



PREMIUM PROTECTION PLAN

Travel insurance simplified with more coverage and less restrictions.

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

MANULIFE PREMIUM PROTECTION PLAN POLICY PARAMETERS

The **Manulife Premium Protection Plan** is designed for residents of Canada who:

- a) are covered with a *government health insurance plan* for the policy duration;
- b) are **age 69 or younger** (at the time of purchasing the policy);
- c) are travelling for a maximum of 23 days inclusive of any extension (including the date you leave on your *trip* and including the date you return home);
- d) are listed as Insured Person(s) on the confirmation of coverage (for ease of reference, these persons may also be referred to as 'you' or 'your' throughout this policy); and
- e) purchased the plan within 72 hours of making a deposit or initial payment on the *trip* travel arrangements.

WHAT DOES THIS POLICY COVER?

Coverage includes Trip Cancellation and Trip Interruption, Travel Disruption, Emergency Medical, Baggage Loss, Damage and Delay and Travel Accident. These benefits provide coverage for **ACCIDENTS, INJURIES, UNEXPECTED ILLNESSES AND OTHER UNFORESEEN EVENTS** that occur during the policy period unless the event or situation causing your claim is specifically excluded in the section **WHAT DOES THIS POLICY NOT COVER?**

IMPORTANT INFORMATION ABOUT YOUR INSURANCE

The Manufacturers Life Insurance Company (Manulife) and its wholly owned subsidiary First North American Insurance Company (FNAIC) are the underwriters for this Premium Protection Plan Travel Insurance Policy. For greater clarity, the terms 'we', 'us', 'our' used in this policy means FNAIC in connection with benefits identified with ‡ throughout this document; and Manulife in connection with all other coverages under this policy. Manulife has appointed Active Claims Management Inc. (operating as "Active Clare Management") as the provider of all assistance and claims service under this policy and is referred to as the 'Assistance Centre' throughout this policy.

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

10 DAY RIGHT TO EXAMINE: You may cancel this policy within 10 days of purchase or before any cancellation penalties become applicable on your non-refundable prepaid travel arrangements and we will refund you your full premium if you have not departed on your *trip* and there is no claim in process.

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.

WHAT DOES THIS POLICY NOT COVER?

TRIP CANCELLATION OR TRIP INTERRUPTION INSURANCE

Your Trip Cancellation or Interruption claim WILL NOT BE COVERED if caused by or resulting from any of the following situations:

1. Any reason, circumstance, event or *medical condition*, which you were aware of at the time this insurance was purchased, and which ultimately prevents you from starting and/or completing your *trip* as booked.
2. A *medical condition* for which, at the time of purchasing this insurance:
 - a) a *physician* advised you NOT to travel;
 - b) you received a notice of terminal prognosis (which means that a *physician* told you that you have less than 6 months to live);
 - c) you were aware that during your *trip* you would require either i) kidney dialysis or ii) home oxygen.
3. Any loss or any *medical condition* you suffer or contract in a foreign country, region or city during your *trip*, when, before the departure date stated on your confirmation, the Government of Canada issues an 'Avoid Non-Essential Travel' or an 'Avoid All Travel' Travel Advisory, advising Canadians not to travel to that specific country, region or city.

TRAVEL SUPPLIER DEFAULT INSURANCE

Your Travel Supplier Default claim WILL NOT BE COVERED if caused by or resulting from any of the following situations:

1. Loss or damage, incurred by you, which is or can be recovered from any other source, including any federal, provincial or other compensation fund.
2. Loss arising as a result of a *default* if, at the time of booking, the *travel supplier* is bankrupt, insolvent or in receivership or has sought protection from creditors under any bankruptcy, insolvency or similar legislation.
3. Loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker.
4. Loss arising as a result of the *default* of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are not part of an inclusive package sold to you.

EMERGENCY MEDICAL INSURANCE

Your claim for Emergency Medical expenses WILL NOT BE COVERED if such expenses were incurred, caused by or resulted from any of the following situations:

1. A *medical condition* when you knew or for which it was reasonable to expect, before you left home, that you would need *medical attention* for that *medical condition* during your *trip*.
2. A *medical condition* for which future investigation or *treatment* was planned before you left home.
3. Any medical *treatment* or services received if, before you left home:
 - a) a *physician* advised you against travel;
 - b) you received a notice of terminal prognosis (which means that a *physician* had told you that you have less than 6 months to live);
 - c) you had been prescribed either i) kidney dialysis or ii) home oxygen for use during your *trip*.
4. Any *treatment* that is not for an *emergency*.
5. Participation in the following activities:
 - a) mountain-climbing using ropes and specialized equipment, rock-climbing or hang-gliding, unless accompanied by a qualified instructor;
 - b) your professional participation in a sport when that sport is your principal paid occupation;
 - c) any motorized speed contest or race;
 - d) any underwater activity deeper than 10 metres involving the use of a self-contained underwater breathing apparatus (unless you hold an open water diving certificate or are accompanied by a qualified instructor).
6.
 - a) your willful self-inflicted injury;
 - b) your suicide or attempted suicide;
 - c) your abuse of drugs, medication or alcohol.
7.
 - a) your routine prenatal care;
 - b) your pregnancy, childbirth, any complication(s) related to your pregnancy or childbirth, when any such event, in any combination, happen(s) in the nine (9) weeks before or after the expected date of delivery;
 - c) your child born during your *trip*.
8. Any loss or any *medical condition* you suffer or contract in a foreign country, region or city during your *trip*, when, before the departure date stated on your confirmation, the Government of Canada issues an 'Avoid Non-Essential Travel' or an 'Avoid All Travel' Travel Advisory, advising Canadians not to travel to that specific country, region or city.

BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

Your claim for Baggage Loss, Baggage Damage or Baggage Delay WILL NOT BE COVERED if it is caused by or results from any of the following situations:

1. Animals, perishable items, bikes that are not checked as baggage with the *common carrier*, household items and furniture, artificial teeth or limbs, hearing aids, glasses of any type, contact lenses, money, tickets, securities, documents, antiques or collector items, items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect or mechanical breakdown.
3. Personal property left unattended in public, in unlocked commercial accommodations or in unlocked vehicle.
4. Jewellery or camera placed in the custody of a *common carrier*.

FLIGHT OR TRAVEL ACCIDENT INSURANCE

Your Flight or Travel Accident claim for death, loss or disablement **WILL NOT BE COVERED** if it is caused by or results from **any of the following situations**:

1. Your participation in the following activities a) mountain-climbing using ropes and specialized equipment, rock-climbing, hang-gliding, parachuting or sky-diving; b) your professional participation in a sport when that sport is your principal paid occupation; c) any motorized speed contest or race.
2. a) your willful self-inflicted injury; b) your suicide or attempted suicide; c) your abuse of drugs, medication or alcohol.
3. Any accidental *injury* you suffer or contract in a foreign country, region or city, when, before the departure date stated on your confirmation, the Government of Canada issues an 'Avoid Non-Essential Travel' or an 'Avoid All Travel' Travel Advisory, advising Canadians not to travel to that specific country, region or city.

TRAVEL BENEFITS AT-A-GLANCE

Your claim will be paid in accordance with the benefits applicable to your loss as set forth under the following Schedule of Benefits:

Trip Cancellation & Trip Interruption Insurance	
Trip Cancellation – Non-refundable prepaid travel arrangements	Up to Covered Amount (Maximum Covered Amount available : \$30,000)
Trip Interruption – Unused non-refundable prepaid travel arrangements	Covers unused non-refundable prepaid travel arrangements
Trip Interruption Transportation	Same class transportation to return home
Accommodation & Meals & Other Out-of-Pocket Expenses due to interruption (early or delayed return)	\$350 per day / Maximum 10 days (\$3,500)
Cancel For Any Reason (CFAR) coverage	(See page 5)
Default Supplier Protection Coverage	(See page 5)
Travel Disruption Insurance	
Transportation	Same class transportation to next destination or to return home
Meals & Other Expenses	\$350 per day / Maximum 2 days (\$700)
Emergency Medical Insurance: Up to \$10,000,000	
Expenses to receive Emergency Medical Attention	Up to policy maximum
Expenses related to your death	Repatriation of Remains: Included in policy maximum
	Cremation or Burial at Destination: Up to \$10,000
Expenses for Emergency Medical Evacuation – Return to your Province or Territory of Residence	Included in policy maximum
Extra Expenses for meals, hotels, communication & local transportation	\$500 per day / Maximum 10 days (\$5,000)
Expenses to bring someone to your bedside	Unlimited Round-Trip Economy Transportation to Bedside + \$1,000 for Accommodation & Meals
Baggage Loss, Damage & Delay Insurance	
Lost/Stolen or Damaged Baggage	\$750 per item/ up to a maximum of \$1,500
Lost/Stolen Passport or Travel Visa	Up to \$500
Common Carrier Delay of Baggage	Up to \$750
Common Carrier Delay of Sporting Equipment	Up to \$500
Travel Accident Insurance	
Air Flight Accident	Up to \$250,000
Travel Accident	Up to \$50,000

Please review pages 4 – 14 for full coverage details and benefit limits.

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE

What is covered under Trip Cancellation and Trip Interruption Insurance?

Trip Cancellation and Trip Interruption Insurance provides coverage, if due to an unexpected event, you or your *travel companion* must cancel or interrupt the *trip* or the return is delayed beyond the scheduled return date.

PLEASE NOTE: You must notify us that you intend to submit a claim for Trip Cancellation or Trip Interruption as soon as you are aware that an event has occurred that will require you to cancel or interrupt your *trip*.

To cancel a *trip* before your departure date, you must cancel your *trip* with your travel agent or *travel supplier* on the day the cause of cancellation occurs or on the next business day at the latest. This is important as reimbursement for non-refundable prepaid travel arrangements are based upon the cancellation penalties in place at the time of the cause of cancellation (or the next business day). As these penalties increase as you approach your departure date, your reimbursement may be reduced if there is a difference in the *travel supplier* imposed penalties that existed at the time of the cause of cancellation as opposed to those in place when you actually cancelled your *trip*.

What are the benefits under Trip Cancellation and Trip Interruption Insurance?

