



PRIME LINKTM
TRAVEL MEDICAL INSURANCE

**PrimeLink & PrimeLink Plus
Out-of-Province Travel
Medical Insurance Policy**

October 2009

**Read your policy carefully.
Certain conditions and
limitations apply.**

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 exclusions and/or limitations.
- A pre-existing exclusion may apply to 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 illness, your prior medical history may be reviewed when a claim is reported.
- Your policy provides travel assistance. If you experience a medical emergency, you must notify our Assistance Centre immediately. Your policy may limit benefits should you not contact the Assistance Centre .

**PLEASE READ YOUR POLICY CAREFULLY
BEFORE YOU TRAVEL**

IN THE EVENT OF AN *EMERGENCY*, CALL ACM IMMEDIATELY

1 877-251-5107

toll-free from the USA and Canada

or

+1 519 251-5107

collect from anywhere else in the world

Please note that **if you do not call ACM in an *emergency*, you will have to pay 25% of the medical covered expenses** we would normally pay under this policy (25% co-insurance). If it is medically impossible for *you* to call when the *emergency* happens, the 25% co-insurance will not apply. In this case, we ask that *you* call as soon as *you* can or that someone call on *your* behalf. **Do not assume that someone will contact ACM for you. It is *your* responsibility to verify that ACM has been contacted.**

ACM is there to help *you* 24 hours a day, 365 days a year.

PRIMELINK TRAVEL INSURANCE

Table of Contents

Plans at a Glance	2
Eligibility	2
Introduction	2
Period of Coverage	3
Multi-Trip Annual Plans	3
Top-Ups	3
Single Trip Plans	3
Change in Departure Date	4
Change in Return Date	4
Automatic Extension	4
Refunds	4
Emergency Medical Coverage	5
Benefits	5
Exclusions & Limitations	7
Trip Cancellation & Trip Interruption	9
Benefits - Trip Cancellation	9
Benefits - Trip Interruption	9
Exclusions & Limitations	10
Baggage Loss, Damage & Delay	11
Benefits	11
Exclusions & Limitations	11
Terrorism Coverage	11
Benefits	11
Exclusions & Limitations	12
General Provisions	12
Assistance in a Medical Emergency	14
Claims Procedures	15
Definitions	16
Notice on Privacy	19

All italicized words have specific meanings.
Please refer to the Definitions section for specific meanings.

Underwriting for this policy is provided by The Manufacturers Life Insurance Company ("Manulife Financial") and First North American Insurance Company (a wholly owned subsidiary of Manulife Financial). Please note that risks identified with ‡ throughout this document are covered by First North American Insurance Company. Administration of all applications, enrolments and customer service is provided by CanAm Special Risk Agency Limited (CanAm Insurance) and/or *your* authorized broker. Assistance and claims services are provided by Active Care Management Inc. (ACM).

StandbyMD is provided by Healthcare Concierge Services, Inc., and arranged by CanAm Insurance. Manulife Financial and its agents are not responsible for the availability, quality or results of services provided by StandbyMD.

Plans at a Glance

SINGLE TRIP PLANS				MULTI TRIP PLANS
	<i>Emergency Medical</i>	<i>Travel Canada Emergency Medical</i>	<i>All-Inclusive</i>	<i>Emergency Medical</i>
Benefits				
Maximum Age Limit	No Limit	No Limit	No Limit	No Limit
Emergency Medical	◆	◆	◆	◆
Trip Cancellation & Trip Interruption			◆	
Baggage Loss, Delay and Damage			◆	
Features & Options				
Top-Ups				◆
Deductible Savings	◆			◆
Family Coverage*	◆	◆		◆

*Family Coverage is available only to travellers under the age of 55.

Eligibility

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

- Be a Canadian resident;
- Meet the eligibility requirements as stated in the application;
- Be *insured* under a Canadian government health insurance plan (GHIP) for the entire duration of *your trip*;

If you need additional *Trip Cancellation* coverage, you must purchase *top-up* coverage within 7 days of booking *your trip* or before any cancellation penalties are chargeable for that *trip*.

Introduction

In consideration of the application for insurance and payment of the appropriate premium, we will pay up to the maximum sums for *covered expenses* incurred as a result of an *emergency*, or for any other covered loss incurred during *your period of coverage*, subject to the terms, conditions, limitations, and exclusions of this policy. Payment will be limited to the benefits selected and any applicable *deductible amount*. You will be responsible for any expenses that are not payable pursuant to the terms of the policy. Some of the assistance services in this policy may be restricted or unavailable in certain countries or regions due to war, civil unrest, political instability, and other factors beyond *our control* and that of *ACM*.

This policy is in force only if CanAm Insurance and/or *your* authorized broker have received valid payment and have issued a policy and a *confirmation* to you. If you have not received *your confirmation* bearing *your name* and policy number, then you are not covered.

Period of Coverage

Multi *Trip* Annual Plan

The Multi *Trip* Annual Plan provides coverage for multiple *trips* during *your* period of coverage, provided no one *trip* exceeds the maximum number of days as specified on *your confirmation* unless *Top-Up* coverage was purchased for *your trip*. See the *Top-Ups* section for more details.

Your period of coverage begins:

- (a) at 12:01 a.m. on the *effective date* as shown on *your confirmation*; and after that date,
- (b) the date that *you* leave *home*.

Your period of coverage ends on the earliest of:

- (a) the date *you* return *home* for any reason;
- (b) the date *you* reach the maximum *trip* length as specified in *your confirmation*; or
- (c) 11:59 p.m. on the expiry date as specified on *your confirmation*.

All Multi *Trip* Annual Plans provide *you* with *emergency* medical coverage outside *your* province or territory of residence.

For PrimeLink Plus all Multi *Trip* Annual Plans provide *you* with unlimited travel within Canada but away from *your* province or territory of residence.

In the event of a claim, *you* will be required to provide proof of *your departure date* and *your return date*. Proof can include *your plane* ticket, train ticket, a stamped passport, and/or credit card or bank statement showing purchases that *you* have made in Canada just prior to *your departure date*.

