



# VISITOR TO CANADA INSURANCE

## Visitors to Canada Policy

### Basic Plan

Version V10

Effective January 2023

21st Century Travel Insurance Limited operates as 21st Century Travel Insurance Services in British Columbia.

Underwritten by  
The Manufacturers Life Insurance Company (Manulife)

V10 - 2301-EN-BASIC

Don't forget your wallet card!



 <p>underwritten by:</p> <p><b>VISITORS TO CANADA INSURANCE</b></p> <p>NAME _____</p> <p>21st CENTURY POLICY # _____</p> <p>EFFECTIVE DATE _____ EXPIRY DATE _____</p> <p><b>Please remember to keep this card in your wallet during your trip.</b></p>	 <p><b>VISITORS TO CANADA INSURANCE</b></p> <p>IN CASE OF A MEDICAL EMERGENCY, YOU MUST CALL OUR ASSISTANCE CENTRE <b>1-877-882-2957</b> toll-free from the USA and Canada If unable to use the toll-free number, call collect to Canada: <b>+1 519-251-7856.</b></p> <p>Our Assistance Centre can also be contacted through the Manulife TravelAid™ mobile application. Visit <a href="http://www.active-care.ca/en/travelaid/">http://www.active-care.ca/en/travelaid/</a> to download this free app before you travel.</p> <p>Our Assistance Centre is there to help you 24 hours a day, 365 days a year. Call prior to receiving any medical treatment. If you fail to contact the Assistance Centre within 24 hours of hospitalization, you will have to pay 20% of the medical expenses we would normally pay under this insurance. If medically impossible for you to call, please have someone call on your behalf.</p>
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**Visitor to Canada Policy**  
**Basic Plan**  
**Version V10**  
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## INTRODUCTION

This document becomes a valid policy when an application or other required forms have been duly completed, the required premium has been paid, and **you** have received a policy confirmation.

Read **your** entire policy carefully. Any word or phrase indicated in bold type is a defined term; please review [Section 10 – Definitions](#) for each specific meaning. The red outlined boxes throughout this policy details terms, limitations and conditions for the Monthly Payment Plan.

**Your** policy provides certain benefits during **your** insured visit to Canada. However, all insurance policies contain coverage limitations, exclusions, conditions, and other terms that may limit the reimbursement to which **you** are entitled.

The [Basic Plan](#) is a reduced benefit plan with no coverage for **pre-existing conditions**.

This plan is intended for the price conscious, healthy traveller. It is not recommended for those with **pre-existing conditions**. If **you** have had a **pre-existing condition** that **you** want to cover, ask **your** agent about the 21st Century [Enhanced Plan](#) with comprehensive benefits and coverage for stable **pre-existing conditions**. If **you** do not need coverage for **pre-existing condition** but are still interested in a more comprehensive package of benefits, ask **your** agent about the 21st Century [Standard Plan](#).

Unlike the comprehensive [Enhanced Plan and Standard Plan](#), the following are also NOT included in this Basic Plan:

- Accidental Death and Dismemberment not included
- Extra Injury Coverage not included
- Dental Accident and Relief of Dental Pain not included
- 90-Day Provision (reinstates benefits in certain circumstances after a claim) not included
- Continuing Treatment is restricted
- No coverage for the following health care practitioners: chiroprapist, osteopath, podiatrist
- Deductible amounts apply per claim per insured

### Travel assistance and CLAIM SUBMISSION, anywhere in the world

Before you travel, download the Manulife TravelAid™ mobile app through the Google Play™ store or the Apple App Store®.

Features of Manulife TravelAid include:

- [Start a Claim](#) – begin the process to file a claim and track your claim status
- [Contact Us](#) – a direct link to the Assistance Centre for immediate medical assistance 24/7
- [International 911](#) – search emergency phone numbers in other countries (GPS enabled)
- [Find Medical Facility](#) – find directions to the closest medical facility (GPS enabled)
- [Travel Tips](#) – pre- and post-departure
- [Travel Advisories](#)

[Online Claims Submission](#) is also available. Visit <https://manulife.acmtravel.ca> to submit your claim online. For faster and easier submissions, have all your documents available in electronic format, such as a PDF or a JPEG.

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Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THiA) want you to know your rights. THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

Know your health • Know your trip  
Know your policy • Know your rights

For more information, go to [www.thiaonline.com/Travel\\_Insurance\\_Bill\\_of\\_Rights\\_and\\_Responsibilities.html](http://www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html)

Accessible formats and communication supports are available upon request. Visit [Manulife.com/accessibility](http://Manulife.com/accessibility) for more information.

## SECTION 1 – IMPORTANT NOTICE

### Read Carefully Before You Travel

You have purchased a travel insurance policy - what's next? We want you to understand (and it is in your best interest to know) what your policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your policy before you travel. Terms in bold font are defined in your policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, you must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. medical conditions that are not stable, pregnancy, child born on trip, excessive use of alcohol, high risk activities).
- This insurance does not cover claims related to pre-existing medical conditions, whether disclosed or not at time of policy purchase.
- Contact the Assistance Centre before seeking treatment or your benefits may be limited.
- In the event of a claim your prior medical history may be reviewed.
- If you have been asked to complete a medical questionnaire and any of your answers are not accurate or complete, your policy will be voidable.

**It is your responsibility to understand your coverage. If you have questions, call 1 800 567-0021 or (905) 372-1779.**

### Notice Required by Provincial Legislation:

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

## SECTION 2 – IDENTIFICATION OF INSURER

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife). Claim payment and administrative services are provided by Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM" "Global Excel Management" and/or "Global Excel" as the provider of all assistance and claims services under the Policy.

Administration of all applications, enrollments and customer service is provided by 21st Century Travel Insurance Limited o/a 21st Century Travel Insurance Services in British Columbia ("21st Century").

## SECTION 3 – MEDICAL CONCIERGE SERVICES

We are pleased to provide you with value-added Medical Concierge Services.

### What services are available?

StandbyMD has an international network of medical providers and partners who can provide quick and streamlined services and access to healthcare, 24 hours a day, every day of the year.

