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VISITORS TO CANADA INSURANCE

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Your Agent:

Underwritten by:



For your future™

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POLICY

Version V06
Effective FEBRUARY 2013

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

VISITORS TO CANADA INSURANCE POLICY

**Version V06
Effective February 2013**

TABLE OF CONTENTS

ELIGIBILITY AND PREMIUM RATES	1
INSURED SERVICES	2
ACCIDENTAL DEATH AND DISMEMBERMENT	4
GENERAL EXCLUSIONS AND LIMITATIONS	4
GENERAL CONDITIONS	8
GENERAL PROVISIONS	9
DEFINITIONS	12
POLICY ADMINISTRATION AND PREMIUM REFUND	16
IN THE EVENT OF AN EMERGENCY	17
INFORMATION REQUIRED TO SUBMIT A CLAIM	17

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.

Underwritten by:

 **Manulife Financial**

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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" issued in respect of "your" application.

"You" must read "your" policy carefully. Read the entire policy and pay particular attention to those words or phrases in quotation marks. Any word or phrase within quotation marks is a defined term. Please review the Definitions section of the policy.

"Your" policy provides certain benefits during "your" 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.

ELIGIBILITY AND PREMIUM RATES

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

- a "physician" has advised "you" not to travel;
- "you" have been diagnosed with a terminal illness with less than two (2) years to live;
- "you" have a kidney condition requiring dialysis; and/or
- "you" have used home oxygen during the 12 months prior to the date of application.

Provided "you" are under "age" 60, "your" "stable chronic condition" coverage is automatically included without completing a Medical Declaration.

If "you" are "age" 60 to 85, a Medical Declaration must be completed to determine if "you" are eligible for the "stable chronic condition" coverage. If you are eligible and purchasing this option, "you" must pay the required "stable chronic condition" coverage premium. If "you" waive or are ineligible for this option, no Medical Declaration is required and "you" must pay the required standard rates.

If "you" are "age" 86 or over, a Medical Declaration is required to determine "your" eligibility for any coverage under this policy. If you are eligible to purchase this insurance, "your" policy does not include the "stable chronic condition" coverage and "you" must pay the required standard rates.

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. An application cannot contain more than two applicants

"age" 60 and older and "family" rates are not available if any applicant under the policy is "age" 60 or older.

Be sure to review the "waiting period" definition to determine if there is a period during which "you" will not be reimbursed for sickness-related claims.

"Your" coverage starts

Coverage starts on the "effective date". Please see the Definitions section of this policy to determine the "effective date" of "your" policy. If, after purchasing this policy, "your" scheduled "arrival date" changes for any reason, "you" must notify 21st Century of the date change prior to the scheduled "effective date" on "your" "policy confirmation".

A new "policy confirmation" will be issued.

If "you" have requested that "your" "effective date" be postponed for any reason and "we" have agreed in writing to do so, "you" must notify "us" prior to "your" actual "arrival date" so that "we" can issue a new "policy confirmation" with "your" new "effective date". Failure to provide notice in advance of "your" actual "arrival date" will mean that "your" coverage will not start until such time as proper notice is received by "us". If "you" notify "us" after "your" actual "arrival date", "your" "effective date" will be no earlier than the day "we" issue "your" new "policy confirmation" and a "waiting period" will apply to "your" coverage.

"Your" Coverage Ends

Coverage ends on the "expiry date". Please see the Definitions section of this policy to determine the "expiry date" of "your" policy.

Insuring Agreement

If, between the "effective date" and the "expiry date" of "your" policy, "you" suffer 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 sums which "you" are legally entitled to recover under the terms of any health insurance plan or any other valid and collectible policy of insurance and "your" "deductible amount", for:

1. "emergency" treatment provided by a "physician". "Emergency" "insured services" shall also include the cost of standard "hospital" ward accommodations but does not include the cost of services provided by a convalescent home, nursing home, home for the aged or health spa.

