



## Transat

# Annual All-Inclusive Policy

Effective August 27, 2020

Underwritten by  
The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company, a wholly owned subsidiary of 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 1 800 263-2356.**



#### IN THE EVENT OF AN EMERGENCY, CALL:

**1-800-764-6539**

Toll-free from the USA and Canada

**+1 (519) 251-7488**

Collect to Canada where available



NAME \_\_\_\_\_

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

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NAME \_\_\_\_\_

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

**THIS POLICY IS UNDERWRITTEN** by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Manulife has appointed Active Claims Management (2018) Inc. (operating as “Active Care Management”) as the provider of all assistance and claims services under this policy.

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

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

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

To request a premium refund, simply contact *your* distributor of Transat Travel Insurance from whom *you* purchased the insurance.

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



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)

**TRANSAT ANNUAL ALL-INCLUSIVE POLICY**

**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*.

**A pre-existing condition exclusion applies** to *your* Emergency Medical Insurance coverage. It is ***your responsibility*** to review and understand the *pre-existing condition* exclusion that applies to *you* listed on Page 13 of this *policy*.

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

**1-800-764-6539** toll-free from the USA and Canada

**+1-519-251-7488** call 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* or prior to *treatment*, ***you will have to pay 25% of the eligible medical expenses*** the *company* would normally pay under this *policy*. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

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



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



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 *treatment*, *you* will have to pay 25% of the medical covered expenses we would normally pay under this *policy*. If it is medically impossible for *you* to call, please have someone call on *your* behalf.



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# TABLE OF CONTENTS

10-DAY FREE LOOK TO REVIEW THIS POLICY .....	2
THE TRAVEL INSURANCE BILL OF RIGHTS AND RESPONSIBILITIES	2
INTRODUCTION.....	3
MEDICAL CONCIERGE SERVICES PROVIDED BY STANDBYMD .....	3
SCHEDULE OF BENEFITS .....	4
POLICY PARAMETERS .....	4
PERIOD OF COVERAGE .....	5
TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE .....	6
Trip Cancellation Insurance - Prior to Departure .....	6
Benefits - What does Trip Cancellation Insurance cover? .....	6
Trip Interruption Insurance - On or After Departure.....	6
Benefits - What does Trip Interruption Insurance cover? .....	6
Trip Disruption Insurance .....	8
Benefits - What does Trip Disruption Insurance (Delays, Schedule Change, Cancellations and Other Covered Events) cover? .....	8
CONDITIONS & LIMITATIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE .....	10
EXCLUSIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE.....	11
TRAVEL DELAY - SPECIAL EVENTS INSURANCE .....	11
EXCLUSIONS: TRAVEL DELAY - SPECIAL EVENTS INSURANCE.....	11
EMERGENCY MEDICAL INSURANCE .....	11
Benefits - What does Emergency Medical Insurance Cover?.....	11
CONDITIONS & LIMITATIONS: EMERGENCY MEDICAL INSURANCE	13
EXCLUSIONS: EMERGENCY MEDICAL INSURANCE.....	13
TRAVEL ACCIDENT INSURANCE .....	15
Benefits - What does Travel Accident Insurance cover?.....	15
EXCLUSIONS: TRAVEL ACCIDENT INSURANCE.....	15
BAGGAGE AND PERSONAL EFFECTS INSURANCE .....	15
Benefits - What does Baggage and Personal Effects Insurance cover? .....	15
EXCLUSIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE ..	16
GENERAL LIMITATIONS ON COVERAGE .....	16
GENERAL EXCLUSIONS .....	17
DEFINITIONS.....	17
GENERAL CONDITIONS .....	19
CLAIM PROVISIONS.....	20
NOTICE ON PRIVACY .....	21

## INTRODUCTION

### Policy Contract

This is *your* insurance *policy*, a contract detailing the terms and conditions of the insurance coverage *you* purchased. *Your application*, this *policy* and any riders or endorsements to it shall form the entire contract between *you* and the *company*. The *company* has sole authority for changing or waiving any of the terms, conditions or provisions stated in this *policy*.

### How to contact us

Prior to travelling, or when travelling and *you* require *emergency* assistance, call:

**1 800 764-6539** toll-free from the USA and Canada

**+1 (519) 251-7488** collect where available.

For coverage information or general enquiries, please contact Transat Travel Insurance Customer Service Centre at

**1 800 263-2356.**

## MEDICAL CONCIERGE SERVICES

### PROVIDED BY STANDBY<sup>MD</sup>

Transat 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 ALL-INCLUSIVE POLICY	
Eligible Age	Over 30 days old
StandbyMD Medical Concierge Service	Included
TRIP CANCELLATION – INTERRUPTION – DISRUPTION INSURANCE	
Cancel for Any Reason	14 days or more prior to departure: 50% of Non-Refundable Prepaid <i>Insured Travel Arrangements</i>
Trip Cancellation – Non-Refundable Prepaid <i>Insured Travel Arrangements</i>	Up to the Sum Insured Option selected on Your Application (covered amount insured) ✓ \$1,500 Sum Insured ✓ \$2,500 Sum Insured ✓ \$3,500 Sum Insured ✓ \$5,000 Sum Insured
Trip Interruption - Unused Non-Refundable Prepaid <i>Insured Travel Arrangements</i>	Unlimited
Transportation	Economy Class Fare
Tour Cruise Cancellation	Up to \$1,500
Common Carrier Schedule Change	Up to \$1,000
Accommodation & Meal Expenses for Interruption and/or Disruption	\$150 per day – Maximum \$450
TRAVEL DELAY & SPECIAL EVENTS INSURANCE	
Travel Delay	Up to \$450
EMERGENCY MEDICAL INSURANCE	
Hospital & Medical	Up to \$5,000,000
Accidental Dental	Up to \$5,000,000
Medical Evacuation & Return Home	Up to \$5,000,000
Accommodation & Meal Expenses	\$350 per day – Maximum \$1,750
Visit to Bedside	Round Trip Economy Fare + \$500 Travel Expenses
Return & Escort of Children	Escort Round Trip + Children One Way Economy Fares
Repatriation of Remains	Reasonable Expenses Up To \$5,000,000
Cremation-Burial at Destination	Up to \$3,000
Vehicle Return	Reasonable Return Cost
Hospital Confinement Allowance	Up to \$500
Child Care Cost	Up to \$500
TRAVEL ACCIDENT INSURANCE	
Air Flight Accident	\$100,000
Worldwide Accident	\$25,000

BAGGAGE AND PERSONAL EFFECTS INSURANCE	
Lost – Stolen - Damaged Items	Up to \$1,000 / \$300 Per Item
Lost or Stolen Passport and/or Travel Visa	Reasonable Cost for Replacement Passport and/or Travel Visa
Travel Accommodation Expenses while waiting for Passport and/or Travel Visa replacement	Up to \$200
Delayed Luggage	Up to \$300
Delayed Sport Equipment	Up to \$300
Overall Maximum Sum Insured per person or family	Up to \$2,000

**IMPORTANT CAUTION FOR PERSONS AGES 60 AND OVER:**  
 Coverages offered under this Transat Annual All Inclusive *Policy* are only available if, at the time of application for this *policy*, you met **ALL of the Eligibility Requirements** stated on the *Transat Medical Questionnaire* and qualified for coverage with Plan A+ or Plan A rates **based upon your truthful, complete and accurate answers to all sections of the *Transat Medical Questionnaire*. When adjudicating a claim, the *Company* will review your medical history. If any of your statements and or answers to the *Transat Medical Questionnaire* are found to be incorrect or incomplete, based upon your medical history, your coverage may be null and void.**

## POLICY PARAMETERS

The Transat Annual All-Inclusive *Policy* is available to persons who have made travel arrangements with Transat Distribution Canada or through a distributor of Transat Travel Insurance or through an internet site made available by Transat Distribution Canada. Travel insurance must be purchased based upon *age*, length of travel and other restrictions set forth in this *policy*.

AGE	LENGTH OF TRAVEL	OTHER CONDITIONS
Over 30 days old and up to age 59*	- 9 DAY OPTION OR - 16 DAY OPTION OR - 30 DAY OPTION	- Valid <i>government health insurance plan</i> . - Coverage available for any number of <i>insured trips</i> taken within one year. - Each <i>insured trip</i> can be up to a maximum duration of 9, 16 or 30 days, based upon the coverage duration option chosen. - Each <i>insured trip</i> must start and end within the coverage duration chosen and prior to the <i>policy</i> expiry date. - The <i>policy</i> expires 365 days from the first <i>travel date</i> . - Top-Ups are available for trips that begin during the coverage dates but extend beyond the coverage duration or beyond the <i>policy</i> expiry date (see Top-Ups, page 5).
Ages 60+* - MUST complete the <i>Transat Medical Questionnaire</i>		

\* Please check *pre-existing condition* exclusions for **Emergency Medical Coverage** (see page 13).

The *Company* will reimburse eligible expenses and/or pay benefits for covered losses, subject to the terms, conditions, limitations and exclusions stated in this *policy*.  
**PLEASE NOTE:** In the event that you are not covered under a *government health insurance plan* for the entire duration of your *insured trip*, reimbursement for Eligible Expenses incurred under this Emergency Medical Insurance will be limited to a **maximum of \$25,000**.

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

- a. named in *your application*,
- b. under 60 years of *age* at time of purchase, and
- c. travelling together, and
- d. *you* have purchased and paid for family coverage.

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

- i) *you* (either as a parent or grandparent) and *children* or *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*).

**Family Coverage Calculation:** Family coverage is available at 2.75 times the eldest adult rate.

## PERIOD OF COVERAGE

The period of coverage under this *policy* shall not exceed 12 consecutive months for any one *insured trip*.

The *insured trip* must originate and terminate in Canada, except for benefits under Trip Cancellation, Trip Interruption and Trip Disruption Insurance.

This insurance must be purchased prior to departure from *your* province or territory of residence in Canada and for the complete duration of the *insured trip*.

**Under Trip Cancellation Insurance - Cancel for Any Reason**, the cancel for any reason benefit does not apply if *you* did not purchase *your policy* within **72** hours of *your* initial trip booking or before any cancellation penalties became applicable.

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

**For Trip Cancellation Insurance** coverage starts at the time and date *you* pay the premium for that coverage, indicated as the purchase date on *your application*, provided *you* have already purchased *your* prepaid travel arrangements. After that date, coverage starts each time *you* purchase *your* prepaid travel arrangements.

**For Emergency Medical Insurance**, coverage starts initially on *your first travel date* and after that date, it starts every time *you* leave *home* (at all times while the *policy* is in effect, *you* have Emergency Medical Insurance coverage for unlimited travel within Canada but outside *your* province or territory of residence, without additional premium).