FOR TRIP CANCELLATION: If you are unable to travel due to any unexpected event that occurs before the departure date stated on your confirmation of coverage, we will pay, up to the covered amount as indicated on your confirmation of coverage:

- A. For the prepaid unused portion of your travel arrangements that are non-refundable; and
- B. For any published cancellation fees and/or amendment fees that you have incurred if you cancelled your *trip*, provided the cost of those fees were included in the covered amount for your trip cancellation coverage.

OR

If your *travel companion* must cancel his/her trip due to such unexpected event and you decide to travel as planned, we will pay for your next occupancy charge, up to the covered amount as indicated on your confirmation of coverage.

FOR TRIP INTERRUPTION: If you interrupt your *trip* (either by returning earlier or later than the scheduled return date stated on your confirmation of coverage) due to any unexpected event, we will pay:

- A. For the prepaid unused portion of your non-refundable travel arrangements except the prepaid cost of your return transportation ticket home; and
- B. For the one-way same fare transportation to return home.
- C. In addition, we will pay your additional and unplanned hotel and meal expenses, and other out-of-pocket expenses such as your essential phone calls, internet usage fees and roaming expenses, text messages and taxi fares, up to **\$350 per day** for a maximum of **10 days (\$3,500)** when no earlier transportation arrangements are available if you must return earlier or later than your scheduled return date.

PLEASE NOTE: If the delay is a result of a *medical condition*, we will only pay expenses for the length of time for which the attending *physician* at destination advised against travel.

- D. If you return earlier than your scheduled return date and you consequently missed at least 70% of your prepaid travel arrangements, we will, on your request, issue a voucher to a maximum of \$750 (the 'Vacation Voucher').

Vacation Voucher Limitations

- 1. Eligibility to receive the benefit under the Vacation Voucher is dependent upon approval and payment of a valid trip interruption claim under the Trip Cancellation and Trip Interruption Insurance of this policy.
- 2. The redeemable Vacation Voucher is:
 - a. payable only to you;
 - b. valid until the expiry date indicated on the voucher (a period of 180 days from the date of your early return from your interrupted *trip*);
 - c. non-transferable; and
 - d. not redeemable in cash.
- 3. The replacement trip must:
 - a. begin before the expiry date on the voucher; and
 - b. be purchased through a Travel Agency that offers Manulife Travel Insurance.

LIMITATIONS OF COVERAGE FOR TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE

1. **Cancel For Any Reason (CFAR) Coverage** - if your reason for cancellation is not covered under this policy:

- You may cancel 7 days or more before the scheduled departure date stated on your confirmation of coverage and we will pay up to 75% of the covered amount for the non-refundable prepaid travel arrangement costs.
- You may also cancel 24 hours before your scheduled departure date (and time) stated on your confirmation of coverage and we will pay up to 75% of the covered amount for the non-refundable prepaid travel arrangement costs **up to \$1,500**.

2. **Specific Protection for Unexpected Events Causing Travel Delays** - If prior to your departure date or while travelling to get to your destination, an unexpected event causes you to miss more than 25% of your total *trip*, you may cancel or interrupt your *trip* and claim the full cancellation or interruption benefits. If you experience a delay which causes you to miss less than 25% of your total *trip* -refer to the section Travel Disruption Insurance (page 6). PLEASE NOTE: You may claim either under Trip Cancellation & Trip Interruption Insurance or Travel Disruption Insurance **but not both**.

3. **Default Supplier Coverage** - Manulife will provide Default Protection coverage subject to the benefit limits and exclusions listed below. If you:

- a) have contracted with a *travel supplier* who *defaults*; and
- b) as a result of the *default*, you do not receive part or all of the *travel services* for which you have contracted; and
- c) cannot recover all of the cost of such undelivered *travel services* either from the *travel supplier*, any federal, provincial or other compensation fund, or from any other source that is legally responsible or under contract to reimburse you for the cost of such undelivered *travel services*,

then, Manulife will reimburse you as follows:

- a) for *default* prior to the scheduled departure date stated on your confirmation of coverage: the non-refundable portion of the amount that you prepaid for such undelivered *travel services* up to the covered amount selected for the Trip Cancellation coverage that you purchased in connection with your *trip*; or
- b) for *default* after your departure date:
 - the non-refundable portion of the amount that you prepaid for such undelivered *travel services* up to the applicable covered amount for the Trip Interruption coverage that you purchased in connection with your *trip* except prepaid unused transportation home and subject to the following benefit limits;
 - your additional and unplanned hotel and meal expenses, your essential phone calls and taxi fares up to a maximum of \$200 per day for up to 3 days; and
 - up to the covered amount for the extra cost of your economy class transportation via the most cost-effective itinerary to your next destination or to return you home.

Benefit Limits

The amount payable to you in respect of any one *trip* will not exceed \$3,500 CDN; and will not exceed \$7,500 CDN for all persons who are covered under the same Manulife Premium Protection Plan policy. Any benefits payable shall also be subject to an overall maximum aggregate payable limit specified below relating to all in-force travel policies issued by Manulife, including this policy. If total claims otherwise payable for this type of coverage under all travel policies issued by Manulife, resulting from the *default* of one or more *travel suppliers* occurring within an applicable time period, exceeds the 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.

The maximum aggregate limits are:

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

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

TRAVEL DISRUPTION INSURANCE

What is covered under Travel Disruption Insurance?

