MANULIFE GROUP TRAVEL INSURANCE

- Emergency Medical Insurance
- Trip Cancellation and Trip Interruption Insurance

BENEFIT BOOKLET

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 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 the 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
M4W 1E5

This Insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife.
Please note that risks identified with the symbol ‡ throughout this document are covered by FNAIC.
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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
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<tbody>
<tr>
<td>Overall Maximum</td>
<td>Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip</td>
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<tr>
<td>Hospital or Medical Facility Accommodation</td>
<td>Reasonable &amp; customary charges, private room</td>
</tr>
<tr>
<td>Incidental Expenses</td>
<td>Up to $250</td>
</tr>
<tr>
<td>Physician Charges</td>
<td>Reasonable &amp; customary charges</td>
</tr>
<tr>
<td>Private Duty Nurse</td>
<td>Up to $5,000</td>
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<tr>
<td>Diagnostic Services</td>
<td>Reasonable &amp; customary charges</td>
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<td>Medical Appliances</td>
<td>Reasonable &amp; customary charges</td>
</tr>
<tr>
<td>Paramedical Services</td>
<td>$500 per profession</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>30-day supply per prescription</td>
</tr>
<tr>
<td>Lost Prescriptions</td>
<td>Up to $250</td>
</tr>
<tr>
<td>Ground Ambulance Services</td>
<td>Reasonable &amp; customary charges</td>
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<tr>
<td>Emergency Air Transportation</td>
<td>Reasonable &amp; customary charges</td>
</tr>
<tr>
<td>Transportation to Bedside</td>
<td>Economy round-trip airfare &amp; up to $250 per day, to a maximum of $5,000 for meals and accommodations</td>
</tr>
<tr>
<td>Return of Travel Companion</td>
<td>One-way economy airfare</td>
</tr>
<tr>
<td>Return of Deceased</td>
<td>Up to $15,000 for the cost of preparation and transportation of deceased, or up to $5,000 for cremation and/or burial</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>Up to $250 per day, to a maximum of $5,000 per trip</td>
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<td>Treatment of Dental Accidents</td>
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<td>Alternate Transportation</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Medical Referral</td>
<td>Up to the maximum outline in the SCHEDULE OF BENEFITS, per lifetime</td>
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### TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trip Cancellation</td>
<td>Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip</td>
</tr>
<tr>
<td>Trip Interruption</td>
<td>Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip</td>
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<tr>
<td>Out-of-Pocket Expenses</td>
<td>Up to $100 per day, per insured person, to a maximum of $1,000 per trip for all insured persons combined (subject to the overall maximum for Trip Interruption)</td>
</tr>
<tr>
<td>Baggage</td>
<td>Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip</td>
</tr>
<tr>
<td>Business Expense</td>
<td>Up to $1,000 per insured person, per trip</td>
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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 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 (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, HEC 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, 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, chiropodist, 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/her 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.

6. The delay to receive treatment, services or supplies in your province has no bearing on the application of this exclusion.

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](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 unless another beneficiary is designated in writing to Global Excel or the Insurer.

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.
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.

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

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

**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 investigatory 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:
- there has been no new diagnosis, treatment or prescribed medication;
- 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);
- there have been no new symptoms, more frequent symptoms or more severe symptoms;
- there have been no test results showing deterioration; and
- 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.
TRIP CANCELLATION AND TRIP INTERRUPTION 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

Trip Cancellation and Trip Interruption Insurance provides reimbursement for the policyholder’s participant and the participant’s dependents for:

1. non-refundable and non-transferable prepaid expenses incurred as a result of your trip cancellation; and
2. expenses incurred and/or reimbursement of the unused portion of your non-refundable and non-transferable prepaid travel arrangements due to the interruption or delay of your trip; and
3. replacement of your baggage due to loss, theft or damage while in custody of a common carrier.

You automatically have Trip Cancellation and Trip Interruption Insurance coverage up to the benefit maximums specified on your SCHEDULE OF BENEFITS, and access to assistance services before or while travelling outside of your province.