**For Trip Interruption Insurance, Travel Accident Insurance and Baggage and Personal Effects Insurance**, coverage starts on *your departure date*.

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

**For Trip Cancellation Insurance**, coverage ends on the earlier of:

- a) *your departure date*; or
- b) the date *you* cancel *your insured trip*.

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

- a) the date *you* return *home*;<sup>\*</sup>or
- b) when the number of days of coverage *you* purchased ( 9, 16 or 30 DAY OPTION as shown on *your application*) expires; or
- c) the *policy* expiry date, specifically the 365th day from the *first travel date* (indicated on *your application* as the planned departure date).

**For Trip Interruption Insurance, Travel Accident Insurance and Baggage and Personal Effects Insurance**, *your* coverage ends on the earlier of:

- a) the date *you* return to *your departure point*<sup>\*</sup>; or
- b) when the number of days of coverage *you* purchased ( 9, 16 or 30 DAY OPTION as shown on *your application*) expires; or
- c) the *policy* expiry date, specifically the 365th day from the *first travel date* (indicated on *your application* as the planned departure date).

## \*Your insurance coverage will not end if you temporarily return to Your Province or Territory of Residence

If *you* have requested and received prior approval from *our* Assistance Centre, *you* may return to *your* province or territory of residence to attend special events. *Your* medical coverage will not terminate but will be suspended for the duration of *your* temporary return. *Your* medical coverage will resume once *you* begin travel but, if *you* receive *treatment* in Canada for *sickness* or *injury* during *your* temporary return, then any *treatment* received on *your* return to *your* destination relating to the *medical conditions* previously *treated* in Canada will not be covered.

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* province or territory of residence.

## Automatic Extension

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

- a) for up to 10 days, if *you* have a *medical condition* that prevents *you* from returning *home* on that date; or
- b) for up to 30 days, if *you* are in *hospital* and that hospitalization prevents *you* from returning *home* on that date.

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

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

- a) *your common carrier* is delayed. In this case, the *company* will extend *your* coverage for up to 72 hours; or
- b) *you* or *your travel companion* is in *hospital* on that date. In this case, the *company* will extend *your* coverage while in *hospital* and for up to 5 days after discharge from the *hospital*; or
- c) *you* or *your travel companion* has a *medical condition* that does not require admission to *hospital* but prevents travel. In this case, the *company* will extend *your* coverage for up to 5 days.

In all cases, the *company* will not extend any coverage beyond 12 months after *your effective date* of insurance.

## What If I Stay Longer Than Planned?

Coverage cannot be extended under this *policy* beyond *your* selected Coverage Duration Option (9, 16 or 30 Day Option).

**Top-ups:** Should *you* wish to travel for a longer trip duration or if *you* need to increase *your* Sum Insured for trip cancellation coverage for any *insured trip*, *you* may be able to **top-up** *your* coverage with a Transat Standard Policy or a Transat Emergency Medical Policy.

If an *insured trip* begins during this *policy* coverage period but extends beyond the *policy* expiry date, *you* may also purchase top-up coverage for any travel days that fall after the *policy* expiry date with the Transat Standard Policy. Or *you* may purchase a new Transat Annual All-Inclusive Policy for the next 365-day period.

Simply call *your* travel agent before the coverage expiration on the *insured trip* to request the top-up or purchase a new *policy*. *You* will be able to purchase such coverage if *you* pay the extra premium and, for persons *ages* 60 and over, *you* still must meet the Eligibility Conditions stated in the *Transat Medical Questionnaire* and qualify for the same Plan rate. It is *your* responsibility to confirm that a top-up is permitted with no loss of coverage.

## TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

To be sure *you* have full coverage for *your insured trip*, *you* must have purchased Trip Cancellation, Trip Interruption and Trip Disruption coverage within seventy-two (72) hours of *your* initial trip booking OR before any cancellation penalties applied.

If *you* have used an AIR MILES eVoucher or an AIR MILES Travel Certificate to pay for *your* travel arrangements and have insured those travel arrangements with this *policy*, then, in the event *you* must cancel *your insured trip*, *you* will be reimbursed up to the sum insured, the dollar value stated on the AIR MILES eVoucher or the dollar value stated on the AIR MILES Travel Certificate.

### When Does Coverage Apply?

**Trip Cancellation** applies when a covered event occurs prior to *your departure date*.

**Trip Interruption** applies when a covered event occurs on or after *your departure date*.

**Cancellation of Your Tour/Cruise** applies when *your* Tour/Cruise is cancelled for reasons specified in the Tour/Cruise Cancellation Benefit section of the *policy*.

**Trip Disruption** applies when a covered event affects the course of *your* travel to and from *your departure point* and causes a delay of *your* departure or delay of *your* return back to *your departure point*.

### IMPORTANT CONDITION TO YOUR TRIP CANCELLATION COVERAGE CANCEL FOR ANY REASON

If *you* **DO NOT** qualify for cancellation benefits under **Events Covered Under Trip Cancellation Insurance**, and *you* want to cancel *your insured trip* for any other reason, consider submitting a claim under this **“Cancel for any Reason”** benefit.

**Cancel for any Reason coverage is available only:**

- a) **If *you* purchased *your policy* within 72 hours of *your* initial trip booking, or**
- b) **Before any cancellation penalties became applicable.**

**If *you* cancel for any reason and decide not to travel before *you* leave home,** we will provide coverage as follows:

- *you* may cancel **14 days** or more before *your* scheduled departure date and time shown on the *application* and *you* will be reimbursed **50%** of the non-refundable portion of *your* prepaid *insured travel arrangements*.

### TriP Cancellation Insurance - Prior to Departure

#### Benefits - What does Trip Cancellation Insurance cover?

If *you* must cancel *your insured trip* **prior to the departure date** shown on the *application* as the result of the occurrence of any one of the Covered Events 1–33 (listed in the section Events Covered Under Trip Cancellation or Trip Interruption Insurance), *you* will be reimbursed up to the **sum insured** selected on *your application* for this insurance;

- a) the non-refundable portion of *your* prepaid *insured travel arrangements*, published Transat service fees, published Transat cancellation fees as well as other administrative handling fees and service fees specifically indicated on *your application*; or
- b) the next occupancy charge, if *your travel companion* with whom *you* have prepaid shared accommodation cancels and *you* elect to travel as originally planned; or
- c) the change fee charged for rebooking *your insured travel arrangements* when such an option is made available by a Transat Distribution Canada *Travel Supplier*.

To cancel a trip prior to *your* scheduled departure date shown on the *application*, *you* must cancel *your insured trip* with *your* travel agent or *travel supplier* immediately, or, at the latest, the business day following the cause of cancellation.

### TriP Interruption Insurance - On or After Departure

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

If *your insured trip* is interrupted **on or after the departure date** shown on the *application*, as the result of the occurrence of any one of the Covered Events 1–33 (listed in the section Events Covered Under Trip Cancellation or Trip Interruption Insurance), *you* will be reimbursed:

1. The extra cost of one-way economy class transportation via the most cost-effective itinerary, to continue *your insured trip* as originally booked, or to return to the original *departure point*.  
If *you* are required to interrupt *your insured trip* to attend a funeral or go to the bedside of a hospitalized *immediate family member*, *you* have the option to purchase a round-trip ticket and *you* will be reimbursed for the cost of the round-trip ticket, up to the amount of one-way economy class fare back to *your departure point*.
2. a) The unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*); or  
b) If applicable, the next occupancy charge if *your travel companion*, with whom *you* have prepaid shared accommodation, cancels and *you* elect to continue the *insured trip* as originally planned.
3. Published cancellation fees imposed for the early return of a rental vehicle prior to the contracted date of return and published cancellation fees imposed by hotels for unused accommodations.
4. Extra expenses incurred for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares caused by the interruption of *your insured trip* due to the occurrence of any one of the Covered Events 1 to 33, up to **\$150 per day** to a maximum of **\$450**.  
Original receipts must be provided when claiming this benefit.
5. If *you* were not able to attend a land excursion, entertainment or sporting activities (includes green fees, ski lift tickets, amusement park passes) that *you* had booked while *you* were on *your insured trip*, *you* will be reimbursed up to **\$100** for each missed excursion or event up to an overall maximum of **\$500** if *you* were prevented from attending for these reasons:
  - a) *you* interrupted *your insured trip* due to a Covered Event;
  - b) *you* were confined to *your* cruise ship cabin or other destination accommodation due to a Covered Event; or
  - c) *your* cruise ship did not reach the event destination as scheduled due to the *emergency medical condition* of another passenger.
6. **In the event of *your* death** resulting from a covered *injury* or *sickness* while on the *insured trip*:
  - a) the reasonable costs incurred for preparing and transporting *your* remains back to *your departure point* in Canada; or
  - b) the cost of cremation and burial of *your* remains at the location where death occurs, to a maximum of **\$3,000**.No benefit is payable for the cost of a headstone, casket, urn and/or funeral service expenses.

**No benefit will be payable under item Trip Interruption Insurance - On or After Departure, if *you* are eligible and qualify to receive the payment for the same expenses under any other benefit section of this *policy*.**

## EVENTS COVERED UNDER TRIP CANCELLATION OR TRIP INTERRUPTION INSURANCE

Trip Cancellation or Trip Interruption of *your insured trip* must result from any one of the **UNFORESEEN EVENTS** listed below occurring during the period of coverage:

### Medical Related Events

1. The unexpected *sickness* or *injury* of *you*, *your travel companion*, or a member of *your* or *your travel companion's immediate family* or a *key-person* travelling with you on the *insured trip*.
2. The unexpected *sickness* or *injury* of a member of *your* or *your travel companion's immediate family* or a *key-person*, not travelling with you on the *insured trip*.
3. Admission to *hospital* of *your* friend or the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.
4. An *injury* or *sickness* which, in the written opinion of the attending *physician*, prevents *you* or *your travel companion* from participating in a sporting event when the purpose of *your insured trip* was to participate in that sporting event.
5. *You* or *your travel companion* are medically unable to receive an injection or medication that is suddenly required for entry into a country, region or city originally ticketed in *your insured travel arrangements*, provided this requirement was not mandatory on the date of *application* for insurance.
6. The travel health clinic or *your* family *physician* with who *you* had booked an appointment to receive the travel vaccination(s) required for entry into a country, region or city originally ticketed in *your insured travel arrangements* is unable to administer the required vaccination(s) due to the manufacturer's shortage(s) of the vaccine(s).
7. If *you* miss **70%** of *your insured trip* because *you* had to interrupt *your* travel due to the admission to *hospital* or death of *your immediate family member* or a *key-person* not travelling with *you*, a **\$750** travel voucher will be issued to *you*. The voucher is non-transferable and must be used within 180 days of the early *return date* and must be used at the Transat Distribution Canada travel agency that originally booked the interrupted *insured trip*.
8. The unexpected *sickness* or *injury* of *your* service dog, provided *you* are an individual with a disability (physical, psychiatric or mental disability), and travel arrangements have been made for the service dog to accompany *you* on *your insured trip*. For this benefit to apply, the travel arrangement cost for *your* service dog must be included in the covered amount insured.
9. Quarantine of *you*, *your travel companion* or the *spouse* or *children* of either.
10. Quarantine of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.

