

Don't forget your  
wallet card!



In the event of an Emergency,  
call the Assistance Centre  
immediately

**1 877 331-3134**

Toll free from the USA and Canada.

**+1 (519) 251-7401**

Collect to Canada from anywhere else in the world.

Our Assistance Centre is there to help you  
24 hours a day, each day of the year.



Manulife Travel Insurance is offered through  
The Manufacturers Life Insurance Company.

Plans underwritten by The Manufacturers Life Insurance Company.  
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Manulife, P.O. Box 4213, Stn A, Toronto, ON M5W 5M3.

## Policy for Students

Effective April 2016



## Travel Insurance

Underwritten by the Manufacturers Life Insurance Company.

Student Travel Insurance



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NAME

POLICY #

EFFECTIVE DATE

EXPIRY DATE

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in your wallet during your trip.

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## ABOUT MANULIFE

If you're studying away from your country of residence, Manulife offers the personalized coverage you need as a student.

Since the very beginning, when Sir John A. Macdonald, Canada's first Prime Minister, became President of the company in 1887, Manulife has set out to help people feel financially secure.

Today, with millions of customers, Manulife offers a diverse range of financial protection products and wealth management services. Operating in 22 countries and territories worldwide, Manulife is a financially strong company committed to customer excellence and value.

Financial protection, competitive pricing, easy-to-follow procedures. Consumer-friendly documentation. Caring assistance and claim services. They're all part of Manulife.

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations or exclusions.
- Your policy may not provide coverage for a medical condition and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specific time period.

PLEASE READ YOUR POLICY CAREFULLY  
BEFORE YOU TRAVEL

If you need medical attention or must make any other type of claim during your trip, call us for assistance first. The Assistance Centre is open 24 hours a day, each day of the year.

Please note that if you do not call the Assistance Centre in an emergency, or prior to any treatment, you will have to pay 20% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf.

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

The Manufacturers Life Insurance Company

If you need medical attention or must make any other type of claim during your trip, call us for assistance first. The Assistance Centre is open 24 hours a day, each day of the year.

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The Manufacturers Life Insurance Company

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## IN THE EVENT OF AN **EMERGENCY**, YOU MUST CALL THE ASSISTANCE CENTRE IMMEDIATELY

1 877 331-3134 toll-free from the USA and Canada

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

Please note that **if *you do not call* the Assistance Centre in an *emergency* and prior to any *treatment*, *you* will have to pay 20% of the eligible medical expenses *we* would normally pay under this policy.** If it is medically impossible for *you* to call when the *emergency* happens, *we* ask that *you* call as soon as *you* can or that someone calls on *your* behalf. **Do not assume that someone will contact the Assistance Centre for *you*. It is *your* responsibility to verify that this has been done.**

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.

### IMPORTANT INFORMATION ABOUT **YOUR** INSURANCE:

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife). Manulife has appointed Active Claims Management Inc. (operating as Active Care Management) as the provider of all assistance and claims services under this policy.

**This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.**

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

# GENERAL INFORMATION

## INSURING AGREEMENT

In consideration of the application for insurance for which *you* have met the eligibility requirements and paid the appropriate premium, we will pay, up to a maximum aggregate of \$2,000,000 CDN per policy, for the *reasonable and customary charges of covered expenses* incurred as a result of an *emergency* or any other covered loss (excluding losses related to the accidental death or dismemberment benefit) incurred while *you* are on *your trip*, subject to the terms, limitations, exclusions and other conditions of this policy. Some benefits are subject to advance approval by *our* Assistance Centre. Unless otherwise stated, all amounts referred to in this policy are in Canadian dollars. *You* will be responsible for any expenses that are not payable by *us*.

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

## PREMIUM

The required premium will be determined according to the schedule of premium rates in effect at the time *your* application for coverage is received by *us* or *our* agent. Premium rates and policy terms and conditions are subject to change without prior notice.

Upon payment of premium, this document becomes a binding contract when accompanied by a *confirmation* upon which a contract number appears.

Coverage will be null and void if the premium is not paid in full or received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

## WHO CAN APPLY?

To be eligible for insurance under this policy, *you* must be:

- under the *age* of 55; and
  - a full-time student with proof of admission or enrolment in a recognized institute of learning; or
  - a student completing post-doctoral research in a recognized institute of learning; or
  - *dependant(s)* and/or the *spouse* of and living with a student covered under this insurance, and named on the application; and
- purchasing coverage:
  - as an *inbound* student, when *your home country* is not Canada and *you* are temporarily residing in Canada; or
  - as an *outbound* student, when *your home country* is Canada, and *you* are covered under a *government health insurance plan* while temporarily residing outside Canada, or
  - as a *national student*, when *your home country* is Canada, and *you* are covered under a *government health insurance plan* while *you* are temporarily residing in another Canadian province or territory.