StandbyMD offers access to personalized care including:

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

### How this service works

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

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

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

### Disclaimer, waiver, and limitation of liability

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

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

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

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

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

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

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

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

## SECTION 4 – IN THE EVENT OF AN EMERGENCY

### IN THE EVENT OF AN EMERGENCY CALL THE ASSISTANCE CENTRE IMMEDIATELY

1 877 882-2957 toll-free from the USA and Canada  
+1 (519) 251-7856 collect to Canada  
from anywhere else in the world.

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

Immediate access to the Assistance Centre is also available through the Manulife TravelAid mobile app. The Manulife TravelAid mobile app can also provide **you** with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips. To download the app, visit: <http://www.active-care.ca/en/travelaid/>

**You** must call the Assistance Centre before obtaining **emergency treatment**, so that **we** may:

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

If it is medically impossible for **you** to call prior to obtaining **emergency treatment**, **we** ask that someone call on **your** behalf as soon as possible. Otherwise, if **you** do not call the Assistance Centre before **you** obtain **emergency treatment**, **you** will have to pay 20% of the eligible medical expenses **we** would normally pay under this insurance.

## SECTION 5 – ELIGIBILITY

**You** are not eligible for coverage under this policy if:

- **you** are travelling against the advice of a **physician**;
- **you** have been diagnosed with a terminal illness with less than two (2) years to live;
- **you** have been diagnosed with or received **treatment** within the last two (2) years for pancreatic, lung, brain, or liver cancer;
- **you** have ever been diagnosed with any type of cancer that has spread from one part or organ of the body to another (metastatic cancer);
- **you** have had or are waiting for an organ or bone marrow transplant (excluding corneal transplant);
- **you** have ever been diagnosed with Congestive Heart Failure;
- **you** have been prescribed or used home oxygen in the last 12 months;
- **you** require kidney dialysis; and/or
- **you** reside in a nursing home or long term care facility.

**We** reserve the right to decline any application.

One or more persons may be insured under one policy. However, the **effective date** and **expiry date** must be identical for all applicants. Each applicant must pay their appropriate individual premium unless **family** rates apply.

Be sure to review the **waiting period** definition to determine if there is any time that **you** will not be reimbursed for expenses related to any sickness manifesting during that time.

## SECTION 6 – GENERAL INFORMATION

### Insuring Agreement

If, between the **effective date** and the **expiry date**, **you** suffer an unexpected **emergency** sickness or **injury** which results in **you** paying for or incurring costs for **insured services**, **we** will reimburse **you** or **your** designated assignee for such eligible expenses up to the policy limit shown on the **policy confirmation** less any applicable **deductible amount**, and subject to the **policy terms**.

### Monthly Payment Plan

The Monthly Payment Plan is restricted to:

- an applicant who is either applying for or holds a valid Temporary Resident, Work or Student Visa, or other visitor visa issued by the Government of Canada
- when the issuance of such visa is conditional on the purchase of mandatory medical insurance.

A minimum Coverage Period of 365 days and a minimum Aggregate Policy Limit of \$100,000 must be purchased. Additional cancellation restrictions as well as other terms, limitations and conditions will apply as stated in **your** Monthly Payment Authorization Form and in the sections of this policy highlighted by an outlined box.

### Your Coverage Starts

Coverage starts on the **effective date**.

If **you** purchase or **activate your** coverage after **your arrival date**, a **waiting period** may apply. Refer to the definition of **waiting period** in the Definitions section of this policy.

If **you** are arriving prior to the **effective date** shown on **your policy confirmation**, coverage does not start until this **effective date** or until **we** receive proper notification to change **your effective date**. A **waiting period** will apply if **you** have already arrived and request a date change to an earlier **effective date**.

If **you** will arrive later than the **effective date** shown on **your policy confirmation**, **you** must contact 21st Century prior to this **effective date** to request a date change. If notification of late arrival is received after the **effective date**, there will be no refund for the premium paid for coverage between the **effective date** shown on **your policy confirmation** and the date **we** receive **your** request for the date change.

For any approved date change, a revised **policy confirmation** will be issued.

At no time will **we** advance **your** original **effective date** more than two years from the original **effective date** selected when the policy was issued. At the end of two years from **your** original **effective date**, if **you** do not have a scheduled **arrival date**, the policy must be cancelled. Notification of cancellation will be sent to the last known mailing and email addresses. **Your** agent who sold **you** the policy will also be notified. **Your** premium will be refunded less a \$25.00 processing fee.

If **you** are purchasing coverage to extend **your** trip, **you** will receive a new **policy** with **policy terms** starting on the **effective date** stated on **your policy confirmation**.

If **your** policy was purchased under the Monthly Payment Plan, coverage does not start until the policy is **activated**. Upon successful **activation** of the policy, coverage starts on the **effective date** shown on **your policy confirmation** of the **activated** policy. If **you** **activate your** policy after **your** actual **arrival date**, a **waiting period** will apply.

If **you** have not **activated your** policy within two years of the original **effective date** shown on **your policy confirmation**, the policy must be cancelled. Notification of such cancellation will be sent to **your** last known mailing and email addresses. **Your** agent who sold **you** the policy will also be notified.

**You** are requested to confirm receipt of this notification. Upon **your** confirmation, **your** deposit premium less the \$50 Policy Fee will be refunded. If there is no response from **you** within 30 days, **your** deposit premium and Policy Fee will be non-refundable.

## Your Coverage Ends

Coverage ends on the **expiry date**. Please see Section 10 - Definitions to determine the **expiry date**.

## Side-Trips Outside of Canada

This insurance provides coverage when **you** are travelling in any other country, excluding **your country of origin**, subject to all the **policy terms**.

To be reimbursed for eligible costs:

- you** must have paid the required premium for those trip days which are prior to **your** arrival to Canada and/or after **your** departure from Canada; and
- you** must be continuously insured under a 21st Century Visitors to Canada policy or consecutive policies with no gaps in coverage; and
- the maximum number of combined days **you** can be covered in any other country before, during or after **your** visit to Canada must not exceed 30 days in total within a 365-day period; and
- you** must be in Canada or **you** must have a planned insured visit to Canada for no less than 51% of the overall time that **you** will be insured with **us**.