This certificate, along with your entire Benefit Booklet, outlines what is covered along with the conditions under which a 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) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of 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 TO OBTAIN ASSISTANCE OR TO FILE A CLAIM?

IF YOU NEED ASSISTANCE OR TO FILE A CLAIM CALL GLOBAL EXCEL:

From Canada and the United States, toll free 1-833-685-2790
From anywhere else in the world, collect + 519-735-9448

It is important that you call on the day the cause of cancellation, interruption or delay of trip occurs or on the day the baggage is lost, damaged or stolen, or on the next business day.

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/

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.

SECTION 3 – IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

- Trip Cancellation and Trip Interruption 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 may affect your coverage and how they relate to your departure date or effective date.
- In the event of an accident, injury or sickness, your medical history may be reviewed when a claim has been reported.
- Throughout this certificate, any reference to age refers to your age on your effective date.
- 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

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 by 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?

WHEN DOES COVERAGE TAKE EFFECT?

- **Trip Cancellation** coverage takes effect when the cause of cancellation occurs before you depart on your **trip**.
- **Trip Interruption** coverage takes effect when the cause of interruption occurs during your **trip**.
- **Trip Delay** coverage takes effect when the cause of delay occurs during your **trip** and results in you being delayed, beyond your scheduled **return date**, from returning to your **departure point**.
- **Baggage** coverage takes effect when baggage is lost, stolen or damaged when checked in with, or carried on, a **common carrier** during your **trip**.

A. **PARTICIPANTS 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:

a) on your **effective date** (provided your coverage is in effect on the date of purchase or before any cancellation penalties have been incurred) for **Trip Cancellation**,

b) when the **common carrier** departs from the scheduled **departure point** shown on the ticket, itinerary or other document issued to an **insured person** by or for the carrier for **Trip Interruption**, **Trip Delay** and **Baggage** coverage. **Note:** For **Trip Interruption** and **Trip Delay**, if a **common carrier** is not used for the **trip**, the coverage begins on the date you leave from the **departure point** to start the **trip**.
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:

a) on your effective date (provided your coverage is in effect on the date of purchase and before any cancellation penalties have been incurred) for Trip Cancellation coverage; or
b) when the common carrier departs from the scheduled departure point shown on the ticket, itinerary or other document issued to an insured person by or for the carrier for Trip Interruption, Trip Delay and Baggage coverage. **Note:** For Trip Interruption and Trip Delay, if a common carrier is not used for the trip, the coverage begins on the date you leave from the departure point to start the trip.

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 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 Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each trip ends on midnight of your return date.

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 Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each trip ends on midnight of your return date.

### WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond your return date, 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 your return date 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 your return date.

b) **Medically Unfit to Travel.** If you are medically unfit to travel due to a covered medical emergency (but you are not hospitalized), 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 a covered medical 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 your return date. 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?

#### A. TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DELAY COVERAGE

In the event of the cancellation, interruption or delay of your trip for one of the 27 covered reasons set out in the first column of the chart below, you will be eligible to receive the corresponding insurance benefits referred to in the remaining columns of the chart (Benefits A, B, C, D, E, F and G, as applicable), up to the amount of the overall maximum sum insured per insured person, per trip, specified in the SUMMARY OF BENEFITS of the Benefit Booklet.

Instructions for reading chart and determining benefits.

