



# Travel Certificate of Insurance



EFFECTIVE JUNE 2012



This policy is underwritten by The Manufacturers Life Insurance Company and First North American Insurance Company, a wholly owned subsidiary of Manulife Financial.

Don't forget your  
Wallet Card!



IN EVENT OF AN EMERGENCY, CALL:

**1 800 211-9093**

toll-free from the USA and Canada

**+1 (519) 251-7821**

to Canada collect from anywhere else in the world

NAME \_\_\_\_\_

CERTIFICATE OF INSURANCE # \_\_\_\_\_



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CERTIFICATE OF INSURANCE # \_\_\_\_\_

## NOTICE REQUIRED BY THE ALBERTA INSURANCE ACT

**THIS CERTIFICATE OF INSURANCE CONTAINS A PROVISION REMOVING OR RESTRICTING THE RIGHT OF THE INSURED TO DESIGNATE PERSONS TO WHOM OR FOR WHOSE BENEFIT INSURANCE MONEY IS TO BE PAYABLE.**

### IMPORTANT NOTICE – 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 certificate of insurance before you travel as your coverage may be subject to certain exclusions or limitations.
- Your certificate of insurance may not provide coverage for medical conditions and/or symptoms that existed before your trip. Check to see how this applies in your certificate of insurance and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.
- If your certificate of insurance provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your certificate of insurance may limit benefits should you not contact the assistance company within a specified time period.

**PLEASE READ YOUR CERTIFICATE OF INSURANCE CAREFULLY BEFORE YOU TRAVEL**

If you need medical attention or must make any other type of claim during your trip, call us for assistance first. The Assistance Centre is open 24 hours a day, 365 days a year.

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

If you need medical attention or must make any other type of claim during your trip, call us for assistance first. The Assistance Centre is open 24 hours a day, 365 days a year.

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

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### IN THE EVENT OF AN *EMERGENCY*, YOU MUST CALL THE ASSISTANCE CENTRE IMMEDIATELY

**1 800 211-9093** toll-free from the USA and Canada,  
**+1 (519) 251-7821** 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*, ***you will have to pay 25% of the eligible medical expenses*** we would normally pay under this certificate of insurance. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

#### IMPORTANT INFORMATION ABOUT *YOUR* INSURANCE:

We have issued group policy GGPSP1130205 to G Adventures. This certificate of insurance is subject to the terms and conditions of the group policy. In case of a discrepancy between this document and the group policy, the group policy will prevail.

This certificate of insurance is underwritten by The Manufacturers Life Insurance Company (Manulife Financial) and First North American Insurance Company (FNA), a wholly owned subsidiary of Manulife Financial. Please note that risks identified with ‡ throughout this document are covered by FNA.

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

## TRAVEL INSURANCE PLANS AT-A-GLANCE

Insurance Benefits & Features	PLANS	
	All-Inclusive	Trip Cancellation
Maximum Eligible Age*	No Limit	No Limit
Trip Cancellation & Interruption**	◆	◆
Emergency Medical	◆	
Baggage Loss, Damage & Delay	◆	
Flight Accident	◆	
Travel Accident	◆	
Family Coverage	◆	
Vacation Voucher	◆	

\* If you purchase the All-Inclusive plan that includes *Emergency Medical Insurance*, your *child* must be at least 31 days old to be insured.

\*\* *Default* coverage is provided in any plan that includes *Trip Cancellation & Interruption Insurance*.

INSURANCE OFFERED	COVERAGE AMOUNTS PER INSURED (CDN\$)
Emergency Medical†	\$5,000,000 CDN if you have a valid <i>government health insurance plan</i> ; if you do not have a valid <i>government health insurance plan</i> your benefits are limited to the actual <i>covered expenses</i> up to \$50,000 for <i>emergency medical treatment</i> plus up to \$300,000 for ambulance transportation expenses.
Trip Cancellation†	Up to the covered amount purchased
Trip Interruption†	Unlimited for the All-Inclusive plan. Up to the covered amount purchased for the <i>Trip Cancellation</i> plan.
Baggage Loss or Damage	Up to \$1,500 per <i>trip</i> .
Baggage Delay	Up to \$500 per <i>trip</i> .
Flight Accident	Up to \$100,000 for death or double dismemberment or \$50,000 for single dismemberment.
Travel Accident	Up to \$50,000 for death or double dismemberment or \$25,000 for single dismemberment.

† For all plans, if your *covered expense* results from an *act of terrorism*, all benefit maximums shown in this certificate of insurance may be reduced subject to the *Terrorism Coverage* provision.

**Family Coverage** is available to you if all family members to be insured under one plan and named in your *confirmation* are under *age 60* and you have purchased and paid for family coverage. The family coverage covers you, your *spouse* and *children*, while travelling together, for the plan purchased. *Children* must be at least 31 days of *age* to be insured under the plan purchased.

The family rate is 3 times the older (or only) parent's rate for the All-Inclusive plan. Family coverage is not available for the *Trip Cancellation* plan.

#### Children Under 2 Years of Age at No Extra Charge:

Available for the All-Inclusive plan. With the purchase of this insurance, coverage for *children* (or a *child*) more than 30 days old and under the *age* of 2 is provided at no extra charge.

## ELIGIBILITY

**TO BE ELIGIBLE FOR THIS INSURANCE** you must pay the required premium to your travel agent before you leave home. You must buy coverage for the entire duration of your *trip*.

You are **not eligible** for coverage if:

- the date of your *trip* occurs during the time that you have been advised by a *physician* not to travel; and/or
- you have been diagnosed with a terminal illness with less than 6 months to live; and/or
- you have a kidney condition requiring dialysis; and/or
- you have used home oxygen during the 12 months prior to the date of application.

