



2011-2012 Travel Emergency Medical Insurance Policy

Please read the policy carefully.
Certain conditions and limitations apply.

The following 11 pages
contain the actual
policy text.

Underwritten by

 **Manulife Financial**

| For your future™

Please read this policy carefully for an understanding of the coverage provided. This policy is underwritten by The Manufacturers Life Insurance Company ("Manulife Financial") which has appointed Medipac International to perform certain administrative services, including enrolment and customer service, and Medipac Assistance International Inc. (Medipac Assist) to perform all assistance and claims services. The *Company* will pay benefits specified subject to the exclusions, limitations, definitions and other provisions of this policy. For an understanding of the exclusions, please refer to "WHAT IS NOT COVERED". The section titled "THE DEFINITIONS" provides an explanation of the words and phrases shown in italics.

This coverage is available to Canadian residents only and must be purchased prior to the Date of Departure. *You* must be covered under the Government Health Insurance Plan of the Canadian province or territory in which *You* reside. Family coverage is available to *You* (if under age 61), *Your Spouse* and *Your Children* who are travelling together with *You*. A *Spouse* over age 60 is not covered by a family policy.

This policy covers *Reasonable and Customary Charges* incurred by *You* outside *Your* province or territory of principal residence; that result from a *Medical Emergency* occurring during the period of coverage (as explained below); and that *You* incur for *Medically Necessary Medical Treatment*. *You* **MUST** contact Medipac Assist **BEFORE** seeking *Medical Treatment*.

This insurance policy is in force only if Medipac International Inc. has received *Your* fully completed application and full premium; and a policy has been issued.

PERIOD OF COVERAGE

For the **Single Trip Plan**, *Your* insurance begins at 12:01 a.m. on *Your Effective Date of Insurance* and ends on the earlier of: (a) 11:59 p.m. on the scheduled return date set out in *Your* Application for insurance; (b) the date *You* return to Canada for any medical reason; or (c) the date *You* seek *Medical Treatment* while in Canada. Once treatment ends you may apply to Medipac Assist to have your policy reinstated. To be valid, a policy endorsement is required.

If *You* have purchased the **Annual Add-on** to the **Single Trip Plan**, then for every **other trip**:

1. Outside Canada, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave Canada during the 365-day period following *Your Effective Date of Insurance*. *Your* coverage ends on the earlier of: (a) 12:01 a.m. 23 days after the date *You* leave Canada; (b) the date *You* return to Canada; or (c) 365 days after *Your Effective Date of Insurance*.

2. Within Canada, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave *Your* Canadian province or territory of principal residence. *Your* coverage ends on the earlier of: (a) 12:01 a.m. 60 days after the date *You* leave *Your* Canadian province or territory of principal residence; (b) the date *You* return to *Your* Canadian province or territory of principal residence; or (c) 365 days after *Your Effective Date of Insurance*.

The period of coverage is subject to the automatic extension provision explained in "WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?"

The insurance coverage must be purchased for the entire duration of *Your Trip*, unless otherwise expressly stated in this policy.

Under this policy, *You* can extend the number of days available under *Your Annual Add-on* during *Your* policy's 365-day period. When extending *Your Annual Add-on*, the same coverage type and deductible option **MUST** apply. *Your Annual Add-on* cannot be used in conjunction with *Your Single Trip Plan*.

WHAT SHOULD I DO IN A MEDICAL EMERGENCY?

If *You* need assistance or medical services in a *Medical Emergency* or direction to a health provider, immediately phone Medipac Assist.

Toll-free from the U.S.A. and Canada:

1-800-813-9374

or collect from other locations: 416-441-6337

You or someone on *Your* behalf (if you are unable to do so) **MUST** call Medipac Assist **BEFORE** *You* seek *Medical Treatment*.

Failure to contact Medipac Assist in advance will result in reimbursement of only 75% of ALL Covered Expenses that would otherwise be paid.

If *You* are not able to call because *You* are medically incapacitated, *You* or someone on *Your* behalf must contact Medipac Assist as soon as reasonably possible.

Medipac Assist will:

- verify *Your* insurance coverage;
- direct *You* or transfer *You* to one of our network of *Hospitals*, *Physicians* or other medical providers near *You* and help to manage *Your* emergency medical claim;
- provide multilingual interpreters to communicate with *Physicians* and *Hospitals* in foreign countries;
- contact *Your* family and *Physician*;
- pay *Covered Expenses* directly to *Hospitals*, *Physicians* and other medical providers on *Your* behalf, whenever possible;
- monitor *Your* medical condition;
- arrange for return transportation to a *Hospital* in Canada, if necessary.

