



Travel made easy

## Senior Discovery Tours All-Inclusive Travel Insurance Policy



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

Effective November 2024

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 to Canada  
where available

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

Accessible formats and communication supports  
are available upon request.

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



PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8

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First North American Insurance Company, a wholly owned subsidiary of Manulife.

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SDTA1124E-Rev1

Don't forget *your*  
Wallet Card!



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toll-free from the USA and Canada

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

collect where available

NAME

POLICY #



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POLICY #

#### 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.**

**THIS POLICY IS UNDERWRITTEN** by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Claim payment and administrative services are provided by the administrator, Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management," "ACM," "Global Excel Management," and/or "Global Excel" as the provider of all assistance and claims services under this policy. Please note that risks identified with ‡ throughout this document are covered by FNAIC.



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)

## TRAVEL ASSISTANCE. ANYWHERE IN THE WORLD.

Before you travel, download the Manulife TravelAid mobile app through the Google Play™ store or the Apple App Store®. TravelAid offers immediate access to healthcare provider information, directions to the nearest medical facility, international 911 lookup, pre- and post-departure travel tips, and claim submission support to out-of-province and out-of-country travellers. So, no matter where your travels take you – and no matter your travel emergency situation – TravelAid ensures you have access to all the care you need.

#### Features of the app include:

- Access to international emergency numbers by GPS
- Speaking to medical doctors
- Finding medical facility locations by GPS
- Current travel advisories
- Contact form with your preferred method of returned communications (text, email, phone) for 24/7 assistance
- Claims submission portal
- Relevant and timely travel tips

## 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

- ✓ Confirming and explaining coverage
- ✓ Referral to a doctor, *hospital*, or other health care providers
- ✓ Monitoring *your* situation and informing *your* family
- ✓ Transportation arrangements to return *you home* when medically necessary
- ✓ Direct billing for of covered expenses (where possible)

#### Other Services

- ✓ Help with lost, stolen or delayed baggage
- ✓ Help obtaining emergency cash
- ✓ Translation and interpreter services in a medical *emergency*
- ✓ Emergency message services
- ✓ Help replacing lost or stolen airline tickets
- ✓ Help obtaining prescription drugs
- ✓ Finding 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.

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, **Manulife 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**

11/2024

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.

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 **Manulife**

11/2024

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## WHAT'S INSIDE

MEDICAL CONCIERGE SERVICES .....	3
PLAN AT-A-GLANCE .....	4
ELIGIBILITY .....	5
TO BE ELIGIBLE FOR INSURANCE .....	5
GENERAL INFORMATION ABOUT <i>YOUR TRAVEL INSURANCE</i> .....	5
When <i>Your</i> Coverage Starts and Ends .....	5
Automatic Extension .....	6
To Stay Longer than Planned .....	6
<i>TRIP INTERRUPTION INSURANCE</i> .....	6
<i>Default</i> Protection Coverage .....	12
<i>EMERGENCY MEDICAL INSURANCE</i> .....	13
BAGGAGE LOSS, DAMAGE & DELAY INSURANCE .....	18
FLIGHT & TRAVEL ACCIDENT INSURANCE .....	19
<i>ACT OF TERRORISM</i> COVERAGE .....	21
WHAT ELSE DO <i>YOU</i> NEED TO KNOW .....	22
Premium .....	23
How does this Insurance work with other coverages .....	23
IN THE EVENT OF A CLAIM .....	24
DEFINITIONS .....	27
NOTICE ON PRIVACY AND CONFIDENTIALITY .....	32

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## 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 5 of this policy.**

**A pre-existing condition exclusion applies to your coverage.** It is **your responsibility** to review and understand the *pre-existing condition* exclusion that applies to you:

- *Trip Interruption* Insurance: please review the *pre-existing condition* exclusions listed on Page 10 of this policy.
- *Emergency Medical* Insurance: please review the *pre-existing condition* exclusions listed on Page 16 of this policy.

**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*, 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 **Manulife TravelAid™** mobile application.

Download the app through the Google Play™ store or the Apple App Store®. For more information, visit [active-care.ca](http://active-care.ca).

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.

### 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:

- you* have not departed on *your trip*; and
- 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.**

## MEDICAL CONCIERGE SERVICES

This policy provides value-added medical concierge services through our partner, StandbyMD™.

