friend) by round-trip economy class (using the most direct route) if:

- a) *you* are *hospitalized* due to a covered *sickness* or *injury*, and the attending *physician* advises that *your* family member or close friend's attendance is necessary; or
- b) the local authorities legally require the attendance of *your* family member or close friend to identify *your* remains in the event of *your* death due to a covered *sickness* or *injury*.

**Benefits are payable only when approved in advance by the Assistance Centre.**

**Out-of-pocket expenses of two family members and/or friends if they are transported to your bedside** \$150 USD up to a maximum of \$3,000 USD per day for the following expenses incurred by *your* family member(s) or close friend(s) after arrival:

- a) commercial accommodation and meals; and
- b) essential telephone calls; and
- c) taxi fares.

**Expenses must be supported by original receipts.**

### Extension of coverage if hospitalized

- a) Delay of Conveyance. Coverage will be automatically extended for up to 3 days in the event of a delay, due to circumstances beyond *your* control, of the vehicle, airline, bus, train, or government-operated ferry system in which *you* are riding or are scheduled to ride as a passenger. The delay and the scheduled arrival date must occur prior to the expiry date shown on the *confirmation of coverage*.
- b) Medically unfit to travel. Coverage will be automatically extended for up to 5 days if medical evidence supports that *you* are medically unfit to travel due to a covered *sickness* or *injury* on or before the expiry date shown on the *confirmation of coverage*. Any fees associated with changes to *your* travel plans are *your* responsibility.
- c) *Hospitalization*. Coverage will be automatically extended at no charge during the period of *hospital* confinement, plus 3 days after release to travel home, if *you* are *hospitalized* on the expiry date shown on the *confirmation of coverage* as a result of a covered *sickness* or *injury*. This coverage will be extended to *your* travelling companion(s) remaining with *you* when reasonable and necessary.

### Dental emergencies and pain

- a) The dental *emergency* benefit provides up to \$5,000 USD for *emergency treatment* or services to whole or sound natural teeth (including capped or crowned teeth) which are damaged as a result of an accidental blow to the face.
- b) The dental pain benefit provides up to \$500 USD for the immediate relief of acute dental pain caused by other than a direct blow to the face and for which *you* have not previously received *treatment* or advice.

Reimbursement will not exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where *you* reside.

*Treatment* of any dental *emergency* must begin within 48 hours from the onset of the *emergency* and must be completed before the expiry date shown on the *confirmation of coverage* and prior to *your* return to *your* province or territory of residence.

*Treatment* must be performed by a legally qualified dentist or oral surgeon.

**Return to original trip destination** is a benefit that is subject to the pre-approval of the Assistance Centre. If *you* are returned to *your* province or territory of residence and the attending *physician* determines that the *treatment* received in Canada resolved the *emergency*, *you* may apply for this benefit. If the Assistance Centre agrees that a recurrence of the medical *emergency* is unlikely, this benefit provides up to a maximum of \$2,500 USD for a one-way economy flight to return *you* and one insured travelling companion to the original trip destination.

The return must occur during the original period of coverage.

**A subsequent recurrence or complication of the condition that resulted in you being returned home is excluded under this policy.**

**Benefits are payable only when approved in advance and arranged by the Assistance Centre.**

If *you* make a temporary return to Canada during the coverage period, there is no coverage while *you* are in *your* province or territory of residence. Refunds are not payable for any days *you* spend in *your* province or territory of residence. *You* must meet the eligibility requirements of this *policy* when *you* exit *your* province or territory of residence in order to continue *your* coverage.

**Return of Deceased (Repatriation)** In the event of *your* death due to a covered *sickness* or *injury*, this benefit provides:

- a) up to \$10,000 USD for costs incurred to prepare and return *your* remains in a standard transportation container to *your* permanent residence in Canada; or
- b) up to \$5,000 USD for cremation or burial of *your* remains at the place of death. The cost of the urn or coffin and any funeral service is not covered.

## Coverage for Pre-Existing Conditions

Benefits are payable for costs for a medical *emergency* due to or resulting from *your* existing *medical condition* or related condition, other than a *minor ailment*, as long as the *medical condition* is *stable* during the **90 days** immediately before the *effective date*.