A *Medical Treatment* plan endorsed by *Your* attending *Physician* and accepted by the *Company* will be developed to provide *Medically Necessary Medical Treatment* in a managed care setting.

All medical procedures and/or tests (including CAT Scan, Angiogram or Cardiac Catheterization, MRI or **ANY** surgery) must be authorized by Medipac Assist in advance.

THE DEFINITIONS

The following words have specific meanings:

"Children" means unmarried dependent sons or daughters under the age of 19 and born at least 3 months prior to *Your Effective Date of Insurance* or *Your Trip Start Date*.

"Company" means The Manufacturers Life Insurance Company.

"Covered Expense" means *Reasonable and Customary Charges* in excess of the Government Health Insurance Plan of the Canadian province or territory in which *You* reside or any private or provincial or territorial Auto Insurance Plan for supplies, treatment or services listed in The Benefits section subject to policy limitations.

"Deductible Amount" means the amount of *Covered Expenses* that *You* will be responsible for paying. *Covered Expenses* are first paid by *Your* Government Health Insurance Plan; then *Your Deductible Amount* applies before any remaining *Covered Expenses* are paid under this policy. The *Deductible Amount*, if any, applicable to this policy is shown in U.S. dollars on the Policy Validation Label affixed to this policy and applies to each *Trip*.

"Effective Date of Insurance" means for the Single *Trip* Plan, the later of 1) the Date of Departure shown on *Your* application for insurance or 2) the date *You* leave *Your* province or territory of residence. If purchasing the Single *Trip* Plan to top up another medical travel insurance policy, it means the *Effective Date of Insurance* indicated on *Your* application for insurance. If purchasing the Annual Add-on, it means the date *You* choose *Your* insurance coverage to take effect as indicated on *Your* application for insurance.

"Hospital" means an institution which is licensed as a *Hospital* and which:

- (a) is primarily engaged in providing medical, diagnostic and surgical services for the care and treatment of sick or injured persons on an in-patient basis; and
- (b) provides medical care under the supervision of a staff of *Physicians*, with 24-hour-a-day care by registered nurses; and
- (c) is not otherwise licensed as a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.

"Hospitalized" and **"Hospitalization"** means confinement in a *Hospital* as defined above.

"Injury" means any accidental bodily harm that occurs and results in *Covered Expenses* while this policy is in force. Such *Injury* must be caused solely by external, violent and accidental means, and is caused independently of *Sickness* and of any other cause.

"Insured" means a person who is named on the application for insurance and in whose name the required premium has been paid.

"Medical Attention": see policy page 6 for details.

"Medical Emergency" means a *Sickness* or *Injury* which:

- (a) results in symptoms which occur suddenly and unexpectedly; and
- (b) requires immediate *Physician's* care to prevent death or serious impairment of *Your* health and/or to relieve acute pain and suffering; and
- (c) occurs outside *Your* Canadian province or territory of principal residence.

"Medical Treatment" means any reasonable medical, therapeutic or diagnostic measure, service or supply that is *Medically Necessary* and that is prescribed by a *Physician* in any form, including prescribed medication, reasonable investigative testing, *Hospitalization*, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem. *Medical Treatment* does not include either: (a) the use of prescribed drugs or medication for a controlled condition, symptom or problem when the dosage, drug or medication remains unchanged; or (b) a check-up where the *Physician* observes no change in a previously noted condition, symptom or problem.

"Medically Necessary" in relation to any service, supply or other matter means one which is ordered by a *Physician* and one which the *Company* determines is:

- (a) provided for the diagnosis or direct treatment of an *Injury* or *Sickness*;
- (b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of the *Insured's Sickness* or *Injury*;
- (c) not experimental or investigative;
- (d) provided in accordance with generally accepted medical practice;
- (e) not possible to delay until *You* return to Canada; and
- (f) the most appropriate supply or level of service which can be provided on a cost-effective basis (including, but not limited to, in-patient vs. outpatient care, electric vs. manual wheelchair, surgical vs. medical or other types of care).