StandbyMD has an international network of medical providers and partners who can provide quick and streamlined services and access to healthcare, 24 hours a day, every day of the year.

StandbyMD offers access to personalized care including:

- Telephone or video chat with a qualified physician who can assess symptoms and provide treatment options (for eligible cases)
- A network of physicians who make house call visits in 141 countries and over 4,500 cities
- In-network clinics and emergency rooms when necessary
- Coordination and delivery of lost or forgotten prescription medications, eyeglasses or contact lenses, and medical supplies when you travel within Canada and the US

### How this service works

StandbyMD triages you according to your symptoms, profile, and location and then refers you to the most appropriate level of care for your situation.

The worldwide network offers preferred rates and direct billing options to help reduce your out-of-pocket expenses. The StandbyMD program also helps coordinate payment for eligible expenses according to the terms and conditions of this policy. To use this service, contact the Assistance Centre at the number provided in this policy.

### Disclaimer, waiver, and limitation of liability

StandbyMD is not intended as a substitute for professional medical advice. The program is provided to assist you in finding medical providers.

The advice StandbyMD provides is a recommendation only and entirely voluntary. You retain the right to choose your own level of care, regardless of the recommendation StandbyMD makes.

Medical providers within the StandbyMD network are not employees or agents and are not affiliated with StandbyMD in any way beyond accepting referrals. StandbyMD has no control – real or implied – over the medical judgment, actions, or inactions of the medical providers and does not assume any responsibility for:

- Availability of the medical providers
- Quality of the medical providers
- The results or outcome of any treatment or service

You waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD.

Related people include principals, parents, successors, and assigns of StandbyMD.

Waiving these rights to proceed legally includes the following that relate in any way to the medical concierge services offered by StandbyMD:

- Any and all claims
- Demands
- Actions and causes of action
- Suits of any kind, nature, or amount

StandbyMD's liability, if any, is limited solely to the amount of payment made to participating medical providers for services you received after obtaining a referral from StandbyMD.

## 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 **1-800-211-9093** 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**.

## ALL-INCLUSIVE TRAVEL INSURANCE PLAN AT-A-GLANCE

INSURANCE OFFERED	COVERAGE AMOUNTS PER INSURED
Emergency Medical <sup>†</sup>	Up to \$5,000,000 CDN for covered expenses if <i>you</i> have a valid <i>government health insurance plan</i> ; otherwise up to \$25,000
Trip Interruption <sup>†*</sup>	Actual covered expenses up to \$3,000 per <i>trip</i>
Baggage Loss or Damage	Up to \$1,000 per <i>trip</i>
Baggage Delay	Up to \$500 per <i>trip</i>
Flight Accident	Up to \$100,000 for death or double dismemberment or \$50,000 for single dismemberment
Travel Accident	Up to \$50,000 for death or double dismemberment or \$25,000 for single dismemberment

<sup>†</sup> If *your* covered expense results from an *act of terrorism*, all benefit maximums shown in this policy may be reduced subject to the *Act of Terrorism* Coverage provision.

\* Default coverage is included.

### Children Under 2 Years Old at No Extra Charge:

With the purchase of this insurance, coverage for *children* (or a *child*) older than 30 days old and under 2 years old for the entire duration of *your trip* is provided at no extra charge.

## ELIGIBILITY

### TO BE ELIGIBLE FOR THIS INSURANCE

*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.

If *you* have purchased a *trip* from Senior Discovery Tours, *you* must pay the required premium before *you* leave *home*. *You* must buy coverage for the entire duration of *your trip*.

Coverage must be purchased at the time *you* book *your trip*.

If *you* are age 75 or older, *you* must also meet all of the following eligibility requirements:

- *You* are not travelling against the advice of a *physician*.
- In the past five (5) years, *you* have not been diagnosed and/or been medically treated and/or been hospitalized and/or been prescribed or taken medication for three (3) or more of the following conditions: *Heart Condition*; *Lung Condition*; *High Blood Pressure* and/or *Diabetes*,
- *You* have never been diagnosed with *Metastatic Cancer* or a terminal illness with a life expectancy of less than two (2) years.

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

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

For *Emergency Medical Insurance*, coverage starts when *you* leave *home*.

For *Trip Interruption Insurance*; *Baggage Loss, Damage & Delay Insurance* and *Flight & Travel Accident Insurance*, coverage starts on *your departure date*.