#### Additional Eligibility Requirements for the All-Inclusive Plan:

If you are **age 75 or older** and you are applying for the **All-Inclusive Plan**, you must also meet all of the following **Eligibility Requirements**:

- You are not travelling against the advice of a *physician*;
- You do not require kidney dialysis;
- You have **never** had a bone marrow and/or organ transplant (excluding corneal transplant);
- You have not had a heart bypass and/or heart valve surgery before 2002;
- In the last **5 years**, you have not been diagnosed with and/or had *treatment* for metastatic cancer;
- In the last **6 months**, you have not received chemotherapy and/or radiotherapy and/or other *treatment*, other than routine follow-up, for cancer (except basal cell and squamous cell skin cancer, and breast cancer treated only with hormonal therapy);
- In the last **12 months**, you have not been prescribed or taken Prednisone or oxygen, or been hospitalized (as an in-patient or seen in the emergency department) for a lung condition;
- In the last **2 years**, you have not:
  - Been prescribed or taken Lasix or Furosemide for any reason and/or
  - Had congestive heart failure;
- In the last **12 months**, you have not been hospitalized (as an in-patient or seen in the emergency department) for a heart condition;
- In the last **4 months**, you have not been prescribed or taken **6 or more** prescription medications. **Do not count** the following medications: hormone replacement therapy (thyroid or menopausal); drugs used for osteoporosis, or traveller's diarrhea; or any form of immunization. **Do not count** topical medications that go in your ears or eyes or on your scalp or skin **except**: any form of nitroglycerine or any drug(s) for angina;
- In the last **3 years**, you have not been diagnosed with and/or had *treatment* for and/or been hospitalized (as an in-patient or seen in the emergency department) and/or been prescribed or taken medication for **any 2** of the following (if you only have 1 of the following conditions, answer NO to this statement):
  - Heart condition
  - Lung condition (medication includes any puffer(s)/inhaler(s))
  - Diabetes (treated with medication and/or insulin)
  - Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack)(including use of aspirin/Entrophen for this condition)
  - Peripheral vascular disease (blocked or narrowed arteries).

**IF YOU DO NOT MEET ALL THE ELIGIBILITY REQUIREMENTS, YOU ARE NOT ELIGIBLE FOR INSURANCE UNDER THE ALL-INCLUSIVE PLAN.**

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

The cancel for any reason benefit does not apply if *you* did not purchase *your* certificate of insurance within 48 hours of *your* initial *trip* booking or before any cancellation penalties became applicable. Coverage must be for the entire time that *you* are away from *home*, *you* must pay the required premium to *your* travel agent before *you* leave *home* and, where applicable, complete *our* questionnaire.

### YOUR COVERAGE STARTS

*Trip* Cancellation coverage starts at the date and time *you* pay the premium for that coverage. *Trip* Interruption starts on the day *you* plan to leave *home*.

All other coverages start when *you* leave *home*.

### YOUR COVERAGE ENDS

*Your* insurance ends on the earliest of these dates:

- before *you* leave *home*, if *you* cancel *your* *trip* and the reason for the cancellation is covered under *your* insurance;
- when *you* return *home*; or
- when *your* *trip* ends or certificate of insurance expires, as shown on *your* travel confirmation.

### AUTOMATIC EXTENSION

Under *Trip* Interruption Insurance, *we* will extend *your* coverage automatically beyond the date *you* were scheduled to return *home* as per *your* confirmation:

- for up to 10 days, if *you* have an *emergency* that prevents *you* from returning *home* on that date; or
- for up to 30 days, if *you* are hospitalized and that hospitalization prevents *you* from returning *home* on that date.

However, if travel is medically possible before the 10 or 30 days have passed, *we* will honour *your* claim for eligible expenses only until such earlier date.

Under all other types of insurance, *we* will extend *your* coverage automatically beyond the date *you* were scheduled to return *home* as per *your* confirmation if:

- your* common 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 an *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 *your* effective date of insurance.

### TO STAY LONGER THAN PLANNED

**Extensions:** If *you* have not left *home* yet, simply call *your* travel agent to ask for the extension. If, however, *you* are already on *your* *trip*, please call the Assistance Centre. *You* may be able to extend *your* coverage, as long as:

- the total length of *your* *trip* does not exceed 183 days (212 days if *you* reside in Ontario or Newfoundland) or 60 days for those age 60 and older covered by the All-Inclusive Plan;
- you* pay the additional premium; and
- you* have had no event that has resulted or may result in a claim. Any extension is subject to the approval of the Assistance Centre.

### REFUND OF PREMIUM

Please note that refunds are not available.

## TRIP CANCELLATION & INTERRUPTION INSURANCE

Included in the All-Inclusive and *Trip* Cancellation Plans. This coverage must be purchased within 48 hours of booking *your* *trip* or before any cancellation penalties apply.

### Benefits – What does *Trip* Cancellation Insurance cover?

**If *you* are unable to travel due to a covered event listed immediately below that occurs before *you* leave *home*, *we* will pay up to the covered amount for the prepaid unused portion of *your* *trip* that is non-refundable and non-transferable to another travel date. In addition, if *your* travel companion must cancel his/her *trip* due to a covered event applicable to him/her, and *you* decide to go on *your* *trip* as planned, *we* will cover the cost of the next occupancy charge up to the covered amount.**

### IMPORTANT RESTRICTION TO YOUR TRIP CANCELLATION COVERAGE

**IF YOU CANCEL FOR ANY REASON AND DECIDE NOT TO TRAVEL, COVERAGE IS AVAILABLE ONLY IF YOU PURCHASED YOUR CERTIFICATE OF INSURANCE WITHIN 48 HOURS OF BOOKING YOUR TRIP OR BEFORE ANY CANCELLATION PENALTIES BECAME APPLICABLE.**

**If *you* cancel for any reason and decide not to travel before *you* leave *home* and *you* have booked *your* *trip* and purchased this insurance from the same travel agent, *we* will pay up to 50% of the covered amount for the prepaid portion of *your* *trip* that is non-refundable and non-transferable to another date. *You* must cancel *your* *trip* 16 days or more before *your* departure date as shown on *your* confirmation, for this benefit to be valid.**

To cancel a *trip* before *your* scheduled departure date, *you* must cancel *your* *trip* with the travel agent immediately or, at the latest, the first business day following the cause of cancellation.

### *Trip* Cancellation Insurance Covered Events:

- You* or *your* travel companion develop(s) a medical condition or die(s).
- A member of *your* immediate family or *your* key-person, a member of *your* travel companion's immediate family or their key-person, develops a medical condition or dies.
- Your* friend or the person whose guest *you* will be during *your* *trip* is admitted to a hospital in an emergency or dies.