### Pregnancy and Adoption

11. Complications of pregnancy which occur within the first 31 weeks of *your* or *your travel companion's*, or *your spouse's* or *travel companion's spouse's* pregnancy.
12. Pregnancy that is diagnosed after the date of *your application* for this insurance, if the *insured trip* is scheduled to take place within 9 weeks or less of *your*, *your spouse's*, *your travel companion's* or *your travel companion's spouse's* expected date of delivery, or if the *physician* advises against travel in the first trimester of the pregnancy.
13. The early and unexpected birth of a *child* to *your immediate family member* or a *key-person* not travelling with *you* during *your insured trip*.

14. The legal adoption of a child by *you* or *your travel companion*, when the actual date of the adoption is scheduled to take place during the *insured trip* and the actual notice of the adoption was received after the date of *application* for insurance.

### Death

15. The unexpected death of *you*, *your travel companion*, or a member of *your* or *your travel companion's immediate family* or a *key-person* travelling with you on the *insured trip*.
16. The unexpected death of a member of *your* or *your travel companion's immediate family*, a *key-person* or of a friend, not travelling with you on the *insured trip*.
17. Death of a friend or the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* at their usual place of residence, not including commercial facilities.
18. The unexpected death of *your* service dog, provided *you* are an individual with a disability (physical, psychiatric or mental disability), and travel arrangements have been made for the service dog to accompany *you* on *your insured trip*. For this benefit to apply, the travel arrangement cost for *your* service dog must be included in the covered amount insured.

### Work and Educational Obligations

19. *You*, *your spouse*, *your travel companion* or *your travel companion's spouse* being transferred by the employer with whom *you*, *your spouse*, *your travel companion* or *your travel companion's spouse* were employed at the time of *application* for this insurance, which requires a relocation of *your* or *your travel companion's* principal residence.
20. *You*, *your spouse*, *your travel companion* or *your travel companion's spouse* being called to emergency service as a member of a Police Force, Armed Forces, Reserves, Fire Fighting Unit or essential medical personnel.
21. *You*, *your spouse*, *your travel companion* or *your travel companion's spouse's* involuntary loss of permanent employment (excluding contract or self-employment), due to layoff or dismissal without just cause, provided that *you* had no knowledge of such action prior to the date of *application* for insurance.
22. The cancellation of a business meeting, conference or convention that is the main intent of *your insured trip* provided this was scheduled before *you* purchased this insurance and the cancellation is for a reason beyond *your* control or the control of *your* employer. This event must be between companies with unrelated ownership, and, in the case of a conference or convention, *you* must be a registered delegate. This benefit also includes a cancellation of a business meeting, conference or convention of *your travel companion* subject to these same conditions. Legal proceedings are not considered to be business meetings.
23. The requirement that *you* or *your travel companion* attend a registered professional career program examination or a university or college course examination on a date that occurs during *your insured trip*, provided the examination date which was published prior to the date of *application* for insurance was subsequently changed after *your* travel arrangements were made and after *you* purchased this insurance.

### Government and Legal

24. The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after *you* purchase *your* insurance, advising or recommending that Canadian residents should not visit a destination included in *your insured trip*.
25. *You*, *your travel companion* or the *spouse* or *children* of either are, during *your* coverage period, a) called to jury duty; b) subpoenaed as a witness; or c) required to appear as a defendant in a civil suit.
26. The non-issuance of *your* and/or *your travel companion's* travel visa (excluding an immigration or employment visa), for reasons beyond *your* or *your travel companion's* control, other than due to

late application or a subsequent attempt for a visa that had previously been refused provided *you* or *your travel companion* were eligible to make such an application.

27. The non-issuance of *your* or *your travel companion's* passport within the time confirmed in writing by Passport Canada after personally submitting the passport application to an authorized passport office and such application with supporting documentation had been reviewed and found satisfactory by Passport Canada authorized personnel.

### Accommodations and Transportation

28. A disaster which renders *your* or *your travel companion's* principal residence uninhabitable or place of business unusable.
29. The burglary of *your* or *your travel companion's* principal residence or place of business within 7 days of *your* scheduled departure date shown on the *application* and as a result *you* or *your travel companion* must remain behind to make the burglarized location secure or to meet with the insurance company or police authorities.
30. A disaster which renders uninhabitable the residence of the person with whom *you* have arranged overnight accommodation for the majority of *your insured trip* or renders uninhabitable *your* pre-booked destination accommodations, which is not eligible for reimbursement from *your* tour operator.

### Supplier Default

31. Complete cessation of operations by a contracted *travel supplier* (including *travel services* provided by a foreign *travel supplier* if such *travel services* are part of an inclusive package).

### Hijacking

32. Hijacking of *you*, *your travel companion* or the *spouse* or children of either.

### Forces of nature

33. Weather conditions, earthquakes or volcanic eruptions causing the scheduled *common carrier*, on which *you* or *your travel companion* is booked to travel, to be delayed for a period of at least **30%** of the duration of *your insured trip*.

**If you do not qualify for cancellation benefits under "Events Covered Under Trip Cancellation and Trip Interruption Insurance" section, consider submitting a claim under the "Cancel for any Reason" coverage as described on Page 6.**

### Trip Disruption Insurance

#### Benefits - What does Trip Disruption Insurance (Delays, Schedule Change, Cancellations and Other Covered Events) cover?

Trip Disruption of *your insured trip* must result from any one of the **UNFORESEEN EVENTS** listed below occurring during the period of coverage:

#### Delays

1. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier* on which *you* or *your travel companion* are booked to travel for any portion of *your insured travel arrangements* to be delayed for a period of at least **30%** of the *insured trip* duration, and *you* choose not to continue with the *insured travel arrangements*, *you* will be reimbursed:
- a) the unused non-refundable prepaid portion of *your insured travel arrangements* (except the cost of prepaid unused transportation back to *your departure point*), published Transat service fees, published Transat cancellation fees and other administrative handling fees and service fees specifically indicated on *your application*;
  - b) the one-way economy class transportation via the most cost-effective itinerary back to *your departure point*.

2. If **weather conditions, earthquakes or volcanic eruptions** cause the scheduled *common carrier* on which *your travel companion* is booked to travel to be delayed for a period of at least **30%** of the *insured trip* duration, and *your travel companion* cancels their travel arrangements, *you* will be reimbursed for the extra cost of the next occupancy charge, if *you* elect to continue *your insured trip* as originally planned.
3. Provided *you* had left enough travel time to comply with the *travel supplier's* normal check-in procedure, if *you* miss a connection (at any point in *your insured travel arrangements*) or are required to interrupt *your insured travel arrangements* as a direct cause of the following events:
- i) **delay** of the private automobile in which *you* or *your travel companion* are travelling, caused by mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions or other natural disaster, unannounced strike, a traffic accident or emergency road closure by police; or
  - ii) **delay or cancellation** of *your* or *your travel companion's* connecting *common carrier*, such as a commercial airline, ferry, cruise ship, bus, limousine, taxi or train, caused by mechanical failure of that carrier, weather conditions, earthquakes, volcanic eruptions or other natural disaster, unannounced strike, a traffic accident or emergency road closure by police; or
  - iii) the loss or theft of *your* or *your travel companion's* passport or travel visa; or the loss or theft of *your* personal money during *your insured trip*; or
  - iv) *you* miss a connection because of the delay in clearing customs and security controls due to *your* or *your travel companion's* mistaken identity; or
  - v) *your* cruise ship is delayed or the itinerary is modified due to the *emergency medical condition* of another passenger;
- you* will be reimbursed for:
- a) the non-refundable unused portion of *your* prepaid *insured travel arrangements*, excluding the cost of prepaid unused transportation back to *your departure point*;
  - b) the extra cost of a one-way economy class transportation, via the most cost-effective itinerary, to the next destination of *your insured trip*, inbound or outbound, including return to *your departure point*.

### Common Carrier Schedule Change

Provided *you* had left enough travel time to comply with the *travel supplier's* normal check-in procedure, if *you* are prevented from travelling as shown on *your application* as a direct cause of the following events:

- i) *You* miss *your* next connecting *common carrier* because the *common carrier* that is providing transportation for a portion of *your insured trip* leaves later than originally scheduled as a result of a schedule change; or
- ii) The *common carrier* that is providing transportation for a portion of *your insured trip* leaves earlier than originally scheduled (as a result of a schedule change) and the ticket *you* have purchased for *your* prior connection via another *common carrier* becomes unusable; or
- iii) *You* miss *your* next connecting *common carrier* because the airline carrier with whom *you* have booked an earlier connecting flight (that is included in *your* prepaid *insured travel arrangements*) cancels such earlier flight; or
- iv) *Your* earlier connecting *common carrier* has been rendered unusable because the airline carrier with whom *you* have booked a subsequent connecting flight (that is included in *your* prepaid *insured travel arrangements*) cancelled the subsequent flight.

*You* will be reimbursed for *your* extra transportation cost via the most cost-effective itinerary to *your* next destination, inbound or outbound, including return to *your departure point*, being the lesser of:



- a) the change fee charged by the *common carrier* if this option is available or
- b) up to **\$1,000** for the extra cost of a one-way economy class transportation.

### **Cancellation of Connecting Airline Carrier**

Alternatively to the benefit available under 'Common Carrier Schedule Change', in the event there is a cancellation of a flight by an airline carrier that is providing a portion of *your insured trip*, you will be reimbursed for the non-refundable prepaid airfare that is no longer useful for *your insured trip* up to a maximum of **\$1,000**.