The fact that the *Insured's* attending *Physician* prescribes the services or supplies does not automatically mean such services or supplies are *Medically Necessary* and covered by this policy.

"Physician" means a medical practitioner (other than the *Insured*, a *Spouse* or relative) who was at the time of treatment currently licensed to prescribe and administer *Medical Treatment* within the scope of a medical doctor's licence, or a surgeon who performs surgery within the scope of a surgeon's licence and whose legal and professional standing within their jurisdiction is equivalent to a doctor of medicine (M.D.) duly licensed to practise in any province or territory of Canada.

"Pre-existing Condition": see Policy Page 6 for details.

"Reasonable and Customary Charges" means charges which are usually made for care, services or supplies of the level usually furnished for cases of the nature and severity of the case being treated, provided they are in accordance with representative fees and prices in the area.

"Routine Check-up" means any medical examination which is performed for the purpose of general health monitoring, which may include routine medical tests and which is unrelated to any specific symptom, illness, condition or disease.

"Sickness" means an illness or disease which results in a *Covered Expense* while this coverage is in force. The *Sickness* must be serious enough for a reasonable person to seek personal *Medical Treatment* from a *Physician*.

"Spouse" means a person with whom the *Insured* is cohabiting and who either:

- (a) is legally married to the *Insured*; or
- (b) has lived with the *Insured*, in a conjugal relationship, for a period of twelve (12) consecutive months immediately prior to the commencement of insurance coverage under this policy and who has been publicly represented as the *Insured's Spouse* in the community in which they reside.

"Stable and Controlled": see Policy Page 6 for details.

"Trip" means the defined period of travel between the time *You* leave home and the date *You* are scheduled to return home.

"Trip Start Date" means the Date of Departure each time *You* leave *Your* province or territory of principal residence during the period of coverage if *You* have purchased the Annual Add-on.

"You" and **"Your"** mean the same as *Insured* defined above.

THE BENEFITS

The following are *Covered Expenses* provided they are incurred by an *Insured* as a result of a *Medical Emergency*.

1. Hospital/Medical/Ambulance Expenses:

- (a) *Hospital* room and board, up to the semi-private charge, services, supplies, intensive care unit and coronary care unit expenses;
- (b) *Physician's* charges for medical and surgical care;
- (c) X-rays and other diagnostic tests when prescribed by the attending *Physician* and approved in advance by *Medipac Assist*;
- (d) The cost of local licensed ambulance service to the nearest medical facility able to provide appropriate care;
- (e) Drugs and medication which by law require a written prescription and are dispensed by a pharmacist up to a maximum limit of a 30-day supply;
- (f) The cost or rental of casts, splints, trusses, braces, crutches, rental of a wheelchair or other medical appliances when prescribed by a *Physician* and approved in advance by *Medipac Assist*.

2. Private Duty Nursing Expenses: covers the cost of the professional services of a registered private duty nurse for out-of-*Hospital* nursing care only if recommended as *Medically Necessary* by the attending *Physician*. Charges for the services of a registered private duty nurse who is a *Spouse* or is related to *You* are not covered. The maximum benefit amount is \$7,500. This benefit must be approved in advance by *Medipac Assist*.

3. Chiropractic Services: covers the cost of the professional services of a licensed chiropractor for a

Medical Emergency. Charges for the services of a licensed chiropractor who is a *Spouse* or is related to *You* are not covered. The benefit amount is a maximum of \$500.

4. Other Professional Services: covers the cost of the professional services of a licensed chiropodist, osteopath, podiatrist or physiotherapist only if recommended as *Medically Necessary* by the attending *Physician*. Charges for the services of a licensed practitioner who is a *Spouse* or is related to *You* are not covered. The benefit amount is a maximum of \$500.

5. Emergency Dental Expenses: If *You* suffered an *Injury* to *Your* teeth as a result of an external accidental blow to the mouth or face (chewing accidents are not covered), *You* will be reimbursed up to \$5,000 per *Insured* person for dental treatment to repair or replace natural teeth or permanently attached artificial teeth. Dental treatment must take place within 90 days of the accidental blow to the mouth or face. If *You* need treatment for relief of dental pain, a maximum of \$300 will be allowed for such treatment. Dental treatment must take place before *You* return to *Your* Canadian province or territory of principal residence.