4. *You, your spouse, your travel companion or your travel companion's spouse:* a) become(s) pregnant after *you* book *your trip* and *your departure date* falls in the 9 weeks before the expected delivery date or any time after that date, or b) legally adopt(s) a *child* and the date of the adoption falls during *your trip*.
5. *You or your travel companion* are unable to be immunized or take preventative medication based on *you or your travel companion's* medical history that is required for entry into a country or region that is on *your* travel itinerary (provided the requirement became effective after the purchase of the travel arrangements and this insurance).
6. ‡ *Your or your travel companion's* travel visa is not issued for a reason beyond *your/their* control.
7. ‡ *Your or your travel companion's* passport is not issued within the time confirmed to *you/them* in writing by Passport Canada, provided that *you or your travel companion* had personally submitted the application to an authorized passport office and that it had been reviewed and found satisfactory by Passport Canada authorized personnel. This applies only to Canadian citizens.
8. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are called to service as a reservist, firefighter, military or police staff, to jury duty or to be a defendant in a civil suit or are subpoenaed to be a witness during *your trip*.
9. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are quarantined or hijacked.
10. ‡ *Your or your travel companion's* principal residence or place of business is burglarized within 3 days of *your/their departure date* and *you/they* are required to cancel *your/their trip* and stay behind as a result.
11. ‡ *You, your spouse, your travel companion or travel companion's spouse* are unable to occupy *your/their* principal residence or to operate *your/their* place of business because of an event that is independent of any intentional or negligent act on *your/their* part.
12. ‡ A natural disaster renders *your* pre-booked destination accommodation uninhabitable after *you* book *your trip*. This benefit is only applicable if your prepaid accommodation arrangements are not eligible for reimbursement by the *Travel Supplier*.
13. ‡ *You, your spouse, your travel companion or travel companion's spouse:* a) lose a permanent job because of layoff or dismissal without just cause, or b) are transferred by *your/their* respective employer and must move from *your/their* respective principal residence.
14. ‡ A business meeting, conference or convention that is the main intent of *your trip* and was scheduled before *you* purchased this insurance, is cancelled for a reason beyond *your* control or the control of *your* employer. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, *you* must be a registered delegate.

15. ‡ Foreign Affairs and International Trade Canada issues a written formal warning after *you* purchase *your* insurance, advising or recommending that Canadian residents should not visit a destination included in *your trip*. This applies only to Canadian residents.
16. ‡ For All-Inclusive plans only, we will reimburse *your or your travel companion's* non-refundable prepaid airfare that is not part of *your/their* cruise or tour package up to \$1,500 or the airline's change fee, whichever is less, if the cruise or tour is cancelled for any reason except *default*. The entire amount must be insured.

**Benefits – What does Misconnection Insurance cover?**  
**If the covered event listed immediately below prevents you from travelling as shown on your confirmation, we will pay up to the covered amount for your misconnection expenses, being the lesser of:** a) the change fee charged by the airline for *your* missed connection if this option is available; or b) up to \$1,000 for the cost of *your* one-way economy transportation by the most cost-effective itinerary to the next destination. In addition, we will pay *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of \$350 per day for up to 2 days when no earlier transportation is available.

**Exception:** If *you* purchased a ticket or pass to travel by *plane* and, at the same time, purchased the All-Inclusive Plan, this insurance will cover up to \$2,000 for the extra cost of *your* same class transportation via the most cost-effective route when *you* are eligible for misconnection and delay benefit.

**Misconnection Insurance Covered Events:**

1. ‡ *You* miss *your* next connecting flight because the *plane you* are ticketed to fly on leaves later than originally scheduled; or
2. ‡ The *plane you* are ticketed to fly on leaves earlier than originally scheduled and the ticket *you* have purchased for *your* prior connector flight via another airline becomes unusable. Only misconnection expenses as calculated above will be payable under these circumstances.

**Benefits – What does Trip Interruption Insurance cover?**  
**If your trip is interrupted due to a covered event listed immediately below that occurs on or after the day you plan to leave home, we will pay up to the covered amount for the prepaid unused portion of your trip that is non-refundable and non-transferable to another travel date less the prepaid unused transportation home.** If *you* have booked and paid for a golf package, we will also pay up to \$100 for each unused day of *your trip*, to a maximum of \$500 for *your* prepaid non-refundable green fees. In addition, we will pay *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of up to \$350 per day for up to 2 days when no earlier transportation arrangements are available; and/or we will pay *your* extra cost of one-way economy class fare via the most cost-effective itinerary to *your or your group's* next destination, or to return *home*.

**Trip Interruption Insurance Covered Events:**

1. *You or your travel companion* develop(s) a *medical condition* or die(s).
2. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* develops a *medical condition* or dies.
3. *Your friend* or the person whose guest *you* will be during *your trip* is admitted to a *hospital* with an *emergency* or dies.
4. *You, your spouse, your travel companion or your travel companion's spouse* legally adopt(s) a *child* and the date of the adoption falls during *your trip*.
5. ‡ *You or your travel companion's* travel visa is not issued for a reason beyond *your/their* control.
6. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are called to service as a reservist, firefighter, military or police staff, to jury duty or to be a defendant in a civil suit or are subpoenaed to be a witness during *your trip*.
7. ‡ *You, your spouse, your travel companion or your travel companion's spouse* are quarantined or hijacked.
8. ‡ *You, your spouse, your travel companion or travel companion's spouse* are unable to occupy *your/their* principal residence or to operate *your/their* place of business because of an event that is independent of any intentional or negligent act on *your/their* part.
9. ‡ A natural disaster renders *your* pre-booked destination accommodation uninhabitable after *you* book *your trip*. This benefit is only applicable if *your* prepaid accommodation arrangements are not eligible for reimbursement by the *Travel Supplier*.
10. ‡ *You, your spouse, your travel companion or travel companion's spouse*: a) lose a permanent job because of layoff or dismissal without just cause; or b) are transferred by *your/their* respective employer and must move from *your/their* respective principal residence.
11. ‡ *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger *vehicle* or *common carrier*, when the delay is caused by the mechanical failure of *your* connecting private passenger *vehicle* or *common carrier*, a traffic accident, an emergency police-directed road closure or weather conditions, earthquakes or volcanic eruptions. *Your* connecting private passenger *vehicle* or *common carrier* must have been scheduled to arrive at *your* point of boarding at least 2 hours before the scheduled time of departure.
12. ‡ If *your trip* is interrupted and the planned time of arrival is delayed for any reason beyond *your* control, *we* will reimburse *you* for the *reasonable and customary charges* of taking an alternate route to the planned destination provided that the primary reason for *your trip* was to be present at a school graduation, wedding, funeral, sporting, theatrical, musical or other commercial entertainment event or conference, and such event cannot be delayed as a result of *your* late arrival.
13. ‡ Foreign Affairs and International Trade Canada issues a written formal warning after *your departure date* advising or recommending that Canadian residents should not visit a destination included in *your trip*. This applies only to Canadian residents.
14. ‡ Weather conditions, earthquakes or volcanic eruptions causes delays to at least 30% of *your trip* and *you* choose not to travel.
15. ‡ A delay in *your* departure due to mechanical failure, weather conditions, earthquakes, volcanic eruptions, or grounding of *your* air transportation causes *you* to miss *your* scheduled cruise. This is applicable only if *your* airfare and cruise are insured with Manulife Global Travel Insurance and purchased through the same travel agent from whom *you* purchased *your* cruise and if *you* purchased the All-Inclusive Plan.
16. ‡ If *you* have purchased the All-Inclusive Plan and the flight *you* are booked to fly on is overbooked and *you* are denied boarding as a result, *we* will pay up to \$1,000 for the prepaid unused portion of *your trip* that is non-refundable and non-transferrable to another date. For this benefit to apply, the overbooked flight must have been insured under *your* All-Inclusive insurance.
17. ‡ If *you* or *your travel companion's* passport and/or travel visa is lost or stolen during *your trip*, *you* will be reimbursed for reasonable travel and accommodation expenses until *your* replacement travel documentation is replaced. *You* will also be reimbursed for the change fee charged by the airline.