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

For *Emergency Medical Insurance*, coverage ends on the earlier of:

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

For *Trip Interruption Insurance*; *Baggage Loss, Damage & Delay Insurance* and *Flight & Travel Accident Insurance*, coverage ends on the earlier of:

- a) the date when *you* return to *your departure point*; or
- b) the expiry date as shown on *your confirmation*.

## AUTOMATIC EXTENSION

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

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

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

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

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

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

## TO STAY LONGER THAN PLANNED

**Extensions:** If *you* have not left *home* yet, simply call Senior Discovery Tours to ask for the extension. If, however, *you* are already on *your trip* and need to apply for an extension of *your* coverage before the expiry date of *your* existing coverage, simply call Senior Discovery Tours. *You* may be able to extend *your* coverage as long as:

- the total length of *your trip* does not exceed 183 days (unless otherwise permitted by *your government health insurance plan*) or 60 days for those age 55 and older;
- *you* pay the additional premium; and
- *you* have had no event that has resulted or may result in a claim.

**Any extension is subject to the approval of the Assistance Centre.**

## TRIP INTERRUPTION INSURANCE

*Trip Interruption* Insurance coverage starts on *your departure date*.

*Trip Interruption* Insurance coverage ends on the earlier of:

- a) the date *you* return to *your departure point*; or
- b) on the expiry date as shown on *your confirmation*.

Please note that the maximum aggregate payable for all *Trip Interruption*, *Misconnection* and *Delayed Return* benefits listed below is \$3,000 per *trip*.

**Benefits - What does *Trip Interruption* Insurance cover?**

**If *your trip* is interrupted due to a covered event listed immediately below that occurs on or after the day *you* plan to leave *home*, we will pay:**

- A. Up to \$2,000 for the prepaid portion of *your trip* that is non-refundable and non-transferable to another travel date less the prepaid unused transportation *home*.
- B. *Your* additional and unplanned hotel and meal expenses, *your* essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of up to \$300 per day for up to 2 days (\$600 maximum total benefit) when no earlier transportation arrangements are available.
- C. *Your* one-way economy class fare via the most cost-effective itinerary to *your* or *your* group's next destination, or to return *home*.

**Events Covered Under *Trip Interruption* Insurance:**

### Medical Related Events

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

### Pregnancy and Adoption

5. *You* or *your travel companion* develop(s) any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
6. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* develops any complication of pregnancy within the first thirty-one (31) weeks of pregnancy.
7. *You, your spouse, your travel companion* or *your travel companion's spouse* legally adopt(s) a child and the actual date of the adoption falls during *your trip*.

### Death

8. *You* or *your travel companion* die(s).
9. A member of *your immediate family* or *your key-person*, a member of *your travel companion's immediate family* or their *key-person* dies.
10. *Your* friend dies or the person whose guest *you* will be during *your trip* dies.

## Work and Educational Obligations

11. ‡You, your spouse, your travel companion or your travel companion's spouse are called to service as a reservist, firefighter, military or police staff during your trip.
12. ‡You, your spouse, your travel companion or travel companion's spouse:
  - a) lose a permanent job because of lay-off or dismissal without just cause, or
  - b) are transferred by your / their respective employer; and must move your / their respective principal residence.

## Government and Legal

13. ‡You, your spouse, your travel companion or your travel companion's spouse are called to jury duty or to be a defendant in a civil suit or are subpoenaed to be a witness during your trip.
14. ‡Your or your travel companion's travel visa is not issued for a reason beyond your / their control, provided the documentation shows you or your travel companion were eligible to apply, that the refusal is not due to a late application, and the application is not a subsequent attempt for a visa that had been previously refused.
15. ‡ The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after your departure date, advising or recommending that Canadian residents should not visit a destination included in your trip.

## Accommodations and Transportation

16. ‡You, your spouse, your travel companion or your travel companion's spouse are unable to occupy your / their respective principal residence or to operate your / their respective place of business because of a natural disaster.
17. ‡You miss a connection or must interrupt your trip because of the delay of your connecting private passenger vehicle when the delay is caused by the mechanical failure of your connecting private passenger vehicle, a traffic accident, an emergency police-directed road closure or weather conditions. Your connecting private passenger vehicle must have been scheduled to arrive at your point of boarding at least 1.5 hours before the scheduled time of departure.
18. ‡ You miss a connection or must interrupt your trip because of the delay of your connecting common carrier, when the delay is caused by the mechanical failure of your connecting common carrier, a traffic accident, an emergency police-directed road closure, weather conditions or an unannounced strike. Your connecting common carrier must have been scheduled to arrive at your point of boarding at least 1.5 hours before the scheduled time of departure.

