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Cobourg, Ontario K9A 5J3
1 800 567-0021

toll-free from the USA and Canada, or
(905) 372-1779



Medicare International Travel Insurance

In case of a medical emergency, please call:

1 877 260-1382

toll-free from the USA and Canada or

+1 (416) 977-1408

collect from anywhere in the world.

The Assistance Centre can be contacted 24 hours a day,
365 days a year.

Your Agent:

MEDICARE INTERNATIONAL Travel Insurance Policy

Version M06

Effective February 2009

Underwritten by:

 **Manulife Financial**

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ABOUT 21st CENTURY TRAVEL INSURANCE LIMITED

For more than 25 years, 21st Century Travel Insurance Limited (21st Century) has been committed to making travel worry-free and enjoyable for Canadians by offering quality insurance products, underwritten by a secure and reliable insurance company. We are proud to be represented by professional insurance brokers and financial advisors across Canada, who trust 21st Century with their clients' travel insurance needs.

No one expects to have a medical emergency away from home, but unfortunately these events can happen. Our Medicare International Travel Insurance plan offers the personalized coverage you need to be financially protected against the cost of unexpected medical emergencies during your trip.

ABOUT MANULIFE FINANCIAL

Today, with millions of customers, Manulife Financial offers a diverse range of financial protection products and wealth management services. Operating in 19 countries and territories worldwide, Manulife Financial is a financially strong company committed to customer service excellence and value.

Financial security. Comprehensive benefits. Competitive premiums. Easy-to-follow procedures. Consumer-friendly documentation. Caring assistance and claim services. They're all part of the Medicare International Travel Insurance plan, offered exclusively by 21st Century.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain exclusions or limitations.
- A pre-existing condition exclusion may apply to a medical condition and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or illness, your prior medical history may be reviewed when a claim is reported.
- Your policy provides travel assistance. If you experience a medical emergency, you must notify our Assistance Centre immediately. Your policy may limit benefits should you not contact the Assistance Centre.

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

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IN THE EVENT OF AN *EMERGENCY*,
CALL THE ASSISTANCE CENTRE IMMEDIATELY
1 877 260-1382 toll-free from the USA and Canada
+1 (416) 977-1408 collect to Canada from anywhere else
in the world.

Our Assistance Centre is there to help you
24 hours a day, 365 days a year.

Please note that **if *you do not* call** the Assistance Centre in an *emergency* and prior to *treatment*, ***you will have to pay 25% of the eligible medical expenses*** we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

IMPORTANT INFORMATION ABOUT *YOUR* INSURANCE:

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife Financial). Manulife Financial has appointed World Travel Protection Inc. as the provider of all assistance and claims services under this policy. Administration of all applications, enrollments and customer service for the Medicare International Travel Insurance plan is provided by 21st Century Travel Insurance Limited.

ITALICIZED WORDS have a specific meaning. Please refer to the "Definitions" section of this policy to find the meaning of each italicized word.

MEDICARE INTERNATIONAL TRAVEL INSURANCE PLANS-AT-A-GLANCE

Benefits & Features	SINGLE-TRIP PLANS			MULTI-TRIP PLANS
	Emergency Medical	Travel Canada*** Emergency Medical	Fast Trak	Emergency Medical
Eligible Age*	No Limit	No Limit	55-74	No Limit
Emergency Medical	◆	◆	◆	◆
Features & Options Available				
Deductible Savings	◆		◆	◆
Family Coverage** (under the age of 55)	◆	◆		◆
Travel Companion Savings**	◆	◆	◆	◆

* Minimum age is 30 days old.

** Family Coverage and Travel Companion Savings cannot be combined.

*** The Travel Canada plan is offered at 50% off the regular Single-Trip Emergency Medical plan rates.

ELIGIBILITY

To be eligible for **Emergency Medical** coverage you must:

- be a resident of Canada, a minimum of 30 days old, and covered under a *government health insurance plan* for the entire duration of *your trip*.
- have paid the appropriate premium in full and be travelling outside *your province* of residence.