**Benefits – What does Delayed Return Insurance cover?**

**If any of the covered events listed immediately below happens after *you* leave *home* and makes it impossible for *you* to return *home* as shown on *your confirmation*, *we* will pay up to the covered amount for the length of time that *you* are prevented from travel. *We* will pay for *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of up to \$350 per day and \$3,500 in total. *We* will pay up to the covered amount for the extra costs of *your* economy class transportation via the most cost-effective itinerary for *your* travel *home*. If the delay is a result of a *medical condition*, it must be on the advice of *your* attending *physician* at *your* destination.**

**Exception:** If *you* purchased a ticket or pass to travel by *plane* and, at the same time, purchased the All-Inclusive Plan, this insurance will cover up to \$2,000 for the extra cost of *your* same class transportation via the most cost-effective route when *you* are eligible for misconnection and delay benefit.

**Delayed Return Insurance Covered Events:**

1. *You* have a *medical emergency*.
2. A member of *your immediate family* has a *medical emergency* or dies at *your* destination.
3. *Your travel companion* has a *medical emergency* or dies at *your* destination.

4. *Your* friend or the person whose guest *you* are during *your trip* is admitted to *hospital* with an *emergency* or dies.

### Vacation Voucher

If the death or hospitalization of an *immediate family* member, close friend, business associate or key employee, who has not accompanied *you* on the *trip*, prompts *you* to return earlier than *your* return date and *you* consequently miss at least 70% of *your* scheduled package tour, *we* will on *your* request issue a voucher to a maximum of \$750.

### Vacation Voucher Limitations

1. Eligibility to receive the benefit under Vacation Voucher is dependent upon approval and payment of a valid *trip* interruption claim under the *Trip Cancellation and Interruption Insurance* of this certificate of insurance.
2. The redeemable voucher is:
  - a. payable only to *you*;
  - b. valid until the expiry date indicated on the voucher (a period of 180 days from the date of *your* early return from *your* interrupted *trip*);
  - c. nontransferable; and
  - d. not redeemable in cash.
3. The replacement trip must:
  - a. begin before the expiry date on the voucher; and
  - b. be purchased through a Travel Agency that offers Manulife Global Travel Insurance.

### What else does *Trip Interruption & Delayed Return Insurance* cover?

In the event *your travel companion's plane* is delayed by weather conditions, earthquakes or volcanic eruptions for at least 30% of *your trip*, and *your travel companion* decides not to go on the *trip* as booked, *we* will cover the cost of *your* next occupancy charge up to the covered amount.

In the event *you* die after the start of *your trip*:

*We* will reimburse *your* estate, up to the covered amount, for *your* pre-paid unused *trip* arrangements, plus *we* will reimburse *your* estate for:

- the return *home* of *your* body (in the standard transportation container normally used by the airline); plus up to \$5,000 to have *your* body prepared where *you* die and the cost of the container;
- 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
- the return *home* of *your* ashes, plus up to \$5,000 to cremate *your* body where *you* die.

In addition, if someone is required to identify *your* body and must travel to the place of *your* death, *we* will pay the 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 certificate of insurance for up to 72 hours.

### Exclusions & Limitations – What does *Trip Cancellation & Interruption Insurance* not cover?

When reading this section, please take the time to review the definitions of "*pre-existing condition*" and "*stable*" at the end of this booklet.

If the *Trip Cancellation* covered amount purchased is less than \$12,000, *we* will not cover any expenses for any *medical condition* related to *you*, *your spouse*, or *your children*, if that *medical condition* was not *stable* in the 3 months before the *effective date* for this insurance.

In addition to the "*stable*" requirement, *we* will not cover any expenses relating to:

- *you/their* heart condition if, in the 3 months before the *effective date* for this insurance, it has not been *stable* or *you/they* have taken any form of Nitroglycerine for the relief of angina pain; and/or
- *you/their* lung condition if, in the 3 months before the *effective date* for this insurance, it has not been *stable* or *you/they* required *treatment* with oxygen or Prednisone for *you/their* lung condition.

If the *Trip Cancellation* covered amount purchased is \$12,000 or more, *we* will not cover any expenses for a *medical condition* related to *you*, a member of *your immediate family*, *your travel companion*, *your key-person*, or the person whose guest *you* are during *your trip*, if that *medical condition* was not *stable* in the 12 months before the *effective date* for this insurance.

In addition to the "*stable*" requirement, *we* will not cover any expenses relating to:

- *you/their* heart condition if, in the 12 months before the *effective date*, it has not been *stable* or *you/they* have taken any form of Nitroglycerine for the relief of angina pain; and/or
- *you/their* lung condition if, in the 12 months before the *effective date*, it has not been *stable* or *you/they* required *treatment* with oxygen or Prednisone for *you/their* lung condition.

*We* will not pay for losses or expenses incurred for, or as the result of, the following events which are applicable to all coverages detailed in this section, including ***Trip Cancellation, Trip Interruption, Misconnection and Delayed Return Insurance***:

1. Any reason, circumstance, event or *medical condition* affecting *you* or anyone, which *you* were aware of on or before the *effective date*, and which may eventually prevent *you* from starting and/or completing *your* covered *trip* as booked when *you* purchase this insurance coverage.
2. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
3. *Your* suicide, attempted suicide or *your* intentional self-inflicted injury whether sane or insane.
4. *Your* committing or attempting to commit a criminal act.
5. Not following a prescribed therapy or *treatment*.
6. Any *medical condition*, sickness, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).

7. An emotional or mental disorder (except an acute psychosis) that does not require admission to a *hospital*.
8. A *child* who is born after you leave *home*; routine pre-natal care; pregnancy or childbirth; or complications of *your* pregnancy or childbirth when they happen in the 9 weeks before or after the expected date of delivery.
9. A *medical condition*:
  - that occurs during a *trip* when you knew that *treatment* may be sought or required for that 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 caused symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 3 months before leaving *home*; and/or
  - that caused a *physician* to advise you not to go on *your trip*.
10. A travel visa that is not issued because of a late application.
11. An *act of war* or *act of terrorism*. For all Plans, limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
12. Any loss resulting from:
  - a specific or related *medical condition* which you contracted in a foreign country during *your trip*; and/or
  - an *act of war* or an *act of terrorism*, when, before you left *home* the government of *your home* country issues a formal travel warning which recommends that citizens of *your* country not visit a specific country, region or city included in *your trip*.
13. *Your* cancelling for any reason and deciding not to travel if you did not purchase this insurance within 48 hours of booking *your trip* or before any cancellation penalties applied.