If **you** are insured with **us** for more than 365 consecutive days with no gaps in coverage, **we** will permit a maximum of 30 days in each subsequent 365-day period for side-trips.

Proof of all travel dates will be required in the event of a claim.

During **your** Coverage Period, if **you** take a side-trip outside of Canada that is longer than that permitted in this policy, **your** coverage will be suspended for the remainder of **your** side-trip but **your** coverage will not be terminated. When **you** return to Canada, **your** coverage will resume and continue up to the **expiry date** shown on **your policy confirmation**.

**We** will not reimburse **you** for insured services and/or any other expenses arising from any sickness, disease, symptom or **injury** that presented, recurred or for which **treatment** was received during any such suspension of coverage.

## SECTION 7 – INSURED SERVICES

### HOSPITAL AND MEDICAL

Subject to the **policy terms**, **we** will reimburse **you** for eligible expenses incurred by **you**, that are in excess of any other sums which **you** are legally entitled to recover from any health insurance plan or any other valid and collectible policy of insurance and **your deductible amount**, for:

- Emergency Medical Attention - **Reasonable and customary** charges for:

- medical care received from a **physician** in or out of a **hospital**;
- the cost of a **hospital** room (semi-private room when available or an intensive care unit when medically necessary);
- tests that are needed to diagnose or learn more about **your** condition;
- drugs that are prescribed for **you** and are available only by prescription from a **physician**.

Note: This policy does not cover cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated test(s) or charges, magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by the Assistance Centre.

- Extended Healthcare - private duty registered nursing or licensed home care providers and rental of a hospital bed, wheelchair, crutches, splints, canes, slings, trusses or braces or other prosthetic appliance up to \$5,000 following **emergency insured services** when prescribed in writing by a **physician**. The use of any private duty registered nurse or licensed home care provider must be authorized in advance by the Assistance Centre.
- Health-care Practitioner - services provided by a **health-care practitioner**, up to a combined total of \$1,000 for a covered **emergency**, when **you** have received prior written referral from a **physician**.

- Local Ambulance Service - the use of a licensed local ambulance service for **emergency** transportation.
- Prescription Medications - prescription medications up to \$500 and not exceeding a 30-day supply when these medications are prescribed on an outpatient basis. **We** will not reimburse **you** for any medications that can be purchased over-the-counter.
- Expenses Related to Your Death - in the event of **your** death, up to \$7,500 for the combined cost for:
  - preparing **your** body for burial or cremation;
  - transportation (including a standard shipping container normally used by the airlines) to **your** place of burial; and
  - the cost of preparing related legal documentation.In no event will **we** pay for the cost of a coffin or urn. This benefit must be authorized and arranged by the Assistance Centre.
- Repatriation and Air Ambulance - if **your** treating **physician** and **our** medical advisors recommend that **you** return to **your country of origin** because of **your emergency** or after **your emergency treatment**, **we** will pay 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 return economy class fare of a qualified medical attendant via the most cost-effective itinerary 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 it is medically necessary.This benefit must be authorized and arranged by the Assistance Centre.
- Obtaining Medical Records and Reports - obtaining hospital, medical or **health-care practitioner** records, or a medical report from a **physician** or **health-care practitioner** provided **we** request the record or report. Under no circumstances will **we** reimburse **you** for the cost of completing the claim form.

## EXCLUSIONS AND LIMITATIONS

**We** will not reimburse **you** for **insured services** and/or any other expenses arising directly or indirectly from:

- any **pre-existing condition**;
- any sickness that manifests before or during the **waiting period** even if related expenses are incurred after the **waiting period**.
- any sickness, disease, symptom, or **injury**:
  - when **you** knew, prior to **your effective date**, that **you** would need or be required to seek **treatment** for that **medical condition** during **your** trip; and/or
  - for which, prior to **your effective date**, it was reasonable to expect that **you** would need **treatment** during **your** trip; and/or
  - for which future investigation or **treatment** was planned prior to **your effective date**; and/or
  - which produced symptoms that would have caused an ordinarily prudent person to seek **treatment** in the 180 days prior to the **effective date**; and/or
  - that had caused a **physician** to advise **you** not to travel; and/or
  - that presented, recurred or for which **treatment** was received during any temporary return to **your country of origin** during the Coverage Period as is permitted only if **you** are a holder of a multiple-entry **PG-1 VISA**.
- any expenses or benefits if the information provided on **your** application for insurance is not truthful and accurate or **you** did not meet the eligibility requirements.



5. cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) including but not limited to, magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, or charges unless approved by the Assistance Centre prior to being performed, except in extreme circumstances where such procedures are performed on an emergency basis immediately upon admission to a **hospital**.
  6. **your** self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
  7. any claim that results from or is related to **your** commission or attempted commission of a criminal offence or illegal act.
  8. any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed medication.
  9.
    - any **medical condition**, including symptoms of withdrawal, arising from, or in any way related to, **your** chronic use of alcohol, drugs or other intoxicants whether prior to or during **your** Coverage Period.
    - any **medical condition** arising during **your** Coverage Period, from or in any way related to, the abuse of alcohol, drugs or other intoxicants.
  10. any loss resulting from **your minor mental or emotional disorder**.
  11. any non-emergency, investigative, experimental or elective **treatment** such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications.
  12. general health examinations or services.
  13. an **emergency** resulting from:
    - mountain climbing requiring the use of specialized equipment, including carabiners, crampons, pick axes, anchors, bolts and lead-rope or top-rope anchoring equipment to ascend or descend a mountain;
    - rock-climbing;
    - parachuting, skydiving, hang-gliding or using any other air-supported sporting device;
    - participating in a motorized speed contest including training activities; or
    - **your** professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is **your** principal paid occupation.
  14.
    - any pregnancy that commences prior to the **effective date**;
    - **your** routine pre-natal or post-natal care;
    - **your** pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
  15. medical **treatment** or services provided to **your** child born during **your** Coverage Period.
  16. the provision of **insured services** to children under 30 days of **age**.
  17. an **act of war** or an **act of terrorism** when **you** are outside of Canada and covered under this insurance.
  18. a continuation of **treatment** or service first recommended or prescribed by a **physician** or **health-care practitioner** before the **effective date** of this policy or where such **insured services** were first initiated before the **effective date** of this policy or during the **waiting period**, or for holders of a valid multiple-entry visa issued by the Government of Canada, during a return to **your country of origin** during the Coverage Period.
  19. prescription drugs or medicines, **treatment**, appliances or devices provided for any **pre-existing condition**.
  20. **your** medical or health assessment or any form of report or document supporting an application to obtain immigrant status or extend **your** visa in Canada or any recommended **treatment** resulting from such health assessment.
  21. any medical **treatment** or follow-up visit outside of Canada when the **emergency** occurred in Canada.
  22. any **emergency** that occurs or recurs after **our** medical advisors recommend that **you** return to **your country of origin** and **you** choose not to. (See Loss of Coverage under Section 8 - General Conditions.)
  23. the ongoing **treatment**, recurrence or complication of a **medical condition** when **you** have already received **emergency treatment** for that condition during **your** Coverage Period and **our** Assistance Centre determines that **your** medical **emergency** has ended.
  24. any **medical condition** **you** suffer or contract in a specific country, region or city outside of Canada, while covered under the "Side-Trips Outside of Canada" provision or while on an uninterrupted flight to or from Canada if a Government of Canada Travel Advisory, issued before **you** travel to that location, advises to Avoid non-essential travel or to Avoid all travel to that specific country, region or city. In this exclusion, **medical condition** is limited, related or due to the reason for the Travel Advisory.
  25. any medical **treatment** for which **you** are eligible and/or covered under a **government health insurance plan**.
  26. covered expenses that exceed 80% of those **we** would normally pay, if **you** do not contact the Assistance Centre within 24 hours of **hospitalization** unless **your medical condition** makes it impossible for **you** to call. If **your medical condition** makes it medically impossible for **you** to call, someone must call on **your** behalf.
  27. any expenses arising from any sickness, disease, symptom or **injury** that presented, recurred or for which **treatment** was received during any suspension of coverage during a Side-Trip Outside of Canada.
- Note: Each time **you** purchase another policy from **us**, each new policy will have a new **effective date** even if **you** are continuing the same visit to Canada (or other country covered under the "Side-Trips Outside of Canada" provision).

## SECTION 8 – GENERAL CONDITIONS

### Coordination of Benefits

This policy is intended to provide benefits in excess of those provided by any health insurance plan or any other valid collectible policy of insurance.

If **you** have other coverage, **you** must first seek reimbursement for the **insured services** from such insurance plan or such policy and **you** may only submit a claim for reimbursement of **insured services** under this policy after the other insurer has assessed **your** claim. In submitting a claim for reimbursement of **insured services**, **you** must provide **us** with the other insurer's written assessment of **your** claim submission.

### Loss of Coverage

If **you** have an **emergency** covered under this policy, and **our** Assistance Centre determines that **you** are able to travel, **we** reserve the right to transfer **you** to **your country of origin**. If **you** choose not to return, **you** will no longer be covered for any **insured services** under this policy that relate directly or indirectly to such **emergency**. Any related expenses incurred after **you** choose not to return will not be covered and will become **your** sole responsibility.

### Coverage Period

This policy provides coverage for losses arising from a sudden and unforeseeable medical **emergency** occurring between **your effective date** and **expiry date** as shown on **your policy confirmation**. Coverage will not be issued for more than 365 days at a time. However, **you** may purchase a new policy if **you** require insurance for more than 365 days.

If **you** have opted to pay **your** premium under the Monthly Payment Plan, **you** can choose to upgrade **your** Coverage Period on the Issue Date or any time prior to **activation** from one full year (12 months) to two full years (24 months). For an upgrade after the Issue Date, **we** reserve the right to request proof of continued good health.

### Policy Limit

The policy limit **you** purchased is the maximum per insured **we** will reimburse **you** regardless of the number of **insured services** received by **you** during the Coverage Period. If **you** purchased a two-year Coverage Period, then the Policy Limit is fully reinstated for any new claims incurred after day 365 of **your** Coverage Period. If **you** are insured under more than one policy with 21st Century and/or underwritten by **us**, **our** liability will not exceed **your** actual expenses and the maximum **you** are entitled to is the largest policy limit available to **you** in any one policy.

### Benefit Limits

Maximum limits in this policy are per insured per policy, unless otherwise specified. If **you** purchased a two-year Coverage Period, all benefit limits and the policy limit are fully reinstated for any claims incurred after day 365 of **your** Coverage Period.

### Continuing Treatment

This policy is limited to one follow-up visit relating to the **emergency** for which **you** have already received **emergency treatment** during the Coverage Period. Any follow-up appointment must be pre-approved by the Assistance Centre and will only be considered for reimbursement if the initial **emergency** is reported to the Assistance Centre prior to the **expiry date** and if that initial **emergency** is a payable claim; otherwise, coverage terminates on the **expiry date**.

## SECTION 9 – GENERAL PROVISIONS

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

### Automatic Extension

If **you** are unavoidably delayed on **your** scheduled return to **your country of origin**, through no fault of **your** own, coverage will automatically be extended beyond **your expiry date**:

- for the length of **your** delay to a maximum of 72 hours if **your** common carrier is delayed; or
- if **you** are **hospitalized** on **your expiry date**. In this case, **we** will extend **your** coverage during the **hospitalization** up to a maximum of 365 days or until, in **our** opinion, **you** are stable for discharge from the **hospital** and for up to 5 days after discharge from the **hospital**; or **you** are stable for evacuation to **your country of origin**, whichever is earlier; or
- if **you** have a medical **emergency** that occurs within the 5 days prior to **your expiry date** that does not require **hospitalization** but prevents travel as confirmed by a **physician**. In this case, **we** will extend **your** coverage for up to 5 days.