2. medical, "hospital" or out-patient services, except when expressly prohibited by legislation.
3. 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".
4. treatment, provided by a "health-care practitioner" up to \$1,000, provided such treatment is prescribed by a "physician".
5. diagnostic treatment including x-rays, ultrasounds, and laboratory tests requested by a "physician", up to the aggregate policy limit while "hospitalized" for a period of 24 hours or more or up to \$1,000 when these "insured services" are provided on an outpatient basis.
6. the use of a licensed ambulance service for "emergency" transportation.
7. prescription medications while "you" are an in-patient in a "hospital", or up to \$500 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.
8. in the event of "your" death, up to \$5,000 for the cost of 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.
9. the extra cost via the most cost-effective itinerary of economy airfare to return "you" to "your" "country of origin" including, if medically necessary or required by the airline, stretcher fare and/or the return economy fare and reasonable fees and expenses of a medical attendant. To be eligible for this benefit, "your" treating "physician" must recommend that "you" return home because of "your" medical condition or "our" medical advisors must recommend that "you" return home after "your" "emergency" treatment. Such costs must be pre-authorized and arranged by "us" following "emergency" "insured services" covered under this policy.
10. up to \$1,000 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.
11. "emergency" treatment (excluding fillings) to natural and permanently attached artificial teeth when such treatment is necessitated by a cause other than a direct unintended or unexpected blow to "your" face up to a per insured maximum of \$300 during any twelve (12) month period.

12. 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:

1. Up to \$10,000 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.
2. Up to \$5,000, if an "injury" causes "you" to become completely and permanently blind in one eye; or have one of "your" limbs fully severed above a wrist or ankle joint, within 365 days of the accident.
3. 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 General Exclusions and Limitations, under Accidental Death and Dismemberment Insurance, "we" will not cover expenses or benefits 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 aggregate policy limit.

GENERAL EXCLUSIONS AND LIMITATIONS

"We" will not reimburse "you" for "insured services" or pay an Accidental Death and Dismemberment claim and/or any other expenses arising after any applicable "waiting period", from:

1. any sickness, disease, symptom, or "injury":
 - i) for which medication has been taken, received or prescribed; or
 - ii) for which treatment has been received; or
 - iii) which has either been newly diagnosed or has presented with new symptoms or existed, in the 180 days preceding the "effective date".

Important Note regarding Exclusion #1 - A "stable chronic condition" is covered under the policy if "you":

- a) are under 60 years of "age" on the "effective date" of "your" coverage; or
- b) are 60 to 85 years of "age" on the "effective date" of "your" coverage, completed the Medical Declaration and paid the required premium to purchase the "stable chronic condition" option.

2. 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 "your" "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 Parent and Grandparent Super Visa during "your" coverage period.

NOTE: Under Exclusion #1 and #2 each time "you" purchase another policy from "us" because "you" are staying in Canada longer, each new policy will have a new "effective date" and "you" will not be covered under the new policy for any sickness, disease, symptom or "injury" which had manifested itself in the 180-day period immediately preceding that new "effective date".

3. intentional self-injury, suicide or attempted suicide while sane or insane.
4. any sickness, "injury" or death related to the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol, or other intoxicant, whether sane or insane.
5. an "emergency" resulting from: hang-gliding, rock-climbing, "mountaineering", parachuting or skydiving; participating in a motorized speed contest; or "your" professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving, is "your" principal paid occupation.
6. 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; or medical treatment or services provided to "your" child born during "your" coverage period.

7. the provision of "insured services" to children 30 days of "age" or younger.
8. an "act of war" or an "act of terrorism" when "you" are outside of Canada and covered under this insurance.
9. any treatment that is elective, cosmetic and not for an "emergency" and/or general health examinations or services.
10. 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 prior to the "effective date" of this policy or during the "waiting period", or for holders of a valid multiple-entry Parent and Grandparent Super Visa, during a return to "your" "country of origin" during the coverage period.
11. prescription drugs or medicines, treatment, appliances or devices provided to monitor or maintain a "stable chronic condition".
12. the repair, replacement or purchase of eyeglasses, contact lenses or hearing aids.
13. "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.
14. any medical treatment outside of Canada when the "emergency" occurred in Canada.
15. a mental or emotional disorder (other than acute psychosis) that does not require admission to a "hospital".
16. an "emergency" that occurs or recurs after our medical advisors recommend that "you" return to "your" "country of origin" and "you" choose not to.
17. any medical condition "you" suffer or contract in a specific country, region or city outside of Canada, while covered under the Territorial Limitation, if Foreign Affairs and International Trade Canada, has issued a formal Travel Warning, before "you" travel to that location, advising against all or non-essential travel to that specific country, region or city. In this exclusion, medical condition is limited to the reason for which the formal Travel Warning was issued and includes complications arising from such medical condition.
18. a criminal act or an attempt to commit a criminal act.

