

Manulife Global Annual *Emergency* Medical Policy



This policy is 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 1 866 298-2722.

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 3 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 Pages 5 & 6).

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

1 800 211-9093 toll-free from the USA and Canada,
+1 (519) 251-7821 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.

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.



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

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* travel agent from whom *you* purchased the insurance.

After the 10-Day Free Look, refund of premium is not available.

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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 (including the *questionnaire* if required). *Your* entire contract with *us* consists of: this policy; *your* application for this policy (including the completed and signed *questionnaire*, if required); 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 **1 800 211-9093** toll-free from the USA and Canada
+1 (519) 251-7821 collect where available
For coverage information or general enquiries, please contact Manulife Travel Customer Service at **1 866 298-2722**.

MEDICAL CONCIERGE SERVICES

Manulife Global 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.

SCHEDULE OF BENEFITS

Annual <i>Emergency</i> Medical Plan Annual Day Options Available -- 4, 10, 18, 30, 60	
Eligible Age*	No Limit
Medical Concierge Services	Included
Medical <i>Questionnaire</i> Required	Yes - Age 60 or over
<i>Emergency Medical</i> **	
Hospital & Medical	\$5,000,000
Accidental Dental	\$3,000
Medical Repatriation	\$5,000,000
Accommodation & Meals	\$350/day maximum \$3,500
Expenses for Childcare	\$100/day maximum \$300
Expenses Related to <i>Your</i> Death	See Page 4
<i>Act of Terrorism</i> Coverage	See Page 6

* *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*.

ELIGIBILITY

You are NOT eligible for coverage if:

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

If *you* are age 60 or over and *you* have completed a medical *questionnaire*, *you* must meet the Eligibility requirements indicated on the *questionnaire*. If *you* did not meet those requirements, *you* are NOT eligible to purchase this coverage.

TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY

You must be a resident of Canada and covered under a *government health insurance plan* for the entire duration of the *trip*. If at time of claim, it is discovered that *you* no longer have coverage under a *government health insurance plan*, the maximum amount payable for all eligible expenses combined will be limited to \$25,000.

You must complete the medical *questionnaire* to determine whether *you* meet eligibility requirements for coverage, and if so, to determine *your* rate category, if *you* are age 60 or over.

GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

Coverage must be for the entire time that *you* are away from *home*, *you* must pay the required premium to *your* travel agency before *you* leave *home* and, where applicable, complete *our questionnaire*.

FAMILY COVERAGE

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

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

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

- i) *you* (either as a parent or grandparent) and *your children/grandchildren*;
- ii) *you* and *your spouse* and *your children* or *grandchildren*; or
- iii) 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

For **Emergency Medical Insurance**, coverage starts initially on *your first travel date*, which must fall within 3 months of purchase, and after that date, it starts every time *you leave home*. Under this coverage, *emergency medical coverage* is provided with unlimited travel within Canada but outside *your province or territory of residence*, without additional premium.

Exception: The 3 month requirement will not apply to the next Annual *Emergency Medical Plan* you purchase as long as there is no lapse in coverage and there is no change to *your rate category* (if applicable).

For **Top-Ups**, coverage starts after *you leave home*, on the start date of Top-Up coverage indicated on *your application* which must correspond to the first day after expiration of *your other plan*.

THE DATE YOUR COVERAGE ENDS / YOUR COVERAGE EXPIRY DATE

Coverage ends on the earliest of:

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

*Your insurance coverage will not end if you temporarily return home

If *you* have requested and received prior approval from *our Assistance Centre* to return to *your destination* under the *Emergency Medical Insurance benefit #14, Return to Destination*, *your medical coverage* will deemed not to have terminated but will be suspended for the duration of *your temporary return*. *Your medical coverage* will resume once *you begin travel* in accordance with the coverage restrictions set out under *Emergency Medical Insurance benefit #14, Return to Destination*.

In all cases of such temporary returns, there will be no refund of premium for any of the days that *you* have returned to *your home*.

ANNUAL EMERGENCY MEDICAL PLAN PROVISIONS

- Provide coverage for any number of *trips* taken within one year.
- Each *trip* can be up to a maximum duration of 4, 10, 18, 30, 60 days or less, based upon the coverage duration *you* have chosen.
- The Annual *Emergency Medical Plan* is issued with an *expiry date* of 365 days from the *first travel date*.
- For a *trip* to be covered under the benefits of the Annual Plans, it must start and end within the coverage period.