You must complete *your application* (including the *medical questionnaire* if required) not more than 180 days before *your effective date*. If you are purchasing a Single-Trip plan, you must have coverage for the entire duration of *your trip* away from *home*.

The Rate Category applicable to you has *pre-existing condition* exclusions. Please see the section "What does *Emergency Medical Insurance* **not** cover?" in this policy for more information about these conditions and exclusions.

GENERAL INFORMATION ABOUT

Multi-Trip plans:

- Provide coverage for an unlimited number of *trips* taken within one (1) year, commencing with the *effective date* as shown on *your confirmation*.
- Each *trip* taken can be up to the maximum *trip length* you selected when you purchased *your Multi-Trip* plan.
- Top-up coverage can be purchased for *trips* that are longer than the maximum *trip length* selected.
- For a *trip* to be covered under the benefits of this policy, it must start on or after the *effective date* and end prior to or on the *expiry date* shown on *your confirmation* of coverage.

NOTE: If a *trip* begins during the coverage period but will extend beyond the *expiry date*, you can purchase Top-up coverage for any travel days that fall after the *expiry date* or you can purchase a new Medicare International Travel Insurance Multi-Trip plan for the next 365-day period as long as the total duration of the *trip* does not exceed the maximum *trip length* you chose when you purchased the Multi-Trip plan.

All Multi-Trip plans provide you with *emergency medical* coverage for unlimited travel within Canada but outside *your province* or territory of residence.

In the event of a claim, you will be required to provide proof of *your departure date* and *your return date*. Proof can include *your plane ticket*, *train ticket*, a stamped passport, and/or *credit card* or *bank statement* showing purchases in Canada just prior to *your departure date*.

Top-Ups: To top up *your Multi-Trip* plan or another insurer's plan for trips longer than the number of coverage days you have, simply call 21st Century Travel Insurance Limited before you leave *home* for the additional coverage days required. The *Single-Trip Emergency Medical* plan can be used as a top-up to our *Multi-Trip* plan or another insurer's plan (where permitted). It is *your* responsibility to confirm that a top-up is permitted on *your existing* plan with no loss of coverage.

The Fast Trak Rate Category cannot be used to top up any *Multi-Trip* plan.

When you apply for top-up coverage you may be required to answer questions about *your health status*.

If you have purchased **Family Coverage** for any *Emergency Medical* Plan, all family members to be insured under one policy must be named on *your confirmation* and must be under 55 years of *age* and a minimum of 30 days of *age*.

YOUR COVERAGE STARTS

For Single-Trip plans, coverage starts on the latest of:

- the date *you* leave *home*; or
- the *effective date*, as shown on *your confirmation*.

For Multi-Trip plans, coverage starts on the *effective date* as shown on *your confirmation* and after that date, it starts each date *you* leave *home*.

For Top-Ups, coverage starts on the *effective date* as shown on *your confirmation*.

YOUR COVERAGE ENDS

Your coverage ends on the earliest of:

- the date *you* return *home*;
- when the number of days of coverage *you* purchased (as shown on *your confirmation*) expires; or
- the *expiry date*, as shown on *your confirmation*.

AUTOMATIC EXTENSION is provided beyond *your expiry date* as shown on *your confirmation* if:

- *your* carrier is delayed. In this case, *we* will extend *your* coverage for up to 72 hours; or
- *you* or *your travel companion* are hospitalized on that date. In this case, *we* will extend *your* coverage during the hospitalization and for up to 5 days after discharge from the *hospital*; or
- *you* or *your travel companion* have a medical *emergency* that does not require hospitalization but prevents travel. In this case, *we* will extend *your* coverage for up to 5 days.

In any case, *we* will not extend any coverage beyond 12 months after the date *you* first leave *home*.

TO STAY LONGER THAN PLANNED

To apply for an extension of *your* coverage for a *trip*, simply call 21st Century Travel Insurance Limited during regular business hours. *You* may be able to extend *your* coverage, as long as:

- the total length of *your trip*, including the extension, does not exceed 183 days (212 days if *you* reside in Ontario or Newfoundland);
- *you* pay the additional premium (minimum \$25); and
- there has been no event that has resulted or may result in a claim against the policy.