## Weather

19. ‡ Weather conditions, earthquakes or volcanic eruptions cause delays to at least 30% of your trip and you choose not to travel.

## Hijacking

20. ‡You, your spouse, your travel companion or your travel companion's spouse are hijacked.

## Benefits - What does Misconnection Insurance cover?

If any of the covered events listed immediately below prevents you from travelling as shown on your confirmation, we will pay for your misconnection expenses, being the lesser of:

- a) the change fee charged by the airline for your missed connection if this option is available, or
- b) up to \$2,000 for the cost of your one-way economy transportation via the most cost-effective itinerary to the next destination. Your travel arrangements must have been booked with the Travel Agency you purchased this policy from.

## Misconnection Insurance covered events:

1. ‡You miss your next connecting flight because the plane that is providing transportation for a portion of your trip leaves later than originally scheduled.
2. ‡ The plane that is providing transportation for a portion of your trip leaves earlier than originally scheduled and the ticket you have purchased for your prior connector flight via another airline becomes unusable.

Only misconnection expenses as calculated above will be payable under these circumstances.

## Benefits - What does Delayed Return Insurance cover?

If any of the covered events listed immediately below happens after you leave home and makes it impossible for you to return home as shown on your confirmation, we will, for the length of time that you are prevented from travelling, pay up to \$3,000 for:

- A. Your additional and unplanned hotel and meal expenses, your essential phone calls, internet usage fees and taxi fares (or car rental in lieu of taxi fares) to a maximum of up to \$150 per day.
- B. Up to \$2,500 for the extra costs of your economy class transportation via the most cost-effective itinerary to return home. If the delay is a result of a medical condition, it must be on the advice of the attending physician at your destination.

## Delayed Return Insurance covered events:

1. You have a medical emergency.
2. A member of your immediate family has a medical emergency or dies at your destination.

3. *Your travel companion* has a *medical emergency* or dies at *your destination*.
4. The person whose guest *you* are during *your trip* is admitted to *hospital* with an *emergency* or dies at *your destination*.

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

1. ‡ In the event *your travel companion's plane* is delayed by weather conditions, earthquakes or volcanic eruptions for at least 30% of *your trip*, and *your travel companion* decides not to go on the *trip* as booked, we will cover the cost of *your next occupancy* charge up to \$1,000.
2. In the event *you die* after the start of *your trip*: We will reimburse *your estate* up to \$1,000 for *your prepaid unused trip* arrangements.

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

The following exclusions are applicable to all coverages detailed in this section, including ***Trip Interruption, Misconnection and Delayed Return Insurance***:

1. Any expense in excess of \$3,000 in the aggregate for all *Trip Interruption, Misconnection and Delayed Return* benefits.
2. A *medical condition* that was not *stable* in the **6 months** before *your effective date*.  
In addition to the "*stable*" requirement, we will not cover any expenses relating to:
  - *your/their heart condition* if, in the **6 months** before the *effective date* for this insurance, any of *your/their heart condition(s)* has/have not been *stable* or *you/they* have taken any form of nitroglycerine for the relief of angina pain; and/or
  - *your/their lung condition* if, in the **6 months** before the *effective date* for this insurance, any of *your/their lung condition(s)* has/have not been *stable* or *you/they* required *treatment* with oxygen or prednisone for any lung condition.
3. *Trip Cancellation* expenses incurred before departure.
4. Any reason, circumstance, event or *medical condition* affecting *you* or anyone, which *you* were aware of on or before the date *you* purchased this coverage, and which may eventually prevent *you* from starting and/or completing *your covered trip* as booked when *you* purchase this insurance coverage.
5. Travel arrangements booked through the Travel Agency for which no premium was paid at the time of the initial deposit or when cancellation penalties apply; travel arrangements not booked with the Travel Agency *you* purchased this policy from.
6. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.

