

# BENEFIT BOOKLET

**IMPORTANT: Please read this Benefit Booklet carefully before you travel.  
Keep it in a safe place and take it with you. when you travel.**

## IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

You have travel insurance - what’s next? We want you to understand (and it is in your best interest to know) what your coverage includes, what it excludes, and what is limited, meaning payable but with limits. Please take time to read through your certificate before you travel. **Italicized terms are defined in your certificate.**

- 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.
- Contact Global Excel before seeking treatment or your benefits may be limited.
- In the event of a claim, your prior medical history may be reviewed.

It is your responsibility to understand your coverage. If you have questions, call toll free **1-833-685-2788** (if in Canada or United States) or call collect + **519-735-8331** (from anywhere else in the world).

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### NOTICE REQUIRED BY PROVINCIAL LEGISLATION

This certificate 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.

Manulife  
250 Bloor St E  
Toronto, Ontario  
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This Insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife).

## SUMMARY OF BENEFIT AMOUNTS

The information below summarizes your insurance coverage under the Manulife Group Travel Insurance. Coverage is subject to the terms and conditions in the certificate(s) that follow. Refer to this entire Benefit Booklet for complete benefit details. This SUMMARY OF BENEFITS replaces any and all benefit summaries previously issued to you with respect to the Policy. All amounts indicated are in Canadian currency, unless indicated otherwise.

EMERGENCY MEDICAL TRAVEL INSURANCE	
<b>Overall Maximum</b>	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
<b>Hospital or Medical Facility Accommodation</b>	Reasonable & customary charges, private room
<b>Incidental Expenses</b>	Up to \$250
<b>Physician Charges</b>	Reasonable & customary charges
<b>Private Duty Nurse</b>	Up to \$5,000
<b>Diagnostic Services</b>	Reasonable & customary charges
<b>Medical Appliances</b>	Reasonable & customary charges
<b>Paramedical Services</b>	Up to \$500 per profession
<b>Prescriptions</b>	30-day supply per prescription
<b>Lost Prescriptions</b>	Up to \$250
<b>Ground Ambulance Services</b>	Reasonable & customary charges
<b>Emergency Air Transportation</b>	Reasonable & customary charges
<b>Transportation to Bedside</b>	Economy round-trip airfare & up to \$250 per day, to a maximum of \$5,000 for meals and accommodations
<b>Return of Travel Companion</b>	One-way economy airfare
<b>Return of Deceased</b>	Up to \$15,000 for the cost of preparation and transportation of deceased, or up to \$5,000 for cremation and/or burial
<b>Meals &amp; Accommodation</b>	Up to \$250 per day, to a maximum of \$5,000 per trip
<b>Treatment of Dental Accidents</b>	Up to \$2,500
<b>Treatment of Dental Pain</b>	Up to \$300
<b>Child Care</b>	Up to \$5,000
<b>Pet Return</b>	Up to \$500
<b>Vehicle Return</b>	Up to \$10,000
<b>Alternate Transportation</b>	Up to \$5,000
<b>Medical Referral</b>	Up to the maximum outline in the SCHEDULE OF BENEFITS, per lifetime

# EMERGENCY MEDICAL TRAVEL INSURANCE CERTIFICATE OF INSURANCE

**Note:** Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

## SECTION 1 – INTRODUCTION

Emergency Medical Travel Insurance provides coverage for the *policyholder's participant* and the *participant's dependents*, for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) while travelling outside *your province*.

You automatically have Emergency Medical Travel Insurance Plan coverage up to the benefit maximums specified on *your* SCHEDULE OF BENEFITS and access to *emergency* travel services when *you* travel outside of *your province*. Coverage is provided up to the *coverage period* specified on *your* SCHEDULE OF BENEFITS.

This certificate, along with *your* entire Benefit Booklet, outlines what is covered and the conditions under which a benefit payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire Benefit Booklet, call toll free **1-833-685-2788** (if in Canada or United States) or call collect + **519-735-8331** (from anywhere else in the world).

This Travel insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife).

Manulife provides the insurance for this certificate under the Group Primary Policy (the *Policy*), issued to the *policyholder*. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM", "Global Excel Management" (GEM) and/or "Global Excel" as the provider of all assistance and claims services under this policy.

This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law.

This coverage may be cancelled, changed or modified at the option of the *policyholder* and the *Insurer* at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

## SECTION 2 – WHAT SHOULD YOU DO IN A MEDICAL EMERGENCY?

**IF YOU HAVE AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY BEFORE SEEKING TREATMENT.**

**THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:**

From Canada and the United States, call TOLL FREE **1-833-685-2790**

From anywhere else in the world, call COLLECT + **519-735-9448**

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide *you* with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

To download the app, visit: <http://www.active-care.ca/en/travelaid/>

- You must notify *Global Excel* before obtaining *emergency treatment*, so that we may:
  - confirm coverage
  - provide pre-approval of *treatment*
- 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.
- If *you* fail to notify *Global Excel*, the *Insurer* reserves the right to limit *your* benefits as follows:
  - The *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
  - In the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of \$25,000; and
  - In the event of an outpatient medical consultation, a maximum of one visit per *sickness or injury*.

*You* will be responsible for payment of any remaining charges.
- Some *treatments* require pre-approval in order to be covered (for more details see SECTION 8 – WHAT ARE YOU NOT COVERED FOR?). If *you* do not contact *Global Excel* prior to seeking *treatment*, the medical *treatment* *you* receive may not be covered by this insurance.
- *Global Excel* can direct *you* to a *medical facility* or *doctor* in *your* area of travel. If *you* contact *Global Excel* at the time of *your emergency*, we will ensure that *your* covered expenses are paid directly to the *hospital* or *medical facility*, where possible.