Any extension is subject to the approval of 21st Century Travel Insurance Limited.

REFUNDS

- *You* may cancel *your* policy prior to *your departure date* (*your effective date* if *you* have purchased a Multi-Trip Emergency Medical plan).
- If *you* return *home* early, *you* may request a refund of premium (minimum \$25) for the unused coverage days of *your trip* providing there has been or will be no notification of a claim or benefit paid by *us* and that *you* have provided us with *your* written request with proof of the date *you* actually returned *home*.
- Cancellations and refunds are subject to a \$25 administration fee per policy.

IMPORTANT TELEPHONE NUMBERS: For coverage information, general enquiries, or to apply for an extension or a refund of premium, please call 21st Century Travel Insurance Limited during regular business hours, at 1 800 461-2100 or 1 800 567-0021, or (905) 372-2517 or (905) 372-1779.

Written correspondence should be mailed to:

Medicare International Travel Insurance
995 Elgin Street West, Suite 4
Cobourg, ON K9A 5J3

EMERGENCY MEDICAL INSURANCE

Benefits – What does *Emergency Medical Insurance* cover?

Emergency Medical Insurance covers *you* for up to \$5,000,000 CDN of *covered expenses* incurred by *you* as a result of *medical attention* required by *you* during *your trip* if a medical *emergency* begins unexpectedly after *you* leave *home*, but only if these *covered expenses* are in excess of any amount covered by *your government health insurance plan* or any other benefit plan. The *medical attention* must be required as part of *your emergency treatment*.

In the event of an *emergency*, call the Assistance Centre immediately: 1 877 260-1382 toll-free from the USA and Canada or (416) 977-1408 collect to Canada from anywhere else in the world. Please note that if ***you do not call*** the Assistance Centre in an *emergency*, ***you will have to pay 25% of the eligible medical expenses*** we would normally pay under this policy. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

We will cover benefits #5 to #11 only if they have been authorized and arranged by the Assistance Centre. *Covered expenses* and benefits are subject to the policy's maximums, exclusions, limitations, and *your deductible amount*. The eligible *covered expenses* are:

1. ***Expenses for emergency medical attention*** – *Reasonable and customary charges* for medical care received from a *physician* in or out of a *hospital*; the cost of a semi-private *hospital* room (or an intensive or coronary care unit where *medically necessary*); the services of a licensed private duty nurse while *you* are in *hospital*; the rental or purchase

(whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance; tests that are needed to diagnose or find out more about *your* condition; and drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist.

2. **Expenses for paramedical services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 per profession.
3. **Expenses for ambulance transportation** – *Reasonable and customary charges* for local licensed ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency*.
4. **Expenses for *emergency* dental treatment**
 - If *you* need *emergency* dental treatment, *we* will pay up to \$300 for the relief of dental pain; and/or
 - If *you* suffer an accidental blow to the mouth, *we* will pay up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,000 during *your trip* and up to \$1,000 after *your return home*, to continue *medically necessary treatment* in the 90 days after the accident).
5. **Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for 3 days or more because of a medical *emergency*, *we* will pay the return economy class airfare via the most cost-effective itinerary for someone to be with *you*. *We* will also pay up to \$300 for that person's hotel and meals and cover them with *Emergency Medical Insurance* under the same terms and limitations of this policy until *you* are medically fit to return *home*. For a *child* insured under this policy, this benefit is available immediately upon their *hospital* admission.
6. **Extra expenses for meals, hotel, phone calls and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency medical treatment* or that of *your travel companion* requires transfer to a location that is different from *your* original destination, *we* will reimburse *you* up to \$150 per day to a maximum of \$1,500 for your extra meals, hotel, essential phone calls and taxi fares. *We* will only reimburse *you* for these expenses if *you* have actually paid for them.
7. **Expenses related to *your* death** –
If *you* die during *your trip* from an *emergency* covered under this insurance, *we* will reimburse *your* estate for:
 - up to \$5,000 to have *your* body prepared where *you* die and the cost of the standard transportation container normally used by the airline, plus the cost of the return *home* of *your* body;
 - up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* die; or
 - up to \$5,000 to cremate *your* body where *you* die, plus the cost of the return *home* of *your* ashes.