For Canadians, it is *your* responsibility to ensure continued coverage, where available, under the *government health insurance plan* of the province/territory where *you* permanently reside.

If *you* stay in *your destination* between semesters, *you* can re-apply for coverage as long as *you* have proof of enrolment in the following semester.

## YOU ARE NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS POLICY IF *YOUR TRIP* IS BOOKED OR UNDERTAKEN:

- contrary to medical advice;
- while *you* require kidney dialysis;
- if *you* have used home oxygen at any time during the twelve (12) months prior to the date of application; and/or
- *you* have been diagnosed with a terminal *illness* with less than two (2) years to live.

**FAMILY COVERAGE** is available to *you*, *your spouse* and *dependent child(ren)* who are travelling with *you*, who are listed on *your* application, and who are under *age* 55 if *you* have applied and paid for family coverage.

## YOUR COVERAGE STARTS on the later of:

- a) the date shown as *effective date on your confirmation*; or
- b) for an *inbound trip*, the date and time of *your* arrival in Canada; for an *outbound trip*, the date and time *you* leave Canada; or for a *national student*, the date and time *you* leave *your home*.

A *waiting period* will apply if *you* purchase this coverage after *your* arrival at *your destination*. Please review the *waiting period* definition.

## YOUR COVERAGE ENDS on the earliest of:

- a) the expiry date shown on *your confirmation*; or
- b) no more than fifteen (15) days after the date *your* enrolment as a student at a recognized educational institute terminates unless *you* are in the U.S.A. holding a valid F1 visa; or
- c) if *you* have purchased *inbound* coverage, the date *you* become insured under a *government health insurance plan*; or
- d) if *you* are a Canadian, the date *you* are no longer covered by a *government health insurance plan*; or
- e) if *you* are *inbound*, sixteen (16) days from the date *you* leave Canada to visit another country or when *you* exceed 49% of *your period of coverage* while visiting another country (except *your home country*) (coverage may be reinstated on the date *you* return to Canada with the approval of *our* Assistance Centre and if *you* can provide a statement of good health); or
- f) the date *you* cease to be a *spouse* or *dependant* as defined in this policy; or
- g) 365 days after the *effective date of your* policy; or
- h) the date *you* return *home*.

## WHAT IS COVERED OUTSIDE CANADA?

If <i>your home country</i> is:	<i>You</i> are covered for:
- Canada and <i>you</i> have purchased coverage for an <i>outbound trip</i>	<i>emergency</i> and Wellness Benefits while travelling outside Canada for the <i>period of coverage</i> shown on <i>your confirmation</i> .
- not Canada and <i>you</i> have purchased coverage for an <i>inbound trip</i>	<i>emergency</i> medical benefits while <i>you</i> travel outside Canada for periods of up to fifteen (15) consecutive days, provided <i>your</i> travel outside Canada does not exceed 49% of <i>your period of coverage</i> and as long as <i>your</i> travel outside of Canada originates and terminates in Canada and excludes <i>your home</i> or <i>home country</i> .

## REFUNDS

Full refunds must be requested in writing to *us* before coverage commences. Partial refunds must be requested in writing to *us* before coverage expires. The refund (minimum premium of \$50) is calculated from the postmark date of *your* request, provided there has been no incident which has resulted or will result in a claim during *your trip*, and provided that *you* mail *your* written refund request within five (5) days of *your* departure from *your destination* (of *your* return home, for Canadians studying abroad).

All travellers insured under the same *confirmation* must return together for a refund to be possible.

If *you* are an *Inbound Student* who has obtained coverage under a Canadian *government health insurance plan* and *you* have not reported or initiated a claim or been provided with any assistance services, *you* may, before *your* coverage expires, ask for a refund of the premium (minimum \$50) for the unused days of *your trip*. *You* will need to provide proof of the effective date of *your* Canadian *government health insurance plan*.

## TO STAY LONGER THAN PLANNED

If *you* already have coverage, simply call the broker from whom *you* purchased this coverage. *You* may be able to extend *your* coverage as long as:

1. *your period of coverage* does not extend beyond 365 days;
2. *you* remain eligible for insurance under this plan;
3. *we* have received the extension request prior to the *expiry date* of *your* existing policy issued by *us*; and
4. there has been no change between single or family coverage.