### **Tour/Cruise Cancellation Benefit**

If *your insured travel arrangements* include a Tour/Cruise and if such Tour/Cruise is cancelled for any reason other than *travel supplier* default and the cancellation occurs:

- a) **prior to your departure from your departure point:** you will be reimbursed for *your* non-refundable prepaid airfare and land arrangements (such as commercial accommodations, rental vehicle fees, commercial excursions) that were not part of *your* Tour/Cruise package up to a total of **\$1,500**.
- b) **after your departure from your departure point** but prior to the departure of the tour/cruise ship: you will be reimbursed up to **\$1,500** for the following:
  - the lesser of the change fee charged by the airline carrier(s) involved to return you to the *departure point* of *your insured trip* if such an option is available, or the extra cost of a one-way economy class fare and
  - *your* non-refundable prepaid unused land arrangements (such as commercial accommodations, rental vehicle fees, commercial excursions) that were not part of *your* Tour/Cruise package.

**Note:** For this benefit to apply, the **sum insured** selected under *your* Trip Cancellation Insurance coverage must cover the full value of the prepaid non-refundable cost of the cruise (or tour as applicable), the airfare and the land arrangements.

### **Special Consideration for Side Trips Excursions Booked with Transat Distribution Canada Travel Agents**

If *your insured travel arrangements* consist of a cruise but also include side trip excursions booked and prepaid through the same Transat Distribution travel agent, we will reimburse you the unused non-refundable prepaid cost of any such side trip excursion that you were unable to attend due to the inability of the cruise ship company to get you to the destination of the side trip excursion, up to a maximum of **\$200** for each missed side trip excursion and up to an overall maximum of **\$500**.

**Note:** For this benefit to apply, both the cruise and side trip excursions must be insured for the entire non-refundable amount under *your insured trip* cancellation coverage.

### **Cancellation of a Ticketed Commercial Event**

If the primary reason for *your insured trip* was to attend a ticketed commercial event (sport, musical or other commercial entertainment) for which you had purchased and paid for tickets prior to booking *your insured trip* and purchasing this insurance, and such event is subsequently cancelled by the promoter of the event, we will pay for the following:

- a) If the event is cancelled before you leave home: 50% of the prepaid unused portion of *your insured trip* that is non-refundable and non-transferable to another travel date, up to the covered amount insured.
- b) If the event is cancelled after you leave home:
  - i) the prepaid unused portion of *your insured trip* that is non-refundable and non-transferable to another travel date (less prepaid unused transportation home); and

- ii) up to \$1,000 for the additional cost of one-way transportation via the most cost-effective itinerary (being the lesser of a one-way economy class transportation or the change fee charged by the airline on existing tickets if this option is available) to return you home.

### **Pet Care Expenses**

The *company* will reimburse you up to **\$100** for additional animal boarding fees (with a licensed boarding kennel, cattery or animal shelter) if you were unable to return on *your* scheduled *return date* due to:

- a) the unexpected admission to *hospital* of you or *your travel companion* or *your* accompanying *immediate family member*; or
- b) the cessation of operations of the *common carrier* on which you were scheduled to travel due to unannounced strike or unforeseen natural disaster.

This benefit is payable only if *your* pet care charge exceeds the quoted cost for the pre-booked period of accommodation with a licensed boarding kennel, cattery or animal shelter, in which case the *company* will reimburse you for the actual boarding charges incurred after the **first 24 hours** of *your* delayed return subject to the **\$100** maximum. This will not cover any veterinary fees.

### **Replacement Tour Guide Expenses**

The *company* will reimburse you the fee charged by a replacement tour guide if the tour guide that was part of *your insured trip* booking is not available and the tour operator does not make available a replacement guide.

### **Special Travel Protection for Involuntary Bumping**

You will be reimbursed *your* unused land costs if you are involuntarily declined boarding of *your* commercial airline flight due to the airline overbooking the flight up to a maximum of **\$1,000**.

### **Accommodation and Meals**

If *your insured trip* is disrupted as a result of any of the events covered under sub-sections of the Trip Disruption Section of this *policy* and you necessarily incur extra expenses for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares, you will be reimbursed for such expenses up to **\$150 per day** to a maximum of **\$450**.

Original receipts must be provided when claiming this benefit.

If the hotel room that is part of *your insured travel arrangements* is rendered uninhabitable due to a flood or natural disaster during *your insured trip*, you will be reimbursed up to a maximum of **\$250**.

In the event that the hotel room that is part of *your insured travel arrangements* is no longer available due to overbooking and *your* tour operator provides you with a lesser-quality hotel, you will be reimbursed up to a maximum of **\$250**.

**Original receipts must be provided when claiming these benefits.**

**Benefits available under this sub-section of Trip Disruption will apply provided that all travel arrangements were booked prior to or concurrently with the insured trip.**

## CONDITIONS & LIMITATIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

1. The sum insured under the Trip Cancellation coverage should be for the full value of prepaid *insured travel arrangements* that are subject to cancellation penalties or restrictions.
2. If before *your departure date* you are prescribed any *change in medication or treatment* that would make *your medical condition* not *stable* and therefore ineligible for coverage under the Emergency Medical Insurance coverage, *you* may apply for *our* special consideration of *your* particular medical circumstance through the Transat Travel Insurance Customer Service.

To apply, *you* must provide *us* with:

- copies of the clinical notes from *your* treating *physician*, for the period starting when *you* booked *your insured trip* to the date of *your* request for consideration;
- authorization to *physicians* and *hospitals* signed by *you*;
- complete itinerary for *your insured trip*, including prepaid amounts, insured amounts, and cancellation penalties.

Once this information is received, *we* will, within one business day at *our* discretion either:

- accept *your* claim under *our* Trip Cancellation & Trip Interruption Insurance; or
- waive the change in *your medical condition* that would otherwise make *you* ineligible for benefits under *our* Emergency Medical Insurance.

3. *You* must cancel *your* scheduled trip with the agent or *travel supplier* on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the trip contracts which are in effect on the next business day following the time the cause of cancellation occurs.
4. Cancellation or interruption of *your insured trip* as the result of *sickness or injury* requires written verification from the attending *physician* in the locality where the *sickness or injury* occurred, complete with the diagnosis and the medical reason for cancellation or interruption (or for delay beyond the scheduled date of return) of *your insured trip*. A "Physician's Statement" is included on the Travel Insurance Trip Cancellation/Interruption Claim Form. The information required on the Physician's Statement must be completed by the attending *physician* in order for the claim to be processed. If a *physician* was not consulted as required by these conditions or if the information required in the Physician's Statement is not completed by the attending *physician*, *your* claim will be denied. Settlement is limited to the amount of penalty that would have been levied by the *travel supplier* on the next business day following the date the *physician* first recommends cancellation.
5. If travel is delayed for more than 10 days beyond the scheduled *return date*, benefits will be payable only upon satisfactory proof that the delay resulted from the *hospital* confinement of *you*, *your travel companion*, an *immediate family member*, or a *key-person* who is accompanying *you* on the *insured trip*.
6. In the event a contracted *travel supplier* or carrier ceases operations, the amount payable under this *policy* for actual financial loss is limited to the amount in excess of the amount recoverable from a provincial compensation fund, up to the sum insured to a maximum of **\$10,000**. This *policy* will not pay any other amounts with respect to such loss, and will in no circumstances provide or be deemed to provide primary coverage in respect of such loss.

**The *company's* maximum aggregate liability under this *policy* and all other policies issued by the *company*, as a result of the financial default of any one contracted *travel supplier*, is \$1,000,000 regardless of the number of claims. Where the aggregate eligible claims exceed this limit, the eligible claims will be reduced on a pro rata basis. The *company's* maximum aggregate liability under this *policy* and all other policies issued by the *company* under this benefit is limited to \$5,000,000 per calendar year regardless of the number of incidents of default of contracted *travel suppliers*. Where the aggregate eligible claims in a calendar year exceed this limit, the eligible claims will be reduced on a pro rata basis and will be paid after the end of the calendar year. In the event the bankruptcy or insolvency occurs prior to departure, the maximum payable to *you* will be the non-refundable prepaid travel expenses; after departure, the maximum payable to *you* will be the unused portion of prepaid non-refundable travel expenses.**

7. The benefits under Delay and Common Carrier Schedule Change will apply provided *your* booked travel arrangements comply with the *travel supplier's* check-in procedure.
8. *Your* claim for non-refundable prepaid travel arrangements or extra cost incurred as a result of Trip Cancellation, Trip Interruption or Trip Disruption must be substantiated with the following documentation (delay in providing the required information may delay the settlement of the claim and failure to provide the required documentation may invalidate or reduce the amount of *your* claim):
  - a) in the case of Delay or Common Carrier Schedule Change or Additional Expenses Related to Air Travel, written confirmation from the delayed connecting carrier or the connecting carrier affecting the schedule change stating the reason for the delay/schedule change and the period of the delay;  
*You* must also provide *your* detailed itinerary of the travel arrangements originally booked which must confirm that ample connection times were allowed for each leg of the travel;
  - b) confirmation from the connecting *common carrier*, cruise line or tour operator of their cancellation;
  - c) confirmation from *your* tour operator or cruise ship company of their cancellation or schedule change;
  - d) confirmation from *your* cruise ship company (or on-ship Travel Representative) that they were unable to get *you* to the destination of the side trip excursion;
  - e) confirmation from the airline carrier that *you* were involuntarily bumped from their flight due to such flight being oversold and that no additional compensation was offered by the airline carrier to cover the cost of *your* unused prepaid land arrangements;
  - f) originals of unused transportation tickets, original invoice from the travel provider, official receipts for the return transportation and receipts for hotel and accommodation expenses;
  - g) for claims for pet care expenses, in addition to providing substantiation of *your* delayed return (medical certificate, documentation from connecting carrier confirming cessations of operations due to strike or unforeseen natural disaster), *you* must provide an itemized invoice from the licensed boarding kennel, cattery or animal shelter and accompanying receipt of payment. Fees for the first 24 hours of the delay are excluded;
  - h) in all other cases *you* must provide to the *company* documentary evidence of the risk that is the cause of *your* cancellation, interruption or disruption, such as a death certificate, medical report, police report, court documents or other such corroborating documents;

9. Any amount payable under this section will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers*) for the same cause.
10. Any liability under this benefit is subject to *you* not being aware, at the time of purchasing this *policy*, of any event that could reasonably prevent *you* from making the *insured trip* as booked.