## Exclusions

Benefits are not payable:

1. Any *pre-existing condition* that was not *stable* in the **90 days** immediately before the *effective date*.
2. If *you* or 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.
3. For costs incurred due to any *treatment*, investigation or *hospitalization* which is a continuation of, or subsequent to, *emergency treatment* of an *sickness* or *injury*.
4. For costs incurred due to a recurrence or complication of the *sickness* or *injury* or *medical condition* that resulted in *you* being returned home if *you* elect to resume *your* trip after being returned to Canada.
5. For any costs incurred due to elective *treatment* (or the consequence of a prior elective procedure), dental or cosmetic surgery, or 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.
6. For costs incurred due to any *sickness* or *injury* or *medical condition* when a trip is undertaken for the purpose of securing medical *treatment*.
7. For costs incurred due to any rehabilitation or convalescent care.
8. For costs incurred due to naturopathic or holistic *treatment*.
9. For costs incurred, regardless of *your* state of mind and whether or not *you* were able to understand the consequences of *your* actions, due to:
  - a) *your* emotional or mental disorders resulting from any cause, including but not limited to anxiety or depression; or
  - b) *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
10. For costs incurred due to death, *sickness*, or *injury*, if at the time of the death, *sickness*, or *injury*, evidence supports that the *medical condition* causing the death, *sickness*, or *injury* was in any way contributed to by:
  - a) *your* long-term use of alcohol, including alcohol withdrawal; or
  - b) *your* intoxication; or
  - c) *your* use of prohibited drugs or intoxicant; or
  - d) *your* non-compliance with prescribed *treatment* or medical therapy; or
  - e) *your* use of medication or drugs that have not been approved by the appropriate government authority; or
  - f) *your* misuse of medication.
11. For costs incurred due to death, *sickness*, or *injury* caused or contributed to by the participation by *you*, a family member or travelling companion in:
  - a) protests; or
  - b) armed forces activities; or
  - c) a commercial sexual transaction; or
  - d) fraudulent, illegal or dishonest act; or
  - e) the commission or attempted commission of any criminal offence; or
  - f) the contravention of any statutory law or regulation in the area where the death, *sickness*, or *injury* occurred.
12. For any costs arising out of, caused by, related to, and or due to:
  - a) Any *act of terrorism* or any *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government stating to Avoid non-essential travel or to Avoid all travel regarding the country, region, or city of your destination, before the date your coverage begins. To read the travel advisories, visit the Government of Canada Travel site.  
  
Note: This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.
13. For costs incurred due to:
  - a) riot, strike or civil commotion.
  - b) war, civil war, rebellion, or insurrection; or
  - c) invasion, acts of foreign enemies, hostilities or warlike operations (if war is not declared); or
  - d) *act of terrorism* caused directly or indirectly by nuclear, chemical, or biological means (such as the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination; or
14. For costs incurred due to exposure to radioactive, toxic, or other nuclear hazardous properties or nuclear by-product material.
15. For costs incurred due to air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire, unless transportation was arranged by the Assistance Centre.



## Exclusions (continued)

16. For costs incurred due to *injury* resulting from training for, competing or participating in:
- professional sport activities; or
  - motorized speed contests; or
  - stunt activities; or
  - ski jumping or skiing or snowboarding out of bounds
  - street luge, skeleton activity
  - participation in any rodeo activity.
  - skydiving or sky-surfing
  - white water rafting (except grades 1 to 4)
  - 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),
  - Mountaineering if the ascent or descent of a mountain requires the use of equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.
17. For costs incurred due to:
- a child born during a trip taken while this insurance is in force.
  - routine pre-natal or post-natal care; or
  - pregnancy, childbirth or complications thereof after the 31st week of pregnancy; or
  - any high-risk 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 pre-eclampsia, eclampsia, hypertension, gestational diabetes, Rh incompatibility, or placenta previa.
18. For costs that exceed the *reasonable and necessary charges* for the area where the *treatment* or services are being performed.
19. For costs incurred due to *treatment* or services that contravene, or are prohibited by, legislation under a provincial or territorial health insurance plan.
20. If a *physician* has advised *you* not to travel before *your* departure date.