6. Return of Vehicle: If neither *You* nor anyone travelling with *You* is able to operate *Your* owned or rented vehicle due to *Sickness*, *Injury* or death while travelling outside *Your* province or territory of residence, this plan will reimburse a maximum of \$3,000 for the return of the vehicle.

Eligible for reimbursement is the lesser of the cost of the return performed by a professional agency or the following necessary and reasonable expenses incurred by an individual returning the vehicle on *Your* behalf: fuel, meals, overnight accommodation and one-way economy airfare. To receive reimbursement, original receipts must be submitted. Any other expenses are not covered. Benefits will only be payable when pre-approved and/or arranged by *Medipac Assist* and the vehicle is returned to *Your* normal place of residence or the nearest appropriate rental agency within 30 days of *Your* return to Canada. Car rental costs while awaiting the return of your vehicle are not eligible expenses.

7. Bringing a Relative to Your Bedside: covers the cost of a round-Trip, economy class airfare to have one family member or a close friend visit You in Hospital, up to a maximum of \$1,000. In addition, this benefit covers the family member's or close friend's out-of-pocket expenses for commercial accommodations and meals up to \$200 per day to an overall maximum of \$1,000. This benefit is payable in the event You are in Hospital for at least three (3) consecutive nights due to a Medical Emergency. The Company requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

8. Out-of-Pocket Expenses for Accompanying Family Member: covers the cost of Reasonable and Customary Charges for commercial accommodation, meals, essential telephone calls and taxi expenses incurred by an accompanying family member in the event that You are Hospitalized on the scheduled return date to Canada, as indicated on the Application. The benefit amount is up to \$200 per day to a maximum of \$1,800. The Company requires all original receipts for the expenses incurred.

9. Return of Spouse and Children: covers the cost of an economy class airfare to the departure point for the return of Your Spouse and Children, if the Company requires that You return to Canada for immediate Medical Treatment or in the event of Your death. This benefit is payable up to a maximum of \$2,500. This benefit must be approved in advance by Medipac Assist.

10. Emergency Air Transportation: covers, as a result of a Sickness or Injury: (a) the cost of a one-way, economy class airfare to Your departure point in Canada; or (b) the cost of additional airline seats to accommodate a stretcher when recommended by the attending Physician. Any air transportation must be arranged and approved in advance by Medipac Assist.

11. Qualified Medical Attendant: covers the Reasonable and Customary Charges for the services of a medical attendant. These services must be on the recommendation of a Physician and must be approved in advance by Medipac Assist. Charges for the services of a medical attendant who is a Spouse or is related to You are not covered.

12. Air Ambulance: covers the cost of air ambulance transportation, when medically required, between Hospitals. This benefit must be arranged and approved in advance by Medipac Assist.

13. Return of Deceased: covers the cost of preparation and transportation of a deceased Insured to the original departure point in Canada. This benefit includes the cost of a standard transportation container (excludes cost of a casket). The maximum benefit amount is \$5,000. For cremation or burial of the deceased Insured at the place of death, the maximum benefit amount is \$2,500. If it is necessary to identify the deceased Insured before release of the body, the benefit also covers the cost of a round-Trip, economy class airfare for one family member or close friend and their out-of-pocket expenses up to \$200 per day to a maximum of \$800. The Company requires original receipts for the incurred costs. This benefit must be approved in advance by Medipac Assist.

14. Return to Destination: covers the cost of an economy class airfare to return You and/or Your Insured Spouse back to Your original Trip destination so You can continue Your Trip after Your medically approved emergency evacuation back to Canada. This benefit is available only if no further treatment is required and Medipac Assist has approved Your return under Your existing policy. To be valid, a policy endorsement is required.

NOTE: NOTWITHSTANDING THE OTHER PROVISIONS OF THIS POLICY, ANY MEDICAL TREATMENT, SERVICE OR SUPPLY THAT IS NOT SPECIFICALLY LISTED IN THE SECTION "THE BENEFITS" IS NOT COVERED BY THIS POLICY.

WHAT IS NOT COVERED

PRE-EXISTING CONDITIONS

This insurance does not provide benefits for **any** Medical Emergency concerning, relating to, caused by or arising from any of the following:

1. Any Pre-Existing Condition that has not been Stable and Controlled in the 90 days immediately prior to the Effective Date of Insurance or Your Trip Start Date. This includes any reaction that results from a change in medication prescribed for such a condition.