## EXCLUSIONS: TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DISRUPTION INSURANCE

This *policy* does not cover and no benefit is payable for any claim arising from:

1. *Your* knowledge at time of booking or *application* for this insurance of any reason why the *insured trip* might be cancelled or abandoned.
2. Cancellation/interruption claims caused by a *medical condition* that arises during *your* period of coverage and:
  - a) for which a *physician* had advised *you* not to travel; or
  - b) for which *you* had travelled with the intention of obtaining medical *treatment*; or
  - c) for which *you* had received a notice of a *terminal* prognosis prior to travel; or
  - d) which had produced medical symptoms which would have caused an ordinarily prudent person to seek medical advice.
3. Travel for the purpose of visiting a person suffering from a *medical condition* and the *medical condition* (or ensuing death) of that person is the cause of Cancellation or Interruption of the *insured trip*.
4. Travel arrangements and expenses or losses related to travel arrangements not insured by this *policy*.
5. Losses that arise from missed connections or travel delay if there was insufficient connection time allowed under the originally booked travel arrangements.
6. Expenses incurred as the result of inadequate or invalid passport, visa or other documentation required by countries included in *your* travel arrangements.
7. *Your* inability to obtain the accommodations desired or *your* aversion to the trip or to the transportation.
8. Any pet care expenses incurred in the first **24 hours** of *your* scheduled *return date* or included in the original pre-booked duration of *your* pet care and any fee charged for veterinary or related services.
9. Default by *your travel supplier* where:
  - i) at the time of booking the *travel supplier* was in receivership, insolvent or bankrupt or had sought protection from creditors under any bankruptcy, insolvency or similar legislation;
  - ii) the default is by a travel agency, agent or broker;
  - iii) the loss *you* incur is recoverable from any compensation plan or fund covering default by a *travel supplier* in *your* province or territory of residence in Canada; or
  - iv) loss arising as a result of the complete cessation of operations of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are not part of an inclusive package.
10. *Your* cancelling for any reason and deciding not to travel for any reason, if *you* did not purchase this insurance within 72 hours of *your* initial trip booking or before any cancellation penalties applied.

## TRAVEL DELAY – SPECIAL EVENTS INSURANCE

If *your* travel from or to Canada is interrupted and the planned time of arrival is delayed for any reason beyond *your* control, the *company* will reimburse *you* for the reasonable additional cost of taking an alternate route to the planned destination, up to **\$450**, provided that:

1. The primary reason for *your insured trip* was to be present at a school graduation, wedding, funeral, sporting, theatrical, musical or other commercial entertainment event or conference, and such event cannot be delayed as a result of *your* late arrival.
2. The alternate route uses scheduled transportation services to facilitate arrival in time for the occasion mentioned above.
3. Documentary evidence is submitted to substantiate the claim.

## EXCLUSIONS: TRAVEL DELAY – SPECIAL EVENTS INSURANCE

This *policy* does not cover and no benefit is payable for any claim arising from:

1. *Your* failure to comply with the normal check-in procedure of the *travel supplier*.
2. Strike, hijack, riot or civil commotion.
3. Any extra costs incurred due to a missed connection as a result of the travel delay.

## EMERGENCY MEDICAL INSURANCE

### Benefits - What does Emergency Medical Insurance cover?

If *you* incur eligible expenses during the period of coverage as the result of an *emergency sickness* or *injury*, the *company* will pay the *reasonable and customary* charges in excess of any amount payable under *your government health insurance plan* for such expenses, up to the amount specified for any service subject to the overall maximum of **\$5,000,000**. Benefit payments under this *policy* will be coordinated with benefits available to *you* under any other type of insurance or prepaid plan, so that reimbursement from all sources will not exceed 100% of the eligible expenses incurred. In any event, coverage and benefits will cease immediately upon *your* arrival back to *your* province or territory of residence in Canada.

### Eligible expenses shall consist of charges for:

1. **Emergency Hospital Services:** *Hospital* room and board charges or charges for an intensive care room. Alternatively the services of private duty nursing, performed by a registered nurse (R.N.) other than a relative, when ordered in writing by the attending *physician* expressly in lieu of hospitalization and arranged by the Assistance Centre. If *you* are on a cruise ship and are unable to pay directly as required by the cruise ship medical provider, the Assistance Centre will make arrangements for direct billing of covered expenses, where possible, on *your* behalf.
2. **Emergency Medical Services:** Services by a *physician* or surgeon when necessary to *treat an emergency*.
3. **Medical Procedures and Diagnostic Services:** All medical and diagnostic procedures and/or tests (including but not limited to MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization or any surgery) **provided prior approval is obtained by the Assistance Centre**.
4. **Prescription Drugs:** Drugs and/or medications that are required to *treat an emergency*, provided they are obtained on the written prescription of a *physician* and dispensed by a licensed pharmacist. This includes the replacement cost of *your* drugs or medications that are lost, stolen or damaged during *your insured trip* to the lesser of

**\$50** or the amount of medication required for the balance of *your insured trip*. Charges for vitamins, vitamin preparations, over-the-counter drugs or medications, contraception or birth control are not covered.

5. **Medical Equipment:** Rental or purchase of durable medical equipment for therapeutic purposes only, when necessitated by a medical *emergency*, provided prior approval is obtained by contacting the Assistance Centre.

6. **Emergency Dental Treatment:** Services of a licensed dentist or dental surgeon at *your* destination, when required to repair natural or permanently attached artificial teeth which are damaged due to an accidental blow to the head or mouth. Up to **\$1,500** will be reimbursed for continuing dental *treatment* following *your* return to Canada, provided the *treatment* is related to the accidental blow to the head or mouth and the expenses are incurred within 180 days after the date of the accident.

In the event that *you* require *emergency* dental *treatment* to relieve acute pain and suffering that is unrelated to an accidental blow to the head or mouth, up to a maximum of **\$300** will be payable.

7. **Emergency Paramedical Services:** Services of a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist when *medically necessary* as the result of an *emergency*, up to a maximum of **\$300** per category of practitioner. Excluded are charges for general examinations for “checkup” purposes, cosmetic treatments, or services performed by an *immediate family member*.

8. **Ground Ambulance:** Ground ambulance services to the nearest appropriate *hospital* or medical service provider when necessary due to a medical *emergency*. If an ambulance was *medically necessary* but not available, expenses will be reimbursed for local taxi fares. If local taxi services are required to get to and from the nearest medical service provider for a minor *emergency*, expenses will be reimbursed up to a maximum of **\$100**.

9. **Emergency Medical Evacuation/Return Home:** If, in the event of a medical *emergency*, the medical advisors of the *company* and/or the Assistance Centre in consultation with *your* local attending *physician* determine that *you* should be transported to another *hospital* or back to *your* province or territory of residence in Canada for necessary medical *treatment*, the Assistance Centre will arrange for transportation under proper medical supervision and the *company* will pay expenses for the following:

- a) the extra cost of one-way economy class transportation, via the most cost-effective itinerary back to *your* province or territory of residence in Canada; This benefit will extend to cover the cost of an airline seat upgrade if determined *medically necessary* and arranged by the Assistance Centre; or
- b) a stretcher fare on a commercial flight via the most cost-effective itinerary back to *your* province or territory of residence in Canada, if a stretcher is *medically necessary*, and the round-trip economy class airfare via the most cost-effective itinerary, plus the reasonable fees and expenses for a qualified medical attendant to accompany *you*, when an attendant is *medically necessary* or required by the airline; or
- c) 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.

**Emergency Medical Evacuation/Return Home Services under this section must be approved and arranged in advance by contacting the Assistance Centre.**

10. **Accommodation and Meals:** Up to **\$350 per day** (24 hours) to the maximum of **\$1,750** for commercial accommodation and meals, essential telephone calls, internet usage fees and taxi fares or rental vehicle charges in the event *you* are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled return date shown on the *application* for insurance due to a *sickness* or *injury* to *you*, *your travel companion*, an *immediate family member* or a *key-person* who is accompanying *you* on the *insured trip*. The claim must be supported by original receipts and the attending *physician's* written diagnosis of the *sickness* or *injury*.

11. **Visit To Bedside:** Travel and accommodation expenses incurred for one relative or close friend to visit at *your* bedside due to a critical *sickness* or *injury*, or when the attending *physician* states in writing that it is necessary for someone to travel to, remain with, and/or escort *you* back to *your* province or territory of residence in Canada, provided prior written approval is obtained by contacting the Assistance Centre; *you* will be reimbursed for:

- a) the round-trip economy transportation via the most cost-effective itinerary for someone to be with *you*; plus
- b) up to **\$500** for commercial accommodation and meals.

If the Assistance Centre must arrange for a visit to bedside, Emergency Medical Insurance will be automatically extended under the same terms and limitations of this *policy* (subject to meeting the eligibility requirements of the *policy*) to cover such relative or close friend until *you* are medically fit to return *home*.

12. **Return & Escort of Children:** If *you* are admitted to *hospital* for more than 24 hours due to an *emergency*, or *you* must return to Canada due to an *emergency medical condition* covered by this *policy*, or in the event of *your* death, *children* (includes grandchildren), travelling with *you* during *your insured trip* or who had joined *you* during *your insured trip* will be returned to Canada and reimbursement will be made for:

- a) the extra cost of one-way economy transportation via the most cost-effective itinerary to return the *children* back to their province or territory of residence in Canada; and
- b) the round-trip economy transportation and overnight hotel accommodation for the services of an escort, if required.

13. **Return of Travel Companion:** If *your travel companion* is prevented from returning by means of originally scheduled transportation due to *your* death or medical evacuation, expenses will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary to return *your travel companion* back to his/her province or territory of residence.

14. **Travel Expenses Due to Repatriation of Travel Companion:** If *you* are prevented from returning by means of *your* originally scheduled transportation due to the death or medical evacuation of *your travel companion*, *you* will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary back to *your* province or territory of residence.

15. **Repatriation:** The reasonable costs actually incurred for preparing and returning *your* body or ashes to *your* province or territory of residence in Canada; or up to the maximum of **\$3,000** for burial or cremation in the place where the death occurs. Expenses for a headstone, casket and/or funeral service charges are not covered.

16. **Identification of Remains:** The round-trip economy transportation via the most cost-effective itinerary to transport one relative or close friend to the place where *your* remains are located, plus up to **\$500** for commercial accommodation and meals, when someone is legally required to identify *your* remains before the body is released; provided prior written approval is obtained by contacting the Assistance Centre. Emergency Medical Insurance

will be automatically extended under the same terms and limitations of this *policy* (subject to meeting the eligibility requirements of the *policy*) to cover such relative or close friend during the period required to identify *your* remains but for not more than 3 business days.