1. To determine if the reason for cancellation, interruption or delay of your trip is a covered reason, refer to the first column of the chart below.
2. If the reason for cancellation, interruption or delay of your trip is one of the 27 covered reasons, refer to the remaining columns in the chart to determine which of the benefits (A, B, C, D, E, F or G) described following the chart correspond to your covered reason.
<table>
<thead>
<tr>
<th>WHAT ARE YOU COVERED FOR?</th>
<th>WHAT ARE YOUR BENEFITS?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TRIP CANCELLATION</td>
</tr>
<tr>
<td>1 Your emergency medical condition or admission to a hospital or medical facility following an emergency.</td>
<td>A</td>
</tr>
<tr>
<td>2 The admission to a hospital or medical facility following an emergency of your family member (who is not at your destination), your business partner, key employee or caregiver.</td>
<td>A</td>
</tr>
<tr>
<td>3 The emergency medical condition of your family member (who is not at your destination), your business partner, key employee or caregiver.</td>
<td>A</td>
</tr>
<tr>
<td>4 The admission to a hospital or medical facility of your host at destination, following an emergency medical condition.</td>
<td>A</td>
</tr>
<tr>
<td>5 The emergency medical condition of your travelling companion or their admission to a hospital or medical facility following an emergency.</td>
<td>A</td>
</tr>
<tr>
<td>6 The emergency medical condition of your family member who is at your destination or their admission to a hospital or medical facility following an emergency.</td>
<td>A</td>
</tr>
<tr>
<td>7 The emergency medical condition of your travel companion's family member or their admission to a hospital or medical facility following an emergency.</td>
<td>A</td>
</tr>
<tr>
<td>8 Your death.</td>
<td>A</td>
</tr>
<tr>
<td>9 The death of your family member or close friend (who is not at your destination), your business partner, key employee or caregiver.</td>
<td>A</td>
</tr>
<tr>
<td>10 The death of your travelling companion.</td>
<td>A</td>
</tr>
<tr>
<td>11 The death of your travelling companion's family member, business partner, key employee or caregiver.</td>
<td>A</td>
</tr>
<tr>
<td>12 The death of your host at destination, following an emergency medical condition.</td>
<td>A</td>
</tr>
<tr>
<td>13 The death of your family member or friend, who is at your destination.</td>
<td>A</td>
</tr>
<tr>
<td>14 † A travel advisory or formal notice issued by the Canadian government after the purchase of your trip and prior to your departure date, advising Canadians not to travel to a country, region or city that is part of your trip.</td>
<td>A</td>
</tr>
<tr>
<td>15 † A travel advisory or formal notice issued by the Canadian government after your departure date, advising Canadians not to travel to a country, region or city that is part of your trip.</td>
<td>N/A</td>
</tr>
<tr>
<td>16 † A transfer by the employer with whom you or your travelling companion is employed during the period of insurance, which requires the relocation of your principal residence.</td>
<td>A</td>
</tr>
<tr>
<td>17 † The involuntary loss of your or your travelling companion's permanent employment (not contract employment) due to lay-off or dismissal without just cause.</td>
<td>A</td>
</tr>
<tr>
<td>18 † Cancellation of your or your travelling companion's business meeting beyond your or your employer's control.</td>
<td>A</td>
</tr>
<tr>
<td>19 † You or your travelling companion being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.</td>
<td>A</td>
</tr>
<tr>
<td>20 † Delay of a private or rented vehicle resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing you or your travelling companion to miss a connection or resulting in the interruption of your travel arrangements, provided the automobile was scheduled to arrive at the departure point at least two hours before the scheduled time of departure.</td>
<td>N/A</td>
</tr>
<tr>
<td>21 † Delay of your or your travelling companion's common carrier, resulting from the mechanical failure of that common carrier, a traffic accident, an emergency police-directed road closure, weather conditions, or grounding of your air transportation, causing you to miss a connection or resulting in the interruption of your travel arrangements.</td>
<td>N/A</td>
</tr>
<tr>
<td>22 † Delay of your or your travelling companion's departure, resulting from the mechanical failure of your common carrier, a traffic accident, an emergency police-directed road closure, weather conditions, or grounding of your air transportation, causing you to miss your scheduled cruise or tour, and no alternative travel arrangements can be made for you to join the cruise or tour.</td>
<td>N/A</td>
</tr>
<tr>
<td>23 † An event completely independent of any intentional or negligent act that renders your or your travelling companion's principal residence uninhabitable or place of business inoperative.</td>
<td>A</td>
</tr>
<tr>
<td>24 † The quarantine or hijacking of an insured person or their travelling companion.</td>
<td>A</td>
</tr>
<tr>
<td>25 † You or your travelling companion being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, scheduled during your trip.</td>
<td>A</td>
</tr>
<tr>
<td>26 † You or your travelling companion's cruise is cancelled prior to the departure of the cruise ship due to mechanical failure, grounding, quarantine of cruise ship or the reposition of the cruise ship due to weather conditions, earthquakes or volcanic eruptions.</td>
<td>A</td>
</tr>
<tr>
<td>27 Your pregnancy, if diagnosed after the purchase of your trip and prior to your departure date when you choose not to travel.</td>
<td>A</td>
</tr>
</tbody>
</table>
- **Benefits A, B & C - Prepaid Travel Arrangements**
  If your covered reason entitles you to Benefits A, B or C, you will be entitled to reimbursement (up to the maximum sum insured) for:
  A. the non-refundable and non-transferable portion of your prepaid travel arrangements or rebooking fees, whichever is less; or
  B. the non-refundable and non-transferable unused portion of your prepaid travel arrangements; or
  C. the non-refundable and non-transferable unused portion of your prepaid travel arrangements, excluding the cost of prepaid unused transportation back to your departure point.