Travel Disruption Insurance provides coverage if you experience travel disruptions to your travel arrangements (provided your travel plans included sufficient time to meet the *travel supplier's* check-in procedure) and the disruption is due to any one of these events:

1. **Your or your *travel companion's* arrival at destination or return home is delayed by at least 6 hours for any reason beyond your control** (including a delay, schedule change or cancellation of your *common carrier* or that of your *travel companion's common carrier*).
2. You are unable to reach your destination or to return home due to a cancellation of a flight that is included in your prepaid travel arrangements (either as a connecting or direct flight).
3. You miss your flight as a result of a motor vehicle accident or breakdown on your way to the airport.

This coverage is secondary to any coverage provided by the *common carrier* or any other source. This means that any expense claimed under this section will be reduced by any amount that is recoverable from or paid by another source.

Benefits – What are the Benefits under Travel Disruption Insurance? If any of the covered events listed immediately above occurs before or after the departure date shown on your confirmation and prevents you from travelling as planned, we will pay:

- a) Up to **\$350 per day**, for a maximum of **2 days (\$700)** to cover reasonable incidental expenses that you necessarily incur (such as for snacks, meals, communication expenses such as phone, text messaging, internet usage fees and roaming expenses) while in transit to reach your next destination. Should you be delayed overnight, we will also provide an additional **\$200** to cover one overnight commercial accommodations and transportation expenses;
- b) If you are unable to benefit from any portion of your prepaid travel arrangements, we will provide up to **\$300 per day**, for a maximum of **2 days (\$600)**, provided they are non-transferable to another time during your *trip*;
- c) If you are prevented from using your pre-paid transportation, we will cover the additional cost of one-way same class transportation to your next destination.

Benefit Limit for Travel Disruption Insurance

You may claim, for the same event, either under Trip Cancellation & Trip Interruption Insurance or under Travel Disruption Insurance. However, **more than one Travel Disruption claim may be allowed under the Premium Protection Plan (for different events causing various travel disruptions) but the maximum overall coverage under Travel Disruption Insurance will be limited to a combined total of \$1,500 for benefits a) and b).**

EMERGENCY MEDICAL INSURANCE

Benefits – What are the Benefits under Emergency Medical Insurance? Emergency Medical Insurance covers you for up to \$10,000,000 CDN of *reasonable and customary charges* for Eligible Expenses incurred by you as a result of *medical attention* required by you during your *trip* if a *medical emergency* begins unexpectedly after you leave your province or territory of residence, but only if these Eligible Expenses are in excess of any amount covered by your *government health insurance plan* or any other benefit plan. The *medical attention* must be required as part of your *emergency treatment*.

In the event of an emergency, you must call the Assistance Centre immediately: 1 855 856-7569 toll-free from the USA and Canada or +1 (519) 251-4058 collect to Canada, where available, from anywhere else in the world.

If the Assistance Centre is not contacted immediately, benefits under this Emergency Medical coverage may be limited. If it is medically impossible for you to call, please have someone call on your behalf.

If you choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these services will be reimbursed to you on the basis of the *reasonable and customary charges* that we would have paid directly to such provider.

ELIGIBLE EXPENSES include:

1. Expenses to receive emergency medical attention – Medical care received from a *physician*; the cost of a semi-private *hospital* room (or an intensive or coronary care unit where *medically necessary*); the services of a licensed private duty nurse while you are in *hospital*; the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance; drugs that are prescribed for you and are available only by prescription from a *physician* or dentist, and tests that are needed to diagnose or find out more about your condition.

Please Note: This policy does not cover magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, biopsies, cardiac catheterization or any other cardiac procedures, or surgeries of any kind unless these have been approved in advance by the Assistance Centre or unless performed on a life-saving basis immediately upon admission to hospital.

2. Expenses to bring someone to your bedside – If you are travelling alone and are admitted to a *hospital* for three (3) days or more because of a *medical emergency*, we will pay the economy class fare via the most cost-effective itinerary for someone to be with you. We will also pay up to \$1,000 for that person's hotel and meals and provide him/her with Emergency Medical Insurance under the same terms and limitations of this policy until you are medically fit to return home. For a child insured under this policy, this benefit is available immediately upon their *hospital* admission.

Please Note: This benefit is ONLY covered if it has been approved by the Assistance Centre.

3. Emergency Medical Evacuation – If our medical advisers and/or the Assistance Centre in consultation with the attending *physician*, determine that you should be transported to another *hospital* or back to your province or territory of residence in Canada for continuing *treatment*, the Assistance Centre will arrange for transportation and we will pay expenses for the following:

- the extra cost of same class transportation via the most cost-effective itinerary; or
- a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*; and
- the return cost of an economy class transportation via the most cost-effective itinerary for a qualified medical attendant to accompany you, and the attendant's reasonable fees and expenses, if this is *medically necessary* or required by the airline; or
- the cost of air ambulance transportation if this is *medically necessary*.

Please Note: This benefit is ONLY covered if it has been approved and arranged by the Assistance Centre.

4. Expenses to receive professional services – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$500 per profession.

5. Expenses for ambulance transportation – *Reasonable and customary charges* for local licensed ambulance service to transport you to the nearest qualified medical service provider in an *emergency*.