In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, *we* will pay the return economy class airfare via the most cost-effective itinerary for that person, and up to \$300 for that person's hotel and meal expenses. *We* will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to 72 hours.

8. **Expenses to bring *you* home** – If *your* treating *physician* recommends that *you* return *home* because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, *we* will pay for one or more of the following:
 - the extra cost of an economy class airfare via the most cost-effective itinerary; and/or
 - a stretcher airfare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*; and/or
 - the cost of return economy class airfare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*, and the attendant's reasonable fees and expenses, if this is *medically necessary* or required by the airline; and/or
 - the cost of air ambulance transportation, if this is *medically necessary*.
9. **Expenses to return *children* under *your* care** – If *you* are admitted to *hospital* for more than 24 hours or must return *home* because of an *emergency*, *we* will pay for the extra cost of one-way economy class airfare to return the *children home* via the most cost-effective itinerary and the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it. The *children* must have been under *your* care during *your trip* and covered under a policy underwritten by *us*.
10. **Expenses to return *your travel companion*** – *We* will cover the extra cost of one-way economy class airfare via the most cost-effective itinerary, to return *your travel companion* (who is travelling with *you* at the time of *your* *emergency* and insured under *our* travel insurance plan) *home*, if *you* return *home* under benefit #8 above.
11. **Expenses to return *your vehicle* home** – If, because of a medical *emergency*, *you* are unable to drive the *vehicle* *you* used during *your trip*, *we* will cover up to \$2,000 charged by a commercial agency to bring *your vehicle* *home*. If *you* rented a *vehicle* during *your trip*, *we* will cover its return to the rental agency.
12. **Trip break** – If *you* have requested and received prior approval from 21st Century Travel Insurance Limited, *you* may return to *your* province of residence to attend special events without terminating *your* coverage. There will be no refund of premium for any of the days during *your* return *home*. Coverage is not in effect during the time *you* are at *home*.

Exclusions & Limitations – What does *Emergency Medical Insurance* not cover?

We will not pay any expenses or benefits relating to:

1. **A pre-existing condition.** The *pre-existing condition* exclusion that applies to *you* depends on the Rate Category *you* qualified for when *you* purchased this policy. Please see the definitions of “*pre-existing condition*” and “*stable*” at the end of this policy booklet.

Rate Category A+ and A. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the 3 months before *your effective date*; and/or,
- *your heart condition* if, in the 3 months before *your effective date*, it has not been *stable* or *you* have used any form of nitroglycerine for the relief of angina pain; and/or,
- *your lung condition* if, in the 3 months before *your effective date*, it has not been *stable* or *you* required *treatment* with oxygen or Prednisone for *your lung condition*.

Rate Category B. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the 6 months before *your effective date*; and/or,
- *your heart condition* if, in the 6 months before *your effective date*, it has not been *stable* or *you* have used any form of nitroglycerine for the relief of angina pain; and/or,
- *your lung condition* if, in the 6 months before *your effective date*, it has not been *stable* or *you* required *treatment* with oxygen or Prednisone for *your lung condition*.

Rate Category C. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the 12 months before *your effective date*; and/or,
- *your heart condition* if, in the 12 months before *your effective date*, it has not been *stable* or *you* have used any form of nitroglycerine for the relief of angina pain; and/or,
- *your lung condition* if, in the 12 months before *your effective date*, it has not been *stable* or *you* required *treatment* with oxygen or Prednisone for *your lung condition*.

Fast-Trak Rate Category. We will not pay any expenses relating to:

- a *pre-existing condition* for which *you* have taken, received or been prescribed medication or *treatment* in the 3 months before *your effective date*; and/or,
- *your heart condition* if, in the 3 months before *your effective date*, *you* have taken, received or been prescribed medication or *treatment* or *you* have used any form of nitroglycerine for the relief of angina pain; and/or,
- *your lung condition* if, in the 3 months before *your effective date* *you* have taken, received or been prescribed medication or *treatment* or *you* required *treatment* with oxygen or Prednisone for *your lung condition*.