NOTE: If a *trip* will extend beyond the expiry date, *you* can purchase:

- *Top-Up* coverage for any travel days that fall after *your* coverage ends; or
- a new plan for the next 365-day period as long as the total duration of the *trip* does not exceed the *trip* length option *you* purchased.

Top-Ups

This insurance can be used to add extra coverage days to an annual plan. Check to see if *your* existing coverage permits *Top-Up*. To *Top-Up* *your* coverage, call 1-800-509-5831 or call *your* authorized broker to purchase. If the total length of *your trip* exceeds 183 days (212 days if *you* reside in Ontario), it is *your* responsibility to ensure continued coverage of *your GHIP*.

You may be required to answer medical questions to determine *your* eligibility and premium for *Top-Up* coverage.

If *you* purchase *Top-Up* from another company, *you* will not be covered under this policy for any part of *your trip*.

Single *Trip* Plan

The Single *Trip* Plan provides coverage for one *trip*.

Your period of coverage begins on the latest of:

- (a) *your effective date* of insurance, as specified on *your confirmation*; or
- (b) the date *you* leave *home* .

Trip Cancellation coverage, included in the All-Inclusive plan, starts on the date *you* pay the premium for that coverage, specified as purchase date on *your confirmation*.

Your period of coverage ends on the earliest of:

- (a) 11:59 p.m. on the expiry date as specified on *your confirmation*; or
- (b) the date *you* return *home* for any reason.

Trip Cancellation coverage included in the All-Inclusive plan, ends on the earlier of

- (a) the date *you* leave *home*; or
- (b) the date *you* cancel *your trip*.

Note: *Your* period of coverage may be changed only in accordance with the provisions explained in the Change in Departure or Return Date section of this policy.

Change in Departure Date

If there is a change in *your effective date*, notice must be provided to CanAm Insurance before *you* leave *home* and prior to the *effective date* shown in *your confirmation*. Evidence of *your departure date* will be required at the time of claim.

Change in Return Date

If *you* are already on *your trip* and need to apply for an extension *you* must be in good health and cannot have any *medical condition* for which surgery, *hospitalization* or *change in treatment* is anticipated. Extensions are not guaranteed. If a claim has been incurred, extensions are subject to approval of ACM. Extensions do not cover, provide services or pay claims for expenses resulting directly or indirectly from any *sickness* or *injury* that was first manifested, first diagnosed, or first treated after the *effective date* of insurance or *trip departure date* and prior to the date when *your* application to extend *your* period of coverage under this insurance was approved.

To apply for an extension of coverage, call 1 800-509-5831 or *your* authorized insurance broker. For early returns, see the Refunds section.

Automatic Extensions

This policy provides automatic extension of coverage at no additional cost to *you* if:

1. *you* are confined to *hospital* on *your* scheduled return date and thus prevented from returning to *your* Canadian province or territory of principal residence. In this case, *your* period of coverage will continue for the period of such confinement plus a further period of 72 hours, but in no event for more than 12 months from the date the first *covered expense* was incurred;
2. *your* scheduled return date is delayed due to the delay of *your common carrier*; or, while travelling by automobile, *you* are involved in an accident or a mechanical breakdown. In this case, *your* period of coverage will be extended for 72 hours.

Refunds

A full refund can be requested prior to the *effective date* of insurance. A partial refund can be requested if *you* have purchased *our* Single *Trip Plan* or *Top-Up* and *you* return *home* prior to the expiry date specified on *your confirmation*. Partial refunds are calculated on a pro rata basis less a \$25 administration fee per *insured*.

To apply for a refund, submit a written request from within Canada to:

CanAm Insurance
P.O. Box 62, Stn A, Windsor, ON N9A 6J5

and include:

1. a statement from *you* that no claim has been reported or initiated, or will be incurred on this policy; and
2. proof of the date *you* actually returned to *your home*.

Note

- No refunds will be issued if a claim has been incurred, reported or initiated.
- All travellers insured under the same policy must return together for a refund to be possible.
- Refunds and cancellations are not available on the All-Inclusive and Multi *Trip Annual Plans*.

Emergency Medical Insurance

Benefits

Emergency Medical Insurance covers you for up to \$2,000,000 for PrimeLink and up to \$5,000,000 for PrimeLink Plus per insured per policy for covered expenses incurred as a result of treatment required by you during your trip if an emergency begins unexpectedly after you leave home, but only if these covered expenses are in excess of your GHIP or any other benefit plan. The medical attention must be required as part of your emergency treatment and ordered by a physician (or a dentist in the case of dental treatment).

In the event of an emergency, call ACM immediately:

1-877-251-5107 toll-free from the USA and Canada or

+ 1-519-251-5107 collect from anywhere else in the world.

Please note that **if you do not call ACM in an emergency, you will have to pay 25% of the medical covered expenses** we would normally pay under this policy (25% co-insurance). If it is medically impossible for you to call when the emergency happens, the 25% co-insurance will not apply. In this case, we ask that you call as soon as you can or that someone call on your behalf. **Do not assume that someone will contact ACM for you. It is your responsibility to verify that ACM has been contacted.**

We will cover benefits #5 to #14 only if they have been pre-authorized and benefits #9, #10, and #13 if they have been arranged by ACM. Covered expenses and benefits are subject to the policy's maximums, exclusions, imitations, and your deductible amount. You must pay your deductible amount, if any, before we will pay for any covered expenses.

The eligible covered expenses per insured, per trip, are:

- 1. Expenses to receive emergency medical attention** – Medical care received from a physician in or out of a hospital (including one follow-up visit); the cost of a semi-private hospital room (or an intensive or coronary care unit where medically necessary); the rental or purchase (whichever cost is less) of a hospital bed, wheelchair, brace, crutch or other medical appliance; tests that are needed to diagnose or find out more about your condition; and drugs that are prescribed for you and are available only by prescription from a physician or dentist (up to a maximum of a 30-day supply).
- 2. Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$350 per profession.
- 3. Expenses for ambulance transportation** – Charges for local licensed ambulance service to transport you to the nearest appropriate medical service provider.
- 4. Expenses for emergency dental treatment** – If you need emergency dental treatment, we will pay:
 - up to \$200 for the relief of dental pain; and/or
 - if you suffer an accidental blow to the mouth, up to \$2,000 to repair or replace your natural or permanently attached artificial teeth.Emergency dental treatment must take place before you return to your province or territory of principal residence.
- 5. Expenses to bring someone to your bedside** – If you are travelling alone and are admitted to a hospital for 3 days or more because of a medical emergency, we will pay up to \$1,200 for the return economy class fare via the most cost-effective itinerary for someone to be with you. We will also pay up to \$150 per day for that person's hotel and meals (to an overall maximum of \$750) and cover him/her with Emergency Medical Insurance under the same terms and limitations of this policy until you are medically fit to return home. For a dependent child insured under this policy, this benefit is available immediately upon his/her hospital admission.

