



AIR MILES™

## AIR MILES Travel Insurance

# Emergency Medical Policy

Effective September 2020

Underwritten by

The Manufacturers Life Insurance Company (Manulife).

### NOTICE REQUIRED BY PROVINCIAL LEGISLATION

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

### Important Notice - Read Carefully Before You Travel

You have purchased a travel insurance policy - what's next? We want you to understand (and it is in your best interest to know) what your policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your policy before you travel. **Italicized terms are defined in your policy.**

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, you must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. medical conditions that are not stable, pregnancy, child born on trip, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to pre-existing medical conditions, whether disclosed or not at time of policy purchase.
- Contact the Assistance Centre before seeking treatment or your benefits may be limited.
- In the event of a claim your prior medical history may be reviewed.
- If you have been asked to complete a medical questionnaire and any of your answers are not accurate or complete, your policy will be voidable.

**It is your responsibility to understand your coverage. If you have questions, call 1 866 298-6581.**



IN THE EVENT OF AN EMERGENCY, CALL:

**1-888-491-2285**

Toll-free from the USA and Canada

**+1 (519) 251-7427**

Collect to Canada where available

NAME \_\_\_\_\_

POLICY # \_\_\_\_\_



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AIR MILES.

**THIS POLICY IS UNDERWRITTEN** by The Manufacturers Life Insurance Company (Manulife). Manulife has appointed Active Claims Management (2018) Inc. (operating as “Active Care Management”) as the provider of all assistance and claims service under this policy.

**10-Day Free Look to Review this Policy**

You have 10 days from *your* insurance purchase date to review this policy. If it does not meet *your* needs, *you* may terminate this insurance coverage and receive a premium refund if:

- (i) *you* have not departed on *your trip*; and
- (ii) there is no claim in progress.

To request a premium refund, simply contact *your* AIR MILES® Rewards Program Travel Specialist from whom *you* purchased the insurance.

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**INTRODUCTION**

**Policy Contract**

This is *your* insurance policy, a contract detailing terms and conditions of the insurance coverage *you* purchased. Coverage under this policy is issued on the basis of information provided in *your* application. *Your* entire contract with *us* consists of: this policy; *your* application for this policy; the *confirmation* issued in respect of that application; and any other amendments or endorsements resulting from extensions of coverage.

**How to contact us**

Prior to travelling, or when travelling and *you* require *emergency* assistance, call 1 888 491-2285 toll-free from the USA and Canada +1 (519) 251-7427 collect where available. For coverage information or general enquiries, please contact the AIR MILES Travel Insurance Customer Service Centre at 1 866 298-6581.



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THiA) want you to know your rights. THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

- Know your health • Know your trip
- Know your policy • Know your rights

For more information, go to [www.thiaonline.com](http://www.thiaonline.com)



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, each day of the year. Immediate access to the Assistance Centre is also available through its TravelAid mobile app.



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 policy. 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, each day of the year. Immediate access to the Assistance Centre is also available through its TravelAid mobile app.



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 policy. If it is medically impossible for you to call, please have someone call on your behalf.



## IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

It is important *you* read and understand *your* policy before *you* travel. It is **your responsibility** to review the terms, conditions and limitations outlined in this policy.

**To be eligible for insurance under this policy, you must meet all the eligibility requirements outlined on Page 4 of this policy.**

**A pre-existing condition exclusion applies to your Emergency Medical Insurance coverage.** It is **your responsibility** to review and understand the *pre-existing condition* exclusion that applies to *you* (listed on Page 7).

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

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

**1 888 491-2285** toll-free from the USA and Canada, **+1 (519) 251-7427** collect where available.

*Our Assistance Centre is there to help you 24 hours a day, every day of the year.*

*Our Assistance Centre can also be contacted through the **ACM TravelAid™** mobile application.*

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.

## SCHEDULE OF BENEFITS

<b>Emergency Medical Policy</b>	
Eligible Age*	No Limit
Medical Concierge Services	Included
<b>Emergency Medical**</b>	
Hospital & Medical	\$5,000,000
Accidental Dental	See Page 5
Medical Repatriation	\$5,000,000
Accommodation & Meals	\$350/day maximum \$1,750
Expenses for Childcare	\$50/day maximum \$500
Expenses Related to <i>Your</i> Death	See Page 6
Act of Terrorism Coverage	See Page 8

\* *Your* child must be at least 31 days old to be insured.

