

**PRIMELINK QUICK ISSUE  
EMERGENCY NUMBERS**

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**ASSISTANCE**  
CANADA & UNITED STATES  
1-877-884-8289

Elsewhere, Call COLLECT  
1-519-251-7418

**CLAIMS**  
CANADA & UNITED STATES  
1-877-884-8087

Elsewhere, Call COLLECT  
1-519-251-7411



**2009**  
**PrimeLink Quick Issue**  
Out-of-Province  
Travel Insurance Policy

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 subjected to certain exclusions 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**

# PRIMELINK QUICK ISSUE TRAVEL INSURANCE POLICY

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## PLANS-AT-A-GLANCE

BENEFITS & FEATURES*		16 & 30-DAY MULTI-TRIP PLAN
	<b>Emergency Medical</b>	<b>All-Inclusive</b>
Maximum Eligible Age	69	69
Emergency Medical	Up to \$5,000,000 per insured per policy term	Up to \$5,000,000 per insured per policy term
Trip Cancellation & Trip Interruption	n/a	Up to \$3,000 combined amount per insured per <i>trip</i> to a maximum of \$5,000 per insured per policy term
Baggage Loss or Damage	n/a	Up to \$1,000 per insured per <i>trip</i> to a maximum of \$3,000 per policy term
Baggage Delay	n/a	Up to \$500 per insured per <i>trip</i> to a maximum of \$1,500 per policy term
Top-Ups	Available	Available
Deductible Amount **	\$0; \$500	\$0; \$500
Family Coverage	Includes coverage for <i>you, your spouse and dependent child(ren)</i>	Includes coverage for <i>you, your spouse and dependent child(ren)</i>

\* If *your covered expense* results from an *act of terrorism* all benefit maximums shown in the policy may be reduced subject to the Terrorism Coverage provision.

\*\*If all insured family members were under *age 60* at time of purchase a \$0 deductible is applicable unless the \$500 deductible option was purchased. If any insured family member was over *age 59* at time of purchase, a \$500 deductible is applicable.

**IN THE EVENT OF AN *EMERGENCY*,  
CALL ACM, THE ASSISTANCE CENTRE, IMMEDIATELY**  
1 877 884-8289 toll-free from the USA and Canada  
+1 519 251-7418 collect from anywhere else in the world

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

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.****

**INFORMATION ABOUT *YOUR* INSURANCE:** This policy is underwritten by The Manufacturers Life Insurance Company ("Manulife Financial") and First North American Insurance Company (FNA) (a wholly owned subsidiary of Manulife Financial). Please note that risks identified with § throughout this document are covered by First North American Insurance Company. Manulife Financial has appointed Active Care Management (*ACM*) as the provider of all assistance and claims services under this policy. Administration of all applications, enrolments and customer service is provided by CanAm Insurance.

**ITALICIZED WORDS** have a specific meaning. Please refer to the "Definitions" section of this policy (page 20) to find the meaning of each italicized word.

## GENERAL INFORMATION ABOUT *YOUR* TRAVEL INSURANCE

### INSURING AGREEMENT

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 while *you* are on a *trip*, 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.

**TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY,** *you* must be a resident of Canada, and covered under a government health insurance plan (*GHIP*). At the time of *your* application for this insurance, *you* must be *age 69* or under.

To be eligible for *Trip Cancellation* coverage, *your trip* must have been booked after the *effective date* of this policy. 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*.

**DURATION OF YOUR TRIP:** This plan provides coverage for an unlimited number of *trips* taken within one year, commencing with the *effective date* as shown on *your confirmation*. It is issued for a maximum coverage period of 365 days commencing with the *effective date*. Each *trip* taken can be up to a maximum of 16 or 30 days (whichever option *you* selected at the time *you* purchased this policy and as shown on *your confirmation*) unless *Top-Up* coverage was purchased for *your trip*.

For a *trip* to be covered, it must start and end within the dates shown on *your confirmation*. NOTE: If a *trip* begins during the coverage period but 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.

**TOP-UPS.** Each *trip* is covered under this policy up to a maximum of 16 or 30 days as selected upon purchase. Should *your trip* exceed this number of days, *Top-Up* coverage must be purchased for the extra days of *your trip*.