**NOTE:** For policy extensions, no losses or expenses or benefits will be paid for any *illness* or *injury* which first appeared, whether diagnosed or not, or for which *treatment* may or may not have been received prior to the *effective date* of the extension of coverage under this policy.

**AUTOMATIC EXTENSION** is provided at no additional premium if *you* are unavoidably delayed through no fault of *your* own beyond the date *you* were scheduled to return to *your home country* if:

- a) *you* are delayed while travelling as a fare-paying passenger in a common carrier or by private vehicle and the delay is caused by mechanical breakdown, a traffic accident or inclement weather. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours; or
- b) *you* are *hospitalized* on that date. In this case, *we* will extend *your* coverage during the *hospitalization* and for up to seventy-two (72) hours after discharge; or
- c) *you* have an *emergency* that does not require *hospitalization* but prevents travel. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours following medical approval to travel.

## WHAT IS COVERED

This insurance provides coverage up to a maximum aggregate of \$2,000,000 CDN per policy for *reasonable and customary charges* for covered expenses incurred by *you* during *your period of coverage*. Benefits #1 through 16 are payable as a result of an *emergency*. Benefits #18, 19 and 20 are payable insofar as they are *medically necessary*, rather than as the result of an *emergency*. Benefit #21 is payable in the case of an accidental death or dismemberment.

*Covered expenses* and benefits are subject to the policy's maximum sums, exclusions and limitations. All benefit amounts are in Canadian funds.

In order to be covered, benefits #3, 12 to 15, and 17 must have prior approval by the Assistance Centre.

*Emergency* medical benefits are payable per insured for the following:

1. **Hospital expenses for:**
  - a) a semi-private *hospital* room, or a private intensive or coronary care unit when *medically necessary*;
  - b) *your treatment* while in *hospital* up to sixty (60) days per *injury* or *illness*;
  - c) *your treatment* while in the *emergency* department, and/or as an out-patient at a *hospital*; or
  - d) *emergency hospitalization* required for psychiatric *treatment*, to a maximum of thirty (30) days per policy.
2. **Physician services** – for *emergency medical attention* received from a *physician* in or out of *hospital* and up to five (5) follow-up visits. If *you* are *inbound*, payment will be limited to 100% of the amount payable according to the schedule of fees established by the medical association for non-Canadian residents in the province or territory in which *you* received medical *treatment*.
3. **Diagnostic services** – tests that are required as a result of an *emergency* and requested by *your physician* due to an *emergency* and to diagnose or learn more about *your* medical condition. Prior approval is required by the Assistance Centre for all major diagnostic testing, including but not limited to magnetic resonance imaging (MRI), computer axial tomography (CAT) scans, sonograms, ultrasounds and biopsies.
4. **Private duty nurse** – when *medically necessary*, and recommended by a *physician*, the services of a licensed registered nurse up to a maximum of \$10,000. This benefit is in lieu of *hospitalization* and the cost must not exceed the daily rate for standard ward accommodation.
5. **Ambulance** – up to \$5,000 per unrelated *illness* or *injury* for a licensed ground or air ambulance to the nearest *hospital* or medical facility, or between medical facilities, if necessary.
6. **Prescription drugs** – up to a thirty (30) day supply of drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist and dispensed by a licensed pharmacist.
7. **Paramedical services** – for *treatment* received from a licensed chiroprapist, podiatrist, physiotherapist, chiropractor, or osteopath, up to \$70 per visit to a maximum of \$700 for a covered *injury*.
8. **Accidental dental injury** – up to \$2,500 for *emergency* dental *treatment* to repair or replace *your* natural or permanently attached artificial teeth (including caps and crowns) where *treatment* is required as a result of an accidental blow to the mouth and within thirty (30) days of the accident. *Treatment* must be completed within the twelve (12) consecutive months following the accident and prior to *your* return to *your home country*. An accident report from the dentist is required by the Assistance Centre.
9. **Emergency dental treatment** – up to \$100 for the relief of dental pain, and up to \$250 per tooth to extract impacted wisdom teeth. (This benefit excludes crowns and root canals.)
10. **Psychiatric care** – up to \$5,000 for services of a legally qualified psychiatrist while *you* are an in-patient following an *emergency*, plus up to five (5) follow-up visits with a *physician*.
11. **Trauma counselling** – up to six (6) sessions of trauma counselling if *you* suffer an *emergency* covered under this policy and the counselling occurs within ninety (90) days of the date of the *emergency*.
12. **Medical appliances** – when *medically necessary*, purchase or rental (whichever is less) of a hospital bed,

wheelchair, crutches, splints, canes, slings, trusses, braces or other prosthetic appliance. Prior approval by the Assistance Centre is required.