### Material Facts

Any fraudulent act, misrepresentation or omission in the submission of a claim, or any misrepresentation or omission to disclose any fact material to the assessment of **our** risk during the application process, including **our** determination that **you** were ineligible for this insurance at the time of application, may void the coverage available under the policy against which the claim was filed.

### Subrogation

If **you** suffer an eligible loss under **insured services** and in so doing acquire any right of action against another party, **we** 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 cooperate fully before, during and after the Coverage Period.

### Suit

No action or arbitration proceeding for the recovery of any claim under this policy shall be commenced more than one year after the date of **injury** or the date on which **you** first received any **insured services** arising out of unexpected **emergency** sickness or disease. If, under the law of the province or territory in which this policy was issued, such limitation period is invalid, then any claim shall be void unless such action or arbitration proceeding was initiated within the time permitted by the laws of such province or territory.

### Arbitration

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

### Medical Examination

To determine the validity of a claim under this policy, **we** may obtain and review medical records from **your** attending **physician(s)**, including the records from **your physician(s)** in **your country of origin**. 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.

### Statutory Conditions

The Statutory Conditions governing accident and sickness insurance, of the Insurance Act of the province or territory in which this policy was issued, are incorporated into and form part of this policy.

### Premium Payment Requirement

**We** provide the insurance described in this policy in return for payment of the premium shown and subject to all the **policy terms**. This insurance will be in effect only if the premium is paid in full at the time of application and on or before the policy **effective date** unless **you** opted for the Monthly Payment Plan, in which case all premium payments must be paid when they come due.

If the incorrect premium is charged, or if any payment is rejected for any reason, or if any information or required forms are missing, **we** will either modify the Coverage Period or declare the policy void.

**If you opted for the Monthly Payment Plan**, this insurance will be and will remain in effect only if the premium is paid in accordance with the terms of this policy and the Monthly Payment Authorization Form which was completed and signed or electronically authorized when the Monthly Payment Plan was selected. 21st Century reserves the right to discontinue the monthly payment schedule and/or charge additional processing fees in the event that payments cannot be charged to the credit card **you** have provided as per the terms of the Monthly Payment Authorization Form.

Under the Monthly Payment Plan an initial deposit equal to (2) two months of premium is payable at the time of application. A third month of premium is payable when the policy is **activated**. Thereafter, the **effective date** will establish the **premium due date** and monthly premiums must be paid in each subsequent month until the full policy premium has been paid or until **you** provide proof that **you** have returned to **your country of origin** (whichever is earlier).

If credit card charges are invalid or no proof of payment exists, 21st Century will immediately notify **you** of the failed payment and **you** will be given 30 days from the date the notice is mailed to pay the full monthly payment that failed and any other payments that have since become due. If 21st Century is unable to collect the outstanding premium(s) by the end of the 30 days, the policy will be terminated and all coverage will end on the paid-to date (the date to which the policy had been paid by the last monthly payment received). **You** will not be able to reinstate the policy. There will be no grace period permitted.

At no time will **we** pay or be liable for any claim that occurs when **your** policy has not yet been **activated** or has lapsed due to non-payment of premium regardless of whether the claim is presented before or after the date that **your** credit card payment failed or was declined. In other words, **we** are not liable for the payment of any benefits under this policy if payments are in arrears or if **your** policy was never **activated**.

## Canadian Currency Clause

Premium, limits, sums paid by or to **us**, and all amounts referenced in this policy are in Canadian currency.

## Governing Law

It is understood and agreed that this policy shall be construed and governed by the laws of the province or territory in which this policy was issued. Without limiting the foregoing, it is agreed that, in hearing any dispute arising out of any **policy terms**, arbitrators or any court shall apply the substantive and procedural law of the province or territory in which the policy was issued.

## SECTION 10 – DEFINITIONS

**Act of terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems.

The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a sitting government or occupying power; and/or
- promote political, social, religious or economic objectives.

**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.

**Activate, Activation and Activated** means acceptable notice has been provided to 21st Century to finalize **your effective date** and **you** have paid the third monthly premium installment. If this policy is issued with only two monthly premiums paid, it is issued with a status of Pending in our records and is not **Activated** until the third payment is made. THERE IS NO COVERAGE UNDER THIS POLICY UNTIL THE POLICY IS **ACTIVATED**. **Activation** may require a new **policy confirmation** reflecting any date changes or changes to **your** coverage and/or premium. **Activation** authorizes 21st Century to immediately begin charging the remaining monthly payments to the applicable credit card until the full premium for 12 full months (or 24 full months if **you** purchased a two-year Coverage Period) has been paid or until 21st Century is appropriately notified that **you** wish to terminate **your** coverage for a valid reason.

**Age** means the attained age on the **effective date** of this policy. If **you** request a change to the **effective date**, **your** policy may be subject to a premium change or modified eligibility requirements based on **your age** on that new **effective date**. The minimum **age** under this policy is 30 days.

**Arrival date** means the date and time **you** arrive in Canada from **your country of origin** (or in such other country as permitted under the "Side-Trips Outside of Canada" provision). If **you** are a holder of a valid multiple-entry visa issued by the Government of Canada, **arrival date** does not apply to any re-entry into Canada following any temporary return to **your country of origin** during **your** Coverage Period.

**Change in medication** means the medication dosage, frequency or type has been reduced, increased, stopped and/or new medication(s) has/have been prescribed. Exceptions: the routine adjustment of Coumadin, Warfarin or insulin, as long as they are not newly prescribed or stopped and there has been no change in **your medical condition**; and, a change from a brand name medication to a generic brand medication of the same dosage.

**Country of origin** means the country in which **you** maintained a permanent residence immediately prior to **your arrival date**.

**Deductible amount** means the amount of eligible expenses that **you** are responsible for paying per claim per insured before **our** obligation to reimburse any eligible expenses begins. **Your deductible amount** that **you** selected at the time **you** purchased this coverage, applies to the amount remaining after any eligible expenses are paid by any other benefit plan **you** may have.

**Effective date** means the latest of:

- a) the time and date **you** apply for this insurance;
- b) 12:01 AM on the **effective date** as shown on **your policy confirmation**; or
- c) **your arrival date**.