“Pre-Existing Condition” means any medical or physical condition, symptom, illness or disease for which *Medical Attention* was received or for which an ordinarily prudent person would have sought *Medical Attention* prior to the *Effective Date of Insurance* or *Your Trip Start Date*.

“Stable and Controlled” means, during the 90 days immediately prior to the *Effective Date of Insurance* or *Your Trip Start Date*:

- (a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
- (b) the medical or physical condition, symptom, illness or disease was not first investigated; and/or
- (c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
- (d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a physician; and/or
- (e) no *Medical Attention* was received, prescribed or recommended by a *Physician*.

“Medical Attention” means any medical, therapeutic or diagnostic procedure, service or supply that is prescribed, performed or recommended by a *Physician*, including but not limited to prescribed medication, investigative testing and surgery. *Medical Attention* does not include either the unchanged use of prescribed medication for a medical condition, symptom or problem which is *Stable and Controlled* or a *Routine Check-up*.

A change in medication does not apply to cholesterol lowering medication or to a change in any other medication from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If *You* are taking Coumadin (warfarin) or insulin and are required to have *Your* blood levels tested on a regular basis and *You* are required to adjust the dosage of *Your* medication only to ensure correct blood levels are maintained, such a change is not considered to be a change in medication, provided *Your* medical condition remains unchanged.

2. Any medical or physical condition, symptom, illness or disease that required a single *Hospitalization* for more than 48 consecutive hours, or three (3) or more Emergency Room visits, in the 12 months prior to the *Effective Date of Insurance* or *Your Trip Start Date*.
3. Any medical or physical condition, symptom, illness or disease for which treatment and/or investigation(s) was recommended but not received prior to the *Effective Date of Insurance* or *Your Trip Start Date*.

GENERAL EXCLUSIONS

This insurance does not cover, provide services or pay claims resulting directly or indirectly from:

4. War, whether declared or not, any act of civil war, rebellion, insurrection or terrorism, participation in a riot, civil commotion or demonstration or service in the armed forces of any country.
5. Suicide, attempted suicide or self-inflicted *Injury* (whether *You* are sane or insane).
6. (a) Normal pregnancy; (b) normal childbirth; or (c) any complication, condition or symptom of pregnancy occurring within the last 18 weeks before the expected delivery date.
7. Any child born during a *Trip*.
8. A *Trip* that is undertaken to secure treatment or surgery as a purpose of the *Trip*.
9. Emotional, psychological or mental disease, disorder, condition or symptom.
10. Expenses for medical or surgical care which is primarily cosmetic, or for any treatment which is experimental.
11. Any expenses incurred due to any medical or physical symptom, illness or disease for which, prior to *Your Trip Start Date*, *Medical Attention* or a change in medication has been recommended or scheduled for a date after *Your Trip* begins.
12. Expenses for which no charge would normally be made in the absence of insurance.

13. Expenses for rehabilitation, the continued treatment, or complication of the medical condition which caused the *Medical Emergency*, once a *Medical Emergency* ends, as determined by the *Company* and the attending *Physician*.
14. Any expenses incurred after the date on which the *Insured* has declined an offer of repatriation or medically approved emergency evacuation.
15. The commission or attempted commission of any criminal/criminal-like or illegal act by *You*.
16. Any treatment, services or supplies not *Medically Necessary* (as defined), or any medical procedures and/or tests (including CAT Scan, Angiogram or Cardiac Catheterization, MRI or **ANY** surgery) not authorized by Medipac Assist in advance. All surgery must be authorized by Medipac Assist prior to being performed except in extreme circumstances where surgery is performed on an emergency basis immediately following admission to a *Hospital*.
17. Emergency medical relocation unless arranged and approved in advance by Medipac Assist.
18. Any treatment, services or supplies provided by a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.
19. Any *Hospital*/medical benefits if *You* are not covered under the Government Health Insurance Plan of *Your* Canadian province or territory of principal residence.
20. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.
21. Any expenses that result from abuse of medication, including refusal to take prescribed medication, the abuse of drugs or alcohol, or refusal to accept recommended medical treatment.
22. Any expenses for regular treatment or regular care of a condition that existed prior to the *Effective Date of Insurance* or any expense in connection with general health examinations or regular check-ups.
23. Any expenses directly or indirectly incurred due to HIV, AIDS or AIDS-related complex.
24. A Heart, Lung, Liver, Kidney, Pancreatic or Bone Marrow Transplant.
25. Any expenses incurred during a *Trip* under the Annual Add-on for which proof of departure has not been provided.
26. Any expenses which result directly or indirectly from participation in professional sports or speed or endurance contests.
27. Any medical or physical condition, symptom, illness or disease for which the results of any test(s) and/or investigation(s) were not available prior to the *Effective Date of Insurance* or *Your Trip Start Date*.