13. **Emergency evacuation** – up to a maximum of \$100,000 for *reasonable and customary charges* to transport *you home* during *your period of coverage* and as a result of a covered *emergency*:
- by economy class airfare via the most cost-effective itinerary; and/or,
  - by stretcher on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*; plus the cost of return economy class airfare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*; and the attendant's reasonable fees and expenses, if this is *medically necessary* or required by the airline; and/or,
  - by air ambulance when the covered *emergency* necessitates *your* immediate return or if continuing medical care is required but not covered under this policy, or *our* medical advisors recommend that *you* return *home* after *your emergency*.

All air evacuations must be approved and arranged by *our* Assistance Centre.

14. **Family transportation and subsistence allowance** – If *you* are *hospitalized* for at least seven (7) consecutive days or if *you* die during *your period of coverage* because of a medical *emergency*, and if approved in advance by *our* Assistance Centre, we will pay the return economy class airfare up to \$3,000, via the most cost-effective itinerary, for an *immediate family* member to be with *you* or to identify *your* body. We will also pay up to \$150 per day to a maximum of \$1,500 for the cost of meals, commercial accommodation, essential phone calls and taxi fares. (Original receipts must be included with *your* claim.)

Limitation: This benefit is available if *your immediate family* member is beyond 500 kilometers of *your hospital* location when *you* are *hospitalized* away from *home*.

15. **Repatriation of mortal remains** – up to \$10,000 for the actual expense to have *your* body prepared for burial or cremated plus up to \$3,000 for *your* burial where *you* die, or the cost to return *your* body or ashes *home* if *you* should die as a result of an *emergency* covered under this policy during *your period of coverage* or within 365 days after an accidental bodily *injury* that occurred while covered under this insurance.
16. **Tuition reimbursement** – if *you* have an *emergency* which prevents *you* from attending school and, as a result, *you* are unable to obtain passing grades for the semester, as confirmed by *your physician* and registrar of the school *you* are attending, we will reimburse *you* for the actual tuition fee paid by *you* up to \$5,000 per semester, minus any amounts refunded by *your* school.
17. **Trip Break** – up to twenty-one (21) consecutive days while *you* are enrolled in school. If *you* have requested and received prior approval from *our* Assistance Centre, *you* may return *home* to attend special events. *Your* coverage will be suspended but will not terminate while *you* are *home*. *Your* suspension of coverage will end and *your* coverage will be reinstated when *you* arrive in Canada if *you* are *inbound*, or when *you* leave Canada if *you* are *outbound*, or when *you* leave *home* if *you* are a *national student*. There will be no refund of premium for any of the days that *you* have returned *home*.

Wellness Benefits include #18, 19 and 20.

18. **Annual medical examination** – up to \$100 per year to a *physician* (general practitioner) for an exam and associated tests and for one consultation session.
19. **Eye examination** – up to one (1) visit per year to a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the optic system.
20. **Maternity benefit** – the *reasonable and customary charges* up to the following amounts for *physician* services and *hospitalization*, per pregnancy:
- \$4,000 for normal childbirth,
  - \$6,000 for caesarian section or
  - \$8,000 for medical complications related to childbirth.
- To be eligible for this benefit, *your* pregnancy must have commenced after the *effective date* of the policy. If *you* have purchased back-to-back policies issued by *us*, *you* are still eligible for this benefit provided:
- there has been no lapse in coverage, and
  - *your* pregnancy commenced after the *effective date* of the first policy.

Notwithstanding the above benefit, newborns are not covered under this policy. They can become fully covered at 30 days of *age* if an application is completed and submitted to and approved in writing by *us* and *you* have purchased and paid the premium for family coverage.

The following benefit is payable in the event of an accidental death or dismemberment occurring while *you* are covered under this insurance and within ninety (90) days of the accident.

21. **Accidental death or dismemberment** – up to \$10,000 in the event of an accidental death or dismemberment. This benefit is payable according to the following schedule
- |  |      |
|--|------|
| • Loss of life                                     | 100% |
| • Loss of two or more limbs                        | 100% |
| • Loss of entire sight of both eyes                | 100% |
| • Loss of one limb and the entire sight of one eye | 100% |
| • Loss of one limb                                 | 50%  |
| • Loss of the entire sight of one eye              | 50%  |

Loss of a limb means an arm or leg fully severed through or above *your* wrist or ankle joints. Loss of sight means completely and permanently blind.

If *you* have more than one of these losses, only one amount (the largest) is payable.