When coverage is purchased prior to leaving **your country of origin** with an **effective date** equal to the date and time **you** are scheduled to arrive in Canada, coverage will also be provided with no additional premium during **your** uninterrupted flight directly to Canada. An uninterrupted flight shall include a stop-over provided **you** do not leave the airport.

NOTE: Each time **you** purchase another policy from **us**, the new policy will have a new **effective date**.

### If you opted for the Monthly Payment Plan:

**Effective Date** means the later of:

- a) 12:01 AM on the **effective date** as shown on **your policy confirmation** if **you activated your** policy prior to **your arrival date**; or
- b) the date and time **you activate your** policy if **you activate** it after **your arrival date**.

When coverage is purchased and **activated** prior to leaving **your country of origin** with an **effective date** equal to the date and time **you** are scheduled to arrive in Canada, coverage will also be provided with no additional premium during **your** uninterrupted flight directly to Canada. An uninterrupted flight shall include a stop-over provided **you** do not leave the airport.

If **you** fail to **activate your** policy until after **your arrival date**, a **waiting period** will apply to sickness-related claims.

NOTE: Each time **you** purchase another policy from **us**, the new policy will have a new **effective date**.

**Emergency** means a sudden and unforeseen **medical condition** that requires immediate **treatment**. An **emergency** no longer exists when the evidence reviewed by the Assistance Centre indicates that no further **treatment** is required or **you** are able to return to **your country of origin** for further **treatment** or continue with the trip.

**Expiry date** means the earliest of:

- a) 11:59 PM on the **expiry date** indicated on **your policy confirmation**;
- b) 11:59 PM on an earlier date calculated by **us** due to an incorrect or insufficient or lapsed premium payment;
- c) the date and time **you** leave Canada (or such other country as permitted under the "Side-Trips Outside of Canada" provision); or
- d) the date 21st Century receives proof that **you** are eligible and covered under a **GHIP**. NOTE: until acceptable proof of coverage under a **GHIP** is received, this policy will continue to provide eligible benefits that are not covered by **your GHIP**.

At no additional premium, coverage will be provided during an uninterrupted flight from Canada directly to **your country of origin**. An uninterrupted flight shall include a stop-over provided **you** do not leave the airport.

If **you** hold a multiple-entry visa (such as a **PG-1 VISA** or an IEC Work Permit) and return to **your country of origin** without cancelling **your** policy, **your** coverage will be suspended while **you** are in **your country of origin** and will resume when **you** return to Canada (or other country as permitted under the "Side-Trips Outside of Canada" provision). There will be no refund of premium related to **your** suspension of coverage while in **your country of origin** and **your expiry date** will not change.



**Family** means a maximum of two parent(s) or legal guardian(s) plus their unmarried children under **age 22** dependent on them for their sole means of support and visiting Canada with them. It can also mean three or more siblings under **age 22**.

**Government health insurance plan (GHIP)** means the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

**Health-care practitioner** means a licenced acupuncturist, chiropractor or physiotherapist (other than **yourself** or a member of **your** immediate family) who is lawfully entitled to provide such healthcare in the state, province or territory in which the **insured services** are provided.

**Hospital** means an institution that is licensed as an accredited **hospital** that is staffed and operated for the care and **treatment** of in-patients and out-patients. **Treatment** must be supervised by **physicians** and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A **hospital** is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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

**Injury** means sudden bodily harm that is caused directly by external and purely accidental means.

**Insured services** means only those services, **treatments**, equipment and medications identified in the **insured services** section of this policy and provided while **you** are in Canada or while on an uninterrupted flight to or from Canada as described in the definitions of **effective date** and **expiry date** or while covered under the "Side-Trips Outside of Canada" provision.

**Medical condition** means any disease, sickness or **injury** (including symptoms of undiagnosed conditions).

**Minor mental or emotional disorder** means:

- having anxiety or panic attacks, or
- being in an emotional state or in a stressful situation.

A **minor mental or emotional disorder** is one where **your treatment** includes only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

**PG-1 VISA** means the Parent and Grandparent Super Visa issued by the Government of Canada.

**Physician** means a person:

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

**Policy confirmation** means the document or set of documents confirming **your** insurance and the dates **you** are covered under this policy. It may include the application for this policy, once it has been completed, signed and submitted with the required premium to **us** and, if applicable, the Monthly Payment Authorization form.

**Policy terms** means all benefits, provisions, definitions, conditions, limitations and exclusions in this policy of insurance.

**Pre-existing condition** means sickness, illness, disease, symptom, or **injury** that existed or for which medication has been taken, received, or prescribed (including prescribed as needed), or for which **treatment** has been prescribed or received before **your effective date** of insurance as stated on **your policy confirmation**.

**Premium due date** means that, following the initial deposit of two (2) months of premium and the third monthly payment charged on the date the policy is **activated**, each of the nine (9) subsequent monthly payments, or twenty one (21) subsequent monthly payments if **you** upgraded to a two-year Coverage Period, after the **effective date** will be charged to the authorized credit card on the same day in the month as the **effective date** to commence in the first month following the **effective date**. If the **effective date** falls on the 29th, 30th, or 31st day of a month, monthly premiums will be billed on the 28th day in those months where those calendar days do not exist.

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

**Treatment** means **hospitalization**, a procedure prescribed, performed or recommended by a **physician** for a **medical condition**. This includes but is not limited to prescribed medication, investigative testing and surgery.

Important: Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Waiting period** means a period, starting from the **effective date** of this policy, during which premiums are payable but claims resulting from any sickness will be not eligible for reimbursement. Any sickness that manifests itself during the **waiting period** is not covered even if related expenses are incurred after the **waiting period**.

A **waiting period** will apply if **you**:

- i) purchase this policy after **your arrival date**; or
- ii) fail to properly notify 21st Century of **your actual arrival date** (as explained in **Your Coverage Starts**); or
- iii) decrease **your deductible amount** or change from a 21st Century plan that does not cover stable **pre-existing conditions** to one that does, or increase **your aggregate policy limit** when **you** purchase consecutive policies with no gap between the **expiry date** of the previous policy and the **effective date** of the subsequent policy.