Exception: Top-Ups are available if a *trip* begins during the coverage period but extends beyond the *expiry date*, *you* can purchase:

- top-up coverage for any travel days that fall after the *expiry date*; or
- a new Annual *Emergency Medical Plan* for the next 365-day period. The total duration of *your trip* cannot exceed the maximum coverage duration *you* have chosen for *your Annual Plan*, unless it is topped up.

ADDITIONAL INFORMATION

AUTOMATIC EXTENSION

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

Top-Ups: If *you* want to take a *trip* that is longer than the coverage duration *you* have chosen, simply contact *your travel agency* before *your coverage* expires to purchase coverage for the additional days required.

If *you* are topping up another insurer's plan, it is *your responsibility* to confirm with that insurer that a top-up is permitted on *your existing plan* with no loss of coverage.

You will be able to top up *your coverage* if *you* pay the extra premium and the total length of *your trip* does not exceed 183 days unless permitted otherwise by *your government health insurance plan*. An extension to the *trip length* may be allowed if *you* obtain written approval from *your government health insurance plan*.

EMERGENCY MEDICAL INSURANCE

Benefits – What does *Emergency Medical Insurance* cover?

Emergency Medical Insurance covers *you* for up to \$5,000,000 CDN of *reasonable and customary* expenses incurred by *you* as a result of *emergency treatment* 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 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.

Covered expenses and benefits are subject to the policy maximums, exclusions, limitations and any deductible amount (when applicable). The deductible amount, in CDN dollars, is the amount of covered expenses that *you* are responsible for paying per *emergency medical claim*. *Your deductible amount* applies to the amount remaining after any covered expenses are paid by *your government health insurance plan*.

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

- Expenses to receive *emergency treatment*** – 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 and could not be omitted without adversely affecting *your condition* or quality of medical care), 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, chiropodist or podiatrist, up to \$300 by profession.
- Expenses for ambulance transportation** – *Reasonable and customary* charges for local licensed ambulance service to transport *you* to 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 a standard casket;
 - up to \$5,000 to have *your body* prepared and the cost of a standard casket or urn, 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 including the cost of standard urn.

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

5. **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, when approved and arranged in advance by the Assistance Centre, we will pay the reasonable and customary expenses 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, is appropriate and consistent with the diagnosis and could not be omitted without adversely affecting your condition or quality of medical care.
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 \$350 per day to you to a maximum of \$3,500 for your extra meals, hotel, essential phone calls, internet usage fees and taxi fares (or car rental in lieu of 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, when approved in advance by the Assistance Centre, we will pay the round-trip 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 policy, until you are medically fit to return home. For a child insured under this policy, 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; and
 - 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, when approved in advance by the Assistance Centre, we will pay for the extra cost of one-way economy class airfare to return your children or grandchildren 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 policy for a qualified escort. The children or grandchildren must have been under your care during your trip and be covered under this policy.
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)/grandchild(ren) must have been under your care during your trip.
11. **Expenses to return your domestic dog and/or cat** – When approved in advance by the Assistance Centre, we will pay up to \$500 for the extra cost of economy class transportation to return your 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 home** – We will pay the extra cost of one-way economy class airfare via the most cost-effective itinerary, to return your travel companion (who is travelling with you at the time of your emergency and insured under our travel medical insurance plan) home, if you return home under Benefit #5 (Expenses to bring you home).
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, when approved in advance by the Assistance Centre, 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. **Return to Destination** – When approved in advance by the Assistance Centre and provided your attending physician determines no further treatment is required, you will be reimbursed the extra cost of one-way economy transportation to return to your trip destination after you are returned to your home for emergency treatment under Benefit #5 (Expenses to bring you home). Once you return to your trip destination, a recurrence of the medical condition which required your return home or any related condition will not be covered under this policy. This benefit can only be used once during your trip and only if the return can be arranged within the original period of coverage.
15. **Hospital Allowance** – 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.
16. **Baggage Return** – If you return home under Benefit #5 (Expenses to bring you home), when approved in advance by the Assistance Centre, we will pay the extra costs to return your baggage to your home.
17. **Expenses to replace prescription drugs** – Up to \$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, contraceptives or birth control are not covered.
18. **Hearing Aid** – Up to \$200 for the replacement of a hearing aid due to theft, loss or breakage during your trip and assistance to co-ordinate the replacement.
19. **Vision Care** – Up to \$200 for the replacement of prescription eyeglasses due to theft, loss or breakage during your trip and assistance to co-ordinate the replacement.

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

We will not pay for any losses, expenses or benefits relating to:

1. **A pre-existing condition.** When reading this section, please take the time to review the definitions of "pre-existing condition" and "stable" at the end of this policy. The pre-existing condition exclusion which applies to you depends on your age at the time you purchased this policy as outlined below.