7. *Your self-inflicted injuries*, unless medical evidence establishes that the injuries are related to a mental health illness.
8.
  - 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.
9. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
10. Any loss resulting from *your minor mental or emotional disorder*.
11. Any claim that results from or is related to *your commission or attempted commission of a criminal offence or illegal act*.
12.
  - 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.
13. *Your child born during the trip*.
14. 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 caused symptoms that would have caused an ordinarily prudent person to seek *treatment* in the 6 months before leaving *home*; and/or
  - that caused a *physician* to advise *you* not to go on *your trip*.
15. A travel visa that is not issued because of a late application.
16. 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.
17. 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.



## DEFAULT PROTECTION COVERAGE

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

If you:

- a) have contracted with a *travel supplier* who *defaults*; and
- b) as a result of the *default*, you do not receive part or all of the *travel services* for which you have contracted; and
- c) cannot recover all of the cost of such undelivered *travel services* either from the *travel supplier*, any federal, provincial or other compensation fund, or from any other source that is legally responsible or under contract to reimburse you for the cost of such undelivered *travel services*, then, we will reimburse you as follows:  
For *default* after your *departure date*: we will reimburse you for the non-refundable portion of the amount that you prepaid for such undelivered *travel services* up to \$1,500 of the *Trip* Interruption coverage that you purchased in connection with your *trip* except prepaid unused transportation *home* and subject to the following Benefit Limits:

### Benefit Limits

The amount payable to you in respect of any one *trip* will not exceed \$1,500 CDN and \$7,500 CDN for all persons who are covered under the same Senior Discovery Tours All-Inclusive Travel Insurance policy. Any benefits payable shall also be subject to an overall aggregate maximum payable limit specified below relating to all in-force travel policies issued by us, including this policy.

If total claims otherwise payable for this type of coverage under all travel policies issued by us, resulting from the *default* of one or more *travel suppliers* occurring within an applicable time period, exceeds the aggregate maximum 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 aggregate maximum payable limit.

The maximum aggregate limits are:

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

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

### Exclusions

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

- a) Loss or damage, incurred by you, which is or can be recovered from any other source, including any federal, provincial or other compensation fund;

- b) Loss arising as a result of a *default* if, at the time of booking, the *travel supplier* is bankrupt, insolvent or in receivership or has sought protection from creditors under any bankruptcy, insolvency or similar legislation;
- c) Loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker;
- d) Loss arising as a result of the *default* of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are not part of a package tour sold to you;
- e) Losses incurred by an individual who has not purchased coverage for *Trip* Interruption Insurance coverage under the Senior Discovery Tours All-Inclusive Travel Insurance policy, in connection with your *trip* which resulted in such losses;
- f) Insurance purchased or *trips* booked after the *default*; or
- g) *Travel services* that were actually provided.

## EMERGENCY MEDICAL INSURANCE

*Emergency* Medical Insurance coverage starts when you leave *home*.

*Emergency* Medical Insurance coverage ends on the earlier of:

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

### 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.

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

1. **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.
2. **Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 by profession.
3. **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*.
4. **Expenses for *emergency dental treatment*** – If *you* need *emergency dental treatment*, we will pay:
  - up to \$300 for the relief of dental pain; and
  - 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 and after *you* return *home*).
5. **Expenses to bring someone to *your* bedside** – If *you* are travelling alone and are admitted to a *hospital* for 3 days or more because of a medical *emergency*, 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 \$300 for that person's hotel and meals and cover him/her under this *Emergency Medical* insurance (subject to eligibility and they must be *stable* for the 12 month period prior to their *departure date*) 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.
6. **Extra expenses for meals, hotel, phone calls and taxi** – If a medical *emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your emergency medical treatment* or that of *your travel companion* requires *your* transfer to a

location that is different from *your* original destination, we will reimburse up to a maximum of \$300 per day and \$3,000 in total 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 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 \$3,000 to have *your* body prepared where *you* die and the cost of a standard casket;
  - up to \$3,000 to have *your* body prepared and the cost of a standard casket or urn, plus up to \$3,000 for *your* burial where *you* die; or
  - the return *home* of *your* ashes. plus up to \$3,000 to cremate *your* body where *you* die including the cost of a standard urn.In addition, if someone is legally 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.
8. **Expenses to bring *you* home** – If *your* treating *physician* recommends that *you* return *home* because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, 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.
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 the 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. The *children or grandchildren* must have been under *your care during your trip* and be covered under this policy.