All benefits payable under this benefit are subject to an overall maximum aggregate limit relating to all in-force Manulife Student Health Insurance policies. If total claims otherwise payable for this coverage under all Student Health Insurance policies issued by *us* resulting from one accident exceed \$250,000, then the amount paid on each claim shall be reduced on a prorated basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit of \$250,000.

Please note that if **you do not call** the Assistance Centre in an *emergency* and prior to any *treatment*, *you* will have to pay 20% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for *you* to call when the *emergency* happens, we ask that *you* call as soon as *you* can or that someone call on *your* behalf.

**Do not assume that someone will contact the Assistance Centre for *you*.** It is *your* responsibility to verify that this has been done.

## WHAT IS NOT COVERED

We will not pay any expenses or benefits relating to:

1. a) A *pre-existing condition* that was not *stable* in the three (3) months before *your effective date*.  
b) Any *pre-existing condition* of a covered *dependant* or *spouse* that was not *stable* in the three (3) months before the date the *dependant* or *spouse* became covered under this policy.
2. For covered *dependants* under two (2) years of *age*, any medical condition related to a birth defect whether genetic, acquired, or congenital.
3. Chemotherapy *treatment* unless approved by the Assistance Centre.
4. Any expense if you are either on an *outbound trip* or a *national student*, without a valid *government health insurance plan*.
5. *Covered expenses* that exceed 80% of the cost we would normally have to pay under this insurance, if you or someone on *your behalf* does not contact the Assistance Centre at the time of the *emergency*, unless *your* medical condition makes it impossible for you to call (in which case, the 20% co-insurance does not apply).
6. *Injuries* or death sustained while you are enlisted in the regular force of the armed forces of any country, or participating in any maneuver or training exercises of the armed forces of any country.
7. Elective, non-*emergency* or experimental medical *treatment*, including any *treatment* given to maintain the stability of a chronic medical condition, including the refill of medication, test or examinations forming part of a normal regime, or *treatment* not required for the immediate relief of pain and suffering except those identified as Wellness Benefits in this policy.
8. Continuing *treatment* after the Assistance Centre has requested that you return *home*.
9. Medication commonly available without a prescription, fertility drugs or testing, contraceptives, pregnancy tests, drugs for *treatment* of erectile dysfunction, vaccinations or injections, vitamin preparations or medication received on a preventive basis, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products and/or the replacement of existing prescriptions, whether replacement was for reason of loss, renewal or inadequate supply.
10. Any *emergency* medical and non-*emergency* medical services for any *injury* that occurred or *illness* that started in *your home country* during a *Trip Break* (see benefit #17).
11. For *inbound trips*, any medical expenses incurred outside of Canada when more than fifteen (15) consecutive days or more than 49% of *your period of coverage* were spent outside of Canada.
12. If you are *inbound*, *covered expenses* billed by a *physician* in excess of 100% of the schedule of fees established by the medical association for non-Canadian residents in the province or territory in which you received medical *treatment*.
13. Pregnancy, voluntary termination of pregnancy, childbirth or their complications except as identified in benefit #20.
14. Dental surgery, cosmetic or plastic surgery unless such surgery is an *emergency* and necessary as a result of an *injury* incurred while this policy is in force.
15. Any dental crowns or root canals except as specified under benefit #8.
16. Any loss, *injury* or death related to the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol or other intoxicant, whether sane or insane.
17. Suicide, attempted suicide, or an intentional self-inflicted injury whether sane or insane.
18. Emotional, psychological, nervous or mental disorders, except as specified under benefits #1d), 10 and 11.
19. Any eating disorder or weight problem.
20. Any loss as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Conditions (ARC) or the presence of HIV, including any associated diagnostic tests or changes.
21. An *emergency* resulting from: hang-gilding, rock-climbing, mountaineering, parachuting or skydiving; participating in a motorized speed contest; or your professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving, is *your principal paid occupation*.
22. *Treatment* or services that contravene any government, *hospital* or medical care insurance legislation in Canada if you are *inbound* or a *national student*.
23. Piloting or learning to pilot, or acting as a crew member of any type of aircraft; or travelling as a passenger on any non-commercial flight; operating any form of motorized transport on land or water without a valid operator's licence.
24. An *act of war* or *act of terrorism*. For Canadians travelling out of Canada, limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage.
25. Any services or supplies provided by you, or a member of *your immediate family*.
26. A medical condition:
  - when you knew, or for which it was reasonable to expect, before you left *your home*, or before the *effective date* of coverage, that you would need or be required to seek *treatment* for that medical condition; and/or
  - when the purpose of *your trip* was to seek medical *treatment* for that medical condition; and/or
  - that had caused *your physician* to advise you not to travel; and/or
  - related to a prior elective or non-emergent medical condition except as specifically stated as a benefit in this policy; and/or
  - when you did not comply or you failed to carry out a *physician's* instructions or you were negligent.
27. Any expense that is not for an *emergency*, except as identified as Wellness Benefits in this policy; and any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
28. Costs that exceed the *reasonable and customary charges*.
29. Medical examinations and tests required for immigration purposes or by a third party; and/or consultation with a *physician* by telephone or e-mail.
30. Loss or damage to repair, extract, replace or purchase hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic limbs or devices, or artificial teeth and resulting prescriptions thereof.
31. Committing or attempting to commit an illegal or a criminal act.
32. Renal dialysis or organ transplantation of any nature.
33. Rehabilitation and convalescent facilities and services; or holidays for recuperative purposes.
34. Any interest, finance, administrative or late payment charge.
35. Any loss resulting from an *act of war* or an *act of terrorism* when, before *your departure date*, a written formal Travel Warning was issued by Foreign Affairs, Trade and Development