\*\* Emergency Medical coverage is limited to a maximum of \$25,000 if *you* do not have valid coverage under a government health insurance plan for the entire duration of *your* trip.

## MEDICAL CONCIERGE SERVICES

Manulife AIR MILES Travel Insurance is pleased to provide you with value-added medical concierge services.

### What services are available?

StandbyMD has an International network of medical providers and partners who provide services across time zones and who assure a quick and streamlined access to healthcare 24 / 7 / 365 all over the world.

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

- Teleconsultations for eligible cases (telephone / chat / videoconference access to a qualified physician who can assess your symptoms and provide treatment options)
  - A network of visiting physicians (in 141 countries and over 4,500 cities)
  - In-network clinics close to the patient
  - In-network ERs located close to the patient only if necessary
- In addition, when you travel within Canada or to the United States, StandbyMD offers the following services:
- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eyeglasses or contact lenses and medical supplies.

**How does this service work?** StandbyMD's risk assessment algorithm triages patients according to their symptoms, profiles and location.

Based on the information provided they are instantly referred to the most appropriate level of care their specific situation requires.

StandbyMD uses a worldwide network of providers that offer high-quality care at preferred rates and direct billing solutions, minimizing the likelihood of paying out-of-pocket.

The StandbyMD program will assist with co-ordinating payment of eligible expenses subject to the terms and conditions of the policy. To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card.

**Disclaimer, Waiver, and Limitation of Liability:** StandbyMD is not intended to be a substitute for professional medical advice, it is provided for the purpose of assisting you in finding medical providers. The advice provided by StandbyMD is a recommendation only, and entirely voluntary.

You still retain the right to choose for yourself, your own level of care regardless of StandbyMD's recommendation. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals. StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy does not assume any responsibility for:

- the availability,
- their quality,
- the results or outcome of any treatment or service.

**Policyholders hereby specifically waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD\*** in any and all claims, demands, actions, causes of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flow from the medical concierge services that StandbyMD is offering.

StandbyMD's liability under these medical concierge services, if any, is limited solely to the amount of payment made to participating medical providers for the services that a policyholder obtained after they received a referral from StandbyMD.

\*Related persons include principals, parents, successors and assigns of StandbyMD.

## ELIGIBILITY

### You are NOT eligible for coverage if:

- 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.

### TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY

The AIR MILES *Emergency Medical Policy* is available if:

- You* have booked travel arrangements through the AIR MILES Reward Program with an AIR MILES Travel Specialist or through the AIR MILES website [www.airmiles.ca](http://www.airmiles.ca).
- You* are a resident of Canada and insured under a Canadian provincial or territorial *government health insurance plan*. If, at time of claim, it is discovered that *you* no longer have a *government health insurance plan*, the limit of coverage is **\$25,000**.
- Your* policy must be purchased prior to *your departure date* and must cover the full duration of *your trip*.
- You* must comply with these *age* and length of travel requirements:
  - Up to *age* 35, maximum *trip* length is 365 days
  - *Age* 36 to 59, maximum *trip* length is 183 days
  - *Age* 60 and over, maximum *trip* length is 45 days

**IF YOU DO NOT MEET ALL OF THE ABOVE ELIGIBILITY REQUIREMENTS, YOU ARE NOT ELIGIBLE TO PURCHASE THIS INSURANCE.**

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

Coverage must be for the entire time that *you* are away from *home* and *you* must pay the required premium before *you* leave *home*.

**Family coverage** is available to *you* if all family members to be insured under one policy are:

- named in *your confirmation*,
- all insureds are under *age* 60,
- you* have purchased and paid for family coverage, and
- travelling together.

Family Coverage (a maximum of 2 adults) can include:

- you* (either as a parent or grandparent) and *your children/grandchildren*;
- you* and *your spouse* and *your children* or *grandchildren*; or
- three generations of a single family (grandparent[s], parent[s] and their *children*).

*Children* and/or *grandchildren* must be at least 31 days of *age* to be insured under the coverage purchased.

**Family Coverage Calculation:** Family coverage is available at 2 times the older (or only) parent's or grandparent's rate.