10. **Expenses for a travel companion to accompany you home** – If you have a *travel companion* and must return *home* because of a *medical emergency*, we will pay the extra cost of one-way economy class airfare via the most cost-effective itinerary for that person to accompany *you home*.
11. **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.

#### 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 booklet.  
  
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*. In addition, we will not cover any expenses relating to:
  - 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. Expenses that exceed \$25,000, if you do not have valid coverage under a *government health insurance plan* for the entire duration of *your trip*.
3. Covered expenses that exceed the *reasonable and customary* charges where the *medical emergency* happens.
4. 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).
5. Any *treatment* that is not for an *emergency*.
6. 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.

7. **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 6 months before *your effective date*; and/or
  - that had caused *your physician* to advise you not to travel.
8. 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.
9. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
10. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
11. Any *medical condition* that is the result of you not following *treatment* as prescribed to you, including prescribed medication.
12.
  - 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.
13. Any loss resulting from *your minor mental or emotional disorder*.
14.
  - 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.
15. *Your child* born during the *trip*.

16. For insured *children* under 2 years of *age*: any *medical condition* related to a birth defect.
17. 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.
18. 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.
19. 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.
20. *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.
21. 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.

## BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

Baggage Loss, Damage & Delay coverage starts on *your departure date*.

Baggage Loss, Damage & Delay coverage ends on the earlier of:

- a) the date *you* return to *your departure point*; or
- b) the expiry date as shown on *your confirmation*.

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

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of the baggage and effects that belong to *you* and that *you* use during *your trip*.

We will pay:

1. Up to \$100 in total per *trip* for the replacement of a lost or stolen passport, driver's licence, birth certificate or travel visa.
2. Up to \$500 in total per *trip* for necessary toiletries and clothing when *your* checked luggage is delayed by the

carrier for at least 10 hours while *you* are en route. This benefit is payable only when the delay happens before *your return home*.

3. Up to \$300 per *trip* for any item or set of items which is lost, stolen or damaged during *your trip* to a maximum of \$1,000. Jewellery or cameras (including camera equipment) are respectively considered a single item.

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

We will not cover expenses or benefits relating to:

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

## FLIGHT & TRAVEL ACCIDENT INSURANCE

Flight & Travel Accident coverage starts on *your departure date*.

Flight & Travel Accident coverage ends on the earlier of:

- a) the date *you* return to *your departure point*; or
- b) the expiry date as shown on *your confirmation*.

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

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

1. If an accidental *injury* sustained during *your trip* causes *you* to die, to become completely and permanently blind in both eyes or to have two of *your* limbs fully severed above *your* wrist or ankle joint in the 12 months after the accident, we will pay:
  - a) \$50,000 under Travel Accident insurance; or
  - b) \$100,000 under Flight Accident insurance.

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

For Flight Accident Insurance, the accident giving rise to *your injury* must happen:

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

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

*We* will not pay for losses or expenses incurred for, or as the result of the following:

1. 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.
2. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
3. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
4. Any claim that results from or is related to *your* or *your* beneficiary's commission or attempted commission of a criminal offence or illegal act.
5. Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.

6. • 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.
7. Any loss resulting from *your minor mental or emotional disorder*.
8. A loss caused directly or indirectly from an existing disease or body infirmity, even if the proximate cause of its activation or reactivation is the result of an accidental *injury*.
9. An *act of war* or *act of terrorism*.
10. 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 the *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, for all **Emergency Medical Insurance and Trip Interruption Insurance coverage**, provide benefits to *you* for *your* eligible expenses, subject to the maximums shown in the benefits section and this provision; 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 and Trip Interruption 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, exceeds this aggregate maximum 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 aggregate maximum payable limit.

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

Type of Insurance Coverage	Maximum Aggregate for each Act of Terrorism (CDN\$)
<i>Emergency Medical</i>	\$35,000,000
<i>Trip Interruption</i>	\$2,500,000

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

#### **Exclusion to this 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 *acts 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?**

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, *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 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 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 from anywhere else in the world. The Assistance Centre is ready to assist *you* 24 hours a day, every 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 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.

### WHERE TO SUBMIT YOUR CLAIMS

#### Mobile app

Use the app to begin the process to file a claim and track *your* claim status.