2. *Covered expenses* that exceed the *reasonable and customary charges* where the medical *emergency* happens.
3. Any *emergency* when, prior to the purchase date, *you* had not met all of the eligibility requirements or truthfully and accurately answered all the questions in the *medical questionnaire* (if applicable).
4. Expenses that exceed \$25,000 if *you* do not have valid coverage under a *government health insurance plan* during *your trip*.
5. *Covered expenses* that exceed 75% of the cost *we* would normally have to pay under this insurance, if *you* or someone on *your* behalf does not contact the Assistance Centre at the time of the *emergency*, unless *your medical condition* makes it impossible for *you* to call (in which case, the 25% co-insurance does not apply).
6. Any *treatment* that is not for an *emergency*.
7. The continued *treatment* of a *medical condition* when *you* have already received *emergency treatment* for that condition during *your trip* and *our* medical advisors determine that *your medical emergency* has ended.
8. A *medical condition*:
 - when *you* knew before *you* left *home*, or before the *effective date* of coverage, that *you* would need or be required to seek *treatment* for that *medical condition*; and/or
 - for which it was reasonable to expect before *you* left *home* that *you* would need *treatment* during *your trip*; and/or
 - for which future investigation or *treatment* was planned before *you* left *home*; and/or
 - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 3 months before leaving *home*; and/or
 - that had caused *your physician* to advise *you* not to travel.
9. An *emergency* resulting from: hang-gliding, rock-climbing, *mountaineering*, parachuting or skydiving; participating in a motorized speed contest; or *your professional participation* in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving, is *your principal paid occupation*.
10. *Treatment* if *you* specifically purchased this insurance to obtain such *treatment* whether or not it was authorized by a *physician*.
11. Suicide; attempted suicide; or an intentional self-inflicted injury whether sane or insane.
12. Committing or attempting to commit a criminal act.
13. Not following recommended or prescribed therapy or *treatment*.

14. Any *medical condition*, sickness, death or *injury* related to your abuse of medication(s), drug(s), alcohol or any other toxic substance(s).
15. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
16. Your routine pre-natal care; your pregnancy or childbirth; complications of your pregnancy or childbirth when they happen in the 9 weeks before or after the expected date of delivery; or your child born during your *trip*.
17. For insured *children* under 2 years of *age*, any *medical condition* related to a birth defect.
18. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
19. Any *emergency* that occurs or recurs after our medical advisors recommend that you return *home* following your *emergency treatment*, and you choose not to.
20. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage.
21. Any loss resulting from an *act of war* or an *act of terrorism* when, before your *effective date*, a written formal Travel Warning was issued by Foreign Affairs and International Trade Canada, advising Canadians to avoid all or non-essential travel to that country, region or city.
22. Any *medical condition* you suffer or contract in a specific country, region or city for which Foreign Affairs and International Trade Canada, has issued a formal Travel Warning, before your *effective date*, advising Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion "medical condition" is limited to the reason for which the formal Travel Warning was issued and includes complications arising from such medical condition.

What are the other conditions that apply to *Emergency Medical Insurance*?

If your current or former employer provides you with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less, we will not coordinate payment with that coverage. If your lifetime maximum is more than \$50,000, we will coordinate payment. We will pay *Emergency Medical* covered expenses in excess of the *deductible amount* that you have selected for this policy.

TERRORISM COVERAGE

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

- For ***Emergency Medical Insurance coverage***, we will provide benefits to you for your *covered expenses* subject to the maximums shown in the benefits section and this provision;
- The benefits payable, as described directly above, are in excess of all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only become available after you have exhausted all such other sources.