The following **waiting periods** apply in the above circumstances:

- i) if **age 86** or older, the **waiting period** is 15 days.
- ii) if **you** are **age 85** or under and within the first 30 days after **your arrival date**:
  - **you** purchased or **activated** this policy, or
  - failed to properly notify 21st Century (as explained in **Your Coverage Starts**),the **waiting period** is 72 hours;
- iii) if **you** are **age 85** or under and 31 or more days after **your arrival date**:
  - **you** purchased or **activated** this policy, or
  - failed to properly notify 21st Century (as explained in **Your Coverage Starts**),the **waiting period** is 7 days.

The **waiting period** will be waived if this policy:

- i) is purchased or **activated** on or prior to the **expiry date** of an existing Visitors to Canada policy already issued by **us** to take effect on the day following such **expiry date**, provided there is no increase in the aggregate policy limit or decrease in the **deductible amount**; or
- ii) is purchased prior to **your arrival date** (unless **you** failed to notify 21st Century as explained in **Your Coverage Starts**); or
- iii) **we** specifically waive or modify the **waiting period**.

If **you** have coverage with another insurer during the first part of **your** trip, and **you** are purchasing or **you** will **activate** this insurance after **your arrival date** and there will be no gap in **your** coverage, **you** may submit a Special Consideration Form and request to have the **waiting period** waived. **You** must be in good health and provide proof satisfactory to 21st Century that **you** have other coverage in force prior to purchasing this policy and receive written approval from 21st Century.

**We, us** and **our** means Manulife.

**You, your** and **yourself** mean the person(s) identified as Insureds on the **policy confirmation** or eligible applicant(s) listed on the application for this insurance and for whom premium has been received by **us**.

## SECTION 11 – POLICY ADMINISTRATION

For inquiries contact 21st Century Travel Insurance Limited,  
1040 Division St., Unit 18, Cobourg, Ontario K9A 5Y5

1 800 567-0021

toll-free from the USA or Canada

or 905-372-1779

From 9 AM to 5 PM ET

## SECTION 12 – REFUND OF PREMIUM OR CANCELLATION OF POLICY

Requests for premium refunds due to non-arrival can be submitted for consideration as long as this insurance has not been issued as part of the requirements necessary to obtain or maintain a visitor visa, in which case proof of visa refusal or withdrawal of the visa application must be provided.

**You** can cancel **your** insurance and obtain a partial refund of the unused premium amount when **you** provide proof that **you** are covered under a **GHIP**; or with proof of return to **your country of origin** provided that there has been no claim paid or denied.

If **you** are applying for a partial refund and a claim has been paid or denied, **you** may apply to have such claim(s) withdrawn. The amount of claim(s) paid will be deducted from the refund amount plus a file handling fee of \$300 per claim will also be deducted. A denied claim will be subject to a file handling fee of \$500 per claim. The file handling fee and any other adjustments will be deducted from any amount to be refunded.

If **you** become eligible for coverage under a **GHIP**, 21st Century will consider **your** cancellation request from the date we receive acceptable proof. Such requests cannot be backdated because this insurance policy provides Insured Services and other benefits that are not provided by government health insurance.

If **you** return to **your country of origin**, 21st Century will consider refunding back to that date up to a maximum of 60 days, but if **your** cancellation request is received more than 30 days following the date **you** returned to **your country of origin**, 21st Century will require acceptable proof that **you** did not visit Canada between the date **you** returned to **your country of origin** and the date **you** submitted **your** cancellation request. 21st Century reserves the right to refuse to go back more than 60 days prior to the date we receive the request and acceptable proof.

If **you** leave Canada but spend time in a country covered under the "Side-Trips Outside of Canada" provision, **you** must advise 21st Century prior to exiting Canada if **you** do not want to be covered in that other country. Failure to notify 21st Century prior to **your** exit date will result in premium being retained to cover all or part of that side trip.

Once any claim(s) has (have) been withdrawn to apply for a premium refund or refund of premium has been requested for any other reason stated above, no further expenses will be accepted for consideration under the policy, regardless of the date the expense was incurred.

All refunds are subject to approval by 21st Century and we reserve the right to refuse any refund request. All refunds are subject to the minimum premium of \$25. Refunds will be credited to the same credit card used to charge the premium.

### REFUND OF PREMIUM OR CANCELLATION OF POLICY IF YOU HAVE A MONTHLY PAYMENT PLAN

If **your** visa application is denied by the Government of Canada, or **you** formally withdraw **your** visa application and **your** coverage under this policy has not been **activated**, 21st Century will refund any premium paid. Proof of the denial or withdrawal of **your** application for a visa must be provided to 21st Century with **your** written request for a refund.

If the Government of Canada issues **you** an entry permit that is different than the one **you** applied for, **you** may request a refund of any premium paid or change from a monthly payment plan to payment in full as long as 21st Century receives **your** request prior to **your** entry into Canada. Proof of the change in entry permit will be required. Once **you** enter Canada, a two-month minimum premium applies.

The \$50 Policy Fee for any cancellation of, or change from the Monthly Payment Plan is non-refundable.

The two month minimum premium and the \$50 Policy Fee for the Monthly Payment Plan are non-refundable in any circumstance where the entry permit is approved and issued by the Government of Canada.

The two month minimum premium and the \$50 Policy Fee for the Monthly Payment Plan are non-refundable on any **activated** policy. For policies terminated mid-term, only full monthly premiums will be refunded; partial months will not be refunded.

After **you** have **activated your** coverage under this policy, subject to all other **policy terms**, **your** insurance will terminate on the date that:

- **you** return to **your country of origin** in the event of **your** death under Insured Service benefit #6, or following **emergency treatment** of **your medical condition** under Insured Service benefit #7; or
- the Assistance Centre specified when advising **you** to return to **your country of origin** due to **your medical condition**, even if **you** choose to remain in Canada; or
- 21st Century receives proof that **you** are eligible and covered under a **GHIP**; or
- **you** return to **your country of origin** and submit a written request to cancel **your** policy.