## SECTION 3 – IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel, as *your* coverage is subject to certain limitations and exclusions.
- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed before *your trip*. Refer to this certificate and *your* SCHEDULE OF BENEFITS to determine how these exclusions affect *your* coverage and how they relate to *your departure date*.
- In the event of a claim, *your* medical history will be reviewed after a claim has been reported.
- *Your* insurance provides travel assistance. *You* are required to contact *Global Excel* prior to *treatment*. Failure to do so limits benefits (see SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE).
- Coverage is for an unlimited number of *trips* up to the *coverage period* for each *trip*; however, each *trip* must be separated by a return to *your province*.
- Coverage must be in effect before *you* leave *your province*. *You* do not need to provide *us* with advance notice of *your departure date* and *return date* for each *trip*. However, *you* will be required to provide evidence of these dates when filing a claim, for example, an airline ticket or boarding pass.
- **This certificate contains clauses which may limit the amounts payable.**

## SECTION 4 – ELIGIBILITY FOR COVERAGE

### A. PARTICIPANT COVERAGE

To be covered under the *Policy* as a *participant*, you must meet the following eligibility requirements:

1. You must be covered under the *government health insurance plan* of your province or the *Health Insurance Plan* provided by your *policyholder* if you are an international *student*; and
2. You must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
3. You must have your permanent residence in Canada or reside in Canada if you are an international *student*; and
4. The required premium payments for your coverage under the *Policy* must have been paid;

AND

5. a) **If you are a *participant* and you are covered as an employee of the *policyholder*, you must also:**

- i. If eligible, qualify for the basic group *extended health care (EHC)* plan of the *policyholder*; and
- ii. Be employed in Canada; and
- iii. Work the minimum number of hours per week specified under the *EHC* plan of the *policyholder*; and
- iv. Have satisfied the eligibility period specified under the *EHC* plan of the *policyholder*;

OR

- b) **If you are a *participant* and you are covered as a member of the *policyholder*, you must also:**

- i. If applicable, qualify for the *EHC* plan of the *policyholder* and/or serve as a member of the Board of Trustees for the *policyholder*; and
- ii. Be a member in good standing of the *policyholder*; and
- iii. Be on the monthly list of members entitled to coverage provided to the *Insurer* by the *policyholder*;

OR

- c) **If you are a *participant* and you are covered as a student of the *policyholder*, you must also:**

- i. Be enrolled as a *student* of the *policyholder*.

### B. DEPENDENT COVERAGE

To be covered under the *Policy* as a *dependent*, you must meet the following eligibility requirements:

1. You must be covered under the *government health insurance plan* of your province or the *Health Insurance Plan* provided by the *policyholder*; and
2. If applicable, you must qualify as a *dependent* under the *EHC* plan of the *policyholder*; and
3. You must fall within the definition of *dependent* in this certificate; and
4. If you are a *dependent spouse*, you must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
5. The required premium payments for your coverage under the *Policy* must have been paid.

## SECTION 5 – WHEN DOES COVERAGE BEGIN AND END?

### A. PARTICIPANT'S EFFECTIVE DATE OF COVERAGE

*Participant* coverage will become effective on the later of:

1. the date the *Policy* becomes effective; or
2. a) **If the *participant* is covered as an employee of the *policyholder*:**
  - i. if eligible, the date the *participant* qualifies for the *EHC* plan of the *policyholder* (provided that coverage for disabled employees or employees who are not *actively at work* on the date their coverage would normally become effective shall become effective on the date the employee resumes active work); or
- b) **If the *participant* is covered as a member of the *policyholder*:**
  - i. if applicable, the date the *participant* qualifies for the *EHC* plan of the *policyholder* and/or the date the *participant* becomes a member of the Board of Trustees for the *policyholder*; or
  - ii. the date the *participant* becomes a member in good standing of the *policyholder* and is on the monthly list of members entitled to coverage by the *policyholder*; or
- c) **If the *participant* is covered as a student of the *policyholder*:**
  - i. the date the *participant* arrives in Canada if the *participant* is an international *student*; or
  - ii. the effective date of coverage under the *policyholder's Health Insurance Plan*. **Note:** In no event will this insurance coverage become effective prior to the effective date of coverage under the *participant's Health Insurance Plan*.

Coverage for each *trip* begins on the date you leave your province. Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to your province. The number of days per *trip* is indicated on your SCHEDULE OF BENEFITS.

### B. DEPENDENT'S EFFECTIVE DATE OF COVERAGE

*Dependent* coverage, if any, will become effective on the later of:

The date the *participant's* coverage becomes effective and, as applicable:

1. the date the *dependent's* coverage becomes effective under the *Health Insurance Plan* provided by the *policyholder*, if the *dependent* is not covered under a Canadian *government health insurance plan*; or
2. the date the *dependent* qualifies for the *EHC* plan of the *policyholder*.

Coverage for each *trip* begins on the date you leave your province. Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to your province. The number of days per *trip* is indicated on your SCHEDULE OF BENEFITS.

## C. PARTICIPANT'S TERMINATION DATE OF COVERAGE

**Participant coverage will terminate immediately upon the first to occur of:**

1. the date *you* cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
2. the date the premium is due if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
3. if *you* are an international *student*, the date *you* return to *your country of origin* permanently; or
4. the date the *Policy* is terminated.