Any benefits payable pursuant to our ***Emergency Medical Insurance coverage*** shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by us, including this policy. If total claims otherwise payable for a type of coverage under all travel policies issued by us, resulting from one or more *acts of terrorism* occurring within an applicable time period, exceeds this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a prorated basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

Coverage is only available for up to 2 *acts of terrorism* within a calendar year and the maximum aggregate payable limit for each *act of terrorism* is:

Type of Coverage	Maximum Aggregate for Each <i>Act of Terrorism</i> (CDN\$)
<i>Emergency Medical</i>	\$35,000,000

If, in our judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable limit, your prorated claim may be paid after the end of the calendar year in which you qualify for benefits.

Exclusion to this Terrorism Coverage provision

Notwithstanding any provision to the contrary within this policy or any endorsement thereto, this policy does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, results from, arises out of or is in connection with any *acts of terrorism* perpetrated by or involves the utilization of biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this policy is issued on the basis of information provided in *your* application (including the *medical questionnaire* if required). *Your* entire contract with *us* consists of: this policy; *your* application for this policy (including the completed *medical questionnaire* if required), the *confirmation* issued in respect of that application, and any other amendments or endorsements resulting from extensions or top-ups of coverage.

This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy, extension or top-up of coverage for benefits under this policy.

This policy is non-participating. *You* are not entitled to share in *our* divisible surplus. Neither *we* nor *our* agents or administrators are responsible for the availability, quality or results of any medical *treatment* or transportation, or for *your* failure to obtain medical *treatment*.

This policy shall be governed by and construed in accordance with the laws of the province of Ontario. Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act respecting contracts of accident and sickness insurance.

Premium

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect. Premium rates and policy terms and conditions are subject to change without prior notice to reflect actual experience in the marketplace.

Upon payment of premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a policy number appears and *we* have received *your* completed application (including the *medical questionnaire* if required) prior to *your departure date*. If the premium is insufficient for the period of coverage selected, *we* will:

1. charge and collect any underpayment; or
2. shorten the policy period by written endorsement if an underpayment in premium cannot be collected.

Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

How does this insurance work with other coverages that *you* may have?

The plans outlined in this policy are second payor coverages. If there are other third party liability, group or individual, basic or extended health insurance plans or contracts including any private, provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third party liability

insurance in force concurrently herewith, amounts payable hereunder are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are insured under such coverage.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this policy, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this policy. *You* will execute and deliver such documents as are necessary and cooperate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights.

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.

HOW TO MAKE A CLAIM

**IN THE EVENT OF AN *EMERGENCY*,
CALL THE ASSISTANCE CENTRE IMMEDIATELY:**

1 877 260-1382 toll-free from the USA and Canada or
+1 (416) 977-1408 collect to Canada
from anywhere else in the world.

The Assistance Centre is ready to assist *you* 24 hours a day, 365 days a year.

Please note that if *you do not call* the Assistance Centre in an *emergency* and prior to receiving *treatment*, ***you will have to pay 25% of the eligible medical expenses*** we would normally pay under this policy (25% co-insurance).

If it is medically impossible for *you* to call when the *emergency* happens, the 25% co-insurance will not apply. In this case, *we* ask that *you* call as soon as *you* can or that someone call on *your* behalf. **Do not assume that someone will contact the Assistance Centre for *you*. It is *your* responsibility to verify that the Assistance Centre has been contacted.**

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these eligible expenses will be reimbursed to *you* on the basis of 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*. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

To make a claim due to a medical *emergency* during *your trip*, *your* proof of claim must be sent to *us* within 90 days of *your* loss.

Claims documents and correspondence should be mailed to:

Medicare International Travel Insurance
c/o World Travel Protection
400 University Avenue, 15th Floor
Toronto, ON K5G 1S7

If *you* are making an *Emergency Medical Insurance claim*, *we* will need:

- original itemized receipts for all bills and invoices;
- proof of payment by *you* and by any other benefit plan;
- medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was *medically necessary*;
- proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident;
- proof of travel (including departure and return dates); and
- *your* historical medical records (if *we* determine applicable).

To whom will *we* pay *your* benefits if *you* have a claim?

We will pay the *covered expenses* under this insurance to *you*, the provider of the service, or upon death, *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. Except for the *deductible amount* (in U.S. dollars), all amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, *we* will use *our* exchange rate on the date *you* received the service outlined in *your* claim. *We* will not pay for any interest under this insurance.

