



# VISITOR TO CANADA INSURANCE

Visitors to Canada Policy

Standard Plan and Enhanced Plan

Version V10

Effective January 2023

 [www.danforthinsurance.com](http://www.danforthinsurance.com)

 + 1-647-350-0332

 [info@danforthinsurance.com](mailto:info@danforthinsurance.com)

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-ENH-STAN

Don't forget your wallet card!



 <p>underwritten by:</p>  <p><b>VISITORS TO CANADA INSURANCE</b></p> <p>NAME _____</p> <p>21stCENTURY POLICY # _____</p> <p>EFFECTIVE DATE _____</p> <p>_____ EXPIRY DATE _____</p> <p>Please remember to keep this card in your wallet during your trip.</p>	 <p><b>VISITORS TO CANADA INSURANCE</b></p> <p>IN CASE OF A MEDICAL EMERGENCY, YOU MUST CALL OUR ASSISTANCE CENTRE</p> <p><b>1-877-882-2957</b></p> <p>toll-free from the USA and Canada If unable to use the toll-free number, call collect to Canada: +1 519-251-7856.</p> <p>Our Assistance Centre can also be contacted through the Manulife TravelAid™ mobile application.</p> <p>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.</p> <p>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  
Standard Plan and Enhanced Plan  
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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 Standard Plan is 21st Century's comprehensive benefit plan that excludes pre-existing conditions.

The Enhanced Plan is 21st Century's most comprehensive benefit plan with enhanced coverage for stable pre-existing conditions.

### 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 the 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.com/travel.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 may 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 SERVICE

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;
- you reside in a nursing home or long term care facility; and/or
- you are age 86 or older.

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.

### The Enhanced Plan or The Standard Plan

If you are under age 55, the Enhanced Plan is available to you if you satisfy the Eligibility requirements and pay the appropriate premium.

If you are age 55 to 85, the Enhanced Plan is available to you if you satisfy the Eligibility requirements, truthfully and accurately answer "No" to all questions on the Medical Declaration and pay the appropriate premium.

If you are age 55 to 85 and you answer "Yes" to any question on the Medical Declaration, you are not eligible for the Enhanced Plan, but the Standard Plan is available to you under this policy if you satisfy the Eligibility requirements and pay the appropriate premium.

If you are under age 86, the Standard Plan is available to you, without the completion of the Medical Declaration, if you satisfy the Eligibility requirements and pay the appropriate premium.

Applicants age 86 and over or applicants of any age who do not satisfy the Eligibility requirements are not eligible to purchase this policy.

### 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 that policy's 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:

- a) 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
- b) you must be continuously insured under a 21st Century Visitors to Canada policy or consecutive policies with no gaps in coverage; and
- c) 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
- d) 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 an injury that presented, recurred or for which treatment was received during any such suspension of coverage arising from any sickness, disease, symptom or

#### Extra Injury Coverage

If you purchased the policy limit of \$100,000, your policy includes an additional \$50,000 coverage for insured services that result from an injury. Any portion(s) of your claim(s) related to sickness or disease will continue to have a maximum of \$100,000 less any injury-related expenses paid.

## 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:

1. 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.
2. 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.
3. 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.
4. Local Ambulance Service - the use of a licensed local ambulance service for emergency transportation.
5. 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 without a prescription.
6. 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 or grave markers of any kind, flowers, ceremony, or reception expenses. This benefit must be authorized and arranged by the Assistance Centre.
7. 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.

8. Emergency Dental - up to \$4,000 for treatment to natural teeth and repairs to dentures or other dental devices if such treatment is necessitated by a direct unintended or unexpected blow to your face.
9. Relief of Dental Pain - up to \$300 for the immediate relief of acute dental pain not caused by a direct blow to the face and for which have not previously received treatment or advice.
10. 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.

## ACCIDENTAL DEATH AND DISMEMBERMENT

Under Accidental Death and Dismemberment we will cover the following benefits:

- i) up to \$25,000 if an injury causes you to die, to become completely and permanently blind in both eyes, or to have two of your limbs fully severed above your wrist or ankle joints, within 365 days of the accident.
- ii) up to \$12,500, if an injury causes you to become permanently blind in one eye, or to have one of your limbs fully severed above your wrist or ankle joint, within 365 days of the accident.

If you have more than one injury during your trip, we will pay the applicable insured sum only for the one accident that entitles you to the largest benefit amount.

In addition to the other Exclusions and Limitations, Accidental Death and Dismemberment benefits are not payable if your death or injury results directly or indirectly from:

1. piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew;
2. an illness or disease, even if the proximate cause of its activation or reactivation is the result of an injury.

If your body is not found within 12 months of the accident, we will presume that you died as a result of your injuries. Death benefits will be payable to your estate.

Accidental Death and Dismemberment benefits are in excess of the policy limit.