GENERAL LIMITATIONS

If *Your* health changes at any time between *Your* Date of Application and *Your Effective Date of Insurance*, *You* must contact Medipac International Inc. at 1-888-633-4722 right away. A reassessment for *Your* eligibility and rate qualification is required. Failure to contact Medipac International may result in claim denial, or payment of only a portion of the *Covered Expenses*.

Individuals Excluded from Coverage

You cannot be covered by this policy, and all insurance coverage is null and void, and the liability of the *Company* will be limited to return of premium if between *Your* Date of Application and *Your Effective Date of Insurance*:

1. *You* had been diagnosed as having a terminal illness, been advised by a *Physician* not to travel or had HIV, AIDS or AIDS-related complex.
2. *You* had been diagnosed with Pulmonary Fibrosis.
3. *You* had an organ or bone marrow transplant (excluding cornea or skin graft).
4. *You* had been treated for, taken or been prescribed medication for, or been diagnosed with Lung Cancer or Metastatic Cancer.
5. *You* had a Cardiac condition with an ejection fraction of less than 40% or a ventricular function grade of 3 or 4.

6. *You* had Moderately Severe or Severe Cardiac Valve Stenosis.
7. *You* had an Aneurysm greater than 4.0 cm in size (diameter, width or length) which remains surgically untreated.
8. *You* underwent Chemotherapy for Cancer or Malignant Tumour(s).
9. *You* had Cardiac Pacemaker Implant surgery, Coronary Bypass surgery or surgery on any artery.
10. *You* had any other Heart surgery (including Cardiac Defibrillator Implant, Angioplasty and/or Stent), had a Heart Attack or an episode of Congestive Heart Failure.
11. *You* had a Stroke or Transient Ischemic Attack (TIA) or a Ministroke.
12. *You* had any Chronic Lung Disease (including Emphysema, Chronic Obstructive Pulmonary Disease [COPD], Chronic Bronchitis or Asthma) which caused *You* to be *Hospitalized* for more than 24 consecutive hours, or for which *You* had taken or been prescribed Prednisone or Solu-Medrol.
13. *You* had taken or been prescribed Home Oxygen for any reason.
14. *You* had taken or been prescribed Insulin or two (2) or more oral medications for Diabetes and medication for a Heart Condition. The term “medication” includes Nitroglycerin in any form.

If *You* are under the age of 61 and travelling for less than 41 days, items 1. to 14. above do not apply.

15. Coverage is not purchased for the entire duration of *Your Trip* (unless otherwise expressly stated in this policy).
16. Coverage is applied for while outside Canada (with the exception of post-departure applications for extension of coverage).
17. Any material misrepresentation is made on the application or in connection with any claim for benefits under this policy.

Misstatement

If *You* misstate *Your* response to any question in section A of the application and would otherwise be ineligible for coverage under this policy if such question was answered correctly, then this policy is null and void and *Your* premium will be refunded.

If *You* misstate *Your* response to any other question in the application and, as a result, paid a lower premium than required, this policy will cover only the proportion of *Covered Expenses* that the premium paid bears to the required premium. *You* will be responsible for the remaining portion of *Covered Expenses*.

CHANGE IN DEPARTURE DATE

For the Single *Trip Plan*, if there is a change in *Your* Date of Departure, notice must be provided to Medipac International Inc. prior to the Date of Departure shown in *Your* application and it must be sent from within Canada. If *You* have purchased the Annual Add-on, *You* are not required to provide advance notice of *Your Trip Start Date* for every other *Trip*. **However, evidence of these dates will be required at the time of claim.**

IS THERE ANYTHING ELSE I NEED TO KNOW?