### THE DATE YOUR COVERAGE STARTS / YOUR EFFECTIVE DATE OF COVERAGE

Coverage starts when *you* leave *home*.

### THE DATE YOUR COVERAGE ENDS / YOUR COVERAGE EXPIRY DATE

Coverage ends on the earlier of:

- the date *you* return *home*\*; or
- your* expiry date as shown on *your confirmation*.

\**Your* insurance coverage will not end if *you* temporarily return to *your* province or territory of residence. In such a case, *your* policy will remain in effect up to *your* original return date except we will apply the *pre-existing condition* exclusion based on *your* new *departure date* upon continuing *your trip*.

## ADDITIONAL INFORMATION

### AUTOMATIC EXTENSION

We will extend *your* coverage automatically beyond the date *you* were scheduled to return *home* as per the return date indicated on *your confirmation* if:

- your common carrier* is delayed or *you* are delayed due to circumstances beyond *your* control. In these situations, we will extend *your* coverage for up to 72 hours; or
- you* or *your travel companion* or an *immediate family* member travelling with *you* is 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* or an *immediate family* member travelling with *you* has an *emergency* that does not require hospitalization but prevents travel (as documented by the attending *physician* at destination). In this case, we will extend *your* coverage for up to 72 hours.

However, if travel is medically possible before the applicable 5 days or 72 hours have passed, we will honour *your* claim for eligible expenses only until such earlier date.

In any case, we will not extend any coverage beyond 12 months after *your effective date* of insurance.

### TO STAY LONGER THAN PLANNED

#### Extensions:

To obtain an extension of *your* coverage, simply call *your* AIR MILES Reward Program Travel Specialist to request the extension.

If, however, *you* are already on *your trip* and need to apply for an extension of *your* coverage, simply call *your* AIR MILES Reward Program Travel Specialist before the *expiry date* of *your* existing coverage at:

**1-844-399-ONYX** or **1-844-399-6699**

*You* may be able to extend *your* coverage as long as:

- the total length of *your trip* does not exceed the maximum allowed by *your government health insurance plan*;
- you* pay the additional premium; and
- you* have had no event that has resulted or may result in a claim.

Any extension after departure is subject to the approval of the Assistance Centre.

### TOP-UPS

The **AIR MILES Emergency Medical Policy** can be used to top up another insurer's plan. It is *your* responsibility to confirm that a top-up is permitted on *your* existing plan with no loss of coverage.

# EMERGENCY MEDICAL INSURANCE

## What does *Emergency Medical Insurance* cover?

### Benefits –

*Emergency Medical Insurance* covers *you* for up to **\$5,000,000 CDN** for *reasonable and customary* expenses incurred by *you* for *emergency medical treatment* required by *you* during *your trip* if a *medical condition* begins unexpectedly after *you leave home*. **Such expenses must be in excess of those reimbursable by your government health insurance plan or by 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: 1-888-491-2285** in the U.S. and Canada or **+1 (519) 251-7427 collect** to Canada where available.

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

- confirm coverage
- provide pre-approval of *treatment*.

If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, we ask *you* to call or have someone call on *your* behalf as soon as possible. Otherwise, if *you* do not call the Assistance Centre before *you* obtain *emergency treatment* *you* will be responsible for 25% of *your* medical expenses covered under this insurance.

After *your* medical *emergency treatment* has started, the Assistance Centre must assess and pre-approve additional medical *treatment*. If *you* undergo tests as part of a medical investigation, *treatment* or surgery, obtain *treatment* or undergo surgery that is not pre-approved, *your* claim will not be paid. This includes but is not limited to MRI, MRCP, CAT Scan, CT Angiogram, sonograms, ultrasounds, Nuclear Stress Test, biopsies, Angiogram, Angioplasty, cardiovascular surgery including any associated diagnostic test(s), Cardiac Catheterization or any surgery.