  **Note:** Your entitlement to reimbursement will be reduced by the amount of any travel vouchers issued by the travel service supplier.

- **Benefits D, E & F - Transportation**
  If your covered reason entitles you to Benefits D, E or F, you will be entitled to reimbursement (up to the maximum sum insured) for the extra cost of your economy class:
  D. transportation via the most cost-effective route to rejoin a tour or group on your trip; or
  E. transportation via the most cost-effective route to your departure point; or
  F. one-way air fare via the most cost-effective route to your next destination (inbound and outbound) on your trip.

  **Please Note:** If you are required to interrupt your trip to attend a funeral or travel to the bedside of a hospitalized family member, close friend, caregiver, business partner, or key employee where death is imminent, you have the option to purchase a ticket to the destination where the death or hospitalization has occurred. You will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost-effective route back to your departure point (applicable to covered reason #9). This option must be pre-authorized by Global Excel. This option can only be used once and if you chose this option, it will replace Benefit E.

- **Benefit G - Out-of-Pocket Expenses**
  G. If your covered reason entitles you to Benefit G, you will be entitled to reimbursement of up to the maximum specified in the SUMMARY OF BENEFITS, for accommodation, meals, telephone, taxi and ridesharing services, for expenses incurred if your trip is interrupted or if your return home is delayed beyond the scheduled return date.

- **N/A: Not Applicable**

**B. ✴ BAGGAGE COVERAGE**

The **Insurer** will reimburse the cost of replacement of an insured person’s baggage and personal property contained therein, due to theft, damage or loss by a common carrier when the baggage is checked with a common carrier or carried by the insured person on a common carrier, up to the maximum specified in the SUMMARY OF BENEFITS.

Payment is based on the actual replacement cost of any lost or stolen article provided the article is actually replaced; otherwise, payment is based on the actual cash value of the article at the time of loss or the maximum specified, whichever is less, with respect to any one item or set of items.

**Additional Benefit - Business Expense:** In the event of theft of your laptop or cell phone during your trip, the **Insurer** will reimburse up to the maximum specified in the SUMMARY OF BENEFITS, for the temporary use or rental of a computer, laptop or cell phone during your trip, provided such use or rental is required in connection with your business, trade or professional occupation. Original receipts and a police report are required for reimbursement.

**SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE**

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

1. **Limitations of Coverage.** When a cause of cancellation occurs (the event or series of events that triggers one of the covered reasons listed in SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?) before your departure date, you must, as soon as reasonably possible:
   - cancel your trip with the travel agent, airline, tour company, carrier or travel authority etc.; and
   - advise us.