Yes, the following are the general conditions that apply to *Your* insurance under this policy:

- A. This policy will reimburse *You* for *Covered Expenses* up to a maximum of \$2,000,000 USD per *Insured*.
- B. The *Company* and its agents are not responsible for the availability, quality or results of any *Medical Treatment* or transportation, or the failure of the *Insured* to obtain *Medical Treatment* or proper *Hospitalization*.
- C. The *Company* reserves the right to return *You* to Canada or to transfer *You* to one of our preferred health care providers for *Medical Treatment*. Refusal to comply with the transfer or the return to Canada renders this policy void; i.e., *Your* insurance coverage under this policy ends. The *Company* has the right and *You* shall afford the *Company* the opportunity to have *You* medically examined by an independent medical professional.

- D. There is no insurance coverage if the premium is not received by Medipac International Inc. due to an N.S.F. cheque or invalid credit card charge.
- E. All legal actions or proceedings must be brought in the Canadian province or territory in which *You* reside permanently, and shall not be commenced more than one year (three years in the province of Quebec) after the date the insurance money becomes payable or would have become payable if it had been a valid claim.
- F. In no event will a claim be accepted after one year from the date of occurrence.
- G. Any fraud, attempted fraud, misrepresentation or non-disclosure of any material fact relating to this insurance or to a claim under this policy renders this policy null and void. If *You* have misstated *Your* age, and such misstatement results in *Your* paying premium which is less than the required premium, this policy will cover only the proportion of *Covered Expenses* that the premium paid bears to the required premium.
- H. If *You* incur *Covered Expenses* under this insurance due to the fault of a third party, the *Company* has a legal claim against such "at fault" third party for all benefits that the *Company* pays to *You* or for *You* under this policy. *You* must take all reasonable steps to protect and to advance the *Company's* claim against such party at fault. This includes keeping the *Company* informed about all legal proceedings against, and settlement negotiations with, such party at fault, making a claim on behalf of the *Company* in any such legal proceedings and negotiations, and not settling *Your* claim without first allowing the *Company* to start or continue a lawsuit in *Your* name against such party at fault for benefits that the *Company* has paid or will pay. Any settlement must first be applied to any expenses that the *Company* has paid on *Your* behalf.
- I. When the *Company* has made *Hospital* or other medical payments in advance on *Your* behalf, *You* must sign an Authorization Form included with this policy which authorizes and allows the *Company* to recover such payments from *Your* Provincial Government Health Insurance Plan, other health plans and other insurers. *You* must assist the *Company* in obtaining such reimbursement from such Provincial Government Health Insurance Plan, other health plans and other insurers. If an advance has been made for any expense that is not covered by this insurance policy, *You* will be required to reimburse the *Company*.
- If *Covered Expenses* are incurred for which payment has not been advanced by the *Company*, *You* must obtain a statement from the attending *Physician* or *Hospital* stating the diagnosis, treatment provided and all amounts paid or owing.
- J. All benefit amounts under this policy are in United States currency unless stated otherwise. If *You* have paid a *Covered Expense* in a currency other than that of United States or Canada, any reimbursements made will be in Canadian currency at the prevailing rate of exchange on the date the service was provided. No sum payable under this policy shall bear interest.
- K. This insurance is supplementary health coverage; i.e., this policy covers expenses in excess of those covered under *Your* Government Health Insurance Plan, any Private or Provincial or Territorial Auto Insurance Plan or any other insurance. If *You* are retired and *You* have similar out-of-country/province extended health benefits with a lifetime maximum coverage of: (a) \$100,000 CAD or less, the *Company* will not co-ordinate payment with such coverage; or (b) over \$100,000 CAD, the *Company* will co-ordinate payment with such coverage in excess of \$100,000 CAD.
- L. For purposes of determining eligibility under the section "Individuals Excluded From Coverage" in the General Limitations of this policy or for determining the validity of a claim, the medical records of *Your* attending *Physician(s)* may be obtained and reviewed by the *Company* (including *Your* regular Canadian *Physician(s)*).
- The *Company* has the right, and *You* shall afford the *Company* the opportunity, to have *You* medically examined, when and as often as may reasonably be required while benefits are being claimed or paid under this policy. In the event of death, the *Company* has the right to request an autopsy if not prohibited by law.

M. Statutory Conditions – This policy is subject to the applicable statutory conditions contained in the insurance act of *Your* Canadian province or territory of residence.

WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?