6. Expenses related to your death – If you should die during your *trip* from an *emergency* covered under this insurance, we will reimburse your estate for:

- the return home of your body (in the standard transportation container normally used by the airline) plus the *reasonable and customary charges* to have your body prepared where you die and the cost of the standard casket or urn; or
- the return home of your ashes, plus *the reasonable and customary charges* to cremate your body where you die including the cost of a standard urn; or
- up to overall maximum of \$10,000, that is \$5,000 to have your body prepared and the cost of a standard casket or urn, plus up to \$5,000 for your burial where you die.

In addition, if someone is required to identify your body and must travel to the place of your death, we will pay the economy class fare via the most cost-effective itinerary for that person plus up to \$500 for that person's hotel and meal expenses. We will also provide that person with Emergency Medical Insurance under the same terms and limitations of this policy for up to seventy-two (72) hours.

7. **Extra expenses for meals, hotel, communication & local transportation** – If a medical *emergency* prevents you, your *travel companion* or your accompanying *immediate family* member from returning home as originally planned, or if your *emergency* medical *treatment* or that of your *travel companion* or your accompanying *immediate family* member requires your transfer to a location that is different from your original destination, we will reimburse you up to \$500 per day to a maximum of \$5,000 for your extra meals, hotel, essential phone calls, internet usage fees and roaming expenses, text messages and transportation expenses. We will only reimburse you for these expenses if you have actually paid for them.
8. **Expenses for emergency dental treatment** –
- If you need *emergency* dental *treatment*, we will pay, up to \$300 for the relief of dental pain; and/or
 - If you suffer an accidental blow to the mouth, we will pay up to \$3,000 to repair or replace your natural or permanently attached artificial teeth (up to \$2,000 during your *trip* and up to \$1,000 after your return home, to continue *medically necessary treatment*, provided *treatment* is completed in the ninety (90) days after the accident).
9. **Expenses to return children under your care** – In the event of your death at destination or if you are admitted to *hospital* for more than 24 hours or must return home because of an *emergency*, we will pay for the extra cost of one-way economy class fare to return your children or grandchildren to their home via the most cost effective itinerary and the return economy class fare via the most cost-effective itinerary for a qualified escort when the transportation provider requires it plus the cost of overnight accommodation up to \$500. We will cover him/her under the Emergency Medical Insurance, under the same terms and limitations of this policy. The children or grandchildren must have been under your care during your *trip*.
10. **Expenses for Child Care** – If you are admitted to *hospital*, we will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the child's parent, an *immediate family* member, your *travel companion*, or the person whose guests you will be during your *trip*. We will reimburse you up to \$100 per day to a maximum of \$300 per *trip*. The children or grandchildren must have been under your care during your *trip*.
11. **Expenses to return your *travel companion*** – We will pay the extra cost of one-way economy transportation via the most cost-effective itinerary, to return your *travel companion* home, if you return home under Benefit #3 (**Emergency Medical Evacuation**) or Benefit #6 (**Expenses related to your death**).
12. **Expenses to return your vehicle home** – If, because of a medical *emergency*, hospitalization, death or medical evacuation, you are unable to drive home the vehicle you used during your *trip*, we will cover the reasonable cost charged by a commercial agency to bring your vehicle home. If you rented a vehicle during your *trip*, we will cover its return to the rental agency. For the purposes of this benefit, 'Vehicle' includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which you use during your *trip* exclusively for the transportation of passengers (other than for hire).
13. **Hospital Allowance** – If you are hospitalized for 48 hours or more, we will reimburse you \$50 per day up to \$500 for your incidental out-of-pocket expenses (telephone, television rentals, parking, etc.).
14. **Baggage Return** – If you return home under Benefit #3 (**Emergency Medical Evacuation**) or Benefit #6 (**Expenses related to your death**), we will pay up to \$300 to cover the extra costs of shipping your baggage to your home address.
15. **Expenses to replace prescription drugs** – We will pay up to \$50 if you have misplaced or have forgotten your prescription medication during your *trip* and it is necessary for you to continue taking the prescribed medication. Charges for vitamins, vitamin preparations, over-the-counter drugs, contraceptives or birth control are not covered.
16. **Hearing Aid** – Up to \$200 for the replacement of a hearing aid due to theft, loss or breakage during your *trip* and assistance to co-ordinate the replacement.
17. **Vision Care** – Up to \$200 for the replacement of prescription eyeglasses due to theft, loss or breakage during your *trip* and assistance to co-ordinate the replacement.
18. **Phone call expenses** – We will pay for phone calls to or from our Assistance Centre regarding your medical *emergency*. You must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during your *trip*.

LIMITATIONS OF COVERAGE FOR EMERGENCY MEDICAL INSURANCE

1. You must contact the Assistance Centre immediately prior to seeking *treatment* or admission to a *hospital*. In the event of *treatment* for a life threatening *emergency*, you must contact the Assistance Centre within 24 hours of the initial *treatment* unless you are physically unable to do so. If faced with such inability, as an alternative, someone else (family member, *travel companion*, *hospital* or medical staff) must call on your behalf. If the Assistance Centre is not contacted immediately, benefits under this Emergency Medical coverage may be limited.
2. In the event that you are not covered under a *government health insurance plan* on the date a claim is incurred, reimbursement for benefits incurred under this Emergency Medical Insurance, your claim for Eligible Expenses will be limited to a maximum of \$25,000.

