

Product summary for Manulife Visitor to Canada Policy – Standard Plan

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: 1-800-565-2338

Email: travel@manulife.com

Website: manulife.ca

Autorité des marchés financiers:

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

Website: lautorite.qc.ca

Underwritten by The Manufacturers Life Insurance Company (Manulife).

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 adjudication services.

Product summaries are intended for residents of Quebec only.

GUIDELINES FOR REVIEWING THIS SUMMARY

“You” can refer to many people

When referring to “you,” we mean the person who purchased the insurance and any other insured person, unless the context states otherwise.

“Trip” has a specific meaning

The word “trip” refers to the time between your *effective date* and the *expiry date* as shown on your *policy confirmation*.

Words in *italics* have a specific meaning

Refer to the [Definitions section](#) of this summary to find the meaning of each italicized word or phrase.

This is a summary

Review the [sample policy](#) for complete details. You can get a copy from your travel agency or on the website where you buy your insurance.

You can also find the sample policy at: <https://www.manulife.ca/personal/insurance/associations-insurance-plans/travel-insurance-policies-and-product-summaries.html>

THINGS TO CONSIDER

Before you buy this insurance

- Do you, and all the people you want to insure, meet **all** the eligibility requirements? Anyone who does not meet all the eligibility requirements might not be covered. To make sure, read section [1. Who can buy this insurance](#).
- Do you, or any of the people you want to insure, have a *medical condition*? If so, expenses relating to the *medical condition* may not be covered.

Before you travel

- Do all insured people still meet all eligibility requirements? Otherwise, exclusions may apply. Check before you leave.
- Have there been any changes in the health of any insured people since you purchased your insurance? If so, exclusions may apply.

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 or incorrect statement or if you fail to declare certain information before or during the coverage period, we may cancel your policy and/or deny your claim.

Don't leave without paying

You're not covered until you pay for your insurance.

Note: The insurance policy doesn't provide any temporary coverage.

1. WHO CAN BUY THIS INSURANCE

Requirements for purchasing this insurance

You can buy this insurance if you, and any people you want to insure, meet all the following requirements:

- You are at least 30 days of age.
- You meet all the eligibility requirements.

You **cannot** buy this insurance if:

- You are age 86 or older.
- You were advised by a *physician* not to travel.
- You have been diagnosed with a terminal illness with less than 2 years to live.
- You have been diagnosed with or received *treatment* within the last 2 years for a pancreatic, lung, brain, or liver cancer.
- You have a kidney condition that requires dialysis.
- You have ever been diagnosed with any type of cancer that has spread from one part or organ of the body to another (metastatic cancer).
- You have had or are waiting for an organ or bone marrow transplant (excluding corneal transplant).
- You have ever been diagnosed with congestive heart failure.
- You have been prescribed or used home oxygen in the last 12 months.
- You reside in a nursing home or long-term care facility.

If you don't meet the eligibility requirements, you cannot purchase the insurance:

- You will not be covered.
- The insurance will be cancelled.
- Your claim will not be paid.

2. WHO IS INSURED AND HOW WE CALCULATE YOUR INSURANCE COST



You

You are insured if:

- You meet all the requirements when you purchased this insurance.
- You paid for the insurance.



Your family

You, your spouse, and children must meet all the requirements when you purchased the family coverage option.

You and your family will be insured when you travel together and pay an amount equal to 2 times the rate for the oldest parent or grandparent.

The following people qualify as a family:

- 2 parents or legal guardians age 54 or younger
- Your unmarried children at least 30 days old and under age 22 years old

Your insurance costs are based on the following criteria:

- The age of each traveller
- The length of the trip – how long you are travelling
- The amount of coverage you choose
- The date you purchase the insurance coverage (if you receive a quote for insurance coverage, the cost of insurance may be different when you are ready to purchase)
- Single or family coverage – travelling alone or with family

The cost includes premium tax and the cost of any administration by us.

Other fees and costs

The insurance is sold within Canada only by authorized Manulife distributors. The sale is subject to applicable federal and provincial sales taxes. We charge a single, fixed amount and there are no other fees or expenses related to the cost of the insurance. The insurance is not renewable.

3. THE LENGTH OF YOUR INSURANCE DEPENDS ON YOUR TRAVEL DATES

Maximum trip duration

The maximum trip duration this policy will cover, including any extensions, is 365 days.

4. YOUR INSURANCE APPLIES PRIMARILY WITHIN CANADA

While the purpose of this policy is for coverage within Canada, this policy provides some coverage for side trips outside of Canada, excluding your country of origin, when the side trip starts and ends in Canada and does not exceed the lesser of:

- 30 days per policy
- 49% of the total number of coverage days as stated on your *policy confirmation*

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

5. SUMMARY OF COVERAGES

EMERGENCY MEDICAL INSURANCE

Coverage for a sudden and unforeseen medical emergency that requires immediate *treatment*.

Here we outline some details of the Emergency Medical insurance coverage. Read the Emergency Medical Insurance section of the [sample policy](#) for a full list of all insurance benefits, the limits to the amount we pay, and the expenses we do not cover including the *pre-existing medical condition* exclusion.

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

Warning: If you don't call the Assistance Centre, you may be responsible for certain expenses.