6. Extra expenses for meals, hotel, phone calls and taxi -

If a medical *emergency* prevents you or your travel companion from returning home as originally planned, or if your *emergency treatment* or that of your travel companion's requires your transfer to a location that is different from your original destination, we will reimburse you up to \$150 per day up to a maximum of \$1,500 for your extra meals, hotel, essential phone calls and taxi fares. We will only pay for these expenses if you have actually paid for them.

7. Return of travel companion and/or dependent child(ren) - We will pay the cost of an economy class fare to your departure point for the return of your travel companion and/or dependent child(ren) travelling with you and who are insured under our travel insurance plan, if you return to your Canadian province or territory of principal residence under benefit #9 or in the event of your death. We will cover up to a maximum of \$1,500 for this benefit.

8. Return of small household pet(s) - We will pay up to \$300 for the cost of returning your small household pet(s) (domestic dogs or cats only) if you return to your Canadian province or territory of principal residence under benefit #9 or in the event of your death.

9. Expenses to bring you home -If your treating physician recommends that you return home because of your *emergency* or if ACM recommends that you return home after your *emergency*, we will pay up to a maximum of \$100,000 for one or more of the following:

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

10. Private duty nursing or qualified medical attendant expenses - We will pay up to \$7,500 for the cost of a registered private duty nurse or qualified medical attendant to provide out-of-hospital nursing care only if *medically necessary*, in lieu of *hospitalization*, and recommended by the attending physician.

11. Qualified child care attendant - We will pay the *reasonable and customary charges* for the services of an attendant for a period of up to 3 days and a maximum amount of \$500 to care for your dependent child(ren) under the age of 16 travelling with you if you are *hospitalized*, provided no other individual travelling with you or no *immediate family* is able to look after such dependent child(ren).

12. Expenses related to your death -If you die during your trip from a *medical condition* covered under this insurance, we will reimburse your estate for: preparation and transportation (in a standard transportation container, but excluding the cost of a casket or urn) of your remains to your departure point in Canada. The maximum amount payable for the preparation and return of remains is \$5,000, or \$1,500 for cremation.

In addition, if someone is legally required to identify your body and must travel to the place of your death, we will pay the return economy class fare via the most cost-effective itinerary for that person, as well as up to a maximum of \$300 for that person's hotel and meal expenses. We will also provide that person with *Emergency Medical Insurance* under the same terms and limitations of this policy for up to 72 hours.

13. Non-medical evacuation - We will cover the cost of professional evacuation services if you require mountain, sea or other remote location evacuation to the nearest accessible point. The maximum amount payable for this benefit is \$4,000.

14. Expenses to return your vehicle home - If because of a *medical emergency* you or your travel companion are unable to drive home the vehicle you used during your trip, we will pay up to a maximum of \$4,000 to cover the reasonable costs charged by a commercial agency to bring your vehicle home. If you used a rental car during your trip, we will cover its return to the nearest appropriate rental agency.

Additional value added service, STANDBYMD, is included in all PrimeLink Plus policies. This service includes:

- Physician telephonic consultation 24/7 by a qualified *physician*
- 24/7 same-day coordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contacts lenses and medical supplies
- 24/7 medical referrals to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or *hospitals* for evaluation and *treatment*
- 24/7 access to *physician* house-call visits in **select locations**
- *Physician* co-ordination to an Emergency Room, if necessary
- Consulting *Physician* will “Fast Track” you through the Emergency Room in **select locations**

StandbyMD is provided by Healthcare Concierge Services, Inc., and arranged by CanAm Insurance. Manulife Financial and its agents are not responsible for the availability, quality or results of services provided by StandbyMD.

To access this service simply call ACM using the phone numbers indicated on the wallet card included with *your confirmation*.

NOTE: NOTWITHSTANDING THE OTHER PROVISIONS OF THIS POLICY, ANY *TREATMENT*, SERVICE OR SUPPLY THAT IS NOT SPECIFICALLY LISTED IN THIS SECTION OF BENEFITS, IS NOT COVERED BY THIS POLICY.

Exclusions & Limitations

This insurance does not cover any medical *emergency*, *sickness*, *injury* claims or expenses resulting directly or indirectly from the following list.

1. A *pre-existing condition* that was not *stable* during the period applicable to you prior to your *effective date* as follows:
 - 60 days if you are under age 55
 - 60 days if you are Prime 1
 - 90 days if you are Prime 2
 - 180 days if you are Prime 3
2. *Covered expenses* that exceed 75% of the cost we would normally have to pay under this insurance, if you do not contact ACM at the time of the *emergency*; unless your *medical condition* makes it medically impossible for you to call (in which case, the 25% co-insurance does not apply).
3. Any loss resulting from an *emergency* when, prior to your departure, you had not met all of the eligibility requirements or truthfully and accurately answered all of the questions in the application, if applicable.
4. *Covered expenses* that exceed the *reasonable and customary charges* where the medical *emergency* happens.
5. Any medical *emergency* that occurred after your *departure date*, but before the *effective date* of this insurance when you purchased this policy to *Top-Up* another underwriter's insurance policy.
6. Any *medical condition*:
 - when you knew before you left *home*, or before the *effective date* of coverage, that you would need or be required to seek *treatment* for that *medical condition*; and/or
 - for which it was reasonable to expect before you left *home* that you would need *treatment* during your *trip*; and/or
 - for which, prior to your period of coverage, future investigation or *treatment* (except routine monitoring) had been planned or recommended; and/or
 - which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* before leaving *home*; and/or
 - that had caused your *physician* to advise you not to travel.
7. Any *treatment* that is not for an *emergency*.
8. Any medical condition you suffer or contract in a specific country, region or city for which Foreign Affairs and International Trade Canada has issued a formal Travel Warning before your *departure date*, 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.

