



## **Distributor's contact information**

**NAME:** SUNWING VACATIONS INC.

**ADDRESS:** 27 FASKEN DRIVE  
TORONTO, ON M9W 1K6

**TELEPHONE:** 1-877-786-9464  
416-620-4955

**WEBSITE:** [SUNWING.CA](http://SUNWING.CA)

**The Manufacturers Life Insurance Company (Manulife)**

## TRAVEL INSURANCE

Certificate of insurance under Master Group Insurance Policy Number 729 to Sunwing

# Summary of COVID-19 Emergency Medical Certificate of Insurance for Sunwing

Helps offer protection if something unexpected happens during your trip

## HOW TO CONTACT US

### INSURER:

#### **Manulife**

Registered with Autorité des marchés financiers under client number 2000737614

Address:

Affinity Markets

250 Bloor Street East

Toronto, ON M4W 1E5

Telephone: 1-866-298-2722

Email: [manulifeglobal@manulife.ca](mailto:manulifeglobal@manulife.ca)

Website: [manulife.ca](http://manulife.ca)

### AUTORITÉ DES MARCHÉS FINANCIERS:

The Autorité des marchés financiers can provide you with information about your insurer's or your distributor's obligations.

Website: [autorite.qc.ca](http://autorite.qc.ca)

Underwritten by The Manufacturers Life Insurance Company (Manulife).

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## GUIDELINES FOR REVIEWING THIS SUMMARY

### "You" can refer to many people

When referring to "you," we mean the person who is insured under the certificate of insurance, unless the context states otherwise.

### "Trip" has a specific meaning

The word "trip" refers to the period beginning on the departure date and ending on the return date shown on your Sunwing travel itinerary.

### Words in italics have a specific meaning

Words and expressions in italics are defined at the end of the summary (section [7. Definitions](#)). Read these definitions if you have any questions.

### This is a summary

You can review the sample certificate of insurance at:

[https://www.igoinsured.com/travelcontent/?file=SW\\_SWB\\_SWCovid19TC.pdf](https://www.igoinsured.com/travelcontent/?file=SW_SWB_SWCovid19TC.pdf)

You can also get a copy from your travel agency or on the website where you purchased your travel arrangements, and at:

## THINGS TO CONSIDER

### Before you travel

- Do you meet all the eligibility requirements? If not, you might not be covered. To make sure, read section [1. Who can be insured.](#)
- Have you been diagnosed with COVID-19, been quarantined because of COVID-19, or had symptoms of COVID-19? If so, expenses relating to COVID-19 and any related complications may not be covered.

## DON'T FORGET

All amounts in this summary are shown in Canadian dollars

All coverages are per person unless the context states otherwise

Provide full and accurate information

If you make a false statement or if you fail to declare certain information before or during the coverage period, we may cancel your coverage.

## 1. WHO CAN BE INSURED

### Eligibility requirements to be covered under the travel insurance

You are eligible for the insurance if you meet all the following requirements:

- You are at least 30 days old.
- You live in Canada.
- You're covered under a government health insurance plan (such as RAMQ) for the entire trip duration.
- You have not been advised by a physician not to travel.
- You booked your trip with Sunwing.
- Your trip is 22 days or less.

If you don't meet the eligibility requirements, the insurance is not valid, and you will not be covered.

### Fees and costs

The COVID-19 emergency medical certificate of insurance is provided to you at no cost. The insurance product is not renewable.

## 2. THE LENGTH OF YOUR INSURANCE DEPENDS ON YOUR TRAVEL ITINERARY

### Maximum trip duration

The maximum trip duration the insurance covers is 22 days.

## 3. YOUR INSURANCE APPLIES WORLDWIDE AFTER YOU LEAVE CANADA



**Warning:** Exclusions may apply if the Government of Canada issues an advisory against travel to a certain region or country.

**Important:** Emergency Medical coverage applies only outside of Canada.

## 4. SUMMARY OF COVERAGES

### EMERGENCY MEDICAL COVERAGE FOR CORONAVIRUS (COVID-19)

Coverage for a sudden and unforeseen medical emergency that requires immediate *treatment* because of COVID-19 or related complications.

In this section, we outline some details of the Emergency Medical insurance coverage for COVID-19 and related complications. Read the “EMERGENCY MEDICAL INSURANCE” section of the [sample certificate of insurance](#) for a full list of insurance benefits, the limits to the amount we pay, exclusions, and the expenses we do not cover.



Always call the Assistance Centre before you receive emergency *treatment* so we can confirm you are covered and pre-approve any *treatment*.



### **IF YOU DON'T CALL THE ASSISTANCE CENTRE, YOU MAY BE RESPONSIBLE FOR CERTAIN EXPENSES**

#### [Covered maximum: \\$200,000 combined for all expenses related to COVID-19 and related complications](#)

We pay up to a maximum of \$200,000 per person covered under the certificate of insurance for all claims combined when the expenses are related to COVID-19 and any related complications. For some benefits, we limit what we pay to a specific maximum amount.

#### [Covered expenses for Emergency Medical](#)

This is an overview of emergency medical care expenses we pay. For full details, read “What does Emergency Medical Insurance cover?” in the [sample certificate of insurance](#).