#### Online

Visit [manulife.acmtravel.ca](http://manulife.acmtravel.ca) to submit *your* claim online. For faster and easier submissions, have all *your* documents available in electronic format, such as a PDF or a JPEG.

#### By mail

Mail all claims correspondence to:  
Manulife Travel Insurance  
c/o Global Excel Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8

#### Telephone

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

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

If *you are making a Trip Interruption Insurance claim*, *we* will need proof of the cause of the claim, including:

- a) a medical certificate completed by the attending *physician* and stating why travel was not possible as booked, if the claim is for medical reasons;
- b) a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to a misconnection.

*We* will also need, as applicable:

- a) complete original unused transportation tickets and vouchers;
- b) original passenger receipts for the new tickets *you* had to purchase;
- c) original receipts for the travel arrangements *you* had paid in advance and for the extra hotel, meal, telephone, internet usage fees, taxi fares or car rental and taxi expenses *you* may have had;
- d) any other invoice or receipt supporting *your* claim; and
- e) the entire medical files of any person whose health or *medical condition* is the reason for *your* claim.

If *you are making a Default Protection claim*,

*we* must receive written notice of the claim within sixty (60) days of the day on which the *travel supplier* announces that it is in *default*. *You* must submit proof of loss (including original receipts, proofs of payment to *travel suppliers*, proof of payment for insurance, unused transportation or accommodation documents and, where appropriate,

evidence of claim to or reimbursement from any federal, provincial or other compensation fund, or other insurance, or any other source (including credit card companies) that is legally responsible or under contract to reimburse *you* for the cost of such undelivered *travel services*) no later than thirty (30) days immediately after such filing deadline.

**If *you* are making an *Emergency Medical 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 state 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 dates); and
- f) *your* historical medical records (if *we* determine applicable).

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

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item, *you* must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide or transportation authorities. *You* must also take all precautions to protect, save or recover the property immediately, and advise *us* as soon as *you* return *home*. *Your* claim will not be valid under this insurance if *you* do not comply with these conditions.
2. If the property *you* have checked with a *common carrier* is delayed, *we* will continue to provide coverage until the property is delivered by the carrier.
3. *We* cover the current actual cash value of *your* property when it is lost or damaged. *We* also reserve the option to repair or replace *your* property with other of similar kind, quality and value. *We* may also ask *you* to submit damaged items for an appraisal of the damage. If a lost or damaged article is part of a set, *we* will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.
4. If *you* need to make a claim under this insurance, *we* will need: a) copies of reports from the authorities as proof of loss, damage or delay; and b) proof that *you* owned the articles, and receipts for their replacement.

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

1. *We* will need: a) police, autopsy or coroner's report; b) medical records; and c) death certificate, as applicable.

2. If *your* body is not found within 12 months of the accident, *we* will presume that *you* died as a result of *your* injuries.

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

Except in the case of *your* death, *we* will pay the *reasonable and customary* 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.

**Important telephone numbers:** For coverage information, general enquiries, to apply for an extension or a refund of premium, please call the Customer Service Centre at **1-877-666-2767**.

## DEFINITIONS

When italicized in this policy, the term:

***Act of terrorism*** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems.

The intention of such activity is to:

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



**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, 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 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*.

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

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

**Departure point** means the place *you* leave from for *your trip* and are going to return to.

**Effective date** means the date on which *your* coverage starts. All coverages start on *your departure date*.

**Emergency** means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence reviewed by the 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.

- For *Emergency Medical Insurance*, coverage ends on the earlier of:
  - a) the date *you* return *home*; or
  - b) the expiry date as shown on *your confirmation*.
- For *Trip Interruption Insurance*; *Baggage Loss, Damage & Delay Insurance* and *Flight & Travel Accident Insurance*, coverage ends on the earlier of:
  - a) the date when *you* return to *your departure point*; or
  - b) the expiry date as shown 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 *your* 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. In the case of *Trip Interruption, Flight and Travel Accident, and Baggage Insurance*, it means the *departure point*.

