



Transat

Youth/Student Deluxe Policy

Effective August 2024

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:

1-877-251-4517

Toll-free from the USA and Canada

+1 (519) 251-7423

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. Claim payment and administrative services are provided by the administrator, Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as “Active Care Management,” “ACM,” “Global Excel Management,” and/or “Global Excel” as the provider of all assistance and claims services.

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

TRANSAT YOUTH/STUDENT DELUXE 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 11 of this policy.

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

1-877-251-4517 toll-free from the USA and Canada
+1 (519) 251-7423 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 **Manulife TravelAid™** mobile app. Download the app through the Google Play™ store or the Apple App Store®. For more information, visit active-care.ca.

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, **Manulife 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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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:

1-877-251-4517 toll-free from the USA and Canada
+1 (519) 251-7423 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 STANDBYMD™

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

YOUTH/STUDENT DELUXE POLICY	
Eligible Age	Up to age 29
StandbyMD Medical Concierge Services	Included
TRIP CANCELLATION – INTERRUPTION – DISRUPTION INSURANCE	
Trip Cancellation – Non-Refundable Prepaid Insured Travel Arrangements	Up to Sum Insured selected on the <i>application</i> (covered amount insured) - Maximum \$10,000
Trip Interruption	Economy
Tour Cruise Cancellation	Up to \$1,000
Schedule Change	Up to \$1,000
Accommodation & Meal Expenses for Trip Interruption	\$150 per day – Maximum \$300
Accommodation & Meal Expenses for Trip Disruption	\$350 per day – Maximum \$700
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 \$3,500
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 \$5,000
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	\$50,000
BAGGAGE AND PERSONAL EFFECTS INSURANCE - Up to \$1,000	
Lost – Stolen - Damaged Items	Up to \$500
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 \$400
Delayed Sport Equipment	Up to \$150

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**.

POLICY PARAMETERS

Travel insurance must be purchased based upon *age*, length of travel and other restrictions set forth in this Transat Youth/Student Deluxe *policy*.

AGE	LENGTH OF TRAVEL	OTHER CONDITIONS
At least 30 days of <i>age</i> and up to <i>age</i> 29*	Trips up to 30 days	<ul style="list-style-type: none"> - Valid <i>government health insurance plan</i>. - Coverage must be purchased for the full duration of the <i>insured trip</i> and for full value of <i>your</i> prepaid non-refundable portion of the <i>insured trip</i> up to \$10,000.

* Please check *pre-existing condition* exclusions for **Emergency Medical Insurance** (see page 12).

CHAPERONE COVERAGE CONDITIONS

- If travelling as a chaperone, be up to 65 years of *age* (at time of application).
- To be considered as a 'chaperone' *you* must be so appointed by the organization or the principal leader of the youth group to accompany youths in this group who are up to 18 years of *age*.
- A chaperone must be insured under a valid Canadian *government health insurance plan* and coverage must be purchased for the full duration and for the full value of the prepaid nonrefundable portion of the *insured trip*.
- Chaperone coverage is available to a proportion of one (1) chaperone to five (5) youths.

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*.

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 (the purchase date on *your application*).

For Top-Ups, if *you* purchased this insurance as a *Top-Up* to another plan, coverage starts after *you* leave *home*, on the start date of coverage specified in the *application* for *Top-Up* coverage and which must correspond to the first day after expiration of coverage under the other plan.

For all other benefits, 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:

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

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

- the date *you* return *home*;*or
- the return date, as stated on *your application*.

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**; or
- b) the return date, as stated on *your application*.

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

Your insurance coverage will not end if you temporarily return to your province or territory of residence prior to your return date for the purpose of attending a funeral or to go to the hospital bedside of an immediate family member and then resume your insured trip. In such a case, your policy will remain in effect up to your return date. However, you will not be covered for any pre-existing condition, sickness or injury for which you, or any other person whose medical condition gives rise to a claim, had sought or received medical treatment, or for which medication had commenced, or been changed in type, usage or dosage during the 90-day period immediately prior to the date you resumed your insured trip.

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.