Immigrant Status Exclusion

If "you" obtain immigrant or refugee status from the Government of Canada, this policy will terminate on the first day on which "you" become insured under a Canadian provincial or territorial government health insurance plan. Proof of such Canadian government health insurance coverage must be provided to obtain a premium refund from "us".

Territorial Limitation

Subject to all of the "policy terms", "we" will reimburse "you" for costs incurred by "you" that result from "emergency" sickness, disease or "injury" while insured with "us" in Canada and/or on a trip to any other country or countries excluding "your" "country of origin" (herein called other country). To be reimbursed for costs incurred in any other country:

- a) "you" must be continuously insured under a 21st Century Visitors to Canada policy or policies with no gaps in coverage; and
- b) 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
- c) "you" must be in Canada for, or "you" must have a planned itinerary that includes time to be spent in Canada of 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 another trip or trips of up to a maximum of 30 days in total to any other country in each subsequent 365 day period that "you" remain insured with "us".

Proof of all travel dates will be required in the event of a claim and any expenses incurred after the maximum time allowed under this Territorial Limitation will not be honoured.

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" are insured under more than one policy with 21st Century and 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.

Extra "Injury" Coverage

If "you" purchased the aggregate 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 under "your" policy.

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 Benefits

"We" may choose to terminate reimbursement of "insured services" when, following initial diagnosis and treatment of an "emergency", our medical advisors determine that "you" are able to return to "your" "country of origin" and "you" choose not to. "You" will be notified in writing of "our" decision.

Premium Refunds

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. "You" can also cancel "your" insurance with proof of departure from Canada but that is considered an early return and means that "we" will refund only the unused premium amount provided that there has been no claim reported, paid or denied.

If "you" are applying for a partial refund due to an early return home and :

- have a payable claim that has not yet been paid, or
- the total amount of all reported eligible expenses will not exceed the "Deductible Amount",

"you" may apply to have such claim(s) withdrawn, subject to a file handling fee of \$200 per claim.

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. The file handling fee will be deducted from any amount to be refunded.

All refunds are subject to approval by 21st Century.

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

Benefit Limits

Maximum limits in this policy are per insured per policy, unless otherwise specified.

Continuing Treatment

The coverage provided by "us" under this policy relating to continuing treatment for any specific "emergency" sickness,

disease or "injury" leading to a claim will terminate when the first of these events occurs:

- A "physician" certifies that "you" have recovered from the unexpected "emergency" sickness, disease or "injury"; or
- 365 days have elapsed from the of initial date that "you" incurred "insured services" for unexpected "emergency" sickness or disease or the date on which "you" first sustained "injury"; or
- the aggregate policy limit has been exhausted.

"Stable Chronic Condition" Option

The "stable chronic condition" coverage applies to "you"

- automatically if "you" are under "age" 60,
- if "you" are "age" 60 to 85 and completed the Medical Declaration and paid the appropriate "stable chronic condition" coverage premium.
- This coverage is not available if "you" are "age" 86 or over.

GENERAL PROVISIONS

Automatic Extension

If "you" are unavoidably delayed 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" and for up to 5 days after discharge from "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.

In any case, "we" will not extend "your" coverage beyond 12 months after the "effective date" of this policy.