**Coverage for each *trip* ends on the date *you* return to *your province* or the date *you* have been absent from *your province* for more than *your coverage period*. The number of days per *trip* is indicated on *your* SCHEDULE OF BENEFITS.**

## D. DEPENDENT'S TERMINATION DATE OF COVERAGE

**Dependent coverage will terminate immediately upon the first to occur of:**

1. the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
2. if applicable, the date the *dependent* returns to his/her *country of origin* permanently; or
3. the date the *participant's* coverage terminates, except in the event of the death of the *participant*, in which case *dependent* coverage may continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the earlier of:
  - a) the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
  - b) the date the *dependent* remarries or dies; or
  - c) if applicable, the date the *dependent* permanently returns to his/her *country of origin*; or
4. the date the *Policy* is terminated.

**Coverage for each *trip* ends on the date *you* return to *your province*, or the date *you* have been absent from *your province* for more than *your coverage period*, or if *you* are a *dependent child* who is registered as a full-time student at an accredited educational institution outside of *your province*, the date that coincides with the 365th consecutive day of stay, outside of *your province*.**

## WHAT IF YOUR TRIP IS LONGER THAN THE COVERAGE PERIOD?

Except in the circumstances when coverage is automatically extended (see below "When does *your* coverage automatically extend?"), *you* do not have coverage under this insurance for any days of *your trip* that extend beyond *your coverage period*. However, *you* may purchase additional coverage for the excess portion of *your trip*.

## WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond the end of the *coverage period*, provided *you* still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

- a) **Delay of Transportation.** If *your* return home has been delayed beyond the end of the *coverage period* because *your common carrier* has been delayed, or if a private *vehicle* becomes inoperable on the way to *your departure point* due to circumstances beyond *your* control, *your* coverage is extended for up to five days beyond the end of the *coverage period*.
- b) **Medically Unfit to Travel.** If *you* are medically unfit to travel due to an *emergency*, *your* coverage is extended for up to five days following the date that *you* are deemed stable to return to *your province* by *your physician* or the *common carrier*.
- c) **Hospitalization.** If *you* are hospitalized due to an *emergency*, *your* coverage will remain in force during *your* hospitalization and for up to five days following *your* discharge from the *hospital*.

***You are required to notify Global Excel in the foregoing circumstances prior to the end of the coverage period. Failure to notify Global Excel by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from your departure date.***

## SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

### COVERAGE

This insurance covers *you* and *your dependents* for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) occurring while travelling outside *your province*. Coverage for Emergency Medical Out-of-Province Benefits is up to the Overall Maximum per *insured person*, per *trip*, specified in *your* SCHEDULE OF BENEFITS, for *reasonable and customary charges* in respect of expenses incurred for the benefits listed below. Coverage is only for amounts in excess of what is covered by *your government health insurance plan, Health Insurance Plan, EHC plan* or any other benefit plan. For many of the benefits listed below, prior approval of *Global Excel* may be required in order for the expense to be covered under this insurance. In the event of an *emergency*, call *Global Excel* immediately: 1-833-685-2790 toll-free from the USA and Canada or 519-735-9448 collect where available.

*You* must call *Global Excel* before obtaining *emergency treatment*, so that *we* may:

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

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 *Global Excel* before *you* obtain *emergency treatment* the *Insurer* reserves the right to limit *your* benefits.

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 MRIs, MRCP tests, CAT scans, CT angiograms, sonograms, ultrasounds, nuclear stress tests, biopsies, angiograms, angioplasty, cardiovascular surgery including any associated diagnostic tests, cardiac catheterization, or any surgery.