Canada, advising Canadians to avoid all or non-essential travel to that specific country, region or city.

36. Any medical condition *you* suffer or contract in a specific country, region or city for which the Government of Canada has issued a Travel Advisory, before *you* left Canada, advising Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion, "medical condition" is limited to the reason for which the formal warning was issued and includes complications arising from such medical condition.
37. For *policy extensions only*, any medical condition which first appeared, whether diagnosed or not, or for which *treatment* may or may not have been received prior to the *effective date* of the extension of coverage under this policy.
38. If *you* are *inbound*, any follow-up visits outside of Canada when the *emergency* occurred in Canada.
39. Any claim for an *illness* sustained during the *waiting period*.

## TERRORISM COVERAGE

(Only for Canadians travelling away from Canada)

Where an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this policy, this insurance will provide coverage as follows.

- For all *emergency* medical benefits, we will provide benefits to *you* for *your covered expenses* subject to the maximums shown in the *covered expenses* and this provision.
- The benefits payable, as described directly above, are excess to all other potential sources of recovery, including other insurance coverage (even where such other coverage is described as *excess*) and will only become available after *you* have exhausted all such other sources.

Any benefits payable pursuant to *our emergency medical benefits* shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *us*, including this policy. If total claims otherwise payable for a type of coverage under all travel policies issued by *us*, resulting from one or more *acts of terrorism* occurring within an applicable time period, exceed this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a prorated basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

Coverage is only available for up to two (2) *acts of terrorism* within a calendar year and the maximum aggregate payable limit for each *act of terrorism* is \$35,000,000 CDN for *emergency* medical benefits.

If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable limits, *your* prorated claim may be paid after the end of the calendar year in which *you* qualify for benefits.

### EXCLUSION TO THIS TERRORISM COVERAGE PROVISION

Notwithstanding any provision to the contrary within this policy or any endorsement thereto, this policy does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, results from, arises out of or is in connection with any *acts of terrorism* perpetrated by or involving the utilization of biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

## HOW TO MAKE A CLAIM

**IN THE EVENT OF AN EMERGENCY, YOU MUST CALL THE ASSISTANCE CENTRE IMMEDIATELY**

1 877 331-3134 toll-free from the USA and Canada

+1 519 251-7401 collect to Canada from anywhere else in the world.

*Our* Assistance Centre is there to help *you* 24 hours a day, each day of the year.

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

Please note that if ***you do not*** call the Assistance Centre in an *emergency* and prior to any *treatment*, *you* will have to pay 20% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for *you* to call when the *emergency* happens, we ask that *you* call as soon as *you* can or that someone call on *your* behalf. **Do not assume that someone will contact the Assistance Centre for *you*. It is *your* responsibility to verify that has been done.**

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these services will be reimbursed to *you* on the basis of the *reasonable and customary charges* that we would have paid directly to such provider. Medical charges that *you* pay may be higher than this amount; therefore, *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary charges* reimbursed by *us*. Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre.

**Notice and Proof of Claim.** Claims must be reported within 30 days of occurrence of a claim arising under this contract. *Your* proof of claim must be sent to *us* within 90 days of the date a claim has occurred or the service was provided.

**Failure to Give Notice or Proof of Claim.** Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one year from the date of the occurrence arising under this contract, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

**Forms for Proof of Claim.** The Assistance Centre will furnish forms for proof of claim within 15 days after receiving notice of claim. Where the claimant has not received the forms within that time, the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or *injury* or insured risk giving rise to the claim and the extent of the loss.