17. **Vehicle Return:** The reasonable costs incurred for returning *your vehicle* to *your* residence or the nearest appropriate rental depot when *you* are unable to do so due to an *emergency*.
18. **Hospital Confinement Allowance: \$50** for each full 24-hour period in excess of the first 48 hours of *hospital* confinement, when *you* are confined as an inpatient for *treatment* in a *hospital* outside *your* province or territory of residence in Canada, up to a maximum of **\$500**.
19. **Baggage Repatriation:** In the event of an *emergency*, and the Assistance Centre is arranging to return *you* to *your* province or territory of residence in Canada, if there is insufficient space to accommodate *your* baggage and/or personal effects aboard the transport provided, the *company* will reimburse *you* up to **\$200** to cover the cost of shipping *your* baggage and/or personal effects to the original *departure point* of *your insured trip*.
20. **Child Care Cost:** The *company* will reimburse *you* up to **\$50** per day to a maximum of **\$500** for professional *child* care costs in the event *you* are relocated to receive *emergency* medical *treatment* or delayed beyond the scheduled return date shown on the *application* for insurance due to *your* *sickness* or *injury*. Receipts from the professional *child* care provider will be required.
21. **Pet Return Benefit:** Temporary kennel accommodation (with a licensed boarding kennel) and/or air transportation expenses, up to an overall maximum of **\$850** to return *your* pet dog or cat to *your* province or territory of residence in Canada, if *you* are admitted to *hospital* for at least **48 hours** due to an *emergency* *sickness* or *injury*, or when *you* must return to Canada for immediate medical *treatment* following an *emergency*. To be eligible for reimbursement of this expense, *you* must be the owner of the dog or cat prior to *your* departure from Canada and the animal must have accompanied *you* on the outbound trip from Canada. No benefit shall be payable if the dog or cat was purchased or acquired during the same trip on which the claim for benefits occurred.
22. **Eyeglass or Hearing Aid Expenses:** In the event *your* hearing aid or eyeglasses are stolen or damaged during *your insured trip*, *you* will be reimbursed up to **\$200** for *your* hearing aid and up to **\$200** for *your* eyeglasses if these are replaced at *your* destination during *your insured trip*.
23. **Trauma Counselling:** In the event *you* have suffered trauma due to a covered medical benefit or been a victim of an accident or a violent event during the period of coverage, *you* will be reimbursed for up to six sessions of trauma counselling at destination.
24. **Return to Destination:** When approved in advance by the Assistance Centre, *you* will be reimbursed the extra cost of one-way economy transportation for *you* to be returned to *your* scheduled *insured trip* destination after *you* are returned to *your* province or territory of residence for immediate medical *treatment* provided *your* attending *physician* in Canada determines that *you* require no further *treatment* for *your* medical *emergency*. Once *you* return to *your insured trip* destination, a *recurrence* of the *sickness* or *injury* which caused the initial medical *emergency*, or any problems or complications related thereto, will not be covered under this *policy*. This benefit can only be used once and only if the return is possible within the originally scheduled trip dates.

## CONDITIONS & LIMITATIONS: EMERGENCY MEDICAL INSURANCE

1. In the event of an *emergency* which requires assistance, medical *treatment* or admission to *hospital*, *you* must call the Assistance Centre before obtaining *emergency* *treatment*, so that we may:

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

**You must immediately contact the Assistance Centre at 1 800 764-6539 toll-free from the USA and Canada or +1 (519) 251-7488 collect where available prior to *treatment* or admission to *hospital* or within 24 hours after a life or organ threatening *emergency*, unless *you* are unconscious or physically unable. 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.

2. If *you* experience a medical *emergency* during *your insured trip*, the Assistance Centre must be notified and, in consultation with its medical advisors and the local attending *physician*, reserves the right to return *you* to Canada prior to any *treatment* or following *emergency* *treatment* or *your* admission to *hospital* for a *sickness* or *injury*, if on medical evidence *you* are able to return to Canada without endangering *your* life or health. If *our* medical advisors determine that *you* should transfer to another facility or return to *your home* province/territory of residence for *treatment*, and *you* choose not to, benefits will not be paid for further medical *treatment* and the contract will be terminated.
3. If *you* are not covered under a *government health insurance plan* for the entire duration of *your insured trip*, reimbursement for eligible expenses incurred under this Emergency Medical Insurance Section will be limited to a maximum of **\$25,000**.

## EXCLUSIONS: EMERGENCY MEDICAL INSURANCE

**This insurance does not cover and no benefits will be payable for:**

1. Exclusions related to *your 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. The *pre-existing condition* exclusion which applies to *you* depends on *your age* at the time *you* purchased this *policy* as outlined below.

Age	Applicable <i>pre existing condition</i> exclusion
Up to <i>age</i> 59	<b>Exclusion 1</b>
<i>Age</i> 60 and over with PLAN A	<b>Exclusion 1</b>
<i>Age</i> 60 and over with PLAN A+	<b>Not Applicable</b>

**Pre-existing condition exclusion 1:** Any *pre-existing condition* or related *medical condition* which was not **stable** during the **3-month** period before *your effective date*.

2. Any *medical condition* when you knew or for which it is reasonable to believe or expect that *treatments* will be required during *your insured trip*.
3. Any *emergency* when, prior to the purchase date, you had not met all of the eligibility requirements stated in the *Transat Medical Questionnaire* or had not answered completely, truthfully and accurately ALL of the questions contained in the *Transat medical Questionnaire* (if applicable).
4. **25%** of the eligible expenses incurred under this Emergency Medical Insurance Section if you do not contact the Assistance Centre within the time period provided in this *policy* for giving notification, unless you were unconscious or physically unable to call. This exclusion will not apply if you (or your beneficiary) demonstrate that numerous and repeated attempts were made (telephone, fax) to contact the Assistance Centre but were unsuccessful through no fault of the Insured.
5. Your participation in:
  - any sporting activity for which you are paid;
  - any sport or activity indicated below:
    - any form of BASE jumping (ie: wingsuit flying);
    - hang-gliding;
    - spelunking;
    - hunting;
    - bungee jumping;
    - piloting an aircraft;
    - 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;
    - underwater activities involving the use of self-contained underwater breathing apparatus (unless you hold an open water diving certificate)
    - motorcycling (unless you hold a valid Canadian motorcycle driver's licence)
    - mopeds (unless you hold a valid Canadian driver's licence)
    - 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.
6. Expenses incurred for medical care or services where the *insured trip* was undertaken after a *physician* advised you not to travel or after receiving notice of a *terminal* prognosis.
7. Any *treatment*:
  - a) not required for the immediate relief of acute pain and suffering;
  - b) which can reasonably be delayed until you return to your province or territory of residence in Canada;
  - c) which you elect to have rendered or performed outside your province or territory of residence in Canada following *emergency treatment* for unexpected *sickness* or *injury*, and which on medical evidence would not prevent you from returning to *your departure point* prior to such *treatment* being performed; or
  - d) for follow-up *treatment*, *recurrence* of a *medical condition* or subsequent *emergency treatment* or hospitalization for a *medical condition* or related *medical conditions* for which you had received *emergency treatment* during *your insured trip*.

8. Transplants, including but not limited to, organ transplants or bone marrow transplants.
9. Any *insured trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy including any expenses for directly or indirectly related complications.
10. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
11. The continued *treatment* of a *medical condition* or related condition, following *emergency treatment* during *your insured trip*, if our medical advisors determine that *your emergency* has ended.
12. Any *medical condition* that is the result of you not following *treatment* as prescribed to you, including prescribed medication.
13. The cost of replenishing any drugs or medications that were in use on *your departure date* or for the maintenance of any course of *treatment* that commenced prior to *your departure date* unless the replacement is required to replace your eligible drugs or medications that were damaged, lost or stolen during *your insured trip*.
14. Preventive medicines, inoculations, birth control pills or devices, vitamins, vitamin preparations and over-the-counter drugs or medications.
15. Any person who is less than 30 days old on *your effective date*.
16. Unless prior approval is provided the Assistance Centre, any *emergency* air transportation, any medical procedures or diagnostic services or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization). 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.

If you are not eligible for coverage in accordance with the eligibility requirements on the date of *your application*, the *company* will declare *your coverage* null and void from inception and no benefits will be payable.

#### **Limitation on Assistance Centre Services**

The *company* and/or the Assistance Centre reserve the right to suspend, curtail or limit services in any area or country in the event of:

- a) rebellion, riot, military uprising, war; or
- b) labour disturbances, strikes; or
- c) nuclear accident(s), act(s) of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services.

The Assistance Centre will use its best efforts to provide services to the best of its ability during any such occurrence.

The Assistance Centre's obligation to provide services described in this *policy* is subject to the terms, conditions, limitations and exclusions set out in this *policy*. The medical professional(s) suggested or designated by the *company* or the Assistance Centre to provide services in accordance with the benefits and terms of this *policy* are not employees of the *company* or the Assistance Centre.

Therefore, neither the *company* nor the Assistance Centre shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any *treatment* or service you may receive or your failure to obtain or receive any *treatment* or service.

## TRAVEL ACCIDENT INSURANCE

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

If *you* sustain a covered *injury*, during the period of coverage, which results in a covered loss described herein within 12 consecutive months of a covered accident, the *company* will pay the applicable benefit up to the maximum sum insured of **\$100,000** under Air Flight Accident Insurance; or up to the maximum sum insured of **\$25,000** under Worldwide Accident Insurance.

1. **Air Flight Accident:** Death, loss of limb(s) or sight resulting from an accidental bodily *injury* sustained while riding as a passenger, boarding or alighting from a flight of an aircraft for which tickets have been issued prior to departure and operated by a licensed airline maintaining published schedules, or chartered airline, or airport limousine or bus or surface vehicle substituted by the airlines. Aircraft must be properly licensed, fixed-wing, and multi-engined, having an authorized take-off weight of not less than 4,536 kg (10,000 lbs.).

This benefit covers only air travel for a single *insured trip* for which tickets were issued and/or purchased prior to the date of *application* for this insurance. No coverage is provided for travel on any flight that is purchased after the date of *application* for this insurance, unless a separate *application* is made and the appropriate premium paid. For the purposes of this benefit, a single *insured trip* means air travel arrangements which were booked and paid for on or prior to the date of *your application* and which form part of *your* travel itinerary as of such date.

Death, loss of limb(s) or sight resulting from an accidental bodily *injury* sustained while riding as a passenger, boarding or alighting from a conveyance provided by a *common carrier* used primarily for passenger service, such as a taxi, train or boat while making a connection with a covered flight.

2. **Worldwide Accidents:** Death, loss of limb(s) or sight resulting from an accidental bodily *injury* sustained during the period of coverage not resulting from incidents described in item 1 above.

### Covered Loss:

- Accidental Death
- Loss of Limb(s) must be a complete and permanent physical separation of a hand at or above the wrist or of a foot at or above the ankle.
- Loss of Sight must be an irrecoverable loss of the entire sight of one or both eyes.