   The **Insurer’s** maximum liability is the amounts or portions indicated in your trip contract that are non-refundable at the time of the cause of cancellation.

2. **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 medical condition (other than a minor ailment) of you, a family member, a travelling companion, a travelling companion’s family member, a business partner, a close friend, a key employee, a caregiver, or a host at trip destination, if, in the 90 days before your effective date, that condition or a related condition has not been stable.

2. Any medical condition which, prior to the effective date of coverage, was such as to render expected medical consultation or hospitalization as probable or certain (based on prior medical history) to occur.
B - GENERAL EXCLUSIONS

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

3. Trip cancellation, trip interruption or trip delay when you are aware, on the effective date, of any reason that might reasonably prevent you from travelling as booked.

4. A trip undertaken to visit or attend an ailing person, when the medical condition or death of that person is the cause of the claim.

5. The schedule change of a medical test or surgery that was originally scheduled before your period of insurance.

6. Routine pre-natal care.

7. 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.

8. 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.

9. Any claim that results from or is related to your commission or attempted commission of a criminal offence or illegal act.

10. Your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.

11. 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,
   c) had a blood alcohol level higher than the legal limit in the location where the accident occurred.

12. Noncompliance with any prescribed medical therapy or medical treatment (as determined by the Insurer) or failure to carry out a physician's instructions.

13. 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.

14. Your participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.

15. Loss arising as a result of work stoppage, or the bankruptcy or insolvency of a common carrier, travel agent, agency, broker or travel supplier.

In addition to the exclusions outlined above, the following exclusions apply to the Baggage benefit only. This insurance will not pay any expenses relating to or in any way associated with:

16. Animals, sporting equipment (except golf clubs and golf bags; skis, ski poles and ski boots; and rackets), cameras and accessory equipment, eye glasses, sunglasses, contact lenses, prosthetic devices including dentures, jewelry, china, art objects or breakage of fragile articles, furs, tickets, valuable papers and documents, credit cards and any other negotiable instruments, securities and money.

17. Confiscation, expropriation or detention by any government, public authority, customs or other officials.

18. Baggage or personal property lost, stolen or damaged during commuting.

19. Property illegally acquired, kept, stored or transported.

20. Loss or damage resulting from moths, vermin, deterioration or wear and tear.

21. Loss or damage caused by any imprudent action or omission by you.

SECTION 9 – ASSISTANCE SERVICES

If you need assistance before or while travelling, help is one call away. Global Excel provides the following services whenever possible:

Emergency Call Center. No matter where you travel, professional assistance personnel are ready to take your call. Please call Global Excel toll free at 1-833-685-2790 if in Canada or the United States, or call 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/
Benefit Information. Global Excel can help 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.

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 must contact us on the day the covered reason occurs or as soon as reasonably possible to advise us of the cancellation, interruption or delay of your trip.
- You must contact us on the day the baggage is lost, damaged or stolen.
- 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 be completed and that supporting documentation such as the following be provided:
  - A medical document, fully completed by the legally qualified physician in active personal attendance and in the locality where the medical condition occurred stating the reason why travel was impossible, the diagnosis and all dates of treatment.
  - Written evidence of the covered reason which was the cause of cancellation, interruption or delay.
  - Tour operator terms and conditions.
  - Copy of your invoice showing payment of prepaid travel arrangements, including the common carrier ticket.
  - Complete original unused transportation tickets and vouchers.
  - All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
  - Original passenger receipts for new tickets.
  - A copy of the initial claim report submitted to the common carrier and proof of submission of the loss to and the result of any settlement by the common carrier.
  - For the Baggage benefit, original receipt confirming that the property has actually been replaced or the original receipt for the lost, stolen or damaged item.
  - For the Business Expense benefit, original receipts and a police report.
  - Reports from the police or local authorities documenting the cause of the missed connection.
  - Detailed invoices and/or receipts from the service provider(s).
- 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

- During the processing of a claim, we may require you to undergo a medical examination by one or more physicians selected by us and at our expense. You agree that the Insurer and its agents have:
  a) Your consent to verify your health card number and other information required to process your claim with the relevant government and other authorities; and
  b) Your authorization to physicians, hospitals or medical facilities, and other medical providers to provide to us, any and all information they have regarding you, while under observation or treatment, including your medical history, diagnoses and test results; and
  c) Your agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of your claim for benefits obtainable from other sources.