9. Any services or supplies provided by *you*, or a member of *your immediate family*.
10. Any *emergency* that occurs or recurs after ACM recommends that *you* return home following *your emergency treatment* and *you* choose not to.
11. 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 and International Trade Canada, advising Canadians to avoid all or non-essential travel to that country, region or city.
12. An *act of war* or an *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
13. Suicide, attempted suicide or self-inflicted injury (whether *you* are sane or insane).
14. *Your* routine pre-natal care; *your* pregnancy or childbirth; complications of *your* pregnancy or childbirth when they happen in the nine (9) weeks before or after the expected date of delivery; and/or *your* child born during *your trip*.
15. Any benefit that must be pre-authorized and/or arranged by ACM, when ACM has given no such authorization and/or made no arrangements for that benefit.
16. Any *treatment*, services or supplies not *medically necessary*, or any medical procedures and/or tests (including CAT Scan, Angiogram or Cardiac Catheterization, MRI or ANY surgery) not performed at the time of initial *emergency* or not authorized by ACM in advance, except in extreme circumstances where surgery is performed on an *emergency* basis immediately following admission to a *hospital*.
17. Committing or attempting to commit a criminal act.
18. Rehabilitation, the continued *treatment*, or complication of the *medical condition* which caused the *medical emergency*, once a *medical emergency* ends, as determined by ACM and the attending *physician*.
19. Any fee that would normally not be charged in the absence of insurance.
20. Emotional, psychological or mental disease, disorder, condition or symptom.
21. A *trip* that is undertaken to secure *treatment* or surgery as a purpose of the *trip*.
22. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.
23. Regular *treatment* or regular care of a condition that existed prior to *your* period of coverage or any expense in connection with general health examinations or regular check-ups.
24. HIV, AIDS or AIDS-related complex.
25. A heart, lung, liver, kidney, pancreatic or bone marrow transplant.
26. Not following or refusing recommended or prescribed therapy or *treatment*.
27. An *emergency* resulting from: hang-gliding, rock-climbing, *mountaineering*, parachuting or skydiving, participating in a motorized speed contest; or *your* professional participation in a sport, snorkelling or scuba-diving when that sport, snorkelling or scuba-diving is *your* principal paid occupation.
28. Any loss, *injury* or death related to the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol, or other intoxicant, whether sane or insane.
29. Any *treatment* which is a continuation of or subsequent to an *emergency*, *sickness* or *injury*, unless *you* are declared by an attending *physician* medically unfit to return to *your* Canadian province or territory of principal residence.
30. For *insured* children under 2 years of age, any *medical condition* related to a birth defect.
31. Any loss if *you* have been diagnosed with a *terminal illness* with less than 2 years to live or are travelling against the advice of *your physician*.

Trip Cancellation & Trip Interruption Insurance

Included in the Single Trip All-Inclusive Plan.

Benefits – What does Trip Cancellation Insurance cover?

If you are unable to travel due to a covered event listed immediately below that occurs before you leave home, we will pay up to the covered amount for the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date. In addition, if *your travel companion* must cancel their *trip* due to a covered event and you decide to go on *your trip* as planned, we will cover the cost of the next occupancy charge up to the covered amount. To cancel a *trip* before *your* scheduled *departure date*, you must cancel *your trip* with the travel supplier and notify ACM immediately or, at the latest, the business day following the cause of cancellation. Only the sums that are non-refundable and non-transferable on the date the insured risk occurs shall be considered for the purposes of the claim. Any delays in notifying ACM will limit *your* benefit to the non-refundable amount that would have been payable on the date the cause for claim occurred.

Benefits – What does Trip Interruption Insurance cover?

If your trip is interrupted due to a covered event listed below that occurs on or after the day you plan to leave home, we will pay up to the covered amount for the prepaid portion of *your trip* that is non-refundable and non-transferable to another travel date except prepaid unused transportation *home*. In addition, we will pay *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of up to \$300 per day for up to 2 days when no earlier transportation arrangements are available; and/or we will pay *your* one-way economy class fare via the most cost-effective itinerary to *your* next destination, or to return *home*. We will pay for the change fee charged by the airline for *your* missed connection if this option is available, or up to \$1,000 for the cost of *your* one-way economy transportation to the next destination.

The combined maximum total payable for Trip Cancellation & Trip Interruption expenses is \$3,000 per *insured* per *trip* under the All-Inclusive plan.

Trip Cancellation & Trip Interruption Insurance benefits are subject to the policy's maximums, exclusions and limitations. These benefits are payable if any of the following covered events happen:

1. *You* or *your travel companion* develop(s) an *emergency* or die(s).
2. A member of *your immediate family*, a member of *your travel companion's immediate family* or *your key-person* develops an *emergency* or dies; or the person whose guest *you* will be during *your trip* is admitted to a *hospital* with an *emergency* or dies.
3. *You* or *your spouse*: a) become(s) pregnant after *you* book *your trip* and *your departure date* falls in the 9 weeks before or after the expected delivery date; or b) legally adopt(s) a child and the notice of custody is received after the *effective date* and the date of custody is scheduled in the 9 weeks before or after *your departure date*.
4. ‡*You* or *your travel companion's* travel visa is not issued for a reason beyond *your* or *your travel companion's* control.
5. ‡*You* or *your spouse* are called to service as a reservist, fire-fighter, military or police staff, to jury duty or to be a defendant in a civil suit, during *your trip*; or *you* or *your spouse* (travelling with *you*) are subpoenaed to be a witness during *your trip*.
6. ‡*You*, *your spouse*, *your travel companion's* or *your travel companion's spouse* are quarantined or hijacked.
7. ‡*You* or *your travel companion* are unable to occupy *your/their* respective principal residence or to operate *your/their* respective business because of a natural disaster.
8. ‡*You*, *your spouse*, *your travel companion* or *travel companion's spouse* : a) lose a permanent job because of lay-off or dismissal without just cause; b) are transferred by *your/their* respective employer; or c) must move *your/their* respective principal residence.