#### What are the other conditions that apply to Trip Cancellation Insurance?

You must cancel *your* scheduled *trip* with the agent or *travel supplier* on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the *trip* contracts which are in effect at the time the cause of cancellation occurs.

In the case of a *trip* of \$12,000 or more, if you or *your travel companion* are prescribed a change in *treatment* or medication before *your departure date*, you may apply for special coverage consideration by calling the Customer Service Centre at 1 866 298-2722. Within one business day of receiving the required information, we will either accept *your Trip Cancellation* claim, or waive the applicable exclusion under *our Emergency Medical Insurance* for the *medical condition* for which the *change in medication* or *treatment* was prescribed.

*Trip Cancellation* for a *medical condition* must be recommended by *your attending physician*.

#### DEFAULT PROTECTION COVERAGE

We will provide *Default Protection* coverage subject to the benefit limits and exclusions listed below.

If you have purchased **Trip Cancellation & Interruption Insurance** and you:

- a) have contracted with a *travel supplier* who *defaults*; and
- b) as a result of the *default*, you do not receive part or all of the *travel services* for which you have contracted; and
- c) cannot recover all of the cost of such undelivered *travel services* either from the *travel supplier*, any federal, provincial or other compensation fund, or from any other source that is legally responsible or under contract to reimburse you for the cost of such undelivered *travel services*, then, we will reimburse you as follows:
  - a) for *default* prior to *your departure date*: the non-refundable portion of the amount that you prepaid for such undelivered *travel services* up to the covered amount of the *Trip Cancellation* coverage that you purchased in connection with *your trip*; or
  - b) for *default* after *your departure date*:
    - the non-refundable portion of the amount that you prepaid for such undelivered *travel services* up to the covered amount of the *Trip Interruption* coverage that you purchased in connection with *your trip* except prepaid unused transportation *home*.
    - *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares up to a maximum of \$200 per day for up to 3 days; and
    - up to the covered amount for the extra cost of *your* economy class transportation via the most cost-effective itinerary to *your* next destination or to return *you home*.

#### Benefit Limits

The amount payable to you in respect of any one *trip* will not exceed \$3,500 CDN; and will not exceed \$7,500 CDN for all persons who are covered under the same Manulife Global certificate of insurance. Any benefits payable shall also be subject to an overall maximum aggregate payable limit specified below relating to all in-force travel policies issued by us, including this certificate of insurance.

If total claims otherwise payable for this type of coverage under all travel policies issued by us, resulting from the *default* of one or more *travel suppliers* occurring within an applicable time period, exceeds the maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

The maximum aggregate limits are:

- a) \$1,000,000 CDN with respect to the *default* of any one (1) *travel supplier*; and
- b) \$3,000,000 CDN with respect to all *defaults* of all *travel suppliers* occurring in the same calendar year.

If, in *our* judgment, the total of all payable claims on account of the *default* of one or more *travel suppliers* exceeds the applicable limits, *your* pro-rated claim may be paid after the end of the calendar year in which you qualify for benefits.



## Exclusions

We will not cover any loss concerning, caused by or resulting from any of the following:

- Loss or damage, incurred by *you*, which is or can be recovered from any other source, including any federal, provincial or other compensation fund;
- Loss arising as a result of a *default* if, at the time of booking, the *travel supplier* is bankrupt, insolvent or in receivership or has sought protection from creditors under any bankruptcy, insolvency or similar legislation;
- Loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker;
- Loss arising as a result of the *default* of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are not part of a package tour sold to *you*;
- Losses incurred by an individual who has not purchased coverage for *Trip Cancellation & Interruption Insurance* coverage under the Manulife Global certificate of insurance, in connection with *your trip* which resulted in such losses;
- Insurance purchased or *trips* booked after the *default*; or
- Travel services* that were actually provided.

## EMERGENCY MEDICAL INSURANCE

Included in the All-Inclusive Plan.

### Benefits – What does *Emergency Medical Insurance* cover?

*Emergency Medical Insurance* covers *you* for *covered expenses*, up to \$5,000,000 CDN, incurred by *you* as a result of *medical attention* required by *you* during *your trip* if a *medical condition* begins unexpectedly after *you* leave *home*, but only if these *covered expenses* are not covered by *your government health insurance plan* or any other benefit plan. The *medical attention* must be required as part of *your emergency treatment* and ordered by a *physician* (or a dentist in the case of dental *treatment*).

### In the event of an *emergency*, call the Assistance

**Centre immediately: 1 800 211-9093** toll-free from the USA and Canada or +1 (519) 251-7821 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 certificate of insurance. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

### We will cover benefits 5 to 13 only if they have been authorized and arranged by the Assistance Centre.

*Covered expenses* and benefits are subject to the certificate of insurance maximums, exclusions and limitations.

More specifically, the eligible *covered expenses* are:

- Expenses to receive *emergency medical attention*** – 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.

- Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiroprapist or podiatrist, up to \$300 by profession.
- Expenses for ambulance transportation** – *Reasonable and customary charges* for local licensed ambulance service to transport *you* the nearest qualified medical service provider in an *emergency*.
- Expenses related to *your* death** – If *you* should die during *your trip* from an *emergency* covered under this insurance, we will reimburse *your* estate for:
  - the return *home* of *your* body (in the standard transportation container normally used by the airline); plus up to \$5,000 to have *your* body prepared where *you* die and the cost of the container;
  - 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
  - the return *home* of *your* ashes, plus up to \$5,000 to cremate *your* body where *you* die.

In addition, if someone is required to identify *your* body and must travel to the place of *your* death, we will pay the 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 certificate of insurance for up to 72 hours.
- 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:
  - the extra cost of an economy class fare via the most cost-effective itinerary; or
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*; and
  - the return cost of an economy class fare 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; or
  - the cost of air ambulance transportation, if this is *medically necessary*.