Note for all insurance coverages: If *you* have been advised by a medical professional to self-isolate or quarantine beyond *your return date*, we will extend *your* coverage for the duration of *your* quarantine and up to 72 hours after the date *your* quarantine ends.

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?

Extensions: If *you* have not left *home*, simply call *your* distributor of Transat Travel Insurance to ask for the extension. If, however, *you* are already on *your insured trip* please call the Assistance Centre prior to *your* expiry date. *You* may be able to extend *your* coverage, subject to an extra premium, as long as the total length of *your insured trip* does not exceed 30 days.

If *you* have not had or expect to have a *medical condition* or claim since *your policy* was issued, the extension will be issued right away. Otherwise, the extension is subject to the approval of the Assistance Centre.

Top-ups: To *Top-up* another insurer's plan for trips longer than the number of coverage days *you* have, simply call *your* distributor of Travel Insurance before *you* leave *home* for the additional coverage days required. It is *your* responsibility to confirm that a *Top-up* is permitted on *your* existing plan 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 before any cancellation penalties applied.

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*.

Schedule Change applies when, after the start date of *your* coverage, the airline carrier providing transportation for a portion of *your insured trip* changes the scheduled departure of *your* flight to a later or earlier departure which results in the flight being unusable or causes *you* to miss a connection.

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*.

Trip Cancellation Insurance - Prior to Departure

Trip Cancellation Insurance coverage starts at the time and date *you* pay the premium for that coverage (the purchase date on *your application*).

Trip Cancellation Insurance coverage ends on the earlier of:

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

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 1–31 (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 *your 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

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

Trip Interruption Insurance coverage ends on the earlier of:

- a) the date *you* return to *your departure point*; or
- b) the return date, as stated on *your application*.

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 1–31 (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 31, up to **\$150 per day** to a maximum of **\$300**.

Original receipts must be provided when claiming this benefit.

5. **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 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. *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.
5. If *you* miss **75%** 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*.
6. Quarantine of *you*, *your travel companion* or the *spouse* or *children* of either.
7. 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

8. 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.
9. 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.
10. 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*.
11. 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

12. 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*.
13. 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*.
14. 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.

Work and Educational Obligations

15. *You*, *your spouse*, *your parent/legal guardian* or *your travel companion* being transferred by the employer with whom *you*, *your spouse*, *your parent/legal guardian* or *your travel companion* were employed at the time of *application* for this insurance, which requires a relocation of *your* or *your travel companion's* principal residence. (Please note that parent/legal guardian is applicable to Elementary or High School full-time students only.)
16. *You*, *your spouse* or *your travel companion* being called to emergency service as a member of a Police Force, Armed Forces, Reserves, Fire Fighting Unit or *essential medical personnel*.
17. *You*, *your spouse*, *your parent/legal guardian* or *your travel companion'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. (Please note that parent/legal guardian is applicable to Elementary or High School full-time students only.)
18. 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.

19. *Your* or *your travel companion's* failure of an examination which requires *you* or *your travel companion* to re-sit the examination during *your insured trip*.
20. The cancellation of *your school insured trip* by the school board due to:
 - a teachers' labour strike; or
 - the school board determines there is a risk of harm to *you* during *your school insured trip* because of an identified threat arising from an event that occurred within 90 days of *your* scheduled *departure date*. In addition, the school *insured trip*, or a portion of the school *insured trip*, includes a visit or a stay in the area or vicinity where the event occurred.
21. A business meeting, trade show, training course or convention that is the main intent of *your insured trip* and was scheduled before *you* purchased this insurance, is cancelled for a reason beyond *your* control, the control of *your* employer, the control of *your travel companion*, or the control of *your travel companion's* 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.

Government and Legal

22. 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*.
23. *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.
24. 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.
25. After the date *you* purchased *your* insurance, a pandemic or natural disaster results in a state of emergency declared by any provincial or foreign governing body at any destination included in *your insured trip*.

Accommodations and Transportation

26. A disaster which renders *your* or *your travel companion's* principal residence uninhabitable or place of business unusable.
27. 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.
28. 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

29. 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

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

Forces of nature

31. 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*.