Subject to the policy's maximums, exclusions and limitations, the eligible covered expenses are:

#### 1. **Emergency Medical Treatment:**

- a) *Hospital* accommodation up to the semi-private room rate (or an intensive or coronary care unit where medically necessary). We will also cover the expense of a cruise ship cabin or hotel room (that is not already included in *your* travel arrangements) if the use of such facility is recommended as a substitute for a *hospital* room during *your* recovery from a covered medical *emergency*.
- b) *Physicians' fees*.
- c) When approved in advance by the Assistance Centre, laboratory tests and x-rays prescribed by the attending *physician*.
- d) In-*hospital* duty nurse – private duty nursing (other than by a relative) during hospitalization when ordered by the attending *physician* and approved in advance by the Assistance Centre.
- e) Local, licensed ground ambulance service to the nearest *hospital*, *physician* or medical service provider in the event of a medical *emergency* (also covers local taxi fare in lieu of local ground ambulance service where an ambulance is medically necessary).
- f) If local taxi services are required to get to and from the nearest medical service provider for a minor *emergency*, expenses will be reimbursed up to **\$50**.
- g) Drugs requiring a prescription by a *physician*, excluding those necessary for the continued stabilization of a chronic *medical condition*.

**To file a claim, you must provide original receipts issued by the pharmacist, physician or hospital, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing physician.**

- h) Casts, splints, trusses, braces, crutches, rental of wheelchair or other minor medical appliances when prescribed by a *physician*.
  - i) *Emergency treatment* by a chiroprapist, chiropractor, osteopath, physiotherapist, or podiatrist (other than a relative), up to **\$300** per category of practitioner.
2. **Emergency Dental Expenses:** Reimbursement of:
    - a) *emergency dental treatment* at *trip* destination to repair or replace sound natural teeth or permanently attached artificial teeth damaged as a result of an accidental blow to the head or mouth, provided *you* consult a *physician* or dentist immediately following the *injury*;
    - b) necessary *emergency dental treatment* (described in a. above) that must be continued upon return to *your* province or territory of residence, provided *treatment* is completed within **90 days** from the date of the accident, to a maximum of **\$1,500**; and
    - c) other *emergency dental treatment* at *trip* destination (excluding root canal treatment), to a maximum of **\$300**.

**To file a claim under a. or b. above, you must provide an accident report from the physician or dentist.**

3. **Sundry Hospital Expenses:** If *you* are hospitalized for 48 hours or more, we will reimburse *you* up to **\$50 per day**, to a maximum of **\$500** for *your* incidental expenses (telephone calls, television rental, etc) while *you* are in the *hospital*.
4. **Return Your Vehicle Home:** When approved in advance by the Assistance Centre, if, because of a covered medical *emergency*, hospitalization, death or repatriation, *you* are unable to drive *home* the *vehicle* *you* used during *your trip*, we will cover the reasonable costs incurred to return *your vehicle home*. If *you* rented a *vehicle* during *your trip*, we will cover the reasonable costs incurred for its return to the rental agency.
5. **Bedside Visit:** When approved in advance by the Assistance Centre, if *you* are hospitalized because of a covered medical *emergency* or if *your* attending *physician* recommends that a relative or close friend should attend *your* bedside during such hospitalization, we will pay the return economy fare via the most cost-effective itinerary for someone to be with *you*. For a *child* insured under this policy, this benefit is available immediately upon his/her *hospital* admission.

The person attending *your* bedside will be covered with AIR MILES *Emergency Medical Insurance* coverage, under the same terms and limitations of this policy. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls will be reimbursed to a maximum of **\$500**.

**To file a claim, original receipts from commercial organizations must be supplied.**

6. **Subsistence Allowance:** In the event that:
  - a) *your* scheduled return is delayed due to *your* medical *emergency* *sickness* or *injury* or the *sickness* or *injury* of an accompanying *immediate family member* or *travelling companion*; or
  - b) *you* or an accompanying *immediate family member* or *travelling companion* must be relocated for the purpose of obtaining medical *treatment* for a covered medical *emergency*,

*you* are eligible for a subsistence allowance for commercial accommodation and meals, laundry, essential taxi or rental vehicle charges and telephone calls up to **\$350 per day** after the original scheduled return date or relocation date to a maximum of **\$1,750**.