- You may not claim or receive in total more than 100% of your total covered expenses or the actual expenses which you incurred, and you must repay to us any amount paid or authorized by us on your behalf if and when we determine that the amount was not payable under the terms of your insurance.
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 unless another beneficiary is designated in writing to Global Excel or the Insurer.

3. **Other Insurance.** This insurance is a second payer plan. 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. **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:
   o commits fraud or attempted fraud
   o attempts to deceive us in any way
   o conceals or misrepresents any material facts or circumstances
   o provides incomplete or inaccurate information.

6. **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.

7. **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.

8. **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.

9. **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.

10. **Evidence of Age.** The Insurer reserves the right to request proof of age of any insured person.

11. **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.

12. **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 covered under the policyholder’s EHC plan.

13. **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.

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.

**Business Meeting** means a meeting, trade show, conference, training course, or convention, scheduled before your effective date, between companies with unrelated ownership, pertaining to your full-time occupation or profession and that is the sole purpose of your trip.

**Caregiver** means a person entrusted with the care of the dependent child on a permanent, full-time basis and whose services cannot reasonably be replaced.

**Common Carrier** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire and for which a ticket has been obtained. Common carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, cruise and/or recreational activity, regardless of whether such conveyance is licensed. Rental vehicles are not considered common carriers.

**Commuting** means the regular or frequent travel between residence and place of employment usual to the insured person.
**Country of Origin** means the country in which you maintained a permanent residence prior to entry into Canada.

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

**Departure Point** means the place from your province you depart from 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 reached the age when insurance would normally terminate.

**Effective Date** means the date and time you make the initial non-refundable deposit for your trip and before any cancellation penalties have been incurred.

**Emergency** means a sudden and unforeseen 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.

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

**Global Excel** means Global Excel Management Inc., the assistance and claims service provider under this certificate.

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

**Grounding** means the complete and continuous withdrawal at or about the same time in the interest of safety, of one or more aircraft or cruise ship(s) from operation due to a mandatory order of Transport Canada, or other civil aviation or marine authority, because of an existing, alleged or suspected like defect, fault or condition affecting the safe operation of two or more such aircraft or cruise ships, whether such aircraft or cruise ships so withdrawn are owned or operated by the same or different persons, firms or corporations.

**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.


**Key Employee** means an employee whose continued presence is critical to the ongoing affairs of the business during your absence.

**Medical Condition** means an accident, sickness or disease (or a condition related to that accident, sickness or disease).

**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 days prior to the effective date of a trip. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

**Negotiable Instrument** means a document guaranteeing the payment of a specific amount of money, either on demand, or at a set time, with the payer usually named on the document. Negotiable instruments are unconditional orders or promises to pay, and include, but are not limited to cheques, drafts, bearer bonds, some certificates of deposit, promissory notes, and bank notes (currency).

**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.

**Period of Insurance** means the period of time between your effective date and your return date.

**Physician** means a person:

- who is not you or your 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 trip cancellation, trip interruption, trip delay and baggage 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.

**Rebooking Fees** mean the additional amounts charged to you to change your original ticket prior to your departure date, excluding any difference in fare between the original amount and the new amount, or the charges for a different booking class.
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.

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 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 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.

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 medical condition. This includes but is not limited to prescribed medication, investigational 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 period of travel outside your province for which:

a) There is a departure point and a destination; and

b) There is a predetermined and recorded departure date and return date on the confirmation of your prepaid travel arrangements.

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.

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.