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) *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*.

Schedule Change Causing a Missed Connection

If there is a *schedule change* by the airline carrier on which you are booked to travel for any portion of *your insured trip* and this either renders unusable a portion of *your insured trip* or causes you to misconnect with a portion of *your insured trip*, you will be reimbursed for:

- a) if as a result of the *schedule change* to a portion of the *insured trip*, **the insured trip is no longer usable:** the change fee charged by the airline carrier, otherwise the extra cost of a one-way economy airfare on a commercial airline, to modify or replace the portion of the *insured trip* that was rendered unusable so as to permit you to continue *your insured travel arrangements* as originally scheduled; or
- b) if as a result of the *schedule change* to another portion of *your travel arrangements*, **you misconnect with a portion of the insured trip:** the change fee charged by the airline carrier, or up to **\$1,000** for the extra cost of an economy one-way airfare via commercial airline by the most cost-effective itinerary to the next destination of *your insured trip*, either inbound or outbound (including return to *your departure point*).

Cancellation of Connecting Airline Carrier

Alternatively to the benefit available under 'Schedule Change Causing a Missed Connection', 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 **\$1,000**.
- b) **after your departure from your departure point** but prior to the departure of the tour/cruise ship: you will be reimbursed for the lesser of:
 - i) 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
 - ii) the extra cost of an economy one-way airfare on a commercial airline via the most cost-effective itinerary route to return to the *departure point* of *your insured trip* up to **\$1,000**.

Lost or Stolen Passport

If *your* or *your travel companion's* passport and/or travel visa is lost or stolen during *your insured trip*, you will be reimbursed for reasonable travel and accommodation expenses until *your* replacement travel documentation is replaced. You will also be reimbursed for the change fee charged by the airline up to a maximum of **\$1,000** per person.

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 **\$350 per day** to a maximum of **\$700**.

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 **\$5,000**. 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. If your insured travel arrangements were made via the internet, the benefits under Delay and Schedule Change will apply provided your booked travel arrangements meet these criteria: domestic airline connectors must be at least **two (2) hours** and at least **four (4) hours** if the connection involves an international connection or trans-border connection. With respect to mixed connections (such as airline connecting to a land tour or cruise or any other landbased connection), the scheduled time between arrival at the scheduled tour or cruise departure city and the scheduled tour or cruise departure must be at least **eight (8) hours**.
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 Schedule Change Causing a Missed Connection, written confirmation from the delayed connecting carrier or the connecting carrier effecting 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) originals of unused transportation tickets, original invoice from the travel provider, official receipts for the return transportation and receipts for hotel and accommodation expenses;
 - e) 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;
 - f) if your cancellation/interruption coverage was purchased as *Top-up* coverage to complement travel insurance coverage that is in effect through another plan, you must first claim under the other plan before making a claim under this insurance.
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 or your travel companion's 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. 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.
9. Any expenses you incur at any destination included in your *insured trip*, when before your *departure date* there were foreign government and/or regional travel guidelines or restrictions in place requiring you or your travel companion to self-isolate or quarantine for a specific period of time during your *insured trip*.
10. Any Trip Interruption benefits because of a quarantine or self-isolation in Canada as mandated by any government.

EMERGENCY MEDICAL INSURANCE

Emergency Medical Insurance coverage starts on your *departure date*.

Emergency Medical Insurance coverage ends on the earlier of:

- a) the date you return home; or
- b) the return date as stated on your *application*.

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 **\$3,500** 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 their 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 **\$5,000** 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 **\$450** 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.

Quarantine Expenses:

We do not pay any benefits for any government mandated quarantine or self-isolation in Canada. If *you* or *your travel companion* must unexpectedly self-isolate or quarantine after *your departure date*, as determined by a medical professional, we will:

1. Pay up to **\$500** for *your* one-way economy class fare on the most cost-effective itinerary to return *you home* when *you* are delayed beyond the date *you* were originally scheduled to return *home*; and/or
2. Pay up to **\$200** per day per insured person for additional and unplanned accommodations and meals to a maximum of **\$2,800**.