**To file a claim, you must supply original receipts from commercial organizations as well as the local attending physician's written diagnosis of the medical emergency.**

7. **Medical Repatriation:** When approved in advance and arranged by the Assistance Centre:
- the cost of a one-way *fare* on a commercial airline to *your* province or territory of residence; or
  - the costs for additional airline seats to accommodate a stretcher to return *you* to *your* province or territory of residence; or
  - where medically necessary, medical air evacuation (paid in advance) to the nearest appropriate *hospital* or to a *hospital* in *your* province or territory of residence, when the attending *physician* or the Medical Director of the Assistance Centre recommends that *you* be so transported for the purpose of obtaining immediate medical *treatment*; 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.
8. **Return Excess Baggage:** When approved in advance by the Assistance Centre, up to **\$500** for the return of *your* excess baggage if *you* are returned to *your home* by any medical repatriation or death benefit provided by this policy.
9. **Escort of Insured Children or Grandchildren:** When approved in advance by the Assistance Centre, in the event an insured parent, grandparent or legal guardian (on the *trip*) must be hospitalized for more than 24 hours, medically repatriated or dies at destination due to a medical *emergency* covered by this policy:
- organization, escort and payment up to the cost of a one-way economy for the return of *your* accompanying *child(ren)* or *grandchildren*.
  - reimbursement for services of a caregiver (other than a relative) contracted by *you* for *your* accompanying *child(ren)* or *grandchildren*. Covered caregiver expenses will include the cost for the return economy via the most direct route, overnight commercial accommodation expense and reasonable meal expenses.
10. **Child Care:** In the event *you* are admitted to *hospital* or are delayed beyond *your* scheduled return date because of a covered medical *emergency*, 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 **\$50 per day** to a maximum of **\$500 per trip**. The *child(ren)* or *grandchild(ren)* must have been under *your* care during *your trip*.
11. **Return Your Travel Companion :** We will pay the extra cost of the one-way economy fare via the most cost-effective itinerary to return *your travel companion home*, if *you* must return *home* because of a medical *emergency* covered under this policy.
12. **Death:** If *you* should die during *your trip* from a covered medical *emergency*, we will reimburse *your* estate the reasonable costs actually incurred for:
- preparation of *your* remains; plus
    - return transportation cost of the *your* remains in the *common carrier's* standard transportation container to the scheduled point of departure; or
  - for burial or cremation at the place of death up to **\$3,000**.
- No benefit is payable for the cost of a headstone, casket and/or funeral service expenses.
- c) When approved in advance by the Assistance Centre, the return economy fare for an *immediate family* member or close friend to identify *your* remains. We will also pay up to **\$450** for that person's commercial accommodation and meals and provide him/her with AIR MILES Emergency Medical Insurance coverage, under the same terms and limitations of this policy for up to three (3) days.
- To file a claim, original receipts from commercial organizations must be supplied.**
13. **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** under benefits a), b) and c), to return *your* pet(s) (domestic dog(s) and/or cat(s)) *home* via the most cost-effective itinerary, if:
- your* treating *physician* recommends that *you* return *home* because of *your medical condition*;
  - our* medical advisors recommend that *you* return *home* after *your emergency treatment*; or
  - you* die.
- We will also pay up to **\$100** for commercial kennel fees at *your* destination, before *you* return *home*, in the event *you* are medically unable to return to *your* province or territory of residence on *your* scheduled return date.
14. **Prescription Assistance:** Up to **\$50** for the replacement at *your* destination of lost or stolen essential prescription medication (excluding birth control pills or other non-vital prescription medication). If *you* need the services of a local *physician* to replace *your* prescription medication, we will pay up to **\$75** under this benefit.
15. **Vision Care:** Up to **\$200** for the replacement at *your* destination of prescription eyeglasses due to theft, loss or breakage during *your trip* and assistance to coordinate the replacement.
16. **Hearing Aid:** Up to **\$200** for the replacement at *your* destination of a hearing aid due to theft, loss or breakage during *your trip* and assistance to coordinate the replacement. Does not include batteries or ear molds.
17. **Terrorism Coverage:** *You* are entitled to reimbursement of covered expenses when 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. See *Act of Terrorism Coverage* provision.
18. **Message Centre:** Leave urgent messages with the Assistance Centre in the event that awkward time zones or telephone difficulties prevent *you* from contacting *home*. Leave urgent messages as a contact point for *travelling companions* if *you* lose touch with one another. Call 1-888-491-2285 within North America or from anywhere else in the world at +1 (519) 251-7427 collect to Canada where available.
19. **Urgent Messages:** Transmission of urgent messages to family and/ or employer by the multilingual co-ordinators of the Assistance Centre.