‡ BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

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

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of items or articles of necessity or for personal convenience including clothing and other personal effects that you require while travelling.

More specifically, we will cover the following:

1. Lost/Stolen/Damage Baggage and Personal Effects

Up to \$750 for any one item or set of items which is lost, stolen or damaged during your trip to a maximum of \$1,500.

- Jewellery, or cameras (including camera equipment) or any personal electronic devices (such as mobile phones and accessories or laptops with keyboard & other peripheral attachments) are respectively considered as a single item.
- If a lost or damaged item is part of a set, we will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.
- We will pay the lesser of the replacement cost (after allowance for reasonable wear and tear) or the original purchase price (with accompanying receipts).

2. Replacement Cost of Lost/Stolen Passport, Travel Visa or other Travel Documents

Up to \$500 in total for the replacement of a lost or stolen passport during your *trip* or that of your driver's licence, birth certificate or travel visa and for travel and accommodation expenses actually incurred while waiting to receive the replacement travel documents.

3. Common Carrier Delay of Baggage and Personal Effects

Up to a maximum of \$750 in total per *trip* for necessary toiletries and clothing when your checked Baggage and Personal Effects are delayed by the *common carrier* for **at least 10 hours** while you are en-route. This benefit is payable only when the delay happens before you return home.

4. Common Carrier Delay of Sporting Equipment

Up to \$100 per day to \$500 in total per *trip* for the rental of golf clubs or ski equipment or for the purchase of reasonable golf accessories (golf balls, gloves, tees, etc.) or ski accessories (ski equipment includes snowboards, bindings, boots or poles, etc.) in the event your checked golf clubs or ski equipment are delayed by the *common carrier* for **at least 10 hours** while you are en-route. This benefit is payable only when the delay happens before your return home.

Benefit Limit for Baggage Loss, Damage & Delay Insurance: Maximum coverage under this Baggage Loss, Damage & Delay Insurance cannot exceed \$2,000 per *trip*.

PLEASE NOTE: As part of the claims documentation for Baggage Loss, Damage & Delay Insurance, you must provide us with the following:

- A written statement of the loss/theft or damage, such as a police report or, if the police are unavailable, the hotel manager, tour guide or transportation authority's where the loss or damage occurred.
- Proof of the value of the loss or damaged property (receipts, credit card statements, etc.).
- For Baggage Delay, statement by the delayed *common carrier* confirming the length of delay and original receipts for the replacement toiletries and clothing.

FLIGHT ACCIDENT INSURANCE & TRAVEL ACCIDENT INSURANCE

Benefits – What does Flight & Travel Accident Insurance cover?

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

1. If an accidental *injury*, sustained during your *trip*, causes you, in the 12 months after the accident, to die, to become completely and permanently blind in both eyes, to suffer complete and irrevocable loss of hearing or speech, to have two of your limbs fully severed above your wrist or ankle joint, or to become completely and permanently blind in one eye and have one of your limbs fully severed above your wrist or ankle joint, we will pay:
 - a) For Flight Accident Insurance: \$250,000.
 - b) For Travel Accident Insurance: \$50,000.
2. If an accidental *injury*, sustained during your *trip*, causes you, in the 12 months after the accident, to become completely and permanently blind in one eye or to have one of your limbs fully severed above your wrist or ankle joint, we will pay:
 - a) For Flight Accident Insurance: \$125,000.
 - b) For Travel Accident Insurance: \$25,000.
3. If you sustain more than one accidental bodily *injury* during your *trip*, we will pay the applicable insured sum only for the one accident that entitles you to the largest benefit amount.

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

- a) while you are travelling on a commercial passenger plane for which a ticket was issued to you for your entire airline trip; the plane must be a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board licence, Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot;
- b) if making a flight connection, while riding over land or water at the expense of the airline, riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports; or
- c) while you are at an airport for the departure or arrival of the flight covered by this insurance.

Travel Accident Insurance covers any other accidental *injury* sustained during the coverage period that is not the result of incidents described in a), b) or c) above.

Disappearance

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

Benefit Limits for Flight and Travel Accident Coverage

If the total amount of all accident insurance you have under policies issued by us is more than \$250,000, our aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

GENERAL INFORMATION

The Premium Protection Plan must be purchased within 72 hours of making a deposit or initial payment on the *trip* travel arrangements. Coverage must be for the entire duration of your *trip*.

Coverage under this policy is issued on the basis provided in your application. Your entire contract with us consists of: this policy, your application for this policy, the confirmation of coverage issued in respect of that application and any other amendments or endorsements resulting from extensions of coverage.

The **Confirmation of coverage** refers to the documents or set of documents confirming your insurance coverage under this policy and where applicable, your trip arrangements. It will set forth the following information:

- i) the premium paid with unique Policy Number
- ii) full name/address of all Insured persons
- iii) the Application Date (corresponding to the purchase date of the Premium Protection Plan)
- iv) the Departure Date stated on your application as the date you leave on your *trip*
- v) the Return Date stated on your application as the date you return home from your *trip*
- vi) the covered amount selected for Trip Cancellation/Prior to Departure coverage
- vii) the covered amount for Trip Interruption/After Departure coverage will be indicated as unlimited
- viii) Home, the place/city indicated on your application as the place you leave from on the Departure Date and are scheduled or ticketed to return to on the Return Date

This insurance is void in the case of fraud or attempted fraud, or if you conceal or misrepresent any material fact or circumstance concerning this insurance, either at the time of application for this insurance or extensions, at the time of claim or at any other moment during your coverage period.