## Emergency Medical Out-of-Province Benefits:

1. **Hospital or Medical Facility Accommodation:** Room and board costs up to the private room rate charged by the *hospital or medical facility*. If *medically necessary*, expenses for *treatment* in an intensive or coronary care unit and *emergency* out-patient services provided by a *hospital or medical facility* are also covered.
2. **Incidental Expenses:** Up to the maximum specified in the SUMMARY OF BENEFITS of this Benefit Booklet, for *your* reasonable incidental expenses such as telephone, television, taxis, *ridesharing services*, parking, or car rentals (from a licensed company in the business of providing rental vehicles) while *you* are hospitalized for an *emergency* and the expenses are incurred as a direct result of such hospitalization. The *Insurer* will only reimburse covered expenses evidenced by original receipts.
3. **Physician Charges:** The services of a *physician* in excess of the amount paid by *your government health insurance plan, Health Insurance Plan or EHC plan*, where permitted by law.
4. **Private Duty Nurse:** If the attending *physician* considers one to be necessary, the services of a qualified private registered nurse (who is not *you* or an *immediate family member*), when *medically necessary* and while hospitalized or in lieu of hospitalization, to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, when approved in advance by *Global Excel*.
5. **Diagnostic Services:** Laboratory tests and x-rays ordered by the attending *physician* who is treating *you* and that are part of the *emergency treatment*.  
Note: This benefit does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.
6. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician*, obtained outside *your province* and due to an *emergency*.
7. **Paramedical Services:** The services (including x-rays) of a licensed chiropractor, physiotherapist, chiroprapist, podiatrist or osteopath, when they are needed due to an *emergency*, up to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, per profession listed above, per *emergency*, when approved in advance by *Global Excel*. Note: Be sure to keep *your* receipts as they are required to make a claim.
8. **Prescriptions:** Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary* for *emergency treatment*, except when needed to stabilize a chronic condition or a medical condition which *you* had before *your trip*. This benefit is limited to a 30-day supply per prescription, unless *you* are hospitalized.
9. **Lost Prescriptions:** The replacement of lost prescription medication when approved in advance by *Global Excel*, up to the maximum amount specified in the SUMMARY OF BENEFITS.
10. **Ground Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance services from the place of the *sickness or accident* to the nearest *medical facility* able to provide the necessary *treatment*.
11. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel*:
  - a) air ambulance to the nearest appropriate *medical facility* or to a Canadian *hospital* for immediate *emergency treatment*; or
  - b) transport on a licensed airline with an attendant (where required) to return *you* to *your province* for immediate *emergency treatment* (if *you* are not holding a valid, open return air ticket); or
  - c) if the *participant* is an international *student*, up to the *reasonable and customary charges* to return the *participant* to his/her *country of origin* in the event that the *participant* is unable to resume his/his studies in Canada due to a medical condition that requires complex, continuous and prolonged care. This benefit also includes *reasonable and customary charges* for transportation to return the *participant's dependents* to accompany him back to their *country of origin*.If the *insured person* refuses the decision of the *Insurer* to repatriate him back to his/her *country of origin*, the *Insurer* will be released from any liability for expenses incurred for such *injury or sickness* after the proposed date of repatriation.
12. **Transportation to Bedside:** When approved in advance by *Global Excel*, a single roundtrip economy airfare from Canada or from *your country of origin*, plus up to the maximum amount specified in the SUMMARY OF BENEFITS, for the cost of meals and *accommodation* for one of the following: *immediate family member* or friend, to:
  - a) be with *you* if *you* are travelling alone and have been hospitalized as the result of an *emergency*. To be payable, this benefit requires that *you* eventually be hospitalized as an *in-patient* for at least three consecutive days outside *your province* and that the attending *physician* provide written certification that the situation was serious enough to warrant the visit; or
  - b) identify the deceased *insured person* prior to the release of the body, where necessary.The *Insurer* will only reimburse covered expenses evidenced by original receipts. The *immediate family member* (other than the *participant's dependents*) or friend would not be covered under this insurance and may wish to consider purchasing his/her own insurance.
13. **Return of Travel Companion:** If *you* are returned to *your province* under the *Emergency Air Transportation* benefit or the *Return of Deceased* benefit, the *Insurer* will reimburse the cost of a single one-way economy airfare for a *travel companion* (if he/she is not holding a valid, open return air ticket) to return to Canada, when approved in advance by *Global Excel*.
14. **Return of Deceased:** To the maximum specified in the SUMMARY OF BENEFITS towards the cost of preparation and transportation of the deceased *insured person* to their *province or country of origin*, in the event of death due to *sickness and/or injury*.  
In the case of cremation and/or burial at the place of death of the *insured person*, this benefit is limited to the maximum specified in the SUMMARY OF BENEFITS. The cost of the casket or urn is not covered by this benefit.
15. **Meals and Accommodation:** Up to the maximum specified in the SUMMARY OF BENEFITS per *insured person*, for *your* reasonable additional expenses for meals and *accommodation*, when a *trip* is extended beyond the last day of the scheduled *trip* due to the *sickness and/or injury* suffered by an *insured person* or *travelling companion*. This benefit must be authorized in advance by *Global Excel*. The fact that *you* or a *travelling companion* is unable to travel must be certified by the attending *physician* and supported with original receipts from commercial organizations.

16. **Treatment of Dental Accidents:** To the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, for *emergency dental treatment* to repair natural, vital and sound teeth or permanently attached artificial teeth provided the *injury* was caused by an external, accidental blow to the mouth or face. *You* must consult a *physician* or dentist immediately following the *injury*. *Treatment* must begin during the *coverage period* and be completed prior to returning to *your province*. An *accident* report is required from a *physician* or dentist for claims purposes.
17. **Treatment of Dental Pain:** Up to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, for the *emergency* relief of acute dental pain, excluding services related to crowns, root canals or temporomandibular joint dysfunction (TMJ), when *treatment* is rendered at least five 500 kilometres outside the *insured person's province*.
18. **Child Care:** When approved in advance by *Global Excel*, up to a maximum specified in the SUMMARY OF BENEFITS, per *trip*, for one of the following child care assistance benefits:
  - a) Economy class airfare for the return of *dependent* children who are under 16 years of age in the event *you* or *your spouse* is hospitalized as a result of an *emergency*. Where necessary, arrangements will include provision for an escort for the children; or
  - b) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in the same location where *you* or *your spouse* is hospitalized as a result of an *emergency*; or
  - c) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in their home *province* when left unattended due to an *emergency* involving *you* or *your spouse* while travelling.
19. **Pet Return:** Up to the maximum specified in the SUMMARY OF BENEFITS, for the return to Canada of *your* accompanying cat or dog, in the event that *you* are hospitalized or repatriated during an *emergency*.
20. **Vehicle Return:** Up to the maximum specified in the SUMMARY OF BENEFITS if neither *you*, nor someone travelling with *you*, are able to operate *your vehicle*, whether owned or rented, during *your trip* due to *sickness* and/or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your* home in *your province* or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the *vehicle* when approved and/or arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. The *Insurer* will only reimburse covered expenses evidenced by original receipts.
21. **Alternate Transportation:** When approved in advance by *Global Excel*, up to the maximum specified in the SUMMARY OF BENEFITS, if, while travelling, *your* private *vehicle* is stolen or rendered inoperable due to an accident, the cost of one way economy airfare(s) will be provided to *you* to return to *your province*. To file a claim, *you* must supply an official police report of the loss or accident.