## Definitions

The following defined terms appear in italics in the *policy*:

**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.

**Application** means the series of questions that form *your* application for insurance and are submitted:

- on *your* behalf when *you* apply by telephone; or
- when *you* apply online; and
- includes the *medical questionnaire*.

**CAD** means Canadian dollars.

**Confirmation of coverage** means the document *you* receive when *you* apply for new or additional coverage under this *policy*, which includes *your policy* number and confirms the coverage *you* have purchased.

**Dependent children** are *your* unmarried children who are born before the trip, are financially dependent on *you*, are at least 15 days old and no more than 21 years old.

**Effective date** means the date *you* leave *your* province or territory of residence and each date *you* leave Canada.

**Emergency** means a sudden, unforeseen *sickness* or *injury* occurring during the period of coverage, which 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* place of ordinary residence in Canada.

**Government Health Insurance Plan (GHIP)** means the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

**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 twenty four (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.

## Definitions (continued)

The following defined terms appear in italics in the *policy*:

**Hospitalization or hospitalized** means to be an inpatient in a *hospital*.

**Injury** means sudden bodily harm directly caused by external and accidental means and which is independent of all other causes, including *sickness* or disease.

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

**Medical questionnaire** means all of the medical questions related to *your* medical history which *you* may be required to answer on the *application*. If eligible, this questionnaire will determine the terms of coverage and/or the premium that applies to *you*.

**Minor ailment** means an *sickness* or *injury* which ended more than 30 days prior to the date coverage was to begin, as shown on the *confirmation of coverage* and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) *hospitalization*, surgery, or referral to a specialist.

**Physician** is a person who is not *you* or a member of *your* immediate family or *your* traveling companion, licenced in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

**Policy** means this document, the completed *application*, the *medical questionnaire*, the *confirmation of coverage* and any endorsement to this document issued by *us* upon receipt of the required premium.

**Pre-existing condition** means any *medical condition* that exists prior to the *effective date*.

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

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

**Spouse** means the person who is legally married to *you* or the person who has been living with *you* for a continuous period of at least one (1) year and is publicly represented as *your* domestic partner.

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

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

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

The following are considered *stable*:

- a) Routine adjustment of insulin, Coumadin or Warfarin as long as the insulin, Coumadin or Warfarin is not first prescribed in the 90 days prior to the *effective date*.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the 90 days prior to the *effective date*.
- c) A *minor ailment*.

**Terminal illness** means a *medical condition* that is cause for a *physician* to estimate that *you* have less than 24 months to live or for which palliative care was received prior to the date coverage began.

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing that results in a diagnosis of a specific *medical condition*, or surgery. Important: Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA, or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis, or prognosis.

**USD** means United States of America dollars.

**We, us, our** means Manulife.

**You, your,** means the person(s) named as insured person(s) on *your confirmation of coverage*, for whom insurance coverage was applied and the required premium received by *us*.

## General Provisions

### Assignment

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

### Benefit Payments

Unless otherwise stated, all provisions in this *policy* apply to each insured person during one period of coverage. Benefits are only payable under one *policy* for each insured person during the period of coverage. If more than one *policy* issued by Manulife 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 Manulife at the time of *application*, and indicated on the *confirmation of coverage*.

Any benefits payable do not include interest charges.

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

### Conformity with Law

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

### Coordination of Benefits

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

Other coverage includes but is not limited to:

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

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

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 expenses incurred as a result of the covered *sickness* or *injury*.

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

### Emergency Assistance

The Assistance Centre will use its best efforts to provide *you* with assistance if *you* have a medical *emergency* arising anywhere in the world. However, the Assistance Centre, Manulife, and Travel Insurance Office Inc. will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for the failure of any person to provide or obtain medical services.

### General Terms

*Policy* 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 or territory in which *you* normally reside.

### Language

The parties request that the *policy* and all related documentation be drawn in English.

Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

## General Provisions (continued)

### Limit on Liability

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

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

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

### Limitation of Action

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

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, or in the Limitations Act, 2002 in Ontario, or other applicable legislation.