Is there anything else *you* should know if *you* have a claim?

If *you* disagree with *our* claim decision, the matter may be submitted to arbitration under the arbitration law in the Canadian province or territory where *you* reside at the time of application for this policy. Legal action to recover a claim must start within the 12 months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before courts of the province where *you* resided at the time this policy was issued.

For the purposes of determining the validity of a claim under this policy, *we* may obtain and review the medical records of *your* attending *physician(s)*, including the records of *your* regular *physician(s)* at *home*. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to *you* before *you* incurred a claim under this policy. In addition, *we* have the right, and *you* shall afford *us* the opportunity, to have *you* medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If *you* die, *we* have the right to request an autopsy, if not prohibited by law.

DEFINITIONS

When italicized in this policy, the term:

Act of terrorism means any activity occurring within a 72 hour period, save and except for an *act of war*, against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- use, or a threat to use, force or violence;
- commission of, or a threat to commit, a dangerous act; or
- commission of, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system;

and the effect or intention of the above is to:

- intimidate, coerce or overthrow a government (whether *de facto* or *de jure*) or to influence, affect or protest against its conduct or policies;
- intimidate, coerce or instill fear in the civilian population or any segment thereof;
- disrupt any segment of the economy; or
- further political, ideological, religious, social or economic

objectives or to express (or express opposition to) a philosophy or ideology.

Act of war means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

Age means *your age* at *your* application date.

Change in medication means the medication dosage, frequency or type has been reduced, increased, stopped and/or new medication(s) has/have been prescribed **Exceptions:** the routine adjustment of Coumadin, Warfarin or insulin, as long as they are not newly prescribed or stopped and there has been no change in *your medical condition*; and, a change from a brand name medication to a generic brand medication of the same dosage.

Child, Children means an unmarried, dependent son or daughter or *your* grandchild(ren) under the *age* of 21 or, if a full-time student, under the *age* of 26; also, an unmarried dependent son or daughter of any *age*, if mentally or physically handicapped. In addition, the *child* must be a minimum *age* of 30 days old to be covered under this policy.

Confirmation means the document or set of documents confirming *your* insurance coverage under this policy and, where applicable, *your trip* arrangements. It includes the *medical questionnaire* (if required) and application for this policy, once *you* have completed, signed and submitted them with the required premium to *us*.

Covered expenses means *reasonable and customary charges* you incur for supplies and services which are eligible expenses under the *Emergency* Medical Insurance provisions and which are either in excess of and/or not covered under *your government health insurance plan* or any other plan.

Deductible amount means the amount of *covered expenses* that *you* are responsible for paying per person per *emergency* medical claim. *Your deductible amount* in U.S. dollars applies to the amount remaining after any *covered expenses* are paid by *your government health insurance plan*. The *deductible amount* is shown on *your confirmation* and applies to each claim.

Departure date means the date *you* leave *home*.

Effective date means the date on which *your* coverage starts.

- Multi-Trip coverage starts on the *effective date* as shown on *your confirmation* and each date *you* leave *home*.
- All other coverages start on the latest of:
 - the date *you* leave *home*;
 - the *effective date* as shown on *your* confirmation.

Emergency means a sudden and unforeseen occurrence of a *medical condition* that begins during the period of insurance, and requires immediate *treatment*. An *emergency* no longer exists when the Assistance Centre determines that *you* are able to continue *your trip* or return *home*.

Expiry date means the date *your* coverage ends which is the

earliest of these dates:

- the date *you* return *home*;
- on the *expiry date*, as shown on *your confirmation*; or
- when the number of days of coverage *you* purchased expires.

Government health insurance plan means the health insurance coverage that the provincial or territorial governments provide to residents of Canada.

Home means *your* Canadian province or territory of residence. If *you* requested coverage to start when *you* leave Canada, *home* means Canada.

Hospital means a facility that is licensed as a hospital where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

Immediate family means *spouse*, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece or nephew.