### Medical Referral Benefit:

The Medical Referral Benefit provides coverage for *reasonable and customary charges* for medical and transportation expenses in excess of those expenses covered by the *insured person's government health insurance plan, Health Insurance Plan or EHC plan*, for the *insured person* and an approved escort, up to a lifetime maximum specified in the SCHEDULE OF BENEFITS, as a result of a pre-approved medical referral for *treatment*, subject to the following conditions:

- a) the *treatment* must not be available within 500 kilometres from *your* residence; and
- b) the medical referral service must be obtained in Canada, if available, regardless of any waiting lists; and
- c) *your* attending Canadian *physician* and a qualified Canadian medical specialist from an appropriately related medical field must recommend the *treatment*; and
- d) the referral service must be eligible for reimbursement and paid in whole or in part by *your government health insurance plan or Health Insurance Plan* (a written pre-authorization from *your government health insurance plan or Health Insurance Plan* outlining their liability is required); and
- e) if *your government health insurance plan, Health Insurance Plan or EHC plan* covers and reimburses the full medical referral expenses, no benefits are payable under this certificate; and
- f) the *treatment* must not be experimental or investigative in nature; and
- g) medical services and travel must take place within 30 days of receiving approval from *your government health insurance plan or Health Insurance Plan*, unless the earliest possible *treatment* date exceeds 30 days from the date of approval; and
- h) the medical referral must be pre-approved, following submission of a request for pre-approval in writing to *Global Excel*, along with supporting documentation.

## SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

1. **Failure to Notify Global Excel:** In the event of an *emergency*, *you* must call *Global Excel* before seeking *treatment*. If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. If *you* fail to notify *Global Excel*, the *Insurer* reserves the right to limit *your* benefits as follows:
  - a) the *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
  - b) in the event of hospitalization, the *Insurer* will pay 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of \$25,000; and
  - c) in the event of an outpatient medical consultation, the *Insurer* will cover a maximum of one visit per *sickness* or *injury*. *You* will be responsible for payment of any remaining charges.
2. **Transfer or Medical Repatriation:** During an *emergency* (whether prior to admission or during a covered hospitalization or after *your* release from the *hospital* or *medical facility*), the *Insurer* reserves the right to:
  - a) transfer *you* to one of *Global Excel's* preferred health care providers, and/or
  - b) return *you* to *your province*, or
  - c) return the *participant* and *dependents* to their *country of origin*, when the *participant* is unable to resume his/her studies in Canada, for the medical *treatment* of *your sickness* and/or *injury* where this poses no danger to *your* life or health. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital* or *medical facility*. If *you* choose to decline the transfer or return when declared medically stable by *Global Excel*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* and/or *injury* after the proposed date of transfer or return.

3. **Limitation of Benefits – End of Emergency:** Once *you* are deemed medically stable to return to *your province* or *your country of origin* (with or without medical escort) either in the opinion of *Global Excel* or *your physician* or by virtue of discharge from a *hospital* or *medical facility*, *your emergency* is considered to have ended, whereupon any further consultation, *treatment*, recurrence or complication related to the *emergency* will not be covered during *your trip*.
4. **Benefits Limited to Incurred Expenses:** The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

## SECTION 8 – WHAT ARE YOU NOT COVERED FOR?

### A – PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

**This insurance will not pay any expenses relating to or in any way associated with:**

1. Any *sickness, injury*, medical condition or symptoms for which prior to *your departure date*, it is reasonable to believe or expect that *treatments* will be required during *your trip* (except under the terms of the Medical Referral Benefit).
2. If applicable, any medical condition that existed prior to *your departure date* that was not *stable* at any time during the Pre-Existing Medical Condition Stability Period specified in the SCHEDULE OF BENEFITS prior to such *departure date* (except under the terms of the Medical Referral Benefit).

### B – GENERAL EXCLUSIONS

**This insurance will not pay any expenses relating to or in any way associated with (except, as applicable, with respect to the Medical Referral Benefit):**

3. *Treatment* or services normally covered or reimbursable under a *government health insurance plan, Health Insurance Plan* or under other insurance *you* might have.
4. Any *trip* booked or commenced after a *physician* advised *you* not to travel or after being diagnosed with a *terminal illness*.
5. *Treatment, services* or supplies that is not *emergency medical treatment*: for the immediate relief of acute pain and suffering, including any experimental or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications, or that *you* elect to have provided outside *your province* when medical evidence indicates that *you* could return to *your province* to receive such *treatment, services* or supplies. The delay to receive *treatment, services* or supplies in *your province* has no bearing on the application of this exclusion.
6. Any *treatment, services* or supplies that are experimental or investigative in nature.
7. Any *trip* made for the purpose of obtaining a diagnosis, *treatment, surgery, investigation, palliative care, or any alternative therapy*, whether or not it was authorized by a *physician*, as well as any directly or indirectly related complication. Note: this exclusion does not apply to *insured person(s)* travelling with *you* who are not seeking to receive medical or *hospital* services on that *trip*.
8. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to *hospital* or *medical facility*.
9. 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 magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
10. Hospitalization or services rendered in connection with general health examinations for “checkup” purposes, *treatment of an ongoing condition, regular care* of a chronic condition, home health care, investigative testing or rehabilitation.
11. Any *sickness, injury* or medical condition that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
12. Any *sickness, injury* or 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 trip*.
  - arising during *your trip* from, or in any way related to, the abuse of alcohol, drugs, or other intoxicants.
13. The continued *treatment* of a *sickness, injury, medical condition* or related condition, following *emergency treatment* during *your trip*, if *our* medical advisors determine that *your emergency* has ended.
14. Anxiety or panic attack or a state of mental or emotional stress unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
15. *Treatment* not performed by or under the supervision of a *physician* or licensed dentist.
16. Routine pre-natal care.
17. If *you* are pregnant, *your pregnancy* or the birth and delivery of *your child*, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your primary care physician* in *your province*. Note that a child born during a *trip* shall not be regarded as an *insured person* and shall not have coverage under this certificate for the entire duration of the *trip* in which the child is born, if born in the nine weeks before or after the expected delivery date.
18. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of a foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.



19. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
20. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
21. Participation:
  - a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
  - b) in any motorized race or motorized speed contest on land, water, or in the air and training activities for these events on approved tracks or elsewhere; or
  - c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
22. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
23. The replacement of an existing prescription, whether by reason of loss (unless otherwise expressly provided elsewhere in this certificate), renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency*.
24. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
25. The cost of any airline ticket covered under the certificate where *your* ticket may be exchanged or used for the same purpose.
26. *Treatment* or services received in *your province*, or in *your country of origin* if *you* are an international *student* studying in Canada.
27. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
  - a) were under the influence of drugs or toxic substances; or
  - b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood; or
  - c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.

## SECTION 9 – INTERNATIONAL ASSISTANCE SERVICES

**If you need assistance while travelling, help is one call away. *Global Excel* is available 24 hours a day, 7 days a week, to provide the following services whenever possible:**

**Emergency Call Center.** No matter where *you* travel, professional assistance personnel are ready to take *your* call. *You* can call *Global Excel* toll free at **1-833-685-2790** if in Canada or the United States, or collect at **+ 519-735-9448** from anywhere else in the world.

**TravelAid mobile app.** Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide *you* with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

To download the app, visit: <http://www.active-care.ca/en/travelaid/>

**Medical Assistance and Consultation.** If *you* have an *emergency* and *you* call *Global Excel*, *you* will be directed to one or more recommended medical service providers near *you*. In addition, *Global Excel* will:

- Provide confirmation of coverage and pay expenses covered by this insurance directly to the recommended medical service provider,
- Consult with *your* attending *physician* to monitor *your* care, and
- Monitor the appropriateness, necessity and reasonableness of that care to help ensure that *your* expenses will be covered by this insurance.

**Payment Assistance and Direct Billing.** The payment of the medical services *you* receive will be coordinated through *Global Excel*, communicated with *your* medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and *you* may be required to make payment up-front. If *you* are required to make payment up-front, *you* must obtain detailed and itemized original bills for claims submission and call *Global Excel* on *your* return home.

**Benefit Information.** *Global Excel* can help *you* and the medical providers who are treating *you*, understand what coverage is available to *you* under *your Policy*.

**Claims Information.** *Global Excel* will answer any questions *you* have about *your* claim, *Global Excel's* standard verification procedures and the way that *your Policy* benefits are administered.

**Interpretation Service.** *Global Excel* can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

**Emergency Message Centre.** In case of an *emergency*, *Global Excel* will help exchange important messages with *your* family, business or *physician*.

### MEDICAL CONCIERGE SERVICES

**Value-added medical concierge services through our partner, StandbyMD™.** StandbyMD has an international network of medical providers and partners who can provide quick and streamlined services and access to healthcare, 24 hours a day, every day of the year.

StandbyMD offers access to personalized care including:

- telephone or video chat with a qualified physician who can assess symptoms and provide treatment options (for eligible cases)
- a network of physicians who make house call visits in 141 countries and over 4,500 cities
- in-network clinics and emergency rooms when necessary
- coordination and delivery of lost or forgotten prescription medications, eyeglasses or contact lenses, and medical supplies when *you* travel within Canada and the US

### How this service works

StandbyMD triages you according to your symptoms, profile, and location and then refers you to the most appropriate level of care for your situation.

The worldwide network offers preferred rates and direct billing options to help reduce your out-of-pocket expenses. The StandbyMD program also helps coordinate payment for eligible expenses according to the terms and conditions of this policy.

To use this service, contact the Assistance Centre at the number provided in this policy.

### Disclaimer, waiver, and limitation of liability

StandbyMD is not intended as a substitute for professional medical advice. The program is provided to assist you in finding medical providers.

The advice StandbyMD provides is a recommendation only and entirely voluntary. You retain the right to choose your own level of care, regardless of the recommendation StandbyMD makes.

Medical providers within the StandbyMD network are not employees or agents and are not affiliated with StandbyMD in any way beyond accepting referrals. StandbyMD has no control – real or implied – over the medical judgment, actions, or inactions of the medical providers and does not assume any responsibility for:

- availability of the medical providers
- quality of the medical providers
- the results or outcome of any treatment or service

You waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD. Related people include principals, parents, successors, and assigns of StandbyMD.

Waiving these rights to proceed legally includes the following that relate in any way to the medical concierge services offered by StandbyMD:

- any and all claims
- demands
- actions and causes of action
- suits of any kind, nature, or amount

StandbyMD's liability, if any, is limited solely to the amount of payment made to participating medical providers for services you received after obtaining a referral from StandbyMD.