This benefit is payable to a maximum of 14 days when *you* are delayed beyond *your* originally scheduled *return date* and/ or *you* must pay unexpected costs for new accommodations and/or meals where *you* must quarantine.

It is *your* responsibility to find accommodation during *your* quarantine. If *you* must quarantine at a medical facility and *treatment* is not required, we pay up to the maximums noted in this section.

3. Extend *your* coverage for the duration of *your* self isolation or quarantine and for up to 72 hours after the self-isolation or quarantine period ends if *you* must stay at *your* destination beyond *your return date*.

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 1-877-251-4517 toll-free from the USA and Canada or +1 (519) 251-7423 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. A *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 (if applicable).
4. 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.
5. 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*.
6. Transplants, including but not limited to, organ transplants or bone marrow transplants.
7. 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.
8. Any non-*emergency*, experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
9. 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.
10. Any *medical condition* that is the result of you not following *treatment* as prescribed to you, including prescribed medication.
11. 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*.
12. Preventive medicines, inoculations, birth control pills or devices, vitamins, vitamin preparations and over-the-counter drugs or medications.
13. Any person who is less than 30 days old on your *effective date*.
14. Unless prior approval is provided by 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.
15. For quarantine, the following also apply:
 - We do not pay any benefits for quarantine or self-isolation in Canada as mandated by any government.

- We will not provide coverage for any pre-paid, unused *insured travel arrangements*.
- We will not cover any expenses you incur when you or your *travel companion* are denied entry to a country or region included in your *insured trip* when, before your *departure date*, there was a foreign government and/or regional travel guideline restricting entry of Canadian residents or guidelines that require self-isolation or quarantine for a specific period of time during your *insured trip*.

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

Travel Accident Insurance coverage starts on your *departure date*.

Travel Accident Insurance coverage ends on the earlier of:

- a) the date you return to your *departure point*; or
- b) the return date, as stated on your *application*.

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 **\$50,000** 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. Injuries sustained while parachuting or sky-diving during the *insured trip*.

BAGGAGE AND PERSONAL EFFECTS INSURANCE

Baggage and Personal Effects Insurance coverage starts on *your departure date*.

Baggage and Personal Effects Insurance coverage ends on the earlier of:

- a) the date *you* return to *your departure point*; or
- b) the return date, as stated on *your application*.

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 **\$500** 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.

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 **\$400** for the emergency purchase of essential items of personal clothing, necessary toiletries and up to **\$150** 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 **Travel Accident Insurance** and **Baggage & Personal Effects 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 & Trip 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:

1. Consequential loss of any kind, including loss of enjoyment and financial loss not otherwise specifically covered under this *policy*.
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
3. *Act(s) of terrorism* except as otherwise specifically provided in the General Limitations on Coverage Section of this *policy*.
 4. • 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.
 5. Participation in armed forces training exercises or manoeuvres.
 6. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
 7. *Your minor mental or emotional disorders*.
 8. • Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use of alcohol, drugs or other intoxicants whether prior to or during *your 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.
 9. • 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.
 10. *Your* child born during the *insured trip*.
 11. Deliberate termination of *your* pregnancy.
 12. Any expenses incurred by or on behalf of any person not named as an insured on the *application* for insurance.
 13. 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.
 14. *Your* commission of or attempt to commit any criminal offence or illegal act.
 15. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder.
 16. 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.
 17. 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 *departure date*, *departure point* and *return date* of the *insured trip*, and 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 at least 30 days of *age* 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 begins at the date and time *you* pay the premium for that coverage (the purchase date of *your application*).
- b) **For Top-Up coverage** to another plan, coverage starts after *you* leave *home*, on the start date of *Top-Up* coverage indicated on *your application* which must correspond to the first day after expiration of *your* other policy.
- c) **For all other benefits**, 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*.

Essential Medical Personnel — an individual health professional licensed to provide health care, diagnosis and/or treatment services, including but not limited to, medication and surgery.