To *Top-Up your* Multi-Trip plan, simply call 1 877 331-3232 or (519) 251-7403 or call *your* authorized broker before *you* leave *home* to purchase PrimeLink or PrimeLink Plus Travel Insurance for the additional coverage days required. If the total length of *your trip* exceeds 183 days (212 days if *you* reside in Ontario or Newfoundland), 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* coverage from another company, *you* will not be covered under this policy for any part of that *trip*.**

**THIS POLICY IS EFFECTIVE** on the date shown on *your confirmation*.

**YOUR COVERAGE STARTS**, each time *you* leave *home*.

If *you* have purchased the All-Inclusive plan, *your Trip* Cancellation coverage starts at the time *you* purchase *your* pre-paid *trip* provided *you* have already purchased this insurance.

#### **YOUR COVERAGE ENDS**

If *you* have purchased the All-Inclusive plan, *your Trip* Cancellation coverage ends on the earlier of:

- the date *you* cancel *your trip*; or
- the expiry date shown on *your confirmation*.

For all other coverages, *your* coverage ends on the earliest of:

- the date *you* return *home*;
- when the number of days of coverage *you* purchased (as shown on *your confirmation*) expires; or
- at 11:59 pm on the expiry date as specified on *your confirmation*.

**AUTOMATIC EXTENSION** is provided beyond the date *you* were scheduled to return *home* if:

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

In any case, *we* will not extend any coverage beyond 12 months after the date *you* first leave *home*.

**REFUNDS** are not available on this plan.

## **WHAT ELSE DO YOU NEED TO KNOW ?**

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 policy, the *confirmation* issued in respect of that application and any other amendments or endorsements approved by *us*.

This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact in *your* application or claim for benefits 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 *treatment* or transportation, or for *your* failure to obtain *treatment*. Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act respecting contracts of accident and sickness insurance.

#### **Premium**

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.

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

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

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.

The plans 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* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are insured under such coverage.

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.

## EMERGENCY MEDICAL INSURANCE

Included in the *Emergency Medical* plan and the All-Inclusive plan.

### Benefits – What does *Emergency Medical Insurance* cover?

*Emergency Medical Insurance* covers *you* up to \$5,000,000 CDN of *covered expenses* incurred per insured per policy term as a result of *treatment* required by *you* during *your trip* if a *medical condition* 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: 1 877 884-8289 toll-free from the USA and Canada or +1 519 251-7418 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 #13 only if they have been pre-authorized by *ACM* and benefits #8 and #11 if they have been arranged by *ACM*.** *Covered expenses* and benefits are subject to the policy's maximums, exclusions, limitations, and *your deductible* amount.

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

- Expenses to receive *emergency medical attention*** – Medical care received from a *physician* in or out of a *hospital*; the cost of a semi-private *hospital* room (or an intensive or coronary care unit where *medically necessary*); the rental or purchase (whichever 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.
- Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiropractist, or podiatrist, up to \$300 per profession.
- Expenses for ambulance transportation** – *Reasonable and customary charges* for local licensed ambulance service to transport *you* to the nearest appropriate medical service provider.
- Expenses for *emergency dental treatment*** – If *you* need *emergency dental treatment*, *we* will pay:
  - up to \$300 for the relief of dental pain; and/or
  - if *you* suffer an accidental blow to the mouth, up to \$3,000 to repair or replace *your* natural or permanently attached artificial teeth (up to \$2,000 during *your trip* and up to \$1,000 to continue medically necessary treatment in the 90 days after the accident).
- 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 the return economy class fare via the most cost-effective itinerary for someone to be with *you*. *We* will also pay up to \$300 for that person's hotel and meals 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.
- 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 Deceased** – We will pay for the cost of preparing and transporting *your* remains to *your* original departure point in Canada or we will pay for *your* cremation where *you* die. This benefit includes the cost of a standard transportation container (and excludes cost of a casket or urn). The maximum amount payable for the return of remains is \$5,000, or \$1,500 for cremation.

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 \$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.

8. **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*.
9. **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 insured under *our* travel insurance plan, if *you* return to *your* Canadian province or territory of principal residence under benefit #8 or in the event of *your* death. We will cover up to a maximum of \$1,500 for this benefit.
10. **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 \$3,000 to cover the reasonable costs charged by a commercial agency to bring *your* vehicle home (subject to a maximum of \$2,000 for a boat). If *you* used a rental car during *your* trip, we will cover its return to the rental agency.
11. **Private Duty Nursing or Qualified Medical Attendant Expenses** – We will pay up to \$1,500 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*.