Coverage Period

Coverage is available under this policy for "insured services" incurred to treat unexpected "emergency" sickness, disease or "injury" which occurred between the "effective date" and "expiry date" of the policy. These dates are shown on "your" "policy confirmation". However, in no event will coverage be available under this policy for more than 365 days in total (366 days in a leap year) for "ages" up to 85. However, "you" may purchase a new policy if "you" still require insurance. For insureds "age" 86 and older, this insurance can be purchased to cover "you" for up to 180 days from "your" "arrival date". No further coverage can be purchased until "you" return to "your" "country of origin".

Material Facts

This policy may be voided if "you" have misrepresented or omitted disclosure of any fact that is material to assessment of the risk to be undertaken by "us". Any fraudulent act, misrepresentation, or omission committed during the application process or in the submission of a claim may also void the coverage available under this policy. If "you" have purchased 2 or more policies with "us" to extend coverage during the same visit to Canada, and misrepresentation or non-disclosure rendering this policy and previous policies null and void is discovered, "we" will only refund premium of the most recent policy and the policy immediately preceding it.

Subrogation

If "you" suffer unexpected "emergency" sickness, disease or "injury" and incur "insured services" and in so doing acquire any right of action against another party, if "we" so request it, "you" will assign such right to "us" and "you" will permit a suit to be brought in "your" name under "our" direction and at "our" expense. "You" will cooperate fully before 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 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.

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 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" in the policy. 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 the 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. "We" reserve the right to decline any application.

Claims

Claims must be reported within 30 days of occurrence. Written proof of claim must be submitted within 90 days of occurrence.

Canadian Currency Clause

It is understood that the 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 and Medical Declaration is required to process the application. To protect the confidentiality of this information, Manulife Financial will establish a financial services file from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person "you" authorize or as authorized by law. "Your" file is secured in "our" offices. "You" may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P. O. Box 4262, Stn A, Toronto, ON M5W 5T4.

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 occurring within a seventy-two (72) hour period, save and except for an "act of war", against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- use, or a threat to use, force or violence; or
- commission of, or a threat to commit, a dangerous act; or
- commission of, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system;

and the effect or intention of the above is to:

- intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against its conduct or policies;
- intimidate, coerce or instill fear in the civilian population or any segment thereof;
- disrupt any segment of the economy; or
- further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

"Act of War" means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

"Age" means the attained age as of the "effective date" of this policy.

"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 Territorial Limitation provision). If "you" are a holder of a valid Parent and Grandparent Super Visa, "arrival date" does not apply to any re-entry into Canada following any temporary return to "your" "country of origin" during "your" coverage period.

"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" 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. Unless otherwise chosen at the time of application, the "deductible amount" is \$50 if "you" are under "age" 86 on the "effective date" and \$500 if "you" are "age" 86 or over on the "effective date" of this policy.

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. 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; or
- 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 during "your" uninterrupted flight directly to Canada. An uninterrupted flight shall include a stop-over provided "you" do not leave the airport.

"Emergency" means an unexpected, unforeseen sickness or "injury" which requires non-discretionary medical treatment for the immediate relief of acute pain and suffering and which cannot be delayed until "you" can return to "your" "country of origin".

"Expiry Date" means the earliest of:

- a) 11:59 PM (local time) on the "expiry date" indicated on "your" "policy confirmation";
- b) 11:59 PM (local time) on an earlier date calculated by "us" due to an incorrect premium payment; or
- c) the date and time "you" leave Canada (or such other country as permitted under the Territorial Limitation).
- d) the first day you become insured under a Canadian government health insurance plan.

When coverage is purchased prior to leaving Canada to return to "your" "country of origin" with an "expiry date" equal to the date and time "you" are scheduled to leave Canada, coverage will also be provided during "your" 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 Parent and Grandparent Super Visa 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 be reinstated when "you" return to Canada (or other country as permitted under the Territorial Limitation). There will be no refund of premium related to "your" suspension of coverage.

"Family" means three or more of: parent(s) or legal guardian(s) and their unmarried children under "age" 21 who are visiting Canada with them and dependent on them for their sole means of support.