9. You or your travel companion are transferred by the employer with whom you or your travel companion were employed at the time of application for this insurance, which requires a relocation of your or your travel companion's principal residence.
10. ‡A business meeting that is the main intent of your trip and was scheduled before you, or you and your travel companion purchased this insurance, is cancelled for a reason beyond your control or the control of your employer and the meeting is between companies with unrelated ownership. Benefits are only payable to you or you and your travel companion (one individual) who purchased our insurance, if you are the one who planned to attend the business meeting.
11. ‡Foreign Affairs and International Trade Canada issues a formal Travel Warning after your effective date, advising Canadians to avoid all or non-essential travel to a destination included in your trip. This applies only to Canadian citizens.
12. ‡Weather delays at least 30% of your trip and you choose not to travel.
13. ‡You miss a connection or must interrupt your trip because of the delay of your connecting private passenger vehicle or common carrier, when the delay is caused by the mechanical failure of your connecting private passenger vehicle or common carrier, a traffic accident, an emergency police-directed road closure or weather conditions. Your connecting private passenger vehicle or common carrier must have been scheduled to arrive at your point of boarding at least 2 hours before the scheduled time of departure.
14. ‡The plane you are ticketed to fly on leaves earlier or later than scheduled. This benefit is not covered under Trip Interruption.

Exclusions & Limitations - What does Trip Cancellation & Trip Interruption Insurance not cover?

For Trip Cancellation & Trip Interruption Insurance, we will not cover expenses or benefits relating to:

1. Any medical condition related to you or your spouse if that medical condition was not stable in the 3 months before the effective date.
2. An event which at the effective date of this insurance, you or your travel companion knew may eventually prevent you or your travel companion from going on or completing your trip as booked.
3. Your emotional, psychological or mental disorder, disease, condition or symptom.
4. Any loss, injury or death related to the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol, or other intoxicant, whether sane or insane.
5. The medical condition or death of a person who is ill when the purpose of your trip is to visit that person.
6. Committing or attempting to commit a criminal act.
7. Your not following a prescribed therapy or treatment.
8. Your committing or attempting to commit suicide, or your intentional self-inflicted injury whether sane or insane.
9. A child who is born after you leave home; your routine prenatal care; your pregnancy or childbirth; and/or complications of your pregnancy or childbirth when they happen in the 9 weeks before or after the expected date of delivery.
10. Any medical condition:
 - when you knew or for which it was reasonable to expect before the effective date that you would need or be required to seek treatment for that medical condition;
 - for which future investigation or treatment was planned before you left home;
 - which caused symptoms that would have caused an ordinarily prudent person to seek treatment in the 3 months before leaving home; or
 - that caused a physician to advise you not to go on your trip.
11. A travel visa that is not issued because of its late application.
12. An act of war or act of terrorism. Limited coverage applies with respect to an act of terrorism. See Terrorism Coverage provision.
13. Failure of any travel supplier you contract for services. No protection is provided for failure of travel agent, agency or broker.

14. Any loss resulting from an *act of war* or an *act of terrorism* when, before your *effective date*, a written formal Travel Warning was issued by Foreign Affairs and International Trade Canada, advising Canadians to avoid all or non-essential travel to that country, region or city.
15. Any medical condition you suffer or contract in a specific country, region or city for which Foreign Affairs and International Trade Canada has issued a formal Travel Warning, before your *effective date*, 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 Travel Warning was issued and includes complications arising from such medical condition.

Baggage Loss, Damage & Delay Insurance

Included in the Single *Trip* All-Inclusive plan.

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

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of the baggage and effects that belong to you and that you use during your *trip*. This insurance provides you with reimbursement for the following expenses:

1. ‡Up to \$100 in total per *trip* for the replacement of a lost or stolen passport, driver's licence, birth certificate or travel visa.
2. ‡Up to \$500 in total per *trip* for necessary toiletries and clothing when your checked luggage is delayed by the *common carrier* for at least 10 hours while you are en route. The maximum payable for this benefit is \$1,500 per policy.
3. ‡Up to \$300 per *trip* for any item or set of items which is lost or damaged during your *trip* to a maximum of \$1,000. Jewellery or cameras (including camera equipment) are, respectively, each considered a single item.

Exclusions & Limitations – What does Baggage Loss, Damage & Delay Insurance not cover?

For the Baggage Loss, Damage & Delay Insurance, we will not cover expenses or benefits relating to:

1. Animals, perishable items, bikes that are not checked as baggage with the *common carrier*; household items and furniture; artificial teeth or limbs, hearing aids, glasses of any type, contact lenses; money, tickets, securities, documents; items related to your occupation; antiques or collector items; items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, your imprudence or omission.
3. Unaccompanied baggage, personal property left in unattended *vehicle*, unlocked trunk, and any jewellery or camera placed in the custody of a *common carrier*.
4. In instances of theft, unreported losses to authorities.
5. An *act of war* or an *act of terrorism* on a *trip* while you are at a destination when, prior to your *departure date* for that destination, a written formal Travel Warning was issued by Foreign Affairs and International Trade Canada, advising Canadians to avoid all or non-essential travel to that country, region or city anytime during your coverage period.
6. See other conditions under How to Make a Claim.

Terrorism Coverage

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 Insurance* and *Trip Cancellation & Trip Interruption Insurance* coverage, we will provide benefits to you for your covered expenses subject to the maximums shown in the benefits of this provision;
- The benefits payable, as described directly above, are in excess to all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and 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 Insurance and Trip Cancellation and Trip Interruption Insurance 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 2 *acts of terrorism* within a calendar year and the maximum aggregate payable limit for each *act of terrorism* is:

Type of Coverage	Maximum Aggregate for Each Act of Terrorism (CDN\$)
<i>Emergency Medical</i>	\$35,000,000
<i>Trip Cancellation & Trip Interruption</i>	\$2,500,000

If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* exceeds the applicable limit, *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.