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 *your* transfer to a location that is different from *your* original destination, we will reimburse up to a maximum of \$350 per day and \$3,500 in total for *your* extra meals, hotel, essential phone calls and taxi fares. We will only pay for these expenses if *you* have actually paid for them.
7. **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 economy class fare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$500 for that person's hotel and meals and cover him/her under *Emergency Medical Insurance*, under the same terms and limitations of this certificate of insurance, until *you* are medically fit to return *home*. For a *child* insured under this certificate of insurance, this benefit is available immediately upon his/her *hospital* admission.
8. **Expenses for *emergency dental treatment*** – If *you* need *emergency dental treatment*, we will pay:
- up to \$300 for the relief of dental pain; or
  - if *you* suffer an accidental blow to the mouth, 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 to continue *medically necessary treatment* in the 90 days after the accident).
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 *your 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. We will cover him/her under the *Emergency Medical Insurance*, under the same terms and limitations of this certificate of insurance for a qualified escort. The *children* must have been under *your* care during *your trip* and be covered under this certificate of insurance.
10. **Expenses for childcare** – If *you* are admitted to *hospital*, we will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the *child's* parent, member of the *immediate family*, *your travel companion*, or the person whose guest *you* are during the *trip*. We will reimburse *you* up to \$100 per day to a maximum of \$300 per *trip*. The *child(ren)* must have been under *your* care during *your trip*.
11. **Expenses to return *your* pet(s)** – When approved in advance and arranged by the Assistance Centre, we will pay for the extra cost of economy class transportation, up to \$500, to return *your* pet(s) (domestic dog(s) and/or cat(s)) *home* via the most cost-effective itinerary, if:
- a) *your* treating *physician* recommends that *you* return *home* because of *your medical condition*;
  - b) *our* medical advisors recommend that *you* return *home* after *your emergency treatment*; or
  - c) *you* die.
12. **Expenses to return *your travel companion*** – We will pay the extra cost of one-way economy 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 medical insurance plan) *home*, if *you* return *home* under Benefit #5 above.
13. **Expenses to return *your vehicle* *home*** – If, because of a medical *emergency*, hospitalization, death or repatriation, *you* are unable to drive *home* the *vehicle* *you* used during *your trip*, we will cover up to the reasonable cost 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.
14. **Hospital Allowance** – If *you* are hospitalized for 48 hours or more, we will reimburse *you* up to \$50 per day in the *hospital* to a maximum of \$500 for *your* incidental expenses (telephone calls, television rental, etc.) while *you* are in the *hospital*.
15. **Baggage Return** – If *you* return *home* under Benefit #5 above, we will pay the extra costs to return *your* baggage to *your home*.
16. **Expenses to replace prescription drugs** – We will pay up to a maximum of \$50 if *you* have misplaced or have forgotten *your* prescription medication during *your trip* and it is necessary for *you* to continue taking the prescribed medication. Charges for vitamins, vitamin preparations, over-the-counter drugs, contraception or birth control are not covered.

### 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 which applies depends on the plan *you* purchased, and *your age* at the time *you* purchased this certificate of insurance as outlined below. Please see the definitions of "*pre-existing condition*" and "*stable*" at the end of this booklet.

This plan includes a "*stable*" requirement. In addition to that requirement, we will not cover any expenses relating to:

- *your* heart condition if, within the required period of being *stable*, it has not been *stable* or *you* have taken any form of Nitroglycerine for the relief of angina pain; and/or
- *your* lung condition if, within the required period of being *stable*, it has not been *stable* or *you* required *treatment* with oxygen or Prednisone for *your* lung condition.

We will not pay any expenses relating to a *pre-existing condition* that was not *stable* in the...

All-Inclusive Plan:	
Under Age 75	3 months before <i>you</i> leave <i>home</i> .
Age 75 or older	12 months before <i>you</i> leave <i>home</i> .

- Expenses that exceed: a) \$5,000,000 CDN if *you* have a valid *government health insurance plan* or b) \$50,000 for *emergency medical treatment*, and c) \$300,000 for ambulance transportation expenses.
- Covered expenses* that exceed the *reasonable and customary* charges where the *medical emergency* happens.
- Covered expenses* that exceed 75% of the cost *we* would normally have to pay under this insurance, if *you* do not contact the Assistance Centre at the time of the *emergency*, unless *your medical condition* makes it medically impossible for *you* to call (in that case, the 25% co-insurance does not apply).
- Any medical condition* when prior to the purchase date *you* had not met all the Eligibility Requirements.
- Any treatment* that is not for an *emergency*.
- 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.
- 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* during *your trip*; 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 *your effective date*; and/or
  - that had caused *your physician* to advise *you* not to travel.
- An *emergency* resulting from: hang-gliding, rock climbing, *mountaineering*, 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.

- Suicide, attempted suicide, or an intentional self-inflicted injury whether sane or insane.
- Committing or attempting to commit a criminal act.
- Not following recommended or prescribed therapy or *treatment*.
- Any medical condition*, sickness, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
- A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
- Your* routine pre-natal care, a *child* born during *your trip*, *your* pregnancy or childbirth, or complications of *your* pregnancy or childbirth when they happen in the 9 weeks before or after the expected date of delivery.
- For insured *children* under 2 years of *age*: any *medical condition* related to a birth defect.
- 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.
- Any emergency* that occurs or re-occurs after *our* medical advisors recommended that *you* return *home* following *your emergency*, and *you* choose not to.
- An act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
- Any loss resulting from:
  - a specific or related *medical condition* which *you* contracted in a foreign country during *your trip*; and/or
  - an *act of war* or an *act of terrorism*, when, before *you* left *home*, the government of *your home* country issues a formal travel warning which recommends that citizens of *your* country not visit a specific country, region or city included in *your trip*.

### Benefits – 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.

Neither *we* nor *our* agents or administrators are responsible for the availability, quality or result of any *medical treatment* or transportation, or for *your* failure to obtain *medical treatment*.

## #BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

Included in the All-Inclusive plan.

### Benefits – What does Baggage Loss, Damage & Delay Insurance cover?

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of the baggage and effects that belong to *you* and that *you* use during *your trip*. More specifically, this insurance provides *you* with reimbursement for the following expenses:

1. Up to \$200 in total per *trip* for the replacement of a lost or stolen passport, driver's licence, birth certificate or travel visa.
2. Up to \$500 in total per *trip* for necessary toiletries and clothing when *your* checked luggage is delayed by the carrier for at least 10 hours while *you* are en route. This benefit is payable only when the delay happens before *your* return *home*.
3. Up to \$100 per day to a maximum of \$500 in total for the rental of golf clubs or ski equipment or for the purchase of reasonable golf accessories (golf balls, gloves, tees, etc.) or ski accessories (ski equipment includes snowboards, bindings, boots or poles, etc.) in the event *your* checked golf clubs or ski equipment are delayed by the *common carrier* for at least 10 hours while *you* are en route. This benefit is payable only when the delay happens before *your* return *home*.
4. Up to \$300 per *trip* for any item or set of items which is lost or damaged during *your trip* to a maximum of \$1,500. Jewellery or cameras (including camera equipment) are respectively considered a single item.