Please review your confirmation of coverage to ensure the details / itinerary is correct and take the time to read your policy and review all of your coverage. Except as allowed under the 10 Day Right to Examine (see page 1), there are no premium refunds under this policy.

Family coverage is available to you if all family members to be insured under one policy are named in your confirmation, are under age 60 and have purchased and paid for family coverage. The family coverage covers you, your *spouse* and *children* (includes grandchildren) while travelling together. To qualify, your children must be unmarried, be your dependent son or daughter or your grandchildren and must be either i) under the age of 21; or ii) under the age of 26 if a full-time student; or iii) your son, daughter or grandchildren of any age, if mentally or physically disabled. A maximum of 2 adults is permitted under family coverage.

With the purchase of this insurance, coverage is provided at no extra charge for any child less than 2 years of age for the full duration of your *trip*.

WHEN DOES COVERAGE START / WHEN DOES COVERAGE END

Your coverage starts:

Trip Cancellation Insurance coverage starts at the date and time you pay the premium for that coverage, shown as the application date on your confirmation of coverage.

Emergency Medical Insurance coverage starts on the later of:

- the departure date stated on your confirmation of coverage; or
- the date and time you leave your province or territory of residence.

All other coverages start on the later of:

- the departure date stated on your confirmation of coverage; or
- the date you leave your home to start on your *trip*.

Your coverage ends:

Trip Cancellation insurance coverage ends on the earlier of:

- the departure date stated on your confirmation of coverage; or
- the date you cancel your *trip*.

Emergency Medical Insurance coverage ends on the earlier of:

- the return date stated on your confirmation of coverage; or
- the date and time you return to your province or territory of residence.

All other coverages end on the earlier of:

- the return date stated on your confirmation of coverage; or
- the date you return home.

AUTOMATIC EXTENSION

Under Trip Interruption Insurance, we will extend your coverage automatically beyond the return date stated on your confirmation of coverage:

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

Under all other types of insurance, we will extend your coverage automatically beyond the return date stated on your confirmation of coverage date if:

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

In any case, we will not extend any coverage beyond 12 months of the departure date stated on your confirmation of coverage.

EXTENSIONS

If you decide to extend your *trip*, your travel agent or *travel supplier* may extend your coverage based upon these conditions:

- Your coverage is in force at the time you request the extension;
- The total length of your *trip* (including the extension) **does not exceed 23 days**;
- You pay the additional premium;
- You have had no event that has resulted or may result in a claim.

TOP-UPS

Policy Top-Ups are not available with the Premium Protection Plan. **This Premium Protection Plan cannot be used to top-up any other travel insurance plan.**

MEDICAL CONCIERGE SERVICES

The Premium Protection Plan includes value-added medical concierge services. These services are provided by StandbyMD and are aimed at providing you with the optimal medical care when faced with an unexpected medical emergency. To access the services provided by StandbyMD, simply call the Assistance Centre using the phone numbers indicated on the wallet card. To learn more visit www.standbymd.com.

MEDICAL CONCIERGE SERVICES PROVIDED BY STANDBYMD

Disclaimer, Waiver, and Limitation of Liability: StandbyMD is not a medical provider. 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.

The StandbyMD program is provided by Healthcare Concierge Services, Inc. Manulife and its agents are not responsible for the availability, quality, or results of services provided under the StandbyMD program.

3 STEP CLAIM PROCESS

1. CONTACT THE ASSISTANCE CENTRE

From Canada and the USA, toll free at: 1 855 856-7569

From anywhere else in the world at: +1 (519) 251-4058 call collect where available

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit: <http://Active-Care.ca/TravelAid>.

2. COMPLETING THE CLAIM FORM

ANY claim for benefits requires a fully completed claim form. Contact the Assistance Centre and they will mail you the form appropriate to your claim or it can be downloaded from the Assistance Centre website.

3. SENDING US WRITTEN PROOF OF REASON FOR EXPENSES AND LOSSES

To adjudicate your claim, we will need written proof that you experienced a loss caused by an unexpected situation or event as supported by an independent source as well as all original receipts and the return of unused travel documents (or tickets) for claimed expenses. Detailed information of the documentation needed to adjudicate your claim is available by contacting the Assistance Centre or it can be downloaded from the Assistance Centre website.

TIME LIMITS: To make a claim for benefits under this policy, your written proof of claim and your fully completed Manulife Travel Insurance claim form(s) must be submitted to us within 90 days after the event, but not more than 12 months after the date of such event or loss.

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

Except in the case of your death, we will pay the covered expenses under this insurance to you or the provider of the service. Any sum payable for loss of life will be payable to your estate. You must repay us any amount paid or authorized by us on your behalf if we determine that the amount is not payable under your policy. All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, we will use our exchange rate on the date you received the service outlined in your claim. We will not pay for any interest under this insurance.

Is there anything else you should know if you have a claim?