General Provisions

1. *We* and *our* agents are not responsible for the availability, quality or results of any *treatment* or transportation, or the failure of the *insured* to obtain *treatment*.
2. *We* reserve the right to return *you* to Canada or to transfer *you* to one of *our* preferred health care providers for *treatment*. *Your* insurance coverage under this policy ends upon refusal to comply with the transfer or the return to Canada.
3. The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect. Premium rates and policy terms and conditions are subject to change without prior notice. Upon payment of premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a policy number appears. There is no insurance coverage if the premium is not received by CanAm Insurance due to a non-sufficient funds (NSF) cheque or invalid credit card charge or if no proof of *your* payment exists.
4. All legal actions or proceedings must be brought in the Canadian province or territory in which *you* permanently reside, and shall not be commenced more than 1 year (3 years in the province of Quebec) after the date the insurance money becomes payable or would have become payable if it had been a valid claim.
5. In no event will a claim be covered if submitted after 1 year from the date of occurrence.
6. Any fraud, attempted fraud, misrepresentation or non-disclosure of any material fact relating to this insurance or to a claim under this policy renders this policy null and void. If *you* have misstated *your* age, and such misstatement results in *your* paying premium which is less than the required premium, this policy will cover only the proportion of *covered expenses* that the premium paid bears to the required premium. If *you* have misstated *your* response to any question in the application for coverage under this policy then this policy is null and void and *your* premium will be refunded.
7. If *you* incur *covered expenses* due to the fault of a third party, *we* have a legal claim against such at fault third party for all benefits that *we* pay to *you* or for *you* under this policy. *You* must take all reasonable steps to protect and to advance *our* claim against such party at fault. This includes keeping *us* informed about all legal

proceedings against, and settlement negotiations with, such party at fault, making a claim on *our* behalf in any such legal proceedings and negotiations, and not settling *your* claim without first allowing *us* to start or continue a lawsuit in *your* name against such party at fault for benefits that *we* have paid or will pay. Any settlement must first be applied to any expenses that *we* have paid on *your* behalf.

8. When *we* have made *hospital* or other medical payments in advance on *your* behalf, *you* must sign an authorization form which authorizes and allows *us* to recover such payments from *your* *GHIP*, other health plans and other insurers. *You* must assist *us* in obtaining such reimbursement from such *GHIP*, other health plans and other insurers. If an advance has been made for any expense that is not covered by this insurance policy, *you* agree and are obligated to reimburse *us*. If *covered expenses* are incurred for which payment has not been advanced by *us*, *you* must obtain a statement from the attending *physician* or *hospital* stating the diagnosis, *treatment* provided and all amounts paid or owing.
9. All benefit amounts under this policy are stated in Canadian currency. If *you* have paid a *covered expense* in a currency other than that of Canada, any reimbursements made will be in Canadian currency at the prevailing rate of exchange on the date the service was provided. No sum payable under this policy shall bear interest.
10. This insurance is supplementary health 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. 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* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are *insured* under such coverage. Notwithstanding the foregoing, if *you* are retired and *you* have similar out-of-country/province extended health benefits with a lifetime maximum coverage of: (a) \$50,000 CDN or less, *we* will not co-ordinate payment with such coverage; or (b) over \$50,000 CDN, *we* will co-ordinate payment with such coverage in excess of \$50,000 CDN.
11. For the purposes of determining eligibility or the validity of a claim, the medical records of *your* attending *physician(s)* (including *your* regular Canadian *physician(s)*) may be obtained and reviewed by *us*.
12. 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.
13. Any acknowledgement, agreement or authorization by *ACM*, *us* or *our* medical consultants regarding any medical *treatment* provided to *you* constitutes only an acknowledgement of the medical appropriateness of that *treatment* and is neither a promise or agreement by or on *our* behalf to pay for that *treatment* nor a waiver of any of the terms, conditions and exclusions of this policy that may apply.

Statutory Conditions

The Contract. The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver. The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of Application. The insurer shall, upon request, furnish *you* with a copy of the application.

Material Facts. No statement made by the *insured* or person insured 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.

Failure to Give Notice or Proof. Failure to give notice of claim or furnish proof of claim within the time prescribed by this policy does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the *emergency* or the date a claim arises under the contract on account of sickness or *injury* 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. The insurer shall furnish forms for proof of claim within fifteen days after receiving notice of claim, but where *you* have not received the forms within that time *you* may submit *your* proof of claim in the form of a written statement of the cause or nature of the accident, *sickness* or *injury* giving rise to the claim and of the extent of the loss.

Rights of Examination. As a condition precedent to recovery of insurance money under this contract, (a) *you* shall afford *us* the opportunity to have *you* medically examined when and so often as it reasonably requires while the claim hereunder is pending; and (b) in the case of death, *we* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Money Payable Other Than for Loss of Time. All money payable under this contract, other than benefits for loss of time, shall be paid by *us* within sixty days after it has received proof of claim.

Assistance in a Medical *Emergency*

Worldwide *emergency* assistance is available to *you* while *you* are on a *trip* away from *home* except where local conditions restrict or render such assistance unavailable. In the event of *injury* or *sickness* requiring *treatment* during the period of coverage, ACM must be notified at the time of incident or prior to any *treatment*.

In an medical emergency, call ACM at:

Worldwide (collect): 1-519-251-5107

Toll-free from the U.S.A. and Canada: 1-877-251-5107

If *you* are not able to call, someone must contact ACM on *your* behalf as soon as reasonably possible. Do not assume someone will call on *your* behalf. It is *your* responsibility to verify that ACM has been contacted.

Failure to contact ACM in advance may result in reimbursement of only 75% of *covered expenses* that would otherwise be paid; *you* may be responsible for the remaining 25%.

ACM will:

- Verify *your* insurance coverage;
- Direct *you* or transfer *you* to one of *our* network *hospitals*, *physicians* or other medical providers near *you* and help to manage *your emergency* medical claim;
- Provide multilingual interpreters to communicate with *physicians* and *hospitals* in foreign countries;
- Contact *your* family and *physician*;
- Pay *covered expenses* directly to *hospitals*, *physicians* and other medical providers on *your* behalf, whenever possible;
- Monitor *your medical condition*;
- Arrange for return transportation to a *hospital* in Canada, if necessary.

A *treatment* plan endorsed by *your* attending *physician* and accepted by *us* will be developed to provide *medically necessary treatment* in a managed care setting.