Claims correspondence should be mailed to:

Manulife Travel Insurance for Students  
c/o Active Care Management  
PO Box 1237 Stn A  
Windsor, ON N9A 6P8

*You* may call the Claims Centre directly for specific information on how to make a claim or to enquire about *your* claim status at: 1 877 331-3230 or +1 519 251-7402.

All money payable under this contract shall be paid by *us* within 60 days after it has received proof of claim and all required documentation.



**IF YOU ARE MAKING A MEDICAL CLAIM,** we will need:

- a) original itemized receipts for all bills and invoices;
- b) proof of payment by *you* and by any other benefit plan;
- c) medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was *medically necessary*;
- d) proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident;
- e) proof of travel (including departure and return dates);
- f) *your* historical medical records (if *we* determine applicable); and
- g) proof of enrolment in a recognized institute of learning.

**IF YOU ARE MAKING AN ACCIDENTAL DEATH OR DISMEMBERMENT CLAIM,** we will need:

- a) police, autopsy or coroner's report;
- b) medical records; and
- c) death certificate, as applicable. If *your* body is not found within twelve (12) months of the accident, *we* will presume that *you* died as a result of *your injuries*.

**TO WHOM WILL WE PAY BENEFITS IF YOU HAVE A CLAIM?**

Except in the case of *your* death, *we* will pay the benefits and *covered expenses* under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if *we* determine that the amount is not payable under *your* policy.

All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, *we* will use *our* exchange rate on the date *you* received the service outlined in *your* claim. *We* will not pay for any interest under this insurance.

**HOW DOES THIS INSURANCE WORK WITH OTHER COVERAGES THAT YOU MAY HAVE?**

The insurance outlined in this policy are second payor coverages. If there are other third-party liability, group or individual, basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third-party liability insurance in force concurrently herewith, amounts payable hereunder are limited to that portion of *your* eligible *covered expenses* that are in excess of the amounts for which *you* are insured under such coverage.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.

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

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy. If the total amount of all accident insurance *you* have under policies issued by *us* is more than \$100,000 CDN, *our* aggregate liability will not exceed \$100,000 and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

**IS THERE ANYTHING ELSE YOU SHOULD KNOW IF YOU HAVE A CLAIM?**

This policy is null and void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application for this policy or extension of coverage under this policy.

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

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

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

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

## STATUTORY CONDITIONS

**The Contract.** This policy, the application, the *confirmation*, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing after the policy is issued, and the rate sheet (where applicable) constitute the entire contract, and no agent or broker has the authority to change the contract or waive any of its provisions.

**Copy of Application.** Upon request, a copy of the application shall be given to *you* or to a claimant under the contract.

**Waiver.** *We* reserve the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by Manulife.

**Material Facts.** No statement made by *you* at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

**Termination by Insurer.** *We* may terminate this contract in whole or in part, at any time by giving written notice of termination to *you* and by refunding concurrently with the giving of notice, the amount of premium paid in excess of the proportional premium for the expired time. The notice of termination may be delivered to *you*, or it may be sent by registered mail to *your* latest address on record. Where notice of termination is delivered to *you*, five days notice of termination will be given; where it is mailed to *you*, 10 days notice will be given and the 10 days will begin on the day following the date of mailing of the notice.

**Termination by Insured.** *You* may terminate this contract at any time by mailing or delivering a written notice of termination to *us* at *our* office. See the refunds section of this policy.

**Rights of Examination.** For the purposes of determining the validity of a claim under this policy, *we* may obtain and review the medical records of *your* attending *physician*(s), including the records of *your* regular *physician*(s) at *home*. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to *you* before *you* incurred a claim under this policy. In addition, *we* have the right, and *you* shall afford *us* the opportunity, to have *you* medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If *you* die, *we* have the right to request an autopsy, if not prohibited by law.

## DEFINITIONS

When italicized in this policy, the term:

**Act of terrorism** means any activity occurring within a seventy-two (72) hour period, save and except an *act of war*, against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- use of, or a threat to use, force or violence; or
- commission of, or a threat to commit, a dangerous act; or
- commission of, or a threat to commit, an act that interferes with or disrupts an electronic, information or mechanical system; and the effect or intention of the above is to:
- intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against its conduct or policies; or
- intimidate, coerce or instill fear in the civilian population or any segment thereof; or
- disrupt any segment of the economy; or
- further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

**Act of war** means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

**Age** means the length of existence, expressed in years, from the time of birth until the *effective date* as stated on *your confirmation*.