### Benefit Payable:

- a) **100%** of the sum insured in the event of death or loss of limbs (two or more) or loss of sight of both eyes.
- b) **50%** of the sum insured in the event of loss of a limb or sight in one eye.

If *you* suffer more than one of the above stated losses as the result of one accidental bodily *injury*, the *company's* liability shall be limited to the amount payable for one loss.

**Disappearance:** If *your* body is not found within one year after the date of disappearance as a result of the sinking or destruction of the conveyance in which *you* were riding at the time of the covered accident and under such circumstances as would be covered, then it will be presumed that *you* have died as the result of *your* accidental bodily *injury* and the *company* will pay the applicable benefit.

**Limitation of Liability and Aggregate Limit:** The maximum aggregate amount of Travel Accident Insurance for which *you* can be covered under this *policy* and all other Travel Accident Insurance policies issued by the *company* is limited to **\$1,000,000**. Any amount purchased in excess of this amount will be void and the premiums paid for it will be refunded.

The *company's* maximum aggregate liability under this *policy* and all other Travel Accident Insurance policies issued by the *company* with respect to any one aircraft accident is limited to **\$25,000,000**, which will be shared proportionately among all claimants entitled to claim. In addition, the *company's* maximum aggregate liability under this *policy* and all other Travel Accident Insurance policies issued by the *company* under this benefit with respect to more than one aircraft accident occurring during a calendar year is limited to **\$25,000,000**.

## EXCLUSIONS: TRAVEL ACCIDENT INSURANCE

This insurance does not cover and no benefit is payable for any death, loss or disablement arising from:

1. Disease or any physical defect, infirmity or *sickness* which existed prior to the commencement of the *insured trip*.
2. Accidental bodily *injury(ies)* sustained during the *insured trip* as the result of *your* participation in:
  - any sporting activity for which *you* are paid;
  - any sport or activity indicated below:
    - any form of BASE jumping (ie: wingsuit flying);
    - hang-gliding;
    - spelunking;
    - hunting;
    - bungee jumping;
    - piloting an aircraft;
    - 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;
    - underwater activities involving the use of self-contained underwater breathing apparatus (unless *you* hold an open water diving certificate)
    - motorcycling (unless *you* hold a valid Canadian motorcycle driver's licence)
    - mopeds (unless *you* hold a valid Canadian driver's licence)
    - 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.

## BAGGAGE AND PERSONAL EFFECTS INSURANCE

### Benefits – What does Baggage and Personal Effects Insurance cover?

If *your* baggage and/or personal effects are lost, stolen or damaged during *your insured trip*, the *company* will, at its option, reimburse *you* by payment, replacement or repair, after making proper allowance for wear and tear or depreciation, up to **\$1,000**.

The maximum amount payable under this benefit for any one item shall not exceed **\$300** or the original purchase price made for the item.

In addition, if *your* driver's licence and/or birth certificate is lost or stolen, up to an aggregate total of **\$50** will be reimbursed to replace these items.

The maximum sum insured per person or per family under this *policy* and any other *policy* issued by the *company* for this coverage is limited to **\$2,000**.

## Passport & Travel Visa Replacement

If *your* passport and/or travel visa is lost or stolen during *your insured trip*, you will be reimbursed for the *reasonable and customary* cost for a replacement passport and/or travel visa, and up to **\$200**, with respect to travel and commercial accommodation expenses actually incurred while waiting to receive the replacement passport and/or travel visa during *your insured trip* or after you return home.

## Delayed Luggage

Notwithstanding Exclusion (6) of this Section, if you are deprived of your checked luggage for at least **10 hours** due to delay or misdirection while in transit and before returning to *your departure point of your insured trip*, the company will reimburse you up to **\$300** for the emergency purchase of essential items of personal clothing, necessary toiletries and up to **\$300** for the rental cost of sporting equipment if the purpose of *your insured trip* was to participate in a sporting event and your sporting equipment was included in the delayed checked baggage. Written proof from the travel company or airline of the delay or misdirection must be submitted with any claim along with original receipts for such purchases.

## Delayed Wheelchair

If there is a delay or misdirection of *your* wheelchair for at least **10 hours** by the *common carrier* while en route and before returning to *your departure point of your insured trip*, you will be reimbursed up to **\$100** for the rental of a like device for use during *your insured trip*. Written confirmation of the delay or misdirection must be obtained from the carrier or airline and submitted along with original receipts when claiming under this benefit.

## CONDITIONS & LIMITATIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

In order for a claim to be eligible under this benefit:

1. *Your* period of coverage must not be less than the total period commencing from the date of departure from Canada and ending with the date of *your* return to Canada.
2. You must not leave property unattended in a public place or in an unlocked and unattended vehicle or building.
3. You must act in a prudent manner and exercise all reasonable care for the safety, security and supervision of the property at all times.
4. You must endeavour to minimize any loss and not abandon any damaged property.
5. You must notify the police promptly, or if the police are not available, the hotel manager, tour guide or transportation authorities of any loss due to theft, burglary, robbery, malicious mischief, disappearance or loss, and obtain written confirmation of the loss.
6. You must provide a police report showing forcible entry when loss is due to break-in of a vehicle.
7. You must provide proof of ownership and receipts for each item being claimed.

Failure to comply with these requirements may result in the loss of *your* right to claim for property lost, stolen or damaged.

## EXCLUSIONS: BAGGAGE AND PERSONAL EFFECTS INSURANCE

This insurance does not cover and no benefit is payable for any loss arising from:

1. Theft or loss not reported immediately to the police or carriers and failure to obtain a written report from the police or carriers to substantiate the loss.

2. Baggage or personal effects left unaccompanied or left in an unattended vehicle which was not locked in the trunk, or baggage or personal effects shipped under a freight contract.
3. Wear and tear, depreciation, mechanical or electrical breakdown or deterioration, pre-existing defect or flaw, dampness of atmosphere or extremities of temperature.
4. Breaking or scratching of fragile articles (other than cameras or binoculars) unless caused by fire or accident to the vehicle in which they are being carried.
5. Lost, damaged or stolen bonds, coupons, stamps, negotiable instruments, deeds, manuscripts, securities of any kind, bullion, precious metals, traveller's samples, tools of trade, or any containers used to transport such items or parts thereof.
6. Confiscation, detention, requisition or destruction by Customs or other authorities, or delay except as covered under Delayed Luggage.
7. Depreciation in value of money or shortage of money due to error or omission.
8. Any amount in excess of the maximum specified in the Schedule of Benefits for any one item.
9. Animals, self-propelled conveyances of any kind or their equipment, bicycles unless checked as baggage with a *common carrier*, household effects, retainers, artificial teeth and limbs, non-prescription eyeglasses or contact lenses, cigarettes, alcohol, food, professional or occupational equipment or property, antiques and collectors' items, property illegally acquired, kept, stored or transported; sporting equipment, where such loss or damage is due to the use thereof.
10. Jewellery and cameras (including camera equipment) which is placed in the custody of a *common carrier*.
11. Loss in respect of articles specifically or otherwise insured on a valued basis by another insurer while this insurance is in effect.
12. Articles purchased while on the *insured trip* for personal use unless receipts are provided with *your* claim.
13. Any computer software or the restoration of any lost or corrupted data.

## GENERAL LIMITATIONS ON COVERAGE

### Applicable to all sections of the Policy

### With respect to "Acts of Terrorism"

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

- For all types of insurance, other than the **Trip Cancellation and Trip Interruption Insurance** and **Emergency Medical Insurance**, benefits will be payable up to a maximum of **100%** of the sum insured for any eligible loss; and
- For all **Trip Cancellation and Trip Interruption Insurance** and **Emergency Medical Insurance**, we will provide benefits to you for *your* covered expenses subject to the maximum shown in the benefits section and this provision;
- The benefits payable, as described directly above, are in excess of all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers* and other insurance coverage (even where such other coverage is described as excess) and will only become available after you have exhausted all such other sources.



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

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

Type of Insurance Coverage	Maximum Aggregate for Each Act of Terrorism (CDN\$)
Trip Cancellation & Trip Interruption	\$2,500,000
Emergency Medical Insurance	\$35,000,000

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

### EXCLUSION TO THIS TERRORISM COVERAGE PROVISION

Notwithstanding any provision to the contrary within this *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 or involving the utilization of biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

## GENERAL EXCLUSIONS

### Applicable to all sections of the *Policy*:

This insurance does not cover and no benefit is payable for any claim arising from:

- Consequential loss of any kind, including loss of enjoyment and financial loss not otherwise specifically covered under this *policy*.
- Act(s) of terrorism* except as otherwise specifically provided in the General Limitations on Coverage Section of this *policy*.
- acts of war, whether declared or undeclared;
    - willing participation in a riot or civil disorder;
    - rebellion;
    - revolution;
    - ionizing radiation or poisoning of people by nuclear, radioactive, chemical and/or biological substances that causes sickness or death from any nuclear fuel or waste which results from the burning of nuclear fuels;
    - radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- Participation in armed forces training exercises or manoeuvres.
- Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
- Your* minor mental or emotional disorders.
- 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 insured trip*.

- Any *medical condition* arising during *your insured trip* from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- 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.
  - Your* child born during the *insured trip*.
  - Deliberate termination of *your* pregnancy.
  - Any expenses incurred by or on behalf of any person not named as an insured on the *application* for insurance.
  - Expenses which are recoverable or could have been recovered from any other source, including but not limited to any individual, group or prepaid employee insurance or private plan, credit card coverage, or *government health insurance plan* or any federal, provincial or other compensation fund.
  - Your* commission of or attempt to commit any criminal offence or illegal act.
  - Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder.
  - If *your* insurance is purchased as *Top-up* coverage to another insurance coverage, any expenses related to a claim that occurred when the other insurance was in force.
  - 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.

## DEFINITIONS

When italicized, the following words are defined as:

**Acts of Terrorism** or **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.

**Age** means *your age* at time of *application*.

**Application** means the printed form, computer printout, invoice or document which is used to make an *application* for this insurance as provided by *your* travel agent or the multi-stepped forms that must be completed by the applicant when purchasing the insurance electronically through the website made available by Transat Distribution Canada. The *application* confirms the insurance coverage *you* have purchased, sets forth the *policy* purchase date, the coverage duration option selected (either 9, 16 or 30 Days Option), *your* planned departure date and *policy* expiry date (established as the 365th day from the *first travel date*). *Your application* forms an integral part of the *policy* contract. 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 arrangements were made for *your insured trip*.