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by ACM, eligible expenses 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 ACM.

Claims Procedures

Emergency Medical Claims

When you contact ACM at the time of your medical emergency, ACM will send you a claim kit within 10 days, containing everything necessary to submit your claim, including instructions and forms. These forms must be returned to ACM within 90 days of the date of your claim. Otherwise, any amount payable under this policy may be reduced by the amount your GHIP would have paid had the claim been submitted in a timely manner.

Your prior medical history may be reviewed in the event of a claim.

We will require a completed Claim and Authorization and Release Form, original invoices and/or receipts, and payment of your deductible amount, if any, and proof of your departure date.

For prompt payment, please submit ONLY original itemized bills, with itemized statement OR an original itemized physician's bill with:

- Formal letterhead with full name and address;
- Tax I.D.;
- Procedure and diagnostic codes with dollar amounts;
- Original physician's signature (stamped photocopied signatures are not acceptable).

Original receipts must be provided for any eligible out-of-pocket expenses. Be sure to keep a copy for your records.

To inquire about the status of your claim, phone:

Toll-free from the U.S.A. and Canada: 1-888-881-8017

Worldwide (collect): 1-519-945-9634

Trip Cancellation & Trip Interruption Insurance Claims

We will need proof of the cause of the claim, including:

- a medical certificate completed by the attending physician and stating why travel was not possible as booked, if the claim is for medical reasons; or
- a report from the police or other responsible authority documenting the reason for the delay if your claim is due to a misconnection.

We will also need, as applicable:

- complete original unused transportation tickets and vouchers;
- original passenger receipts for the new tickets you had to purchase;
- original receipts for the travel arrangements you had paid in advance and for the extra hotel, meal, telephone and taxi expenses you may have had;
- the entire medical file of any person whose health or medical condition is the reason for your claim; and
- any other invoice or receipt supporting your claim.

Baggage Loss, Damage & Delay Insurance Claims

The following conditions apply:

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, you must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide or transportation authorities. You must also take all precautions to protect, save or recover the property immediately, and advise us as soon as you return home. Your claim will not be valid under this insurance if you do not comply with these conditions.
2. If the property you have checked with a common carrier is delayed, we will continue to provide coverage until the property is delivered by the common carrier.
3. We cover the current actual cash value of your property when it is lost or damaged. We also reserve the option to repair or replace your property with other of similar kind, quality and value. We may also ask you to submit damaged items for an appraisal of the damage. If a lost or damaged article is part of a set, we will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.
4. If you need to make a claim under this insurance, we will need:
 - copies of reports from the authorities as proof of loss, damage or delay; and
 - proof that you owned the articles, and receipts for their replacement.

What Else Do *You* Need to Know?

Coverage under this policy is issued on the basis of information provided in *your* application. This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

Definitions

The following words when italicized in this policy have the following specific meanings.

“ACM” means Active Care Management, the provider of 24 hours a day, 7 days a week travel assistance, medical assistance, and claims services during *your* trip.

“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, 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 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 at the time of purchase, the length of *your* existence, expressed in years, from the time of birth.

“Change in Medication” means the medication dosage or frequency has been reduced, increased, stopped and/or new medication(s) have been prescribed.

Change in Medication exceptions:

The following does not constitute a *change in medication*:

- The routine adjustment of insulin, Coumadin or warfarin (as long as they are not newly prescribed or stopped);
- A change from a brand name medication to a generic brand medication (same dosage);
- Cholesterol reducing medication, hormone replacement medication, vitamins, minerals and non-prescription medication;
- Adjustment of Aspirin (or Entrophen) if taken for a heart condition provided it is not being taken in conjunction with other heart medication.

“Change in Treatment” means that:

- *You* have been admitted to a *hospital*;
- A *physician* has recommended or prescribed a *change in medication*;
- *You* have undergone or are awaiting medical investigation or a surgical procedure, or sought a diagnosis; and/or
- *You* have taken nitro-glycerine more than once per week, specifically for the relief of angina pain.

“Common Carrier” means a conveyance (bus, taxi, train, boat, *plane* or other vehicle) which is licensed, intended and used to transport paying passengers.

“Confirmation” means the documents or set of documents issued with this policy setting out the name(s) of the person(s) who is/are *insured* under this policy and the *effective date* of insurance, among other matters, which forms part of *our* contract of insurance with *you*. The set of documents may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom *you* made arrangements for *your* trip.

“Covered Expense” means *reasonable and customary charges* *you* incur for supplies and services which are eligible expenses under the provisions herein and which are either in excess of and/or not covered under *your* GHIP or any other plan.

“Deductible Amount” means the amount of *covered expenses* that you will be responsible for paying per claim per *insured* under this policy. Your deductible amount applies before any *covered expenses* are paid under this policy. The deductible amount applicable to this policy is shown in Canadian dollars on your confirmation.

“Departure Date” means the date you leave your home.

“Dependent Child(ren)” as used herein means an unmarried natural child of the *insured* person, or adopted child of the *insured* person, or step-child of the *insured* person, or infants to which the *insured* person is in loco parentis or grandchildren, and:

- Under 21 years of age and dependent upon the *insured* person for maintenance and support or:
- Under 26 years of age and in attendance at an institution of higher learning and dependent upon the *insured* person for maintenance and support or:
- By reason of mental or physical infirmity, is incapable of self-sustaining employment, and is totally dependent upon the *insured* person for support within the terms of the Income Tax Act of Canada.

“Effective Date” means the later of the date your coverage starts. For Trip Cancellation, included in the All-Inclusive Plan, coverage starts at the date and time you purchase your prepaid trip provided you have already purchased this insurance. All other coverage starts on the later of the date you leave home or the effective date shown on your confirmation.

“Emergency” means sickness or injury which occurs suddenly and unexpectedly and requires immediate treatment to alleviate existing danger to life or health. An emergency no longer exists when the evidence indicates that you are able to continue the trip or return to your province or country of ordinary permanent residence. Once such emergency ends, no further benefits are payable in respect of the condition that caused the emergency.

“Follow-up” means your re-examination to monitor the effects of earlier treatment related to the initial emergency, except while hospitalized.