"Health-care Practitioner" means a legally qualified chiropractor, chiropractor, osteopath, physiotherapist or podiatrist who is lawfully entitled to provide such healthcare in the state, province or territory in which the "insured services" are provided, and who is practising within the scope of his/her licensed authority. "Your" "health-care practitioner" must be a person other than "yourself" or a member of "your" immediate family. "Health-care practitioner" also includes a specific acupuncturist when you have received a written medical referral from a "physician".

"Hospital" means a facility that is licensed as a "hospital" 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 "you" sustain while "your" policy is in force, that is caused solely and directly by external and purely accidental means, and that is independent of sickness or disease.

"Insured Services" shall mean 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 covered under the Territorial Limitation.

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

"Physician" means a medical doctor who is licensed by and remains in good standing with the licensing body in the state, province or territory in which the "insured services" are provided, and who is practising within the scope of his/her licensed authority. "Your" "physician" must be a person other than "yourself" 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 Medical Declaration (if required) and the application for this policy,

once it has been completed, signed and submitted with the required premium to "us".

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

"Stable Chronic Condition" means: a condition which is under treatment and which has been controlled by consistent use of medication prescribed by a "physician"; and

- there have been no new symptoms or change in symptoms; and/or
- there has been no "hospitalization" or change in treatment, medication or dosage

in the 180 days prior to the "effective date" of this policy. If "your" "physician" has determined that "your" health condition has improved and changes "your" treatment or medication or its dosages due to "your" improved health condition, this does not constitute a change.

"Waiting Period" means a period, starting from the "effective date" of a 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) request, after the policy has been issued, to delay "your" "effective date" because of an uncertain "arrival date" and "you" then fail to properly notify "us" to adjust "your" new "effective date" prior to "your" actual "arrival date".

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

- a) if "age" 86 or older, the "waiting period" is 15 days.
- b) if "you" are "age" 85 or under and this policy was purchased (or notification of "your" actual "arrival date" on a delayed policy is received by "us") within the first 30 days after "your" "arrival date", the "waiting period" is 72 hours.
- c) if "you" are "age" 85 or under and this policy was purchased (or notification of "your" actual "arrival date" on a delayed policy is received by "us") 31 or more days after "your" actual "arrival date", the "waiting period" is 7 days.

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

- i) is purchased 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" and there is no change from standard to "stable chronic condition" coverage rates; or

- ii) is purchased prior to "your" "arrival date" (unless "you" asked "us" to delay "your" coverage period and then failed to notify "us" in writing of "your" new "effective date" prior to "your" actual "arrival date"); or
- iii) "we" specifically waive or modify the the "waiting period".

If "you" have coverage with another insurer during the first part of "your" trip, and "you" are purchasing 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" mean The Manufacturers Life Insurance Company (Manulife Financial).

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

POLICY ADMINISTRATION AND PREMIUM REFUND

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

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. "You" can also cancel "your" insurance with proof of departure from Canada but that is considered an early return and means that "we" will refund only the unused premium amount provided that there has been no claim reported, paid or denied. If "you" are applying for a partial refund due to an early return home and:

- a) have a payable claim that has not yet been paid, or
 - b) the total amount of all reported eligible expenses will not exceed the "Deductible Amount",
- "you" may apply to have such claim(s) withdrawn, subject to a file handling fee of \$200 per claim.

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. The file handling fee will be deducted from any amount to be refunded.

All refunds are subject to approval by 21st Century.

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

IN THE EVENT OF AN EMERGENCY

CALL OUR ASSISTANCE CENTER AT
1-877-882-2957

toll-free from the USA and Canada

If unable to use the toll-free number,
call collect to Canada: **+1 519-251-7856**

Our Assistance Centre is there to help you
24 hours a day, 365 days a year.

INFORMATION REQUIRED TO SUBMIT A CLAIM

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).
- g) If a claim is made under Accidental Death and Dismemberment, "we" will need: a) police, autopsy or coroner's report; b) medical records; and c) death certificate, as applicable.

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

21st Century Visitors Claims
c/o Manulife Financial
P.O. Box 4262, Stn A
Toronto, ON M5W 5T4

To enquire about the status of your claim call
1-866-228-6386 from 8:00AM to 4:00PM ET