Government Health Insurance Plan means the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

Home means *your* Canadian province or territory of residence. If you requested *your* coverage to start when *you* leave Canada, *home* means Canada. In the case of Trip Interruption, 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 shown on *your application* for insurance under the *policy* and described in further detail in this *policy* booklet.

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 Youth/Student Deluxe *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*, as shown on *your application*.

Schedule Change means the late departure of an airline carrier causing *you* to miss *your* next connecting flight via another airline carrier, or the early departure of an airline carrier rendering unusable the ticket *you* had purchased for *your* prior connector flight by another airline carrier. *Schedule change* does not mean a change resulting from a strike, labour disruption, security alert or bankruptcy.

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.

Top-Up means the coverage *you* purchase from the *company* before *your* date of departure from *your departure point*, to add to *your* insurance coverage that is in effect through another source for a portion of *your* trip duration.

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* 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*.

When completing the *application*, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:

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

You must be accurate and complete in *your* dealings with *us* at all times.

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 outlined in this *policy*, *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 *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*.

If *you* are submitting a claim for quarantine expenses. *We* also need the following information, where applicable:

- A medical certificate completed by the attending *physician* that states why travel was not possible as booked or a report from an authority that documents the reason for the self isolation or quarantine
- Original passenger receipts for the new tickets *you* had to purchase
- Original receipts for the travel arrangements *you* had paid in advance
- Original receipts for the extra hotel and meal expenses

How to manage a travel credit or voucher when a travel supplier cancels your insured trip

If a *travel supplier* cancels any portion of *your insured trip* that was booked with them and offers *you* or gives *you* a travel credit or voucher as reimbursement for the unused portion of *your insured travel arrangement*, we consider *you* as reimbursed for that *insured travel arrangement*.

We will not pay any claims for an *insured travel arrangement* when:

- *You* receive a travel credit or voucher for the full value of the *insured travel arrangement* with the *travel supplier*; or
- *You* were offered a travel credit or voucher, but *you* did not accept it.

Note: If *your* travel credit or voucher does not cover the full value of *your insured travel arrangement* with the *travel supplier*, *you* may submit a claim for the difference.

Written claims correspondence should be mailed to:

Transat Travel Insurance
c/o Global Excel Management
 P.O. Box 1237, Stn. A
 Windsor, ON N9A 6P8

Claims Submission

Mobile app

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

Online

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

You may also call the Assistance Centre directly to inquire about *your* claim status at **1 855 317-1193**.

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

email: 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 AND CONFIDENTIALITY

At Manulife protecting your personal information and respecting your privacy is important to us.

Personal Information Statement

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

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

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

What personal information do we collect?

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

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

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

Where do we collect your personal information from?

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

- Your completed applications and forms
- Other interactions between you and us
- Other sources, such as:
 - Your advisor or authorized representative(s)
 - Third parties with whom we deal with in issuing and administering your products or services now, and in the future
 - Public sources, such as government agencies, credit bureaus and internet sites
 - Financial institutions
 - Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
 - The MIB, Inc. (formerly known as the Medical Information Bureau)
 - Health Care Professionals, including Medical Practitioners, health care institutions, pharmacy and any other medically-related facility

What do we use your personal information for?

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

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

Who do we disclose your personal information to?

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

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

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

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

Withdrawing your consent

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

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

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

Accuracy

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

Access

You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. Requests can be sent to:

Privacy Officer Manulife
P.O. Box 1602, Del Stn 500-4-A
Waterloo, Ontario N2J 4C6
or Canada_Privacy@manulife.ca

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

Manulife, “we”, “us”, “our” refers to. The Manufacturers Life Insurance Company— Canadian Division operations, Manulife Securities Inc., Manulife Securities Investment Services Inc., Manulife Securities Insurance Inc., Manulife Asset Management Limited, Manulife Assurance Company of Canada, First North American Insurance Company, Manulife Bank of Canada, and affiliates of these entities.

TRAVEL ASSISTANCE.

ANYWHERE IN THE WORLD.

Before *you* travel, be sure to download the Manulife TravelAid mobile app through the Google Play store or the Apple App Store. It 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 Manulife 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
Manulife TravelAid mobile app.

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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.