### Misrepresentation or Nondisclosure

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

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

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

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

### 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 *application* date of this *policy* as indicated on *your confirmation of coverage*. Premiums are payable in CAD.

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.

If the premium *you* pay does not cover the cost for the period of coverage *you* choose for *your* age:

- *We* charge *you* and collect any underpayment; or
- *We* shorten the *policy* period when a premium cannot be collected. *We* will advise *you* of the shortened period in writing.

*Your* coverage is null and void when any of the following happens:

- *We* don't receive premium payment
- *Your* cheque is not honoured
- Credit card charges are invalid
- There is no proof of *your* payment

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

### Right to be Reimbursed (Subrogation)

*We* have full rights of subrogation. If *we* pay a claim under this *policy*, *we* have the right to proceed against any third parties who may be responsible for giving rise to a claim under this *policy*. *We* may proceed in *your* name at *our* expense. *You* agree to provide any documents *we* need and to fully cooperate with *us* to assert *our* rights. *You* agree that *you* will not do anything to prejudice *our* rights.

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

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

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

## General Provisions (continued)

### Time

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

### Transportation to Other Medical Facilities

Manulife reserves the right, as reasonably required and at its expense, to transfer *you* to any *hospital* or to transport *you* to Canada following an *emergency*. If *you* refuse to be transferred or transported when declared medically fit to travel, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the period of coverage.

## Statutory Conditions

### Contract

The *application*, this *policy*, any document attached to this *policy* when issued and any amendment to the contract agreed on 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

Manulife 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 and signed by Manulife.

### Copy of Application

Upon request, a copy of the *application* shall be given to *you* or to a claimant under the contract.

### Material Facts

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

### Termination by the Insured

*You* may at any time request that this contract be terminated and Manulife shall, as soon as practical after *you* make the written request, refund the amount of premium actually paid by *you*.

### Termination by Insurer

*We* may terminate this *policy* 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:

- A. Delivered personally to *you*, or
- B. It may be sent by registered mail to *your* latest address on record, or
- C. It may be sent by prepaid courier to *your* latest address on record if there is a record by the person who has delivered it that the notice has been sent (applicable only if *you* reside in Ontario)

Where notice of termination is delivered personally to *you* or delivered to *you* by prepaid courier, five (5) days' notice of termination will be given. Where it is mailed to *you*, fifteen (15) days' notice will be given and the fifteen (15) days period begins on the day the registered letter or notification of it is delivered to *your* address

### Notice and Proof of Claim

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

### 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 (1) year from the date of the accident or the date a claim arises under the contract on account of *sickness*, *injury*, 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 (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 Claims Department and shall be furnished to *you* within fifteen (15) days after receiving notice of claim, but if *you* or the claimant have not received the forms within that time *you* or the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the death, *sickness*, or *injury* giving rise to the claim.

### Rights of Examination

The claimant shall provide Manulife with the opportunity to examine *you* when and so often as it reasonably requires while a claim is pending. In the case of *your* death, Manulife may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

### When Money Payable

All money payable under this contract shall be paid within sixty (60) days after Manulife has received proof of claim satisfactory to it.

## Changing Your Coverage

If, prior to departing *your* province or territory of residence, *you* want to change the number of days of coverage, contact **Travel Insurance Office Inc.** and speak to an agent. Extensions will not be made if *you* leave a voice mail or send an email.

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

- a) purchase additional coverage prior to the coverage expires date, as shown on *your confirmation of coverage*; and
- b) are in good health; and
- c) have no reason to seek *treatment* during the new term of coverage.

If *you* have incurred a claim, the Assistance Centre will review *your* file before deciding on granting a new term of coverage and reserves the right to decline any request for new terms of coverage.

Each *policy* or term of coverage is considered a separate contract.