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

We will not cover expenses or benefits relating to any of the following:

### 1. **Pre-Existing Medical Condition Exclusions**

When reading this section, please take the time to review the definitions of “*medical condition*,” “*pre-existing condition*” and “*stable*” at the end of this booklet. The *pre-existing condition* exclusion which applies to *you* depends on *your age* as outlined below.

**For ages 74 and under**, any *medical condition* that was not *stable* in the **three (3) months** before *your effective date*. In addition to the “*stable*” requirement, we will not cover any expenses relating to:

- a *heart condition*, if;
  - any *heart condition* was not *stable*, and/or
  - you had taken any form of Nitroglycerine for the relief of angina pain, in the **three (3) months** before *your effective date*,
- a *lung condition*, if;
  - any *lung condition* was not *stable*, and/or
  - you required *treatment* with oxygen or Prednisone for *your lung condition*, in the **three (3) month** before *your effective date*.

**For ages 75 and over**, any *medical condition* that was not *stable* in the **six (6) months** before *your effective date*. In addition to the “*stable*” requirement, we will not cover any expenses relating to:

- a *heart condition*, if;
  - any *heart condition* was not *stable*, and/or
  - you had taken any form of Nitroglycerine for the relief of angina pain, in the **six (6) months** before *your effective date*,
- a *lung condition*, if;
  - any *lung condition* was not *stable*, and/or
  - you required *treatment* with oxygen or Prednisone for *your lung condition*, in the **six (6) months** before *your effective date*.

2. Expenses that exceed **\$25,000**, if *you* do not have valid coverage under a *government health insurance plan*.
3. For *children* under 2 years of *age*: Any *medical condition* related to a birth defect.
4.
  - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your trip*.
  - Any *medical condition* arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
5. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
6. *Your* self-inflicted injuries unless medical evidence establishes that the injuries are related to a mental health illness.
7. Any loss resulting from *your minor mental or emotional disorder*.
8.
  - routine pre-natal or post-natal care;
  - pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
9. *Your* child born during the *trip*.
10. A *medical condition*:
  - when *you* knew or for which it is reasonable to believe or expect that *treatment* will be required 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.
11. Any *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.
  12. Any *treatment* that is not for an *emergency*.
  13. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
  14. An *emergency* resulting from an accident that occurs while *you* are participating in:
    - any sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is *your* principal paid occupation;
    - any sport or activity indicated below:
      - any form of BASE jumping (ie: wingsuit flying);
      - hang-gliding;
      - rock climbing;
      - mountain-climbing which involves the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pickaxes, anchors, bolts, carabiners and lead or top-rope anchoring equipment;
      - any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.
  15. Piloting an aircraft or air travel on any air-supported device other than as a fare-paying passenger on a flight operated by a *common carrier*.
  16. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
  17. Except as is covered under Benefit #14 Prescription Assistance. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada.
  18. Any *treatment*, services or supplies not medically necessary, or any medical procedures and/or tests (**including** but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by the Assistance Centre in advance. All surgery must be authorized by the Assistance Centre prior to being performed except in extreme circumstances where surgery is performed on an *emergency* basis.
  19. 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.
  20. Any further medical *treatment* if *our* medical advisors determine that *you* should transfer to another facility or return to *your* home province or territory of residence for *treatment*, and *you* choose not to.
  21. Medical repatriation services unless approved in advance and arranged by the Assistance Centre.
  22. For policy extensions and top-ups: any *medical condition*, *injury* or *sickness* which first appeared, was diagnosed or for which *you* received medical *treatment* after the scheduled *departure date* and prior to the *effective date* of the insurance extension or top-up.

23. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism* as described in the *Act of Terrorism Coverage* provision.
24. Any *act of terrorism* or any *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government stating “Avoid all non-essential travel” or “Avoid all travel” regarding the country, region or city of *your* destination, before *your effective date*.  
To view the travel advisories, visit the Government of Canada Travel site.  
This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

**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*.

See other conditions under In the Event of a Claim.