“GHIP” means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

“Home” means your Canadian province or territory of principal residence. If you requested coverage to start when you leave Canada, home means Canada.

“Hospital” means an institution which is licensed as a hospital having medical, diagnostic and surgical services for the care and treatment of sick or injured persons on an in-patient basis with laboratory, registered graduate nurses always on duty and an operating room on the premises where surgical operations are performed by legally qualified physicians or surgeons, but in no event shall this include a convalescent or nursing home, home for the aged, health spa, a place for the care and treatment of drug addicts or alcoholics, or any custodial, educational or any other rehabilitation centre.

“Hospitalized” and **“Hospitalization”** means confinement in a hospital as defined above.

“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, nephew.

“Injury” means any sudden bodily harm that you sustain while your policy is in force, that is caused solely and directly by external and purely accidental means, and that is independent of sickness.

“Insured” means the one person, or any of the persons, who is/are named on the application for insurance; in whose name the required premium has been paid, whose name or names each appear as an *insured* on the confirmation issued with this policy.

“Key-Person” means someone to whom a dependent child's full-time care is entrusted and who cannot reasonably be replaced; a business partner, or an employee who is critical to the ongoing affairs of your business during your trip.

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

“Medical Condition” means *injury* or *sickness*; or complication of pregnancy within the first 31 weeks of pregnancy.

“Medically Necessary” in relation to any service, supply or other matter means one which is ordered by a *physician* and one which we determine is:

- Provided for the diagnosis or direct *treatment* of an *injury* or *sickness* and/or;
- Appropriate and consistent with the symptoms and findings or diagnosis and *treatment* of the *insured's* *sickness* or *injury* and/or;
- Not experimental or investigative and/or;
- Provided in accordance with generally accepted medical practice and/or;
- Not possible to delay until *you* return to Canada, or which would prevent *you* from returning to Canada and/or;
- Not solely for *your* convenience or that of a *physician* or surgeon or other licensed provider; and/or
- The most appropriate supply or level of service which can be provided on a cost effective and safe basis (including, but not limited to, in-patient vs. out-patient care, electric vs. manual wheelchair, surgical vs. medical or other types of care).

The fact that the *insured's* attending *physician* prescribes the services or supplies does not automatically mean such services or supplies are *medically necessary* and covered by this policy.

“Minor Ailment” means a *sickness* or *injury* which does not require the use of medication for a period greater than 14 days, more than one *follow-up* visit to a *physician*, *hospitalization* or surgical intervention and which ends at least 30 days prior to *your departure date*. However, a condition or complications thereof which require continuous and ongoing *medical attention* or *treatment* is not considered a *minor ailment*.

“Mountaineering” means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabineers and lead rope or top-rope anchoring equipment.

“Physician” means a medical practitioner (other than the *insured*, or an *immediate family* member) who was at the time of *treatment* currently licensed in the jurisdiction in which he/she practices and who gives medical care within the scope of his/her licensed authority.

“Plane” means a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board license, Charter Air Carrier license, or its foreign equivalent, and operated by a certified pilot.

“Pre-existing Condition” means any *medical condition* or symptom, that existed before *your effective date*. A *minor ailment* is not considered a *pre-existing condition*.

“Reasonable and Customary Charges” means the amount usually charged for *treatment*, services or supplies to provide an appropriate level of care given the severity of the *sickness* or *injury* being treated, in the geographical location where the *treatment*, services or supplies are being provided.

“Sickness” means illness or disease.

“Spouse” means someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the *effective date* of this insurance.

“Stable” means that the *medical condition* has not worsened; symptoms have not become more frequent or more severe; there has been no test result(s) showing deterioration, no new symptoms, no new or *change in treatment*, and/or no *medical attention* prescribed or recommended by a *physician*; and there has been no *hospitalization* and *you* are not awaiting any test results.

“Terminal Illness” means a *medical condition* that, in the opinion of a *physician*, indicates a restricted or shortened life expectancy.

“Top-Up” means the coverage *you* purchase from *us* to extend *your* insurance beyond the duration covered under the Multi *Trip* Annual Plan or another insurer's policy.

“Travel Companion” means someone who shares *trip* arrangements and accommodations with *you*. No more than 3 individuals (including the *insured*) will be considered *travel companions* on any one *trip*. *Travel companion* includes *your spouse*.

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

“Trip” means the defined period of travel between *your effective date* and the expiry date as shown on *your confirmation*.

“Vehicle” includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

“We, us, our” means First North American Insurance Company (FNA) in connection with Baggage Insurance and coverage for risks identified with ‡ throughout this document and The Manufacturers Life Insurance Company (Manulife Financial) in connection with all other coverages under this policy. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any others.

“You” and **“Your”** means the person(s) named as the *insured(s)* on *your confirmation*, for which insurance coverage was applied and the appropriate premium has been paid.

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.

Your information may be used to offer you products and services. Consent to the use of such information to offer products and services are optional and such use can be discontinued by writing or telephoning CanAm Insurance at 1-800-509-5831.

Notice On Privacy And Confidentiality. The specific and detailed information requested on *your* application and Medical Questionnaire is required to process the application. To protect the confidentiality of this information, Manulife Financial 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 Financial 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* administrators or agents. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial.

Affinity Markets
Manulife Financial
P. O. Box 4262, Stn A,
Toronto, ON M5W 5T4.

For PrimeLink Plus policyholders: StandbyMD is provided by Healthcare Concierge Services Inc., and arranged by CanAm Insurance. Manulife Financial and its agents are not responsible for the availability, quality or results of services provided by StandbyMD.

StandbyMD is located in the United States. In order to obtain such services, *your* personal information may be used and stored in the United States. United States governments, courts or law enforcement or regulatory agencies may be able to obtain disclosure of *your* information through the laws of the United States.

ACM may disclose *your* personal information to StandbyMD only on occasion when and solely for the purpose of obtaining StandbyMD services on *your* behalf.

PRIMELINK
EMERGENCY NUMBERS

ASSISTANCE
CANADA & UNITED STATES
1-877-251-5107

Elsewhere, Call COLLECT
1-519-251-5107



Underwritten by The Manufacturers Life Insurance Company