**You** can cancel **your** insurance and obtain a refund of any fully unused monthly premium (subject to the two-month minimum premium) as of the date **you** provide proof that **you** are covered under a **GHIP** (subject to the two-month minimum premium), or with proof of return to **your country of origin** if there are more than 30 days between **your** termination date and **expiry date**.

If **you** return to **your country of origin**, 21st Century will consider refunding back to that date up to a maximum of 60 days, but if **your** cancellation request is received more than 30 days following the date **you** returned to **your country of origin**, 21st Century will require satisfactory proof that **you** did not visit Canada between the date **you** returned to **your country of origin** and the date **you** submitted **your** cancellation request. 21st Century reserves the right to refuse to go back more than 60 days prior to the date we receive the request and acceptable proof.

If **you** leave Canada but spend time in a country covered under the "Side-Trips Outside of Canada" provision, **you** must advise 21st Century prior to exiting Canada if **you** do not want to be covered in that other country. Failure to notify 21st Century prior to **your** exit date will result in premium being retained to cover all or part of that side trip.

All refunds are subject to approval by 21st Century and we reserve the right to refuse any refund request. Premium will not be refunded for any partial months of coverage and a minimum premium of two months will be retained even if this policy is terminated within the first two months. Otherwise, monthly payments paid for periods that fall after **your** new termination date will be refundable, less the \$25 processing fee.

Once 21st Century has received **your** cancellation request, expenses with a date of service after the termination date will not be considered for reimbursement. Any claims incurred prior to the termination date will have no bearing on whether or not **you** are entitled to a refund or on the calculation of the refund amount.

If **your** policy has more than one person identified as a Named Insured on the **policy confirmation** and one Named Insured requests an early cancellation while the other wants to remain in Canada, the remaining Named Insured must either purchase a new policy with the Monthly Payment Plan or pay the full outstanding balance for individual coverage on their existing policy.

## SECTION 13 – HOW TO SUBMIT A CLAIM

Immediate access to the Assistance Centre is also available through the Manulife TravelAid mobile app. To download the app, visit: <http://www.active-care.ca/en/travelaid/>

Please note that if **you** do not call the Assistance Centre in a medical **emergency** and prior to receiving **treatment**, **you** will have to pay 20% of the eligible medical expenses **we** would normally pay under this policy (20% co-insurance). If it is medically impossible for **you** to call when the **emergency** happens, **we** ask that someone call on **your** behalf as soon as possible. For all other insurance coverage, **you** must call **our** Assistance Centre within forty-eight (48) hours of the cause of **your** claim.

Do not assume that someone will contact the Assistance Centre for **you**. It is **your** responsibility to verify that the Assistance Centre has been contacted. If **you** choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, eligible expenses will be reimbursed to **you** based on 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**.

### Notice and Proof of Claim

Claims must be reported within thirty (30) days of occurrence of a claim arising under this contract. **Your** proof of claim must be sent to **us** within ninety (90) days of the date a claim has occurred or the service was provided.

Attach all documentation requested in the claim form,  
and send it to:

21st Century Visitors Claims  
c/o Global Excel Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8 Canada

### Online Claim Submission

Visit <https://manulife.acmtravel.ca> to submit **your** claim online. For faster and easier submissions, have all **your** documents available in electronic format, such as a PDF or a JPEG.

**You** may call the Assistance Centre directly to enquire about **your** claim status at: 1 855 297-4379 from 8:00AM to 8:00PM ET.

**We** need the following information when **you** submit **your** claim:

- a. original, itemized bills and invoices
- b. proof of payment by **you** (receipts)
- c. proof of payment from any other insurance plan
- d. applicable medical records, including:
  - complete diagnosis by the attending **physician**
  - documentation from the **hospital** that the **treatment** was appropriate and consistent with **your** diagnosis
  - documentation that states the **treatment** could not be delayed until **you** returned to **your country of origin** without adversely affecting **your** condition and quality of medical care
- e. a letter from the referring **physician** recommending treatment of a **health-care practitioner** under Insured Services benefit #3
- f. proof of travel, including **your** departure date and return date (airline ticket, passport or visa)
- g. copy of police report (in the case of a motor vehicle accident)
- h. **your** historical medical records, if **we** ask for them

## SECTION 14 – NOTICE ON PRIVACY

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

Notice on Privacy and Confidentiality. The specific and detailed information requested on **your** application and medical questionnaire is required to process the application. To protect the confidentiality of this information, Manulife will establish a financial services file from which this information will be used to process the application, offer and administer services, and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person **you** authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

**Your** file is secured in **our** offices or those of **our** administrator or agent.

**You** may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Waterloo, ON N2J 4C6.

**You** may also visit Manulife at <https://www.manulife.ca/privacy-policies.html> for further details about **our** Privacy Policy.

The Manufacturers Life Insurance Company

IN THE EVENT OF A MEDICAL EMERGENCY,  
CALL THE ASSISTANCE CENTRE IMMEDIATELY

**1 877-882-2957**

toll-free from the USA and Canada

**+1 (519) 251-7856**

Collect to Canada where available, from anywhere else in the world

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

**HELP IS JUST A PHONE CALL AWAY**

Enjoying **your** trip should be the first thing on **your** mind. **Our** multilingual Assistance Centre is there to help and support **you** 24 hours a day, each day of the year with:

Pre-Trip Information

- Passport and travel visa information
- Health hazards advisory
- Weather information
- Currency exchange information
- Consulate and Embassy locations

During a Medical Emergency

- Confirming and explaining coverage
- Referral to a doctor, **hospital**, or other healthcare providers
- Monitoring **your** situation and informing **your** family
- Transportation arrangements to return **you** home when medically necessary
- Direct billing of covered expenses, where possible

Other Services

- Help with lost, stolen, or delayed baggage
- Help obtaining emergency cash
- Translation and interpreter services
- Emergency message services
- Help replacing lost or stolen airline tickets
- Help obtaining prescription drugs
- Finding legal help or bail bond



21st Century Travel Insurance Limited

1040 Division Street, Unit 18

Cobourg, ON K9A 5Y5

1 800 567-0021 toll-free from the USA and Canada,  
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