VISITORS TO CANADA INSURANCE

Your Agent:

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Manulife has appointed Active Care Management (ACM) as the provider of all assistance and claims service under this policy.

21st Century Travel Insurance Limited operates as 21st Century Travel Insurance Services in British Columbia.
VISITORS TO CANADA INSURANCE POLICY

BASIC PLAN

Version VØ9

Effective September 2018

The Basic Plan is a reduced benefit plan with no coverage for pre-existing medical conditions.

This plan is intended for the price conscious, healthy traveller. It is not recommended for those with pre-existing medical conditions. If you have had a pre-existing medical 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 conditions but are still interested in a more comprehensive package of benefits, ask your agent about the 21st Century Standard Plan. Unlike the comprehensive Enhanced and Standard Plans, 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: chiropodist, osteopath, podiatrist

You must contact the Assistance Centre prior to receiving any medical treatment. If you fail to contact the Assistance Centre within 24 hours, you will have to pay the first $100 of any medical expenses we would normally pay per claim. This $100 is in addition to any deductible amount that you have selected at the time you purchased your coverage. Also, if you fail to call us within 24 hours of hospitalization, you will have to pay 20% of the medical expenses we would normally pay under this insurance.

If it is medically impossible for you to call we ask that someone call on your behalf.

The ACM TravelAid™ mobile application 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.

Our Assistance Centre also offers a medical consultation service that connects you within minutes to a Canadian licensed primary care physician to get an assessment, diagnosis and prescription as needed. Be sure to ask the Assistance Agent to be referred to the Maple telemedicine service available twenty-four hours a day, seven days a week. Currently Maple is available in British Columbia, Alberta, Manitoba, Ontario, Quebec, New Brunswick, Prince Edward Island, Nova Scotia, Newfoundland and Labrador, Nunavut and Yukon. As a visitor to either of these provinces, you can use Maple during your stay in the province.
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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) referred to herein as 21st Century.


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Visitors to Canada Insurance
Basic Plan

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 and pay particular attention to those words or phrases in bold type. Any word or phrase indicated in bold type is a defined term. Please review the Definitions section of the policy.

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.

GENERAL INFORMATION AND 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; or 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 a kidney condition requiring dialysis;
• you have used home oxygen during the 12 months prior to the date of application; and/or
• you reside in a nursing home, other long term care or rehabilitation centre.

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.

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 a red outlined box.

Your Coverage Starts
Coverage starts on the effective date.

If you purchased 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 and/or we will call you at the phone number on file. 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 your policy, coverage starts on the effective date shown on your policy confirmation. 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 and/or we will call you at the phone number on file. 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 the Definitions section 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 and/or your arrival to Canada 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 any sickness, disease, symptom or injury that presented, recurred or was treated during any such suspension of coverage.

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 aggregate policy limit shown on the policy confirmation less any applicable deductible amount, and subject to the policy terms.

INSURED SERVICES

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. Expenses to receive 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; and drugs that are prescribed for you and are available only by prescription from a physician; one follow-up visit during your period of coverage and as prescribed by your physician as a result of your emergency, which must have been reported to our Assistance Centre. 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 such services are approved in advance by the Assistance Centre.

2. 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. 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. The use of a licensed local ambulance service for emergency transportation.

5. 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.

6. In the event of your death, up to $7,500 for the combined cost of preparing your body for burial or cremation, transportation (including a standard
EXCLUSIONS AND LIMITATIONS

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

1. any pre-existing medical condition;
2. any sickness 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 was treated during any temporary return to your country of origin during the Coverage Period as is permitted only if you are a holder of a multi-entry PG-1 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) such as, 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. self-inflicted injury, suicide or attempted suicide; a criminal act or an attempt to commit a criminal act.
7. any sickness, injury or death related to your intoxication, the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol, or other intoxicant.
8. an emergency resulting from: mountain climbing requiring the use of specialized equipment, including carabineers, crampons, pick axes, anchors, bolts and lead-rope or top-rove 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; or your professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving, is your principal paid occupation.
9. any pregnancy that commences prior to the effective date of this policy; your routine pre-natal care; your routine pregnancy or childbirth; complications of your pregnancy or childbirth when they happen in the 9 weeks before or after the expected date of delivery; medical treatment or services provided to your child born during your Coverage Period.
10. the provision of insured services to children 30 days of age or younger.
11. an act of war or an act of terrorism when you are outside of Canada and covered under this insurance.
12. any treatment that is elective, cosmetic and not for an emergency and/or general health examinations or services.
13. 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.

14. prescription drugs or medicines, treatment, appliances or devices provided for any pre-existing condition.

15. 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.

16. any medical treatment or follow-up visit outside of Canada when the emergency occurred in Canada.

17. any loss resulting from your minor mental or emotional disorder.

18. 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.)

19. 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.

20. 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 against all or non-essential 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.

21. any medical treatment for which you are eligible and/or covered under a government health insurance plan.

22. 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, please have someone must call on your behalf.

23. your failure to follow a recommended or prescribed therapy or treatment.

24. Any expenses arising from any sickness, disease, symptom or injury that presented, recurred or was treated 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).

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. Any 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 Option, you can choose to upgrade your Coverage Period on the Issue Date from one full year (12 months) to two full years (24 months).