- Expenses incurred to receive emergency *treatment*, including surgical and diagnostic procedures 100%
- Expenses for repatriation 100%
- Expenses for meals, accommodations, taxis \$150 per day, to a maximum of \$2,100
- Expenses in the case of death while travelling Benefit maximum listed in the sample certificate of insurance
- Act of Terrorism Coverage Read the sample certificate of insurance for full details

#### [Exclusions for Emergency Medical](#)

Some of the expenses we do not cover are outlined in this section. For a full list of exclusions, read “What does Emergency Medical Insurance not cover?” in the [sample certificate of insurance](#).

- Expenses related to COVID-19 if in the last 30 days before you depart on your trip:
  - you received a positive COVID-19 test result
  - you were diagnosed with COVID-19
  - you were required to quarantine or self-isolate
- You experienced COVID-19 symptoms in the 15 days before your trip. This exclusion does not apply if you were tested for COVID-19 symptoms and received a negative COVID-19 test result following the appearance of these symptoms.
- Expenses for any *medical condition* not related to COVID-19 or COVID-19 related complications.
- Expenses for any injury.
- Expenses for any *medical condition* you contract or suffer while you are on a cruise or at any destination included in your cruise itinerary.
- The cost of and any expenses for a COVID-19 test that is mandated by any body with appropriate authority (such as a government or a transportation service) for entry into or exit from a country/jurisdiction or to use its services.
- Expenses related to a *medical condition*, if the Government of Canada has issued a formal warning to “Avoid all travel” to the country, city, or region you are visiting.

## 5. HOW TO MAKE A CLAIM



You can use the TravelAid™ mobile app to make a claim.



You can submit your claim online at [Manulife.acmtravel.ca](https://Manulife.acmtravel.ca)

You will need all your documentation available and in electronic format.



You can also write to us at: Manulife Travel Insurance c/o Active Care Management  
P.O. Box 1237, Station A, Windsor, ON N9A 6P8

Claims are administered by our partner, Active Care Management (ACM). Website: [active-care.ca](https://active-care.ca)

For full details about how to make a claim, read “What Should You Do If You Have a Claim” in the [sample certificate of insurance](#).

### 90 days to make your claim

You must send us written proof of your claim within 90 calendar days of an event.

### We pay within 30 days if your claim is approved

We notify you of our decision within 30 days after receiving your claim and all supporting documents. If we decline your claim, we explain our reasons to you, in writing.

## YOUR LEGAL RIGHTS IF YOU DISAGREE WITH OUR DECISION OR WANT TO FILE A COMPLAINT

### 1. You can ask us to reconsider your claim

You can contact Customer Service, and, if you are still not satisfied, the Manulife Ombud’s Office.

For more information: [manulife.ca/personal/support/contact-us/resolve-a-complaint](https://manulife.ca/personal/support/contact-us/resolve-a-complaint)

### 2. You can contact the Autorité des marchés financiers

The Autorité des marchés financiers reviews your file and can help us find a solution together, such as offering dispute resolution services.

For more information: [lautorite.qc.ca/en/general-public/assistance-complaints-and-compensation/](https://lautorite.qc.ca/en/general-public/assistance-complaints-and-compensation/)

### 3. You can contest our decision in court

Your legal action must be taken within the 3-year time frame prescribed by the Civil Code (prescription period). We recommend that you seek legal advice for information on your rights and the appeal process.

## 6. YOUR RIGHT TO RESCIND AN INSURANCE CONTRACT

If you want to cancel an insurance contract, you must complete a Notice of Rescission of an Insurance Contract.

**Important:** This COVID-19 Emergency Medical Certificate of Insurance is included in the purchase of your airline ticket at no additional cost to you. You have the right to rescind this coverage at any time, but there is no financial reimbursement available if you choose to do so.

Your travel booking and any other contract you enter into remains in effect.

## 7. DEFINITIONS

### Child, children

Your unmarried, dependent son(s) or daughter(s), or your grandchild(ren) travelling with you or joining you during your trip and who is either:

- under the age of 21; or
- under 26 years of age and a full-time student; or
- your *child* of any age who is mentally or physically disabled.

**Important:** A *child* must be a minimum age of 30 days

### Medical condition

Any disease or sickness, including symptoms of undiagnosed conditions.

### Treatment

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.

**WARNING:** 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.

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Accessible formats and communication supports are available upon request.

Visit <https://www.manulife.ca/about-us/accessibility.html> for more information.

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## SCHEDULE 5: NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

**Important:** This COVID-19 Emergency Medical Certificate of Insurance is included in the purchase of your airline ticket at no additional cost to you. You have the right to rescind this coverage at any time, but there is no financial reimbursement available if you choose to do so.

### NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

#### THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

- The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period. To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.
- Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.
- After the expiry of the applicable time, you may rescind the insurance at any time; however, penalties may apply.

**For Quebec residents only:** For more information, you can contact the Autorité des marchés financiers at 1-877-525-0337 (toll-free) or [autorite.qc.ca](http://autorite.qc.ca).

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### NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

TO	Manulife Affinity Markets 250 Bloor Street East Toronto, ON M4W 1E5	Name and address of Insurer or Insurers
DATE	_____	Date notice sent
Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind:		
INSURANCE CONTRACT NUMBER	_____	Contract number, if indicated
ENTERED ON	_____	Date of signature of contract
AT	_____	Place of signature of contract
NAME OF CLIENT	_____	
SIGNATURE	_____	