This policy provides automatic extension of coverage at no additional cost to *You* in each of the following situations:

1. If *You* are in *Hospital* due to *Injury* or *Sickness* on *Your* scheduled return date, insurance coverage will remain in force for the period of time *You* remain in *Hospital*, plus a further period of 72 hours following *Your* discharge from *Hospital*.
2. If *Your* return is delayed beyond *Your* scheduled return date due to the delay of a common carrier in which *You* are scheduled to travel; or, while travelling by automobile, *You* are involved in an accident or a mechanical breakdown, insurance coverage will be extended until *You* return to *Your* point of departure or for 72 hours after the date when the insurance coverage would otherwise have terminated, whichever occurs first.

However, in any event, insurance coverage will not be extended more than twelve (12) consecutive months immediately after the date of *Your Medical Emergency* which was the cause of *Your* delay beyond *Your* scheduled return date.

HOW DO I PRESENT MY CLAIM?

When *You* contact Medipac Assist at the time of *Your Medical Emergency*, we will send *You* a Claim Kit within 10 days, containing everything necessary to submit *Your* claim, including instructions and forms. **These forms must be returned to our office within 30 days** of the date of *Your* claim. Otherwise, any amount payable under this Policy may be reduced by the amount *Your* GHIP plan would have paid had the claim been submitted in a timely manner.

The *Company* will require a completed Claim and Authorization and Release Form, original invoices and/or receipts, and payment of *Your Deductible Amount*, if any,

and, if claiming under the Annual Add-on, proof of *Your* departure date.

For prompt payment, please submit ONLY original itemized bills, the HCFA-Form 1500, UB-04 (with itemized statement) OR an original itemized doctor's bill with:

- formal letterhead with full name and address
- tax I.D.
- procedure and diagnostic codes with dollar amounts
- original doctor's signature (stamped photocopied signatures are not acceptable)

Original receipts must be provided for any eligible out-of-pocket expenses.

To obtain a Claim Kit, please phone Medipac Assist:

Toll-free from the U.S.A. and Canada:

1-888-311-4761

or collect from other locations: (416) 441-7073

POLICY EXTENSIONS

Extension of Coverage must be applied for and approved by Medipac International Inc. prior to *Your* scheduled return date. In order to apply for an Extension of Coverage, *You* must be in good health and cannot have any medical condition for which surgery or *Hospitalization* is anticipated. No extensions are available if a claim has been incurred. To apply for an extension of coverage, call Medipac International Inc. at 1-888-633-4722. A declaration of good health must be made before an extension can be issued. An Administration Fee per person, per extension, applies.

Exclusion:

This Policy Extension does not cover, provide services or pay claims for expenses resulting directly or indirectly from any *Sickness* or *Injury* that was first manifest, first diagnosed, or first treated after the *Effective Date of Insurance* or *Trip Start Date* and prior to the date when *Your* application to extend *Your* period of coverage under this insurance was approved.

REFUND POLICY

No refunds are available if a claim has been incurred.

The premium for the Annual Add-on cannot be refunded once coverage begins.

All refund requests must be made in writing from within Canada.

A refund will be provided to an *Insured* in the following situations:

FULL REFUND only if, prior to the *Effective Date of Insurance*:

- the *Insured* or his/her *Spouse* is unable to travel due to *Sickness or Injury* (a *Physician's* statement is required); or
- the *Insured* is unable to travel due to a death in the immediate family.

FULL REFUND less a \$50 Administration Fee per person if the policy is cancelled prior to the *Effective Date of Insurance* for any other reason.

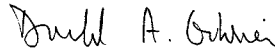
Cancellation of the **Single Trip Plan** will also terminate the Annual Add-on.

PARTIAL REFUND less a \$20 Administration fee per person if the *Insured* returns to Canada at least 10 days prior to the scheduled return date. A pro-rata refund will be calculated using the later of the postmarked date of the written request and the requested termination date. However, if *You* have purchased the Annual Add-on, only the premium in excess of a minimum 23-day *Single Trip Plan* will be eligible for a refund.

Your request must include a statement that no claims have been incurred.

**All requests for refunds can be mailed to:
Medipac International Inc.
180 Lesmill Road, Toronto ON M3B 2T5**

Signed for the *Company* by:



President and Chief Executive Officer

Underwritten by



The Manufacturers Life Insurance Company
P.O. Box 4262, Station A, Toronto, ON M2W 5T4

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IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations or exclusions.
- A pre-existing exclusion may apply to medical conditions and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

**Please read your policy
carefully before you travel.**