If you disagree with our claim decision, the matter may also be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where you reside at the time of application for this policy.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, or other applicable legislation.

For the purposes of determining the validity of a claim under this policy, we may obtain and review the medical records of the attending *physician(s)*, including the records of *physician(s)* at home. These records may be used to determine the validity of a claim.

In addition, we have the right, and you shall afford us the opportunity, to have you medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If you die, we have the right to request an autopsy, if not prohibited by law.

WHAT ELSE DO YOU NEED TO KNOW

This policy is non-participating. You are not entitled to share in our divisible surplus. Neither we nor our agents or administrators are responsible for the availability, quality or results of any *treatment* or transportation, or for your failure to obtain *treatment*.

The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

This policy shall be governed by and construed in accordance with the laws of the province or territory of residence of the insured.

Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act as applicable in your province or territory of residence respecting contracts of sickness and accident insurance.

How does this insurance work with other coverages that you may have?

This is second payor coverage and sometimes also referred to as 'last payor'. You may have other in-force plans or contracts such as, but not limited to, third party liability, auto insurance, group or individual health insurance providing *hospital*, medical or therapeutic coverage. In this case, the amounts payable under this insurance are limited to that portion of your eligible expenses that are in excess of the amounts provided by those other in-force plans or contracts.

Total benefits paid to you by all insurers cannot exceed your actual expenses. We will coordinate the payment of benefits with all insurers who provide you with benefits similar to those provided under this insurance (except if your current or former employer provides you with an extended health insurance plan with a lifetime maximum coverage of \$100,000 or less), to a maximum of the largest amount specified by any such insurer.

In addition, we have full rights of subrogation. In the event of a payment of a claim under this policy, we will have the right to proceed, in your name, but at our expense, against third parties who may be responsible for giving rise to a claim under this policy. You will execute and deliver such documents as are necessary and cooperate fully with us to allow us to fully assert our rights. You must do nothing to prejudice such rights.

If you are insured under more than one insurance policy underwritten by us, the total amount we pay to you cannot exceed your actual expenses; and the maximum you are entitled to is the largest amount specified for the benefit in any one policy.

DEFINITIONS

When italicized in this policy, the term:

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

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

Emergency means a sudden and unforeseen occurrence of a *medical condition* that begins during the period of insurance and requires immediate *treatment*. An emergency no longer exists when the Assistance Centre determines that you are able to continue your *trip* or return to your province or territory of residence.

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

Hospital means a licensed facility where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a hospital.

Immediate family means *spouse*, fiancé, parent, legal guardian, step-parent, grandparent, step-grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece or nephew.

Injury means sudden bodily harm that you sustain and that is caused by external and purely accidental means, directly and independently of illness or disease and all other causes.

Medical attention means *treatment* required for the immediate relief of an acute symptom or that, according to a *physician*, cannot be delayed until you return home. It must be ordered by and received from a licensed *physician* during your *trip* or received from a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist during your *trip*.

Medical condition means *injury*, illness, disease, disorder of the body or symptom, and complication of pregnancy within the first thirty-one (31) weeks of pregnancy.

Medically necessary in reference to a given service or supply means such service or supply: a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice; b) is not experimental or investigative in nature; c) could not be omitted without adversely affecting your condition or quality of medical care; d) cannot be delayed until your return home; and e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily for reasons of convenience.

Physician means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A physician must be a person other than you, a *travel companion* or a member of your *immediate family*.

Reasonable and customary charges means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same *treatment* for a similar *medical condition* or for other comparable services or supplies provided under similar circumstances.

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

DEFINITIONS

Travel companion means someone who shares trip arrangements and accommodations with you. No more than five (5) individuals (including you) will be considered travel companions on any one *trip*.

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

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

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

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed medical practitioner, including but not limited to prescribed medication, investigative testing and surgery related to any *medical condition*.

Trip means your intended travel period to take place between the departure date and return date as both are indicated on your confirmation of coverage and for which you have insured your prepaid travel arrangements with this Policy.

NOTICE ON PRIVACY

Your privacy matters. We are committed to protecting the privacy of the information we receive about you in the course of providing the insurance you have chosen. While our employees need to have access to that information, we have taken measures to protect your privacy. We ensure that other professionals, with whom we work in giving you the services you need under your insurance, have done so as well. To find out more about how we protect your privacy, please read our Notice on Privacy and Confidentiality.

Notice on Privacy and Confidentiality. The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.

Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.

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Don't forget your Wallet Card!

Cut out this section and be sure to carry it with you at all times while travelling.



PREMIUM PROTECTION PLAN

IN THE EVENT OF AN EMERGENCY, CALL:

From Canada and the USA, toll free at:

1 855 856-7569

From anywhere else in the world at:

+1 (519) 251-4058 call collect where available



IF YOU NEED MEDICAL ATTENTION or must make any other type of claim during your trip, please contact the Assistance Centre first. The Assistance Centre is open 24 hours a day each day of the year.

If you do not contact the Assistance Centre prior to seeking medical treatment, your coverage may be reduced.

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit: <http://Active-Care.ca/TravelAid>.

(We recommend you download the ACM's free assistance & claims app, ACM TravelAID™ before you travel to avoid incurring roaming charges that may apply at your destination.)

NAME _____

POLICY # _____

Manulife