**Change in Medication** means the medication dosage, frequency or type has been reduced, increased, or stopped 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 who join *you* during *your insured trip* and is either: i) under 26 years of *age*, or ii) *your* son, daughter or grandchild of any *age* who is mentally or physically disabled. In addition, for Emergency Medical Insurance, the *children* must be older than 30 days in order to be eligible for coverage under this *policy*.

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

**Company, we, us, our,** means The Manufacturers Life Insurance Company and First North American Insurance Company.

**Departure Date** means the date *you* leave *home* on *your insured trip*.

**Departure Point** means the place *you* leave from on the first day of coverage and are scheduled to return or ticketed to return to on the last day of coverage.

**Effective Date** means the date on which *your* coverage begins.

a) **For Trip Cancellation Insurance**, coverage starts initially on the date and time *you* pay the premium for that coverage, indicated as the purchase date on *your application*, provided *you* have already purchased *your* prepaid travel arrangements. After that date, coverage starts each time *you* purchase *your* prepaid travel arrangements.

b) **For Emergency Medical Insurance**, coverage starts initially on *your first travel date* and after that date, it starts every time *you* leave *home*.

c) **For Trip Interruption Insurance, Travel Accident Insurance, Baggage and Personal Effects Insurance**, coverage starts 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*.

**First Travel Date** means the first planned departure date indicated on *your* application for this *policy*.

**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. In the case of Trip Interruption, Travel Accident, Baggage and Personal Effects 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 or Immediate Family Member** means *spouse*, parent, legal guardian, step-parent, grandparent, step-grandparent, grandchild, in-laws, 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 directly by external and purely accidental means, and independent of *sickness* or disease.

**Insured Travel Arrangement(s)** means *travel services* booked through a *travel supplier* and insured by Transat Travel Insurance. In order to have full Trip Cancellation protection, the covered sum insured should correspond to the full value of *your* travel arrangements that are subject to cancellation penalties or restrictions (that is to say, the sum insured must be equal to the full value of the non-refundable portion of *your* travel arrangements).

**Insured Trip** means the period of coverage that begins on the date *you* leave *your* province or territory of residence in Canada and terminates on the earliest of:

- a) the date *you* return to *your* province or territory of residence in Canada;
- b) the last day for the period of coverage purchased, based upon the coverage duration chosen; or
- c) the expiry date of this *policy* (that is 365 days from the *first travel date*).

**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 *insured trip*.

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

**Medically Necessary** means *treatment* or services that are required to alleviate pain or suffering resulting from an unexpected *sickness* or *injury*.

**Minor Mental or Emotional Disorders** means emotional or anxiety states, situational crisis, stress, anxiety or panic attacks, or other mental health disorders, which are *treated* with minor tranquilizers or anti-anxiety (anxiolytics) medication or for which no medication was prescribed.

**Physician** means a person:

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

**Policy** means this Transat Annual All-Inclusive *Policy* and *your application* for insurance hereunder, which is issued in consideration of payment of the required premium.

**Pre-Existing Condition(s)** means any *medical condition* that exists 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.

**Recurrence** means the appearance of symptoms caused by or related to a *medical condition* which was previously diagnosed by a *physician* or for which treatment was previously received.

**Return Date** means the date on which *you* are scheduled to return to *your departure point* (not to exceed the maximum trip length of *your* coverage duration chosen with this annual *policy*).

**Sickness** means the acute illness, acute pain and suffering or disease that requires *emergency* medical *treatment* or hospitalization due to the sudden and unforeseen onset of symptoms during the period of coverage.

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

**Stable** 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*.

**Terminal** means a *medical condition* for which, prior to *your effective date*, a *physician* gave a prognosis of eventual death, or palliative care was received.

**Transat Medical Questionnaire** means the document *you* must complete truthfully and accurately to **first** confirm *your* eligibility for coverage and to **secondly** determine the plan for which *you* qualify if *you* are *age* 60 or older.

**Travel Companion** means someone who shares travel arrangements with *you* on any one trip, up to a maximum of five 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 application*.

**Treat, Treated or 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.

**Vehicle**, for the purposes of the Vehicle Return benefit under the Emergency Medical Insurance section, means a private or rented automobile (including a motorcycle) not licensed to carry passengers for hire and which is of the pleasure type, including a self-propelled mobile home, recreational or Sport Utility Vehicle, pick-up truck, or a passenger van used for *your* personal transportation.

**You or Your** means a person who is eligible and named on the *application* for insurance under the *policy*, including *you*, *your spouse* or a dependent *child*, when family coverage is purchased and the required premium has been paid.

*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.*

## GENERAL CONDITIONS

**Statutory Conditions: 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.**

**Applicable Law:** This *policy* is governed by the laws and regulations of the Canadian province or territory where this *policy* was issued.

**Misrepresentation:** This *policy* is issued on the basis of information in *your application* or provided in connection with *your application* (including answers to the *Transat medical questionnaire*, if required).

When completing the *application* (including the *Transat medical 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.

We will not pay a claim if *you*, any person insured under this *policy* or anyone acting on *your* behalf makes a fraudulent, false or exaggerated statement or claim.

**Contract:** 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.

**Conformity with Existing Laws:** Any provision of this *policy* which is in conflict with any federal, provincial or territorial law where this *policy* is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this *policy* shall apply.

**Currency:** All premiums and benefits under this *policy* are payable in Canadian currency. To facilitate payments to providers, the *company* will pay claims in the currency of the country where the charges are incurred, based on: i) the rate of exchange set by any chartered bank in Canada on the last date of service, or ii) the date the payment is issued to the provider of service.

**Eligibility Requirements:** If at the time of application *you* do not meet the Eligibility Requirements stated in the *Transat Medical Questionnaire* or if *you* incorrectly completed the *Transat Medical Questionnaire* (if applicable), *your* insurance is void and the *company's* liability is limited to a refund of the premium paid.

**Premium Payment:** *Your policy* takes effect when the required premium is paid, subject to the terms and conditions outlined in the *policy*. No coverage will be provided if: i) the required premium is not paid, ii) *your* cheque is not honoured, or iii) credit card charges are declined for any reason.

**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.

**Limitation of Action:** 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 your application for this *policy*. If mutually agreeable, legal actions may also be brought in the province where the head office of the company is located.

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.

## CLAIM PROVISIONS

Where the company has paid expenses or benefits to you or on your behalf under this *policy*, the company has the right to recover, at its own expense, those payments from any applicable source or any insurance *policy* or plan that provides the same benefits or recoveries. This *policy* also allows the company to receive, endorse and negotiate eligible payments from those parties on your behalf. When the company receives payment from any Canadian provincial or territorial government health insurance plan, any other insurer or any other source of recovery to the company, the respective payor is released from any further liability with respect to the claim.

**Secondary Coverage:** Coverage under this *policy* is secondary to all other sources of recovery. Any benefits payable under this *policy* are in excess of any other coverage you may have with any other insurer or any other source of recovery.

**Coordination of Benefits:** Benefit payments under this *policy* will be coordinated with benefits available to you under any other insurance *policy* or plan, so that payments made under this *policy* and any other *policy* or plan do not exceed **100%** of the eligible expenses incurred. Coordination of the Emergency Medical Insurance benefits will be in accordance with the Coordination of Benefits Guidelines issued by the Canadian Life and Health Insurance Association with respect to Out of Country/Province Medical Expenses.

However, if you are covered as an active or retired employee under your current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is:

- a) \$50,000 or less, Coordination of Benefits will not apply to such amount; or
- b) more than \$50,000, Coordination of Benefits will apply only to the amount of insurance in excess of \$50,000.

**Notice of Claim and Proof of Claim:** To make a claim for benefits under this *policy*, your written proof of claim and your fully completed 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 below.

Written proof of claim shall include:

- i) the completion of any claim forms furnished by the company;
- ii) original receipts;
- iii) a written report, complete with the diagnosis by the attending physician, if applicable, and any other form of documentation deemed necessary by the company to validate your claim;

- iv) documentation required by the company to substantiate cancellation, interruption, travel delay or common carrier schedule change if for other than medical reasons. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required;

For example:

- copy of the subpoena if cancelling due to jury duty or being called as witness;
- letter from your employer if cancelling due to a business meeting or job transfer;
- letter from the airline confirming the change in the scheduled flight or the cause of the flight delay.

Original substantiating claims documentation must be provided; however, the company may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this *policy*. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to the company.

### Written claims correspondence should be mailed to:

Transat Travel Insurance  
c/o Active Care Management  
PO Box 1237  
Station A  
Windsor, ON N9A 6P8

### Online Claims Submission

Visit ACM's website [www.active-care.ca](http://www.active-care.ca), to learn more about the claim submission process and to download the free ACM TravelAid™ mobile application.

For quick and easy claim submission, please have all of your documents available [in electronic format] and visit <https://manulife.acmtravel.ca> to submit your claim online.

You may also call the Assistance Centre directly to inquire about your claim status at **1 855 841-4788**.

For coverage information or general enquiries, please contact the Transat Customer Service Centre at **1 800 263-2356**.

**email: [transattravelinsurance@manulife.ca](mailto:transattravelinsurance@manulife.ca)**

**Claim Payments:** Benefit payments will be made to you or, to facilitate matters, to the service provider. In the event of your death, any balance remaining or benefits payable for loss of life will be paid to your estate.

**Rights of the Company and Claimant:** When you purchase this *policy*, you agree to provide the company with access to all pertinent records or information about you from any licensed physician, dentist, medical practitioner, hospital, clinic, insurer, individual, institution or other provider of service to determine the validity of any claim submitted by you or on your behalf.

**Right of Examination:** The company has the right, and you must afford it the opportunity, to have you medically examined when and as often as may be reasonably required, when a claim under this *policy* is pending. In the event of death, the company has the right to request an autopsy, subject to any laws relating thereto.

**Right of Recovery:** In the event that you are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any *policy* provision, the company has the right to collect from you any amount which it has paid on your behalf to medical providers or other parties.

**Subrogation:** If *you* suffer a loss caused by a third party, the *company* has the right to subrogate *your* rights of recovery against the third party for any benefits payable to or on *your* behalf and will, at its own expense and in *your* name, execute the necessary documents and take action against the third party to recover such payments. *You* must not take any action or execute any documents after the loss that will prejudice the *company's* rights to such recovery.

#### 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 the *company* works 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 below *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

August 2020



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.

#### 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.

Enjoying *your* trip should be the first thing on *your* mind. *Our* Assistance Centre is there to help *you* with the following and provide multilingual support 24 hours a day, every day of the year:

##### 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  
1 800 764-6539** toll-free from the USA and Canada  
**+1 (519) 251-7488** 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.