## EXCLUSIONS AND LIMITATIONS

We will not reimburse you for insured services or pay an Accidental Death and Dismemberment claim and/or any other expenses directly or indirectly related to:

1. i) any pre-existing condition if you are covered under the Standard Plan;
- ii) any unstable condition if you are covered under the Enhanced Plan, paid the required premium and if you are age 55 to 85 you have completed the Medical Declaration.
2. any sickness, disease or symptom that manifests before or during the waiting period even if related expenses are incurred after the waiting period.
3. any sickness, disease, symptom, or injury:
  - i) 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
  - ii) for which, prior to your effective date, it was reasonable to expect that you would need treatment during your trip; and/or
  - iii) for which future investigation or treatment was planned prior to your effective date; and/or
  - iv) 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
- v) that had caused a physician to advise you not to travel; and/or
- vi) 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 visa.
4. 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. prescription drugs or medicines, treatment, appliances or devices provided to monitor or maintain any pre-existing condition.
14. 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.
15. • 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.
16. medical treatment or services provided to your child born during your Coverage Period.
17. the provision of insured services to children under 30 days of age.
18. an act of war or an act of terrorism when you are outside of Canada and covered under this insurance.
19. 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.

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. (See 90-Day Provision (Reinstatement of Coverage) for exception.)
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.

### 90-Day Provision (Reinstatement of Coverage)

If you are advised by our Assistance Centre that your emergency has ended, you will have no further coverage under this policy for any insured services that are directly or indirectly related to ongoing treatment, recurrence or complication of that medical condition.

However, if your claim is deemed to be payable under this policy, subject to the other terms, conditions and exclusions of this policy, such medical condition will be covered again in the event of a subsequent emergency if, in the 90-days prior to that subsequent emergency:

- you have not had any recurrence, new symptom(s) or any complications;
- existing symptom(s) have not become more frequent or severe;
- a physician has not determined that the medical condition has become worse;
- no test findings have shown that the medical condition may be getting worse;
- a physician has not provided, prescribed, or recommended any new medication, or any change in medication;
- a physician has not provided, prescribed, or recommended any new treatment, or any change in treatment;
- there has been no hospitalization or referral to a specialist or specialty clinic;
- a physician has not advised further testing; and
- there has been no testing for which results have not yet been received.

### 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

The coverage provided under this policy for any ongoing treatment, recurrence or complication relating to the emergency for which you have already received emergency treatment during the Coverage Period, will terminate when the first of these events occurs:

- a) the Assistance Centre has determined that your emergency has ended

(See Exclusion #22);

- b) the aggregate policy limit has been exhausted;

- c) we notify you that coverage has been terminated under the Loss of Coverage provision.

Any follow-up appointment that is scheduled or required after the expiry date of the policy 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, notwithstanding any of the above, 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

provide the insurance described in this policy in return for payment of the We

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 tous, 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 maximum age under this policy is 85 and the minimum age 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 policy 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. The deductible amount is shown on your policy confirmation and applies per policy per insured. If you have upgraded your Coverage Period to two years, the deductible amount will be reset on day 366 of your Coverage Period and will have to be paid again by you before you will be reimbursed for eligible expenses in year two.

**Disappearing deductible** means that all other deductible amounts are waived and replaced with a \$2,500 per-claim deductible amount that applies to each sickness-related claim when eligible expenses, per claim, are \$2,500 or less.

When you submit a claim where the sickness-related eligible expenses exceed \$2,500 per claim, the deductible amount is waived and eligible expenses will be reimbursed back to the first dollar. There will be no deductible amount when a claim results from an injury. If you selected the Disappearing Deductible option, it will be shown on your policy confirmation.

**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, chiropractor, osteopath, physiotherapist or podiatrist (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. For Accidental Death and Dismemberment, the injury must also be independent of sickness or disease. **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 Medical Declaration (if required) and 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 in the 180 days 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.

**Unstable condition** means a pre-existing condition for which, in the 180 days prior to your effective date of insurance, any of the following apply:

- there have been new symptoms or change in symptoms;
- existing symptoms have become more frequent or severe;
- a physician has found that the medical condition has become worse;
- test findings have shown that the medical condition may be getting worse;
- a physician has provided, prescribed, or recommended any new medication, or any change in medication;
- a physician has provided, prescribed, or recommended new treatment, or any change in treatment;
- a physician has provided, prescribed, or recommended any investigative testing, other than regular scheduled maintenance investigations or testing;
- there has been hospitalization or referral to a specialist or specialty clinic;
- a physician has advised a referral to a specialist or further testing, or there has been testing for which results have not yet been received.

We will not cover any heart condition if, in the 180 days before the effective date, you required any form of nitroglycerine for the relief of angina pain.

We will not cover any lung condition if, in the 180 days before the effective date, you required treatment with prednisone for a lung condition.

**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 to this policy 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).

The waiting period is 72 hours if the above circumstances occur within the first 30 days after your arrival date.

The waiting period is 7 days if the above circumstances occur 31 days or more after your arrival date.

A waiting period of 7 days will apply to this policy when you purchase consecutive policies with 21st Century with no gap in coverage, and relative to the coverage on the prior policy, you choose to:

- i) decrease your deductible amount; or
- ii) change from a 21st Century plan that does not cover stable pre-existing conditions to one that does; or
- iii) increase your aggregate policy limit.

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 there is no change from Basic to Standard or from Standard to Enhanced coverage rates; 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
- we receive 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
- i. if a claim is made under Accidental Death and Dismemberment, we will need:
- i) police, autopsy or coroner's report;
  - ii) medical records; and
  - iii) death certificate, as applicable.

## 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,  
or (905) 372-1779.

Your Agent:



Underwritten by

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INSURANCE**

[www.danforthinsurance.com](http://www.danforthinsurance.com)

+ 1-647-350-0332

[info@danforthinsurance.com](mailto:info@danforthinsurance.com)