## SECTION 10 – HOW DO YOU MAKE A CLAIM?

### **A – HOW TO MAKE A CLAIM**

#### **To submit a claim:**

If in Canada or the United States, call toll free at: **1-833-685-2790**.

From anywhere else in the world, call collect to: **+ 519-735-9448**.

- During *your* call, *you* will be given all the information required to file a claim.
- *You* will be asked to substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The *Insurer* is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to *you* for completion.
- When making a claim, *we* may require that a Claim & Authorization Form provided by *us* be completed and that supporting documentation such as the following be provided:
  - Complete original unused transportation tickets and vouchers if the *Emergency Air Transportation* or *Return of Travel Companion* benefit is used.
  - All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all relevant dates and type of *treatment*, and the name of the *hospital* or *medical facility* and/or *physician*.
  - All original prescription drug receipts (not cash receipts) from the pharmacist, *physician*, *hospital* or *medical facility* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
  - Proof of *your departure date* and *return date*. While boarding passes are preferred, *we* will accept airline tickets or other proof of *departure date* from *your province*, provided it contains *your* name and the location and date of *your* purchase.
  - Any other additional documents pertinent to *your* claim, as may be required by *Global Excel*.
- **Failure to complete the required Claim & Authorization Form in full may delay the assessment of *your* claim.**

#### **Online Claim Submission:**

Visit <https://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.

#### **All pertinent documents should be sent to:**



**Global Excel Management Inc.**  
P.O. Box 1237 Stn A, Windsor, Ontario N9A 6P8

or

**Global Excel Management Inc.**  
73 Queen Street, Sherbrooke, Quebec J1M 0C9

## B – OTHER CLAIM INFORMATION

### Notice and Proof of Claim

In the event that *Global Excel* is not contacted immediately, the *insured person*, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

- a) give written notice of claim by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the *Policy*; and
- b) within 90 days from the date a claim arises under the *Policy*, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstances of the *emergency* giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his/her age and the age of the beneficiary, if relevant.

### Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *injury* or the date a claim arises under the *Policy* on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

### Insurer to Furnish Forms for Proof of Claim

*Global Excel*, on behalf of the *Insurer*, shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his/her proof of claim in the form of a written statement of the cause or nature of the *emergency* giving rise to the claim.

## SECTION 11 – WHAT ELSE DO YOU NEED TO KNOW?

1. **Canadian Currency.** Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.
2. **Payment of Benefits.** All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person*.
3. **Other Insurance.** This insurance is a second payer plan. This means that for any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or *EHC* plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are insured under such other coverage. All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less.
4. **Rights of Examination.** As a condition precedent to recovery of insurance money under the *Policy*,
  - a) the claimant under the *Policy* must give *us* an opportunity to examine the person of the *insured person* when and so often as *we* may reasonably require while the claim hereunder is pending, and
  - b) in the case of death of the *insured person*, *we* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
5. **Availability and Quality of Care.** *We* are not responsible for the availability, quality or results of medical *treatment* or transportation, or *your* failure to obtain medical *treatment*.
6. **Misrepresentation and Non-Disclosure.** This insurance is void if, at any time during the application process or during *your* coverage, *you*, anyone who acts on *your* behalf, or anyone insured under this certificate:
  - commits fraud or attempted fraud
  - attempts to deceive *us* in any way
  - conceals or misrepresents any material facts or circumstances
  - provides incomplete or inaccurate information.
7. **Applicable Law.** The *Policy* as between the *Insurer* and the *participant* or any *insured person*, is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.
8. **Material Facts.** No statements or representations made by employees of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.
9. **Subrogation.** If *you* incur expenses due to the fault of a third party, *you* assign to *us* the right to take action against the party at fault in *your* name. This will require *your* full cooperation with *us* and *we* will pay for all of the related expenses.
10. **Evidence of Age.** The *Insurer* reserves the right to request proof of age of any *insured person*.
11. **Assignment.** Benefits under the *Policy* may not be assigned to a third party. However, in no event will this affect *Global Excel's* ability to make payment, for the benefit of the *insured person*, directly to the *hospital* or *medical facility* as provided for under SECTION 9 - INTERNATIONAL ASSISTANCE SERVICES.
12. **When Money Payable.** All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.
13. **Continuance of Individual Coverage During Absence from Work.** If a *participant* is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage, this insurance will be continued as long as the *participant* remains qualified under the *policyholder's EHC* plan.
14. **Examination of the Policy.** The *Policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.
15. **Limitation Periods.** 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.

## SECTION 12 – DEFINITIONS

Throughout this certificate, **italicized terms** have the specific meaning described below:

**Accident** means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

**Accommodation** means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

**Actively at Work** means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of the minimum number of hours worked per week specified under the *EHC* plan of the *policyholder*. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee's normal duties at the employee's normal place of employment on the same basis as the employee who is actively at work.

**Common Carrier** means any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. Rental vehicles however, are not considered common carriers.

**Country of Origin** means the country in which *you* maintained a permanent residence prior to entry into Canada.

**Coverage Period** means the maximum number of consecutive days allowed per *trip* stated in the SCHEDULE OF BENEFITS, during which *you* are covered under the *Policy* when *you* take a *trip* and which is calculated as of the *departure date* of *your trip*; however,

- a) if *you* are a *dependent* child who is registered as a full-time student at an accredited educational institution outside of *your province*, *your coverage period* is 365 days; or
- b) if *you* are already on a *trip* prior to the inception date of the *Policy*, *your coverage period* is reduced by the number of days *you* were out of *your province* on the effective date of the *Policy*; or
- c) if *your* SCHEDULE OF BENEFITS reflects more than one class with different coverage periods and, as a result, *your coverage period* changes during *your trip*, the applicable coverage period for that *trip* will be the coverage period that was in effect on the *departure date* of *your trip*.