12. **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).
13. **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 #8 or in the event of *your* death.

#### Exclusions & Limitations – What does *Emergency Medical Insurance* not cover?

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

1. A *pre-existing condition* that was not stable in the 60 days prior to *your* departure date if *you* are under the age of 60 on the effective date, and 180 days prior to *your* departure date if *you* are age 60 to 69 on the effective date. Please see the definition of "*pre-existing condition*" and "*stable*" at the end of this policy booklet.
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 *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.
4. Any *treatment* that is not for an *emergency*.
5. 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 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*.
6. A *trip* that is undertaken to secure medical *treatment* or surgery as a purpose of the *trip*.
  7. 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.
  8. A heart, lung, liver, kidney, pancreatic or bone marrow transplant.
  9. HIV, AIDS or AIDS-related complex.
  10. 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.
  11. Any *medical condition* that occurs or recurs after *ACM* recommends that *you* return *home* following *your emergency*, and *you* chose not to.
  12. Any *treatment* which is a continuation of or subsequent to an *emergency*.
  13. Rehabilitation, the continued *treatment*, or complication of the *medical condition* which caused the *emergency*, once the *emergency* ends, as determined by *ACM* and the attending *physician*.
  14. Not following or refusing recommended or prescribed therapy or *treatment*.
  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. 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, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving, is *your* principal paid occupation.
  17. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.
  18. *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*.
  19. For insured *dependent children* under 2 years of *age*, any *medical condition* related to a birth defect.
  20. Any *dependent child(ren)* under 30 days old.
  21. Emotional, psychological or mental disease, disorder, condition or symptom.
  22. Suicide, attempted suicide or self-inflicted injury (whether *you* are sane or insane).
  23. Committing or attempting to commit a criminal act.
  24. 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.
  25. An *act of war* or an *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
  26. 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 Travel Warning was issued and includes complications arising from such medical condition.
  27. Any services or supplies provided by *you*, or a member of *your immediate family*.
  28. Expenses that exceed \$25,000 if *you* do not have valid coverage under a *GHIP* during *your* coverage period.
  29. *Covered expenses* that exceed the *reasonable and customary charges*.
  30. Any fee that would normally not be charged in the absence of insurance.

### **What are the other conditions that apply to *Emergency Medical Insurance*?**

If *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less, we will not coordinate payment of a claim with that coverage. If *your* lifetime maximum is more than \$50,000, we will coordinate payment.

## **TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE**

Included in the 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 applicable to them, 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.

**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* and \$5,000 per insured per policy term payable under the All-Inclusive plan.

***Trip Cancellation & Trip Interruption Insurance*** benefits are subject to the policy's maximums, exclusions and limitations. More specifically, 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 nine (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 nine (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 travel companion* or *your travel companion's 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, or subpoenaed to be a witness during *your trip*.
6. †*You*, *your travel companion* 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 travel companion* or *travel companion's spouse* : a) lose a permanent job because of lay-off or dismissal without just cause, b) are/is transferred by *your/their* respective employer; or c) must move *your/their* respective principal residence.
9. † A business meeting that is the main intent of *your trip* and was scheduled before *you* 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 if *you* are the one who planned to attend the business meeting.
10. †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*.
11. †Weather delays at least 30% of *your trip* and *you* choose not to travel.
12. †*You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting passenger *plane*, ferry, cruise ship, bus, limousine, taxi or train, when the delay is caused by the mechanical failure of the vehicle, a traffic accident, an emergency police-directed road closure or weather conditions. The vehicle must have been scheduled to arrive at *your* point of boarding at least 2 hours before the scheduled time of departure.
13. †The *plane* *you* are ticketed to fly on leaves earlier or later than scheduled. This benefit is not covered under *Trip Cancellation*.

#### **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 travel companion* if that *medical condition* was not *stable* in the 3 months before the *effective date*. In addition, we will not cover any expenses relating to:
  - *your/their* heart condition if, in the 3 months before the *effective date*, it has not been *stable*, or *you/they* have taken any form of nitroglycerine for the relief of angina pain ; and/or
  - *your/their* lung condition if, in the 3 months before the *effective date*, it has not been *stable* or *you/they* required *treatment* with oxygen or prednisone for *your/their* lung condition.
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 or mental disorder (except an acute psychosis) that does not require admission to a *hospital*.
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. *Your* not following a prescribed therapy or *treatment*.
6. *Your* committing or attempting to commit suicide, a criminal act or *your* intentional self-inflicted injury whether sane or insane.
7. 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.
8. 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*.
9. A travel visa that is not issued because of its late application.
10. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage provision.
11. Failure of any travel supplier *you* contract for services. No protection is provided for failure of travel agent, agency or broker.
12. 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.
13. 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.