**There are no administration fees or service charges.**

Contact **Travel Insurance Office Inc.** from anywhere in Canada or the USA:

**Toll-free numbers**

**1-800-550-1295 (Ontario)**

**1-888-550-1295 (Western Canada)**

**1-877-550-1295 (Atlantic Canada)**

In Quebec, Contact **Bureau d'Assurance Voyage Inc.** at: **1-844-500-2947 (Quebec)**

**If *you* are calling from outside of Canada or the USA call collect: 905-201-1571**

## Canceling Your Policy

### Cancellation of Policy Prior to Travel

A full refund will be provided if *you* cancel *your* coverage prior to the coverage begins date, as shown on *your confirmation of coverage*. *Your* written request must be faxed, emailed or postmarked prior to the date coverage is to begin, as shown on *your confirmation of coverage*.

**There are no administration fees or service charges.**

### Cancellation of Single Trip Policy After Travel Has Begun

A partial refund of single trip coverage is payable when *you* return to *your* province or territory of residence prior to the date coverage is to end, as shown on *your confirmation of coverage*. There is no refund if *you* have had a claim or a claim is pending. *Your* written request must be faxed, emailed or postmarked within 30 days of *your* return to Canada and include proof, such as an airline ticket or Canadian credit card receipt showing the date of *your* return. If *you* do not have proof of *your* return, the refund will be based on the Canadian postmark date of *your* written request.

**There are no administration fees or service charges.**

### Cancellation of Annual Plan Coverage Policy After Travel Has Begun

There are no refunds on annual plan coverage after the coverage begins date.

**To obtain a refund *you* have three options:**

1. Mail *your* written request to:

Canada (excluding Quebec):

**Travel Insurance Office Inc.  
190 Bullock Drive Suites 1 & 2  
Markham ON L3P 7N3**

Quebec:

**Bureau d'Assurance Voyage Inc.  
151 Queen Street  
Sherbrooke QC J1M 1J8**

2. Fax *your* written request to:

Canada (excluding Quebec): **1-888-360-4833**

Quebec: **1-855-858-6709**

3. Email *your* written request to:

Canada (exc. Quebec): **[tc@travelinsuranceoffice.com](mailto:tc@travelinsuranceoffice.com)**

Quebec: **[info@bavqc.com](mailto:info@bavqc.com)**

## Claims Procedures

**IN THE EVENT OF A MEDICAL EMERGENCY, CALL THE ASSISTANCE CENTRE IMMEDIATELY**  
**1-888-668-0132**  
**(toll-free call from the USA or Canada)**  
**or**  
**519-251-0132 collect to Canada from**  
**anywhere else in the world.**

**The Assistance Centre is available to assist you 24 hours a day, 7 days a week.**

You must call the Assistance Centre before obtaining *treatment*, so that we may:

- confirm coverage; and
- provide pre-approval for *treatment*

Please note that if *you* or someone on *your* behalf does not call the Assistance Centre in an *emergency* and prior to *treatment*, *you* may have to pay 20% of the eligible medical expenses we would normally pay under this *policy*. If it is medically impossible for *you* to call when the *emergency* happens, we ask that someone call on *your* behalf.

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*.

You may call the Assistance Centre directly for specific information on how to make a claim or to enquire about *your* claim status at:

**1-888-668-0132 or 519-251-0132**

If *you* have a claim, obtain a claim form from the Assistance Centre. Mail *your* completed form to:

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

**Collect worldwide: 519-251-0132**  
**Toll free Canada/USA: 1-888-668-0132**

1. Notice of Claim. Claims must be reported within 30 days of occurrence.
2. Proof of Claim. 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 service providers.

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

We need the following information when *you* submit *your* claim:

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

## Where to Submit *Your* Claims

### Online

Visit [manulife.acmtravel.ca](http://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.

### By mail

Mail all claims correspondence to:

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

### Telephone

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

## Who We Pay Benefits to if You Have a Claim

We pay reasonable and necessary charges to *you* or to the service provider, minus any applicable deductibles.

We pay loss of life benefits to *your* estate.

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

When we convert currency, we use *our* exchange rate on the date of service shown on *your* receipt. We do not pay any interest.

## Other Information You Should Know if You Have a Claim

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

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, or in the Limitations Act, 2002 in Ontario, or other applicable legislation.