**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.

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

**Medical 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*.

**Plane** means a multi-engined aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board licence, Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

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

**Rental vehicle** means a passenger automobile, mini-van, self-propelled mobile *home*, self-propelled camper truck or self-propelled trailer that *you* use during *your trip* and rent, under a written contract, from a commercial rental agency licensed under the laws of its jurisdiction. Excluded from coverage: truck, panel van, bus, sport utility vehicle while *you* use it off road, automobile designed and manufactured primarily for off-road use while it is being used off road, motorcycle, moped, motorbike, recreational vehicle (other than self-propelled motor homes), all-terrain vehicle, non self-propelled camper, non self-propelled trailer, automobile that is more than 20 years old, limousine, or exotic vehicle of these or similar makes: Aston Martin, Bentley, Ferrari, Porsche or Rolls Royce.

**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*.

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

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

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

**Treatment** means 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 FNAIC in connection with risk identified with ‡ throughout this document; and Manulife in connection with all other coverages under this policy coverage.

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

## NOTICE ON PRIVACY AND CONFIDENTIALITY

At Manulife<sup>i</sup> protecting your personal information and respecting your privacy is important to us.

### Personal Information Statement

"We", "us" and "our" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

### Why do we collect, use, and disclose your personal information?

For the purposes of establishing and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

### What personal information do we collect?

Depending on the product or service, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, your date of birth, driver's license, passport number or your Social Insurance Number (SIN)
- Financial information, investigative reports, credit bureau report, and/or a consumer report
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Banking and employment information
- Medical information that any organization or person has about you
- Any test that may be necessary for underwriting purposes
- Other personal information that we may require to administer your products or services and manage our relationship with you

We use fair and lawful means to collect your personal information.

### Where do we collect your personal information from?

Depending on the product or service, we collect personal information from:

- Your completed applications and forms
- Other interactions between you and us
- Other sources, such as:
  - Your advisor or authorized representative(s)
  - Third parties with whom we deal with in issuing and administering your products or services now, and in the future
  - Public sources, such as government agencies, credit bureaus and internet sites
  - Financial institutions
  - Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers

- The MIB, LLC (formerly known as the Medical Information Bureau)
- Health Care Professionals, including Medical Practitioners, health care institutions, pharmacy and any other medically-related facility

### What do we use your personal information for?

Depending on the product or service, we will use your personal information to:

- Administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us make decisions and understand our customers better so we can improve the products and services we provide
- Perform audits, and investigations and protect you from fraud
- Determine your eligibility for, and provide you with details of, other products and services that may be of interest to you
- Automate processing to help us make decisions about your interactions with us, such as, applications, approvals or declines

### Who do we disclose your personal information to?

Depending on the product or service, we disclose your personal information to:

- Persons, financial institutions, reinsurers, and other parties with whom we deal with in issuing and administering your product or service now, and in the future
- Authorized employees, agents and representatives
- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your doctor
- Public health authorities as required

Except where there are contractual restrictions, these people, organizations and service providers are both within Canada and outside of Canada. Therefore, your personal information may be subject to interprovincial or cross-border transfers in order to provide services to you and subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

### **Withdrawing your consent**

You may withdraw your consent for us to use your personal information for certain uses, subject to legal and contractual restrictions.

You may not withdraw your consent for us to collect, use, or disclose personal information we need to issue or administer your products and services. If you do so, we may not be able to provide you with the products or services requested or we may treat your withdrawal of consent as a request to terminate or refusal the product or service.

If you wish to withdraw your consent, phone our customer care center at 1-888-MANULIFE (626-8543) or 1-888-MANUVIE (626-8843) in Quebec or write to the Privacy Officer at the address below.

### **Accuracy**

You will notify us of any change to your contact information. If your information has changed, or if you need to make a correction of any inaccuracies to your personal information in our files, contact your travel agent or broker or Manulife Customer Service.

### **Access**

You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. Requests can be sent to: Privacy Officer Manulife, P.O. Box 1602, Del Stn 500-4-A, Waterloo, Ontario N2J 4C6 or [Canada\\_Privacy@manulife.ca](mailto:Canada_Privacy@manulife.ca)

For more information you can review our Canadian Privacy Policy | Ten Privacy Principles | Manulife. Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email.

<sup>1</sup>Manulife, "we", "us", "our" refers to: The Manufacturers Life Insurance Company— Canadian Division operations, Manulife Securities Inc., Manulife Securities Investment Services Inc., Manulife Securities Insurance Inc., Manulife Asset Management Limited, Manulife Assurance Company of Canada, First North American Insurance Company, Manulife Bank of Canada, and affiliates of these entities.