### What are the other conditions that apply to *Trip Cancellation & Trip Interruption Insurance*?

If *you* cancel *your trip* before the *departure date*, *you* must advise *your* travel supplier and 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.

## BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

Included in the 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*. More specifically, 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 under the All-Inclusive plan is \$1,500 per policy term.
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. The maximum payable for this benefit under the All-Inclusive plan is \$3,000 per policy term. Jewellery or cameras (including camera equipment) are respectively 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*.
6. See other conditions under How to Make a Claim.

## TERRORISM COVERAGE

### Benefits – What does Terrorism Coverage include?

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**, we will provide benefits to *you* for *your covered expenses* subject to the maximums shown below.
- The benefits payable are 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 & 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, exceeds 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:

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

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 – What does Terrorism Coverage not include?** 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**,  
CALL **ACM IMMEDIATELY**

**1 877 884-8289** toll-free from the USA and Canada or  
**+1 (519) 251-7418** collect from anywhere else in the world.  
*ACM* is ready to assist *you* 24 hours a day,  
365 days a year.

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.**

If *you* choose to pay eligible expenses directly to a health service provider without prior approval by *ACM*, 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 pre-authorized and/or arranged by *ACM*.

Please mail *your* completed claim form and all original receipts, bills and invoices to:

Active Care Management  
P.O. Box 1237, Stn A  
Windsor, ON N9A 6P8

Ensure *you* keep a copy for *your* records.

To make a claim due to *sickness* or *injury* during *your trip*, *your* proof of claim must be sent to *us* within 90 days of *your* loss.

*You* may also call the Claims Service Centre directly for specific information on how to make a claim or to inquire about *your* claim status at **1 877 884-8087**.

**If you are making an Emergency Medical Insurance 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); and f) *your* historical medical records (if we determine applicable).

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 in Canada just prior to *your departure date* or after *your* return date.

**If you are making a Trip Cancellation & Trip Interruption Insurance claim,** we will need proof of the cause of the claim, including: a) 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 b) 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: a) complete original unused transportation tickets and vouchers; b) original passenger receipts for the new tickets *you* had to purchase; c) 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; d) any other invoice or receipt supporting *your* claim; and e) the entire medical file of any person whose *emergency* or *medical condition* is the reason for *your* claim.

**If you are making a Baggage Loss, Damage & Delay Insurance claim,** 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 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: a) copies of reports from the authorities as proof of loss, damage or delay; and b) proof that *you* owned the articles, and receipts for their replacement.

**To whom will we pay your benefits if you have a claim?**

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

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

If *you* disagree with *our* claim decision, the matter may be submitted to arbitration under the arbitration law in the Canadian province or territory where *you* reside at the time of application for this policy. Legal action to recover a claim must start within the 12 months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before courts of the province where *you* resided at the time this policy was issued.

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

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 or recommended.

### Change in Medication Exceptions

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

- The routine adjustment of insulin or Coumadin or Warfarin;
- A change from a brand name medication to a generic brand medication (same dosage);
- Aspirin (or Entrophen) taken for non-prescribed medical purposes;
- 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.

**“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 Expenses”** means *reasonable and customary charges you* incur for supplies and services which are eligible expenses under the *Emergency Medical Insurance* provision 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 incurred 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 enrolled as a full-time student 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 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 start 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 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.

**"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 accidental bodily harm which is sustained by *you* and which is caused solely by external, and accidental means, and independently of *sickness* and of any other cause.

**"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 *ACM* determines 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 possible to omit without adversely affecting *your* *medical condition* or quality of care; 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 of greater than 14 days nor requires more than one *follow-up* visit to a *physician* nor requires *hospital* admittance 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 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 *sickness*, *injury* 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 an 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 *change in medication*, 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.

**"Top-Up"** means the coverage *you* purchase in accordance with this policy to extend *your* insurance beyond the duration covered under this plan.

**“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 or 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.

**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. *Your* file is secured in *our* offices. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P. O. Box 4262, Stn A, Toronto, ON M5W 5T4.