All Ages – Plan A	Pre-existing condition exclusion 1
Age 60 or older Plan B & Plan C	Pre-existing condition exclusion 2

Pre-existing condition exclusion 1

We will not pay any expenses relating to:

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

Pre-existing condition exclusion 2

We will not pay any expenses relating to:

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

2. Any medical condition when, prior to your departure date, you had not met all the eligibility requirements or truthfully and accurately answered all the questions in the medical questionnaire (if applicable).
3. Expenses that exceed 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.

4. Covered expenses that exceed the *reasonable and customary* charges where the medical *emergency* happens.
5. 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).
6. Any *treatment* that is not for an *emergency*.
7. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
8. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if *our* medical advisors determine that *your emergency* has ended.
9. 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.
10. 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.
11. For policy extensions or Top-ups: any *medical condition* which first appeared, was diagnosed or required *treatment* after the *departure date* and prior to the *effective date* of the insurance extension or Top-up.
12. 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.
13. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
14. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
15. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
16.
 - 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.
17. Any loss resulting from *your minor mental or emotional disorder*.
18.
 - 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.
19. *Your* child born during the *trip*.
20. For insured *children* under 2 years of age: any *medical condition* related to a birth defect.
21. 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.
22. 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.
23. 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.
24. 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.
25. 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.

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:

- We will provide benefits to *you* for *your* eligible expenses, up to a maximum aggregate of \$35,000,000 (CDN) for each *act of terrorism* (up to two (2) *acts of terrorism* within a calendar year); and
- 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* 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.

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 Act of 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 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 (including the *questionnaire* if required), *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 the province or territory of residence of the insured.

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 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 (including the *questionnaire*, if applicable) 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, we will not coordinate payment with that coverage. If *your* lifetime maximum is more than \$50,000, we will coordinate payment), 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. 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.

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:

1 800 211-9093 toll-free from the USA and Canada or **+1 (519) 251-7821** collect where available. The Assistance Centre is ready to assist you 24 hours a day, every day of the year.

Please note that if you do not contact 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 at time of claim, it is discovered that you no longer have coverage under a government health insurance plan, the maximum amount payable for all eligible expenses combined will be limited to \$25,000.

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 Manulife 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:

Manulife Global Travel Insurance
c/o Active Care Management
PO BOX 1237, Station 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 to inquire about your claim status at: **1 855 841-4793**

For coverage information or general enquiries, please contact Manulife Travel Customer Service at **1 866 298-2722**.

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 appropriate and consistent with the diagnosis and could not be omitted without adversely affecting your condition and quality of medical care and cannot be delayed until your return home;
- d) proof of the accident if you are submitting a claim for dental expenses resulting from an accident;
- e) proof of travel (including departure date and return date); 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 reasonable and customary expenses under this insurance to you or the provider of the service, less any applicable deductible. 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 or 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, 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 the application for this policy, and any other documents confirming your insurance coverage once you have paid the required premium; and where applicable, includes the medical questionnaire 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.

- For **Emergency Medical Insurance:**
Coverage starts initially on your first travel date, which must fall within 3 months of purchase, and after that date, it starts every time you leave home. **Exception:** The 3 month requirement will not apply to the next Annual Emergency Medical Plan you purchase as long as there is no lapse in coverage and there is no change to your rate category (if applicable).
- For **Top-Ups:**
Coverage starts after you leave home, on the start date of Top-Up coverage indicated on your application which must correspond to the first day after expiration of your other plan

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 earliest of these dates:

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

First travel date means your planned departure date, as recorded on your confirmation.

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, step-child, brother, sister, step-brother, step-sister, 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 any medical condition that exists prior to your effective date.

Questionnaire means the document you must fill out truthfully and accurately to confirm your eligibility and premium (rate) category.

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 your effective date 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 The Manufacturers Life Insurance Company (Manulife).

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.

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.

The Manufacturers Life Insurance Company
First North American Insurance Company



Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

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Accessible formats and communication supports are available upon request.

Visit [Manulife.ca/accessibility](https://www.manulife.ca/accessibility) for more information.

IN EVENT OF AN **EMERGENCY**, CALL:

1 800 211-9093

toll-free from the USA and Canada

+1 (519) 251-7821

collect where available

NAME

POLICY #

Manulife
GLOBAL
Travel Insurance



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, every day of the year.

Before you travel download the free assistance & claim mobile app, **ACM TravelAid™**.

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.

Manulife



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Manulife



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

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

1 800 211-9093 toll-free from the USA and Canada
+1 (519) 251-7821 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.