Aggregate Policy Limit
The aggregate policy limit you purchased is the maximum 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 Aggregate Policy Limit is fully reinstated on day 366 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 aggregate 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 are fully reinstated on day 366 of your Coverage Period.
Continuing Treatment
This policy is limited to a maximum of one follow-up visit. 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.

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 or for evacuation to your country of origin, whichever is earlier, and for up to five (5) days after discharge from the hospital; 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.

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 when the Monthly Payment Option was selected. We reserve 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 Option 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.

Privacy
Your privacy matters to us. 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 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, mandatories, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. Your file is secured in our offices. you may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.

Governing Law
It is understood and agreed that this policy shall be construed and governed by the laws of the province 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 in which the policy was issued.

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 that you have finalized your effective date and 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 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 multi-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. Regardless of the deductible selected, if you do not report a claim within 24 hours, you will be responsible for the first $100 of any medical expenses we normally pay. This $100 is in addition to any deductible amount.

**Effective Date** means the latest of:

- the time and date you apply for this insurance; or
- 12:01 AM on the effective date as shown on your policy confirmation; or
- 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 latest of:

- your arrival date if you activated your policy prior to your arrival date.
- 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 an unforeseen sickness or injury that requires immediate medical treatment. An emergency no longer exists when the Assistance Centre determines that you are able to return to your country of origin, or continue with the trip.

**Expiry Date** means the earliest of:

- 11:59 PM on the expiry date indicated on your policy confirmation;
- 11:59 PM on an earlier date calculated by us due to an incorrect or insufficient or lapsed premium payment;
- the date and time you leave Canada (or such other country as permitted under the "Side-Trips Outside of Canada" provision); or
- the date we receive proof that you are eligible and covered under a government health insurance plan. EXCEPTION: If you are a visitor to Canada with an IEC work permit, this policy will continue to provide eligible benefits that are not covered by your government health insurance plan.
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 multi-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.

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

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

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.

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

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 or pre-existing medical 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 Charges means charges that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same treatment of a similar sickness or injury or for other comparable services or supplies for similar circumstance.

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

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 us 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 medical 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 **activating** 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 **us** that **you** have other coverage in force prior to purchasing this policy and receive written approval from **us**.

**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**.

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**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

**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 must be provided.

**You** can cancel **your** insurance and obtain a refund of the unused premium amount when **you** provide proof that **you** are covered under a **government health insurance plan**; 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.

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

**Your** written request to cancel this policy must be received within 60 days following the date **you** become eligible for coverage under a **government health insurance plan** coverage or **you** return to **your country of origin**. In no event will we back-date a cancellation to a date more than 60 days prior to the date of receipt of your cancellation request. If **your** cancellation request is received more than 30 days following the date **you** returned to **your country of origin** and the date **you** submitted your cancellation request. 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 may result in premium being retained to cover all or part of that side trip.
All refunds are subject to approval by 21st Century. Refunds will be credited to the same credit card used to charge the premium.

In addition, a $25 policy administration fee will be applied to any refund or cancellation.

**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 we receive your request prior to your entry into Canada. Proof of the change in entry permit will be required. Once you enter Canada, your deposit premium becomes non-refundable.

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

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

The two month deposit premium and the $50 Policy Fee for the Monthly Payment Option are non-refundable on any activated policy or policy that is terminated mid-term by you or us. 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 government health insurance plan; 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 the unused premium amount when you provide proof that you are covered under a government health insurance plan, or with proof of return to your country of origin:
- if there are more than 30 days between your termination date and expiry date, and
- as long as your written request to cancel this policy is received within 60 days following the date you become eligible for coverage under a government health insurance plan or you return to your country of origin. In no event will we back-date a cancellation to a date more than 60 days prior to the date of receipt of your cancellation request.

Your written notification must include:
- a copy of your return airline tickets and stamped passport or a copy of your boarding pass(es), and
- a statement saying that you will not report or submit any claims against this policy after your termination date.

If your cancellation request is received more than 30 days following the date you returned to your country of origin, we will require a copy of every page of your passport to verify that you did not visit Canada between the date you returned to your country of origin and the date you submitted your cancellation request. If you leave Canada to 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 may result in premium being retained to cover all or part of that side trip.

All refunds are subject to approval by 21st Century. A $25 processing fee will be applied to any refund. Refunds will be credited to the same credit card used to charge the premium.

Once 21st Century has received your cancellation request, expenses with a date of service after the termination date will not be considered for reimbursement.

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 Option or pay the full outstanding balance for individual coverage on their existing policy.
Claims must be reported within 30 days of occurrence.
Written proof of claim must be submitted within 90 days of occurrence.

**To make a claim, you will need to complete a claim form and submit the following:**

a) policy number;
b) proof of all travel dates (airline ticket, passport or visa);
c) original itemized medical bills, receipts and invoices;
d) proof of payment if you have paid the expense;
e) complete medical and/or hospital records including diagnosis, X-ray, lab or other diagnostic testing results, which confirm that the treatment was medically necessary; and
f) copy of police report (in the case of a motor vehicle accident).

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

21st Century Visitors Claims
C/o Active Care Management
P.O. Box 1237, Stn. A
Windsor, ON N9A 6P8 Canada

To enquire about the status of your claim call 1-855-297-4379 from 8:00AM to 8:00PM ET