### Exclusions & Limitations – What does Baggage Loss, Damage & Delay Insurance not cover?

For Baggage Loss, Damage & Delay Insurance, *we* will not cover expenses or benefits relating to:

1. Animals, perishable items, bikes that are not checked as baggage with the *common carrier*, household items and furniture, artificial teeth or limbs, hearing aids, glasses of any type, contact lenses, money, tickets, securities, documents, items related to *your* occupation, antiques or collector items, items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, *your* imprudence or omission.
3. Unaccompanied baggage, personal property left in an unattended *vehicle*, unlocked trunk, and any jewellery or cameras placed in the custody of a *common carrier*.

4. In instances of theft, losses unreported to authorities.
5. An *act of war* or *act of terrorism*.
6. Any loss resulting from:
  - a specific or related *medical condition* which *you* contracted in a foreign country during *your trip*; and/or
  - an *act of war* or an *act of terrorism* when, before *you* left *home*, the government of *your home* country issues a formal travel warning which recommends that citizens of *your* country not visit a specific country, region or city included in *your trip*.

See other conditions under How to Make a Claim.

## FLIGHT & TRAVEL ACCIDENT INSURANCE

Included in the All-Inclusive Plan.

### Benefits – What does Flight & Travel Accident Insurance cover?

*We* will cover the following Flight & Travel Accident Insurance benefits:

1. If an accidental bodily *injury* causes *you* to die, to become completely and permanently blind in both eyes or to have two of *your* limbs fully severed above *your* wrist or ankle joint in the 12 months after the accident, *we* will pay:
  - a) \$50,000 under Travel Accident Insurance; or
  - b) \$100,000 under Flight Accident Insurance.
2. If an accidental bodily *injury* causes *you* to become completely and permanently blind in one eye or to have one of *your* limbs fully severed above a wrist or ankle joint in the 12 months after the accident, *we* will pay:
  - a) \$25,000 under Travel Accident Insurance; or
  - b) \$50,000 under Flight Accident Insurance.
3. If *you* have more than one accidental bodily *injury* during *your trip*, *we* will pay the applicable insured sum only for the one accident that entitles *you* to the largest benefit amount.

For Flight Accident Insurance, the accident giving rise to *your injury* must happen: a) while *you* are travelling on a commercial passenger *plane* from which a ticket was issued to *you* for *your* entire airline *trip*; or b) if making a flight connection, while riding over land or water at the expense of the airline, riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports; or c) while *you* are at an airport for the departure or arrival of the flight covered by this insurance.

### Exclusions & Limitations – What does Flight & Travel Accident Insurance not cover?

For Flight & Travel Accident Insurance, *we* will not cover expenses or benefits relating to:

1. 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.
2. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
3. Suicide, attempted suicide or an intentional self-inflicted injury whether sane or insane
4. A criminal act or an attempt to commit such an act by *you* or *your* beneficiary.
5. Not following recommended or prescribed therapy or *treatment*.
6. Any *medical condition*, sickness, death, or *injury* related directly or indirectly to *your* abuse of medication(s), drug(s), alcohol, or any other toxic substance(s).
7. A mental or emotional disorder (other than acute psychosis) that does not require admission to a *hospital*.
8. A loss caused directly or indirectly from an existing disease or bodily infirmity, even if the proximate cause of its activation or reactivation is the result of an accidental bodily *injury*.
9. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the Terrorism Coverage provision.
10. Any loss resulting from:
  - a specific or related *medical condition* which *you* contracted in a foreign country during *your trip*; and/or
  - an *act of war* or an *act of terrorism* when, before *your effective date*, the government of *your home* country issues a formal travel warning which recommends that citizens of *your* country not visit a specific country, region or city included in *your trip*.

## 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 certificate of insurance, this insurance will provide coverage as follows:

- For all **Emergency Medical Insurance and Trip Cancellation & Interruption 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 to all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers* and other insurance coverage (even where such other coverage is described as excess) and will only become available after *you* have exhausted all such other sources.

Any benefits payable pursuant to *our Emergency Medical Insurance and Trip Cancellation & Interruption Insurance* shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *us*, including this certificate of insurance. 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 pro rata 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 two (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 Act of Terrorism (CDN\$)
<i>Emergency Medical</i>	\$35,000,000
<i>Trip Cancellation &amp; Trip Interruption</i>	\$2,500,000

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

### Exclusion to this Terrorism Coverage provision

Notwithstanding any provision to the contrary within this certificate of insurance or any endorsement thereto, this certificate of insurance does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, resulting from, arising out of or in connection with any *act of terrorism* perpetrated by 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 certificate of insurance is issued on the basis of information provided in *your* application. *Your* entire contract with *us* consists of: this certificate of insurance; *your* application for this certificate of insurance; the *confirmation* issued in respect of that application; and any other amendments or endorsements resulting from extensions 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 certificate of insurance or extension of coverage for benefits under this certificate of insurance.**

This certificate of insurance 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 certificate of insurance 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 certificate of insurance 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 contract number appears and *we* have received *your* completed application 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 certificate of insurance 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 certificate of insurance 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 or 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 coverage of \$50,000 or less), to a maximum of the largest amount specified by any such insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this certificate of insurance, *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 certificate of insurance. *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 certificate of insurance 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 certificate of insurance. If the total amount of all accident insurance *you* have under policies issued by *us* is more than \$100,000, *our* aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

## HOW TO MAKE A CLAIM

In the event of an *emergency*, call the Assistance Centre immediately, prior to receiving *treatment*: 1 800 211-9093 toll-free from the USA and Canada or +1 (519) 251-7821 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*, *you* will have to pay 25% of the eligible medical expenses *we* would normally pay under this certificate of insurance (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 services 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 illness or *injury* during *your trip*, *your* proof of claim and *your* fully completed Manulife Global claims form(s) must be sent to *us* within 90 days of *your* loss.

Written claims correspondence should be mailed to:  
Manulife Global Travel Insurance  
c/o Manulife Financial  
PO Box 4906 Stn A  
Toronto, ON M5W 0B4

You may also call the Assistance Centre directly for specific information on how to make a claim or to inquire about *your* claim status at: **1 866 298-2722**.

For coverage information or general inquiries, please contact *your* travel agent.

**If you are making a Trip Cancellation & Interruption Insurance claim**, we will need proof of the cause of the claim, including: a) a medical certificate completed by the attending *physician* and stating why travel was not possible as booked, if the claim is for medical reasons; or b) a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to a misconnection. We will also need, as applicable: a) complete original unused transportation tickets and vouchers; b) original passenger receipts for the new tickets *you* had to purchase; c) original receipts for the travel arrangements *you* had paid in advance and for the extra hotel, meal, telephone and taxi expenses *you* may have had; d) any other invoice or receipt supporting *your* claim; and e) the entire medical file of any person whose health or *medical condition* is the reason for *your* claim.