**ACT OF TERRORISM COVERAGE**

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

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

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

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 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, 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?**

**General Conditions**

**This insurance is void in the case of fraud or attempted fraud, or if you conceal or misrepresent any material fact or circumstance concerning this insurance, either at time of application for this policy (including any request for extension or top-up of coverage for benefits), at the time of claim or at any other moment during your coverage period.**

We will not pay a claim if *you*, any person insured under this policy or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim. When completing the application, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:

- *your* coverage will be void,
- which means *your* claim will not be paid.

*You* must be accurate and complete in *your* dealings with *us* at all times. This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

This policy shall be governed by and construed in accordance with the laws of *your* province or territory of residence.

**Despite any other provision contained in the contract, the contract is subject to the applicable statutory conditions in the Insurance Act, as applicable in your province or territory of residence, respecting contracts of accident and sickness insurance.**

**Limitation of Liability**

*Our* liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither *we*, upon making payment under this policy, nor *our* agents or administrators, nor AIR MILES or its affiliates assume any responsibility for the availability, quality, results or outcome of any *treatment* or service, or *your* failure to obtain any *treatment* or service covered under the terms of this policy. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.



## 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.

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 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.

## Subrogation

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

This is second payor coverage. *You* may have other in-force plans or contracts such as, but not limited to, third party liability, auto insurance, group or individual health insurance providing hospital, medical or therapeutic coverage. In this case, the amounts payable under this insurance are limited to that portion of *your* eligible expenses that are in excess of the amounts provided by those other in-force plans or contracts.

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 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.

## IN THE EVENT OF A CLAIM

### In the Event of an *Emergency*

**In the event of an *emergency*, call the Assistance Centre immediately, prior to receiving *treatment*:**

**1-888-491-2285** toll-free from the USA and Canada or **+1 (519) 251-7427** collect to Canada where available.

The Assistance Centre is ready to assist *you* 24 hours a day, each day of the 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 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 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 for Benefits

To make a claim for benefits under this policy, *your* written proof of claim and *your* fully completed AIR MILES Travel Insurance claim form(s) must be submitted to *us* within 90 days after the event, but not more than 12 months after the date of such event or loss.

More information on the documentation that must be submitted with *your* written proof of claim is provided on the following pages.

### Written claims correspondence should be mailed to:

AIR MILES Travel Insurance  
c/o Active Care Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8

### Online Claims Submission

For quick and easy submission of your Proof of Claim, visit <https://manulife.acmtravel.ca> and please have all of your documentation available [in electronic format].

***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 **1-855-841-4794**.

For coverage information or general enquiries, please contact the **AIR MILES Travel Insurance Customer Service Centre at 1-866-298-6581 or by email at [airmilestravelinsurance@manulife.ca](mailto:airmilestravelinsurance@manulife.ca)**.

**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).

**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. *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. 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 for judicial resolution under the applicable law(s) of the Canadian province or territory where *you* reside at the time of application for this policy.

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

For the purposes of determining the validity of a claim under this policy, 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 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(s) of Terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems.

The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a sitting government or occupying power; and/or
- promote political, social, religious or economic objectives.

**Act of war** means 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 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 *your* unmarried, dependent son or daughter or *your grandchild(ren)* travelling with *you* or joins *you* during *your trip* and is either:

- i) under 21 years of *age*;
- ii) under 26 years of *age* if full-time student; or
- iii) *your child* of any *age* who is mentally or physically disabled.

In addition, for *Emergency Medical Insurance*, the *children* must be older than 30 days of *age*.

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

**Confirmation** means this policy, the application for this policy, and any other documents confirming *your* insurance coverage once *you* have paid the required premium and *your trip* arrangements. 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*.

**Departure date** means the date *you* leave for *your trip*.

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

- Coverage starts when *you* leave *home*.

**Emergency** means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by Assistance Centre indicates that no further *treatment* is required at destination or *you* are able to return to *your* province or territory of residence for further *treatment*.

**Expiry date** means the date *your* coverage ends.

- Coverage ends on the earlier of:
  - a) the date *you* return *home*; or
  - b) the expiry date as shown on *your confirmation*.