Covered maximum

We pay up to the maximum coverage amount you selected when you applied for the insurance. For some benefits we limit the amount we pay to a maximum amount.

Covered expenses

This is an overview of emergency medical care expenses we pay. For full details, read “Emergency Medical Insurance benefits” and “Insured services” in the [sample policy](#).

- Expenses incurred to receive emergency *treatment*, including surgical and diagnostic procedures 100%
- Expenses for repatriation 100%
- Extra expenses for incidentals \$150 per day to a maximum of \$1,500
- Expenses related to your death Up to \$7,500 combined
- Expenses to return children under your care to your country of origin 100%
- Expenses to bring someone to your bedside Up to \$3,000 for return economy-class transportation
Up to \$500 for hotel and meals

Exclusions for Emergency Medical Insurance

Some of the expenses we do not cover are outlined here. For a full list of exclusions, read “Exclusions & Limitations” in the [sample policy](#).

- Any medical *treatment* for which you are eligible and/or covered under a government health insurance plan (GHIP)
- Expenses not related to urgent and necessary medical care
- Expenses related to participating in hazardous sports
- Expenses related to *minor mental or emotional disorder* (anxiety)
- Expenses that are the result of you not following *treatment* prescribed to you, including prescribed medications
- Expenses related to *pre-existing medical conditions* that existed in the 180 days before your *effective date*
- Expenses related to a pregnancy that commences prior to the *effective date*
- Any *medical conditions* you suffer or contract outside of Canada while covered under the Side trips benefit or while on a flight to or from Canada if a travel advisory to that region is issued before you travel

6. HOW TO MAKE A CLAIM



You can use the Manulife TravelAid™ mobile app to make a claim. Before you travel, download the Manulife TravelAid mobile app through the Google Play™ store or the Apple App Store®.



You can submit your claim online at manulife.acmtravel.ca

For faster and easier submissions, have all your documents available in electronic format, such as PDF or JPEG/JPG.



You can also write to us at:

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

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 Ombuds Office.
For more information: 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: autorite.qc.ca/en/general-public/assistance-complaints-and-compensation/
3. You can contact the OmbudService for Life and Health Insurance.
For more information: <https://olhi.ca/>
4. 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.

7. YOUR RIGHT TO RESCIND AN INSURANCE CONTRACT

Within 10 days after purchasing your insurance: Full refund.

A refund of trip cancellation is possible only if you have not left on your trip. If you want to cancel your insurance contract, you must complete a Notice of Rescission of an Insurance Contract. You can get a copy of this document from your distributor or online at:

https://www.igoinsured.com/travelcontent/?file=MS-MC_Sched5.pdf

Your travel booking and any other contract you enter with your travel agency remains in effect.

Premium refunds

You may request a premium refund with some restrictions if you don't arrive in Canada or if you cancel your insurance, subject to a file handling fee. Read "Refund of premium or cancellation of policy" in the [sample policy](#) for full details.

8. DEFINITIONS

arrival date — the date and time you arrive in Canada from your country of origin. If you are a holder of a valid multiple-entry visa issued by the Government of Canada, *arrival date* does not apply to any re-entry into Canada following any temporary return to your country of origin during your coverage period.

effective date — the latest of:

- The time and date you apply for this insurance
- 12:01 AM on the effective date as shown on your *policy confirmation*
- Your *arrival date*

When coverage is purchased prior to leaving your country of origin with an *effective date* equal to the date and time you are scheduled to arrive in Canada, coverage will also be provided with no additional premium during your uninterrupted flight directly to Canada. An uninterrupted flight shall include a stop-over provided you do not leave the airport.

Note: Each time you purchase another policy from us, the new policy will have a new *effective date*.

expiry date — the earliest of:

- 11:59 PM on the expiry date indicated on your *policy confirmation*
- 11:59 PM on an earlier date calculated by us due to an incorrect or insufficient or lapsed premium payment
- The date and time you leave Canada or any other country (except as permitted under the Travelling outside Canada: Side trips and Trip breaks provision)
- The date we receive proof that you are eligible and covered under a GHIP. Note: Until acceptable proof of coverage under a GHIP is received, this policy will continue to provide eligible benefits that are not covered by your GHIP.

At no additional premium, coverage will be provided during an uninterrupted flight from Canada directly to your country of origin. An uninterrupted flight shall include a stop-over provided you do not leave the airport.

You may return to your country of origin without cancelling your policy. Your coverage will be suspended while you are in your country of origin and will resume when you return to Canada.

There will be no refund of premium related to your suspension of coverage while in your country of origin and your *expiry date* will not change.

medical condition - Any disease, sickness, or injury including symptoms of undiagnosed conditions.

minor mental or emotional disorder - Having anxiety or panic attacks or being in an emotional state or in a stressful situation.

A *minor mental or emotional disorder* is one where your *treatment* includes only minor tranquilizers or minor anti-anxiety (anxiolytics) medication or no prescribed medication at all.

physician — a person who is:

- Not you or a member of your immediate family or your travel companion
- Licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

policy confirmation — document or set of documents confirming your insurance and the dates you are covered under this policy. It may include the medical declaration (if required) and the application for this policy, once it has been completed, signed, and submitted with the required premium to us.

pre-existing medical condition - A *medical condition* that exists before your *effective date* is considered pre-existing.

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.

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

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