**Confirmation** means the document or set of documents confirming *your insurance coverage* under this policy, *your proof of enrolment* and, where applicable, *your trip arrangements*.

**Covered expense** means *reasonable and customary charges you incur for supplies and services which are eligible expenses under this policy and which are either in excess of and/or not covered under your government health insurance plan or any other plan.*

**Dependant** means *your unmarried child living with you who is at least 30 days of age and under twenty-one (21) years of age and who is dependent upon you for at least fifty percent (50%) of his/her maintenance and support, and who is residing with you on your trip.*

**Destination** means the country where *you* are registered to attend school as a full-time student under this program.

**Effective date** means the date identified on *your confirmation*.

**Emergency** means a sudden and unforeseen occurrence of an *illness or injury* that begins during the *period of coverage* and requires immediate *medical attention*. An *emergency* no longer exists when the Assistance Centre determines *you* are able to continue the *trip* or return *home*.

**Government health insurance plan** means the health coverage that the provincial or territorial governments provide to residents of Canada.

**Home** or **Home country** means the country where *you* permanently reside. For a *national student home* means the Canadian province/territory of residence when not attending school.

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

**Hospitalization** or **hospitalized** means *you* are admitted to a *hospital* and are receiving *treatment* as an in-patient.

**Illness** means sickness or disease.

**Immediate family** means *spouse*, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child,

brother, sister, step-brother, step-sister, aunt, uncle, niece or nephew.

**Inbound** means temporary residence in Canada while *you* are away from *your home country*.

**Injury** means sudden bodily harm that *you* sustain during the *trip* and that is caused directly by external and purely accidental means, and independent of *illness*. All bodily harm resulting from one incident is considered an *injury*.

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

**Medically necessary** in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b) is not experimental or primarily investigative in nature;
- c) could not be omitted without adversely affecting *your* state of health or quality of medical care;
- d) cannot be delayed until *you* return *home*; and/or
- e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

**National student** means a person covered under a Canadian *government health insurance plan* and who is studying within Canada but away from *home*.

**Outbound** means temporary residence outside Canada when Canada is *your home*.

**Period of coverage** means the time beginning with *your effective date* and ending with *your expiry date*, as shown on *your confirmation*.

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

**Pre-existing condition** means an *injury, illness* or symptom that existed before *your effective date*.

**Reasonable and customary charges** means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same *treatment* of a similar *illness or injury*. In addition, in Canada, for *inbound students reasonable and customary charges* means the costs up to a maximum of the applicable provincial medical/dental associations' fees for non-Canadian residents or the amount specified in this policy, whichever is less.

**Spouse** means the person to whom *you* are legally married, or with whom *you* have been living in a conjugal relationship for at least one full year before the *effective date* of this insurance, and who is residing with *you* on *your trip*.

**Stable** means a medical condition for which:

- *you* have not had any new symptom(s); and
- existing symptom(s) have not become more frequent or severe; and
- *your physician* has not determined that *your medical condition* has become worse; and
- no test findings have shown that *your medical condition* may be getting worse; and
- *you* have not received, been prescribed, taken or had a *physician* recommend any new medication, any change in medication. Exceptions: the routine adjustment of Coumadin, warfarin, insulin to control diabetes (as long as the medication is not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified); and
- *you* have not received, been prescribed or had a *physician*

recommend any new *treatment* or any change in *treatment*; and

- *you* have not been *hospitalized* or referred to a specialty clinic or specialist; and
- *your physician* has not advised *you* to see a specialist or to have further tests, and *you* have not undergone testing for which *you* have not yet received the results.

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

**Trip** means the *period of coverage* for students who are *inbound, outbound* and *national students*.

**Waiting period** means:

- a) the 48-hour period following *your effective date* of insurance if *you* purchase this insurance within 30 days after *your arrival at your destination*;
- b) the 8-day period following *your effective date* of insurance if *you* purchase this insurance more than 30 days after *your arrival at your destination*.

A *waiting period* is applicable to all claims if *you* purchased insurance after *your arrival at your destination*.

The *waiting period* will be waived:

- in the case of *injury*; or
- if *you* purchased this policy prior to the expiry date of *your* existing policy, to become effective on the day following such expiry date.

**We, us, our** means The Manufacturers Life Insurance Company (Manulife), the insurer of the coverage provided under this policy.

**You, your** means the person(s) named as the insured(s) on the *confirmation*, for which insurance coverage was applied for and premium has been received by *us*.

## NOTICE ON PRIVACY

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

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