**If you are making a Default Protection claim**, we must receive written notice of the claim within 60 days of the day on which the *travel supplier* announces that it is in *default*. You must submit proof of loss (including original receipts, proofs of payment to *travel suppliers*, proof of payment for insurance, unused transportation or accommodation documents and, where appropriate, evidence of claim to or reimbursement from any federal, provincial or other compensation fund, or other insurance, or any other source (including credit card companies) that is legally responsible or under contract to reimburse *you* for the cost of such undelivered *travel services*) no later than 30 days immediately after such filing deadline.

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

**If you are making a Baggage Loss, Damage & Delay Insurance claim**, the following conditions apply:

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, *you* must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide or transportation authorities. *You* must also take all

precautions to protect, save or recover the property immediately, and advise *us* as soon as *you* return *home*. *Your* claim will not be valid under this insurance if *you* do not comply with these conditions.

2. If the property *you* have checked with a *common carrier* is delayed, we will continue to provide coverage until the property is delivered by the carrier.
3. We cover the current actual cash value of *your* property when it is lost or damaged. We also reserve the option to repair or replace *your* property with other of similar kind, quality and value. We may also ask *you* to submit damaged items for an appraisal of the damage. If a lost or damaged article is part of a set, we will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.
4. If *you* need to make a claim under this insurance, we will need: a) copies of reports from the authorities as proof of loss, damage or delay; and b) proof that *you* owned the articles, and receipts for their replacement.

**If you are making a Flight & Travel Accident Insurance claim**, the following conditions apply:

1. We will need: a) police, autopsy or coroner's report; b) medical records; and c) death certificate, as applicable.
2. If *your* body is not found within 12 months of the accident, we will presume that *you* died as a result of *your* injuries.

**Who will we pay your benefits to if you have a claim?**

Except in the case of *your* death, we will pay the *covered expenses* under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in a Manulife Statement of Beneficiary form. *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* certificate of insurance. If *you* have paid *your* premium in U.S. dollars all amounts shown throughout this contract are in U.S. dollars except for the \$5,000,000 CDN *Emergency Medical*, the *Terrorism and default* maximum aggregate limits. Otherwise, if *you* paid *your* premium in Canadian 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 certificate of insurance. 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 of Ontario.

For the purposes of determining the validity of a claim under this certificate of insurance, *we* may obtain and review the medical records of the attending *physician(s)*, including the records of the 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 certificate of insurance. 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 certificate of insurance. If *you* die, *we* have the right to request an autopsy, if not prohibited by law.

## DEFINITIONS

When italicized in this certificate of insurance, the term:

**Act of terrorism** means any activity, occurring within a 72-hour period, save and except 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; or
- 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; or
- intimidate, coerce or instill fear in the civilian population or any segment thereof; or
- 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* as calculated at time of application.

**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) to test *your* blood levels; 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, a *child* must be a minimum *age* of 31 days old to be covered under this certificate of insurance.

**Common carrier** means a conveyance, (bus, taxi, train, boat, airplane or other *vehicle*) which is licensed, intended and used to transport paying passengers.

**Confirmation** means the document or set of documents confirming *your* insurance coverage under this certificate of insurance and, where applicable, *your trip* arrangements. It includes the application for this certificate of insurance, once *you* have completed and submitted it with the required premium to *us*. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom *you* made arrangements for *your trip*.

**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.

**Default** means the inability of a *travel supplier* to provide *travel services* for which *you* have contracted with the *travel supplier*, because of complete or substantially complete cessation of business by the *travel supplier* resulting directly or indirectly from bankruptcy or insolvency thereof.

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

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

- For *Trip Cancellation*, coverage starts at the date and time *you* pay the premium for that coverage, indicated as the purchase date on *your confirmation*.
- All other coverages start on *your departure date*, as indicated 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*.

**Government health insurance plan** means the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

**Home** means *your* Canadian province or territory of residence. If *you* requested *your* coverage to start when *you* leave Canada, *home* means Canada. In the case of *Trip Interruption*, *Flight and Travel Accident*, and *Baggage Insurance*, it means the place *you* leave from on the first day of coverage and are scheduled or ticketed to return to on the last day of coverage.



**Hospital** means a facility that is licensed as a *hospital* where in-patients receive medical care, 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 the *trip* and that is caused by external, and purely accidental means, directly and independently of illness or disease and all other causes.

**Key-person** means someone to whom a dependent's full-time care is entrusted and who cannot reasonably be replaced, a business partner, or an employee who is critical to the ongoing affairs of *your* business, during the *trip*.

**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 from a licensed *physician* during the *trip* or received from a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist during the *trip*.

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

**Medically necessary** in reference to a given service or supply, means such service or supply: a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; b) is not experimental or investigative in nature; c) could not be omitted without adversely affecting *your* condition or quality of medical care; d) cannot be delayed until *your* return *home*; and e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily for reasons of convenience.

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

**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*.

**Plane** means a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled *trip*

operated between licensed airports and holding a valid Canadian Air Transport Board licence, Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**Pre-existing condition** means a *medical condition* that exists before *your effective date* of insurance.

**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 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 four (4) individuals (including the insured) will be considered *travel companions* on any one *trip*.

**Travel services** means transportation, sleeping accommodation or other service provided or arranged by a *travel supplier* for *your* use (but does not include taxes or insurance).

**Travel supplier** means a tour operator, travel wholesaler, airline, cruise line, provider of ground transport or provider of travel accommodation or provider of other services to *you* that is:

- a) contracted to provide *travel services* to *you*; and
- b) licensed, registered or is otherwise legally authorized in the particular location of the *travel supplier* to operate and provide *travel services* as shown on *your confirmation*.

**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 expiry date as 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 First North American Insurance Company (FNA) in connection with Baggage Insurance and coverage for the risks identified with ‡ throughout this document; and The Manufacturers Life Insurance Company (Manulife Financial) in connection with all other coverages under this certificate of insurance. 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.

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

## NOTICE ON PRIVACY

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

**Notice on Privacy and Confidentiality.** The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife 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 consent to the use of personal information to offer you products and services is optional and if you wish to discontinue such use, you may write to Manulife Financial at the address shown below. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, 2 Queen Street East, Toronto, Ontario M5C 3G7.

## HELP IS JUST A PHONE CALL AWAY.

Enjoying *your trip* should be the first thing on *your* mind. *Our* multilingual Assistance Centre is there to help and support *you* 24 hours a day, 365 days a year 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 health care providers
- ✓ 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 in obtaining prescription drugs
- ✓ Assistance in obtaining legal help or bail bond

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

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

 **Manulife Financial**  
| **For your future™**

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