Injury means sudden bodily harm that *you* sustain during *your trip* and that is caused by external and purely accidental means, directly and independently of illness or disease and all other causes.

Medical attention means *treatment* required for the immediate relief of an acute symptom or that, according to a *physician*, cannot be delayed until *you* return *home*. It must be ordered by and received during *your trip* from a licensed *physician*, physiotherapist, chiropractor, osteopath, chiroprapist or podiatrist.

Medical condition means *injury*, illness or disease; complication of pregnancy within the first 31 weeks of pregnancy; a mental or emotional disorder that requires admission to a *hospital* or acute psychosis.

Medical questionnaire means all the medical questions that are included in *your* application for coverage under this policy.

Medically necessary in reference to a given service or supply, means such service or supply:

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or primarily investigative in nature;
- could not be omitted without adversely affecting *your* condition or quality of medical care;
- cannot be delayed until *your* return to *your* Canadian province or territory of residence; and
- is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

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

NOTICE ON PRIVACY

Physician means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *you* or a member of *your immediate family*.

Pre-existing condition means a *medical condition* that existed before *your effective date*.

Reasonable and customary charges means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same *treatment* of a similar sickness or *injury*.

Spouse means someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one (1) full year before the *effective date* of this insurance.

Stable means a *medical condition* for which:

- there have been no new symptoms, and existing symptoms have not become more frequent or more severe or there have been no test results showing deterioration; and/or
- a *physician* has not determined that the condition has become worse; and/or
- a *physician* (or other medical professional) has not prescribed or recommended a *change in medication* taken or medical care received for that condition; and/or
- a *physician* (or other medical professional) has not prescribed or recommended a change in *treatment* for that condition; and/or
- there has been no admission to a *hospital* and/or *you* are not awaiting results of further investigation for that *medical condition*.

Travel companion means someone who shares *trip* arrangements and accommodations with *you*. No more than 3 individuals (including the insured) will be considered *travel companions* on any one *trip*.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed medical practitioner, including but not limited to prescribed medication, investigative testing and surgery related to any sickness, *injury* or symptom.

Trip means the period of time between *your effective date* of insurance and the *expiry date* shown on *your confirmation*.

Vehicle includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which you use during *your trip* exclusively for the transportation of passengers (other than for hire).

We, us, our means The Manufacturers Life Insurance Company (Manulife Financial).

You, your means the person(s) named as the insured(s) on the *confirmation*, for which insurance coverage was applied for and the appropriate premium has been received by *us*.

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 *your* application and medical questionnaire (collectively the “application”) is required to process the application. To protect the confidentiality of this information, Manulife Financial 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 Financial 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. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P. O. Box 4262, Stn A, Toronto, ON M5W 5T4.

Help is just a phone call away

Enjoying *your trip* should be the first thing on *your* mind.
Our multi-lingual Assistance Centre is there to help *you* with:

Pre-Trip Information

- ✓ Passport and Visa information
- ✓ Health hazards advisory
- ✓ Weather information
- ✓ Currency exchange information
- ✓ Consulate and Embassy locations

During A Medical *Emergency*

- ✓ Verifying and explaining coverage
- ✓ Referral to a doctor, *hospital*, or other healthcare provider
- ✓ Monitoring *your* medical *emergency* and keeping *your* family informed
- ✓ Arranging for return transportation *home* when *medically necessary*
- ✓ Arranging direct billing of *covered expenses* (where possible)

Other Services

- ✓ Assistance with lost, stolen or delayed baggage
- ✓ Assistance in obtaining emergency cash
- ✓ Translation and interpreter services in a medical *emergency*
- ✓ Emergency message services
- ✓ Help to replace lost or stolen airline tickets
- ✓ Assistance with obtaining prescription drugs
- ✓ Assistance in obtaining legal help or bail bond

In the event of an *Emergency*,
call the Assistance Centre immediately
1 877 260-1382 toll-free from the USA and Canada
+1 (416) 977-1408 collect to
Canada from anywhere else in the world.

Our Assistance Centre is there to help *you*
24 hours a day, 365 days a year.