**This is the end of the insurance policy.**

## Notice on Privacy and Confidentiality

By submitting the requested information, which may include, but is not limited to, name, address, date of birth, driver's licence number, medical information, financial information, driving record, automobile insurance policy history, and automobile insurance claims history, you are providing consent to Travel Insurance Office Inc. for the collection, storage, use, disclosure, and processing of your personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You are also providing consent to Travel Insurance Office Inc. for the disclosure of your personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties"). Additionally, by providing information about a third party, including but not limited to, a family member, director, officer, employee, or any party that has an interest in or derives a benefit from the policy, you hereby covenant and warrant that you have obtained the appropriate consent from such third party to disclose their personal information to Travel Insurance Office Inc. and for Travel Insurance Office Inc. to use and disclose such information for any of the above-stated purposes.

Travel Insurance Office Inc. is committed to protecting the privacy and confidentiality of information provided. Your personal information may be processed by and is securely stored within the offices of Travel Insurance Office Inc. and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws. Travel Insurance Office Inc. may retain your personal information as needed for any of the above-stated purposes or as necessary to comply with Travel Insurance Office Inc.'s legal and regulatory obligations, resolve disputes, and enforce Travel Insurance Office Inc.'s agreements.

You may refuse to consent or withdraw your consent to the collection, storage, use, disclosure or processing of your personal information; however, your refusal to provide consent may result in Travel Insurance Office Inc. being unable to offer and administer insurance coverage or prevent Travel Insurance Office Inc. from being able to pay any claim benefits payable under your policy.

Please contact the Travel Insurance Office Inc. if you require further information regarding the collection, use, disclosure, processing and storage of your personal information. For more information you may also review our Privacy Policy online at [secure2.travelinsuranceoffice.com/privacy-policy](http://secure2.travelinsuranceoffice.com/privacy-policy)



## Travel Health Insurance Association

Manulife, the Assistance Centre, and Travel Insurance Office Inc. are members of the **Travel Health Insurance Association** and fully support its Bill of Rights and Responsibilities.



[www.thiaonline.com](http://www.thiaonline.com)

### Travel Insurance Bill of Rights & Responsibilities

The Travel Insurance Bill of Rights and Responsibilities builds upon the following key elements of travel health insurance:

1. Understand your travel insurance policy – Insurance providers have staff available to answer any questions related to policies
2. Know your health and consult a health care provider if you have any questions
3. Know your trip - How long will you be gone? Are you a snowbird? Will you be travelling many times during the year?



### Under THIA's Travel Insurance Bill of Rights and Responsibilities travellers have the right to:

1. **A No Obligation Purchase:** Travel insurance providers will allow a minimum 10-day free review of the policy.
2. **Be Informed:** You will receive your policy documentation and confirmation of coverage outlining the policy terms and conditions whether purchased in person, over the phone or online.
3. **Request Clarification:** You may ask questions about the travel insurance you have purchased.
4. **Review & Modify Medical Screening:** You will receive a copy of the answers you provided on the medical questionnaire prior to the start of your policy.
5. **Receive Worldwide Assistance & Toll-free Support:** You have 24/7 access to the help you need when you need it from your travel insurance provider.
6. **Fair & Prompt Claims Handling:** You will have a timely and transparent communication process.
7. **Escalate & Appeal:** You may challenge decisions and request additional reviews with new information.
8. **Confidentiality:** Your personal information will be protected in all dealings with your travel insurance provider.
9. **Know Your Insurer:** Your policy will clearly identify the underwriter of your travel insurance and the process to file and resolve complaints.
10. **Your Preferred Language:** You may transact and correspond about all components of your travel insurance in English or French.

### Travellers are responsible for the following:

1. **To Provide Accurate Information:** The travel insurance application needs to be completed accurately.
2. **To Understand Your Policy:** Take the time to read and understand your policy.
3. **To Travel With Proof of Insurance:** Have your policy number and emergency assistance contact information easily accessible.
4. **To Notify Your Travel Insurance Provider:** Provide prompt and timely communication when a claim situation arises and provide all requested documentation related to your claim including all relevant receipts.

Please contact us at [accessibility@manulife.ca](mailto:accessibility@manulife.ca) or 1-855-891-8671 to request an alternate format or communications supports.