**Fare** means the lowest single seat *fare* from any **ATC** or **AITA Air Carrier**.

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

**Heart condition** means ANY disorder relating to the heart. *Heart conditions* include but are not limited to the following:

- An abnormal cardiac test result
- Atrial fibrillation
- Chest pain or discomfort due to the heart, or angina
- Heart failure, or heart attack, or myocardial infarction, or cardiac arrest
- Heart murmur (Does not include a murmur that existed as a child if the *physician* has advised that there is no murmur as an adult.)
- Narrowing or blockage of a coronary artery, or coronary artery disease
- Prior heart surgery of any kind, including but not limited to angioplasty, bypass surgery, valvuloplasty, valve replacement, heart ablation surgery, heart transplantation or surgery for any congenital heart disorder
- Any heart valve disorder, or any rapid, or slow, or irregular heartbeats or heart rates for which a *physician* has prescribed medication, or for which there has been surgery or cardioversion
- *Treatment* with a pacemaker or a cardiac defibrillator device
- Water on the lungs or swelling of the ankles due to a heart disorder.

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

**Hospital** means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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

**Injury** means sudden bodily harm that is caused by external and purely accidental means, and independent of *sickness* or disease.

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

**Minor mental or emotional disorder** means:

- having anxiety or panic attacks, or
- being in an emotional state or in a stressful situation.

A *minor mental or emotional disorder* is one where *your treatment* includes only minor tranquilizers or minor anti-anxiety (anxiolytics) medication or no prescribed medication at all.

**Physician** means a person:

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

**Pre-existing condition** means a *medical condition*, that exists prior to *your effective date*.

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

**Sickness** means illness, disease, disorder or any symptom.

**Spouse** means someone to whom one is legally married, or with whom one has been residing and publicly represented as a *spouse*.

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

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

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

**Travel companion** means someone who shares *trip* arrangements with *you* on any one *trip*, up to a maximum of 5 persons including *you*.

**Treatment** means hospitalization, a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery.

**Important:** Any reference to testing, tests, test results, or investigations excludes genetic tests. “Genetic test” means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

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

**Vehicle** includes any private or rental passenger automobile, boat, motorcycle, camper truck, mobile home or trailer home (not including any commercial trailers) which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

**We, us, our** means FNAIC in connection with risk identified with ‡ throughout this document; and Manulife in connection with all other coverages under this policy.

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

In this policy, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

## 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 will establish a “financial services file” from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services, and the investigation of claims, and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

*Your* file is secured in *our* offices or those of *our* administrator or agent. *You* may request to review the personal information it contains and make corrections by writing to:

Privacy Officer, Manulife, P.O. Box 1602, Waterloo, Ontario N2J 4C6.

*You* may also visit Manulife at:

<https://www.manulife.ca/privacy-policies.html> for further details about *our* Privacy Policy.

## TRAVEL ASSISTANCE.

### ANYWHERE IN THE WORLD.

Before *you* travel, be sure to download ACM's free assistance & claims app, **ACM TravelAid™**. The GPS-enabled **ACM TravelAid™**, available from Google Play and App store, provides travellers with the following services, from anywhere in the world:

- Direct link to the Assistance centre
- Healthcare provider information
- Directions to the nearest medical facility
- Official travel advisories
- Travel tips
- Claim submission support

The TravelAid mobile app can also provide *you* with local emergency telephone numbers (such as 911 in North America), and pre- and post departure travel tips. We recommend that *you* download the app before *you* travel to avoid incurring roaming charges that may apply at *your* destination.

### HELP IS JUST A PHONE CALL AWAY.

Our multilingual Assistance Centre is there to help and support *you* 24 hours a day, every day of the 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

## HOW TO REACH US

In the event of an *emergency*, call:

**1-888-491-2285**

Toll-free from the USA and Canada

**+1 (519) 251-7427**

**Collect** to Canada where available

(have *your* policy number on hand when *you* call)

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.

If *you* are unable to call us collect, please make sure *you* obtain the receipt(s) for the cost of placing the call(s) and submit those receipts with *your* claim.

**If making a claim, you can contact us at:**

### AIR MILES TRAVEL INSURANCE

c/o Active Care Management

P.O. Box 1237, Stn. A

Windsor, ON N9A 6P8

Telephone **1-855-841-4794**



PO Box 670, Waterloo, ON N2J 4B8

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