**Departure Date** means the date on which *you* leave *your province* from *your departure point*.

**Departure Point** means the place from which *you* depart *your province* on the first day, and return to on the last day of *your trip*.

**Dependent** means:

- a) the *spouse*; and
- b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The applicable age limits on the *departure date* for a dependent child are specified in the SCHEDULE OF BENEFITS. However, coverage will continue beyond the age limit specified in the SCHEDULE OF BENEFITS for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he/she reached the age when insurance would normally terminate.

**Emergency** means a sudden and unforeseen *sickness*, *injury* or medical condition that requires immediate *treatment*. An emergency no longer exists when the evidence reviewed by *Global Excel* indicates that no further *treatment* is required at destination or *you* are able to return to *your province* for further *treatment*.

**Extended Health Care** or **EHC** mean insurance coverage provided by *your policyholder* that is designed to supplement *your government health insurance plan* or *Health Insurance Plan* coverage.

**Global Excel** means Global Excel Management Inc., the company appointed by the *Insurer* to provide medical assistance and claims services.

**Government Health Insurance Plan** means the health care coverage provided by Canadian provincial and territorial governments to their residents.

**Health Insurance Plan** means the health care coverage provided by the *policyholder* in Canada to their international *student participants* who are not eligible for coverage under a Canadian *government health insurance plan*.

**Hospital** or **Medical Facility** means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include an extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

**Immediate Family Member** means *your spouse*, son, daughter, father, mother, brother, sister, step-child, step-parent, in-law, step-sibling, grandchild, grandparent, aunt, uncle, niece and nephew.

**Injury** means an unexpected and unforeseen harm to the body that is caused by an *accident*, sustained by an *insured person* during the *coverage period* and that requires *emergency treatment* that is covered by this certificate.

**In-patient** means a patient who occupies a *hospital* or *medical facility* bed for more than 24 hours for medical *treatment* and for which admission was recommended by a *physician* when *medically necessary*.

**Insurer** means The Manufacturers Life Insurance Company.

**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; and
- b) is not experimental or investigative in nature; and
- c) cannot be omitted without adversely affecting the condition of the *insured person* or quality of medical care; and
- d) cannot be delayed until the *insured person* returns to his/her *province*.

**Minor Ailment** means any *sickness* or *injury* which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the *departure date* of each *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

**Ongoing Condition** means an acute *sickness* and/or *injury* that requires continuing care and/or *treatment* after the initial *emergency* has ended as determined by *Global Excel*.

**Participant** means an eligible employee, member or *student* whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

**Physician** means a person:

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

**Policy** means the Group Travel Insurance contract (Group Primary Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *emergency* medical travel insurance coverage to its *participants* and their *dependents*. The Policy Number is set out in the SCHEDULE OF BENEFITS.

**Policyholder** means the company or organization to which the *Policy* is issued.

**Province** means *your* Canadian province or territory of permanent residence.

**Reasonable and Customary Charges** mean charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

**Return Date** means the date on which *you* are scheduled to return to *your departure point*.

**Ridesharing Services** mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

**Sickness** means an illness, disease, disorder, or any symptom. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of medical *treatment*.

**Spouse** means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

**Stable** means any *sickness*, *injury* or medical condition (other than a *minor ailment*) for which all the following statements are true:

- a) there has been no new diagnosis, *treatment* or prescribed medication;
- b) there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand medication to a generic brand medication (provided that the dosage is not modified);
- c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that medical condition.

All of these conditions must be met for a *sickness*, *injury* or medical condition to be considered *stable*.

**Student** means a student enrolled and attending a program at the educational institute of the *policyholder*, whom the *policyholder* identifies as being entitled for coverage as a *participant* under this certificate, and for whom the required premium has been paid.

**Terminal Illness** means *you* have a condition that is cause for the *physician* to estimate that *you* have less than six months to live.

**Termination Age** means the age stated in the SCHEDULE OF BENEFITS at which the *participant's* and the *spouse's* coverage terminates.

**Travel Companion** or **Travelling Companion** means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

**Treatment** means hospitalization, a procedure prescribed, performed, or recommended by a *physician* for a *sickness*, *injury* or 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.

**Trip** means a journey that *you* undertake which commences on the *departure date* from *your province* and ends on the *return date* to *your province*.

**Vehicle** means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during the *trip*.

**We, Our** and **Us** mean the *Insurer*, or its authorized representatives, or *Global Excel*, as applicable.

**You, Your** and **Insured Person(s)** mean the *participant* or *participant's dependents* covered under the *Policy*, whether they travel together or not.

## IMPORTANT NOTICE ABOUT THE INSURED PERSON'S PERSONAL INFORMATION

Manulife ("we", "us") collect, use and disclose, personal information (including to and from *your* agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from *policyholders, insured persons* and claimants. In some cases, we also collect personal information from and exchange personal information with family, friends or *travelling companions* when a *policyholder, insured person* or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of *policyholders, insured persons* or claimants. In some instances, we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured person* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions.

For more information about *our* privacy practices or for a copy of *our* privacy policy, visit Manulife at <https://www.manulife.ca/privacy-policies.html>. You may also request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Waterloo, Ontario N2J 4C6.

## IDENTIFICATION OF INSURER

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