



1040 Division St., Unit 18  
 Cobourg, Ontario K9A 5Y5  
 1 800 567-0021 toll-free from the  
 USA and Canada, or (905) 372-1779



## VISITORS TO CANADA INSURANCE

### VISITORS TO CANADA INSURANCE

Your Agent:

Underwritten by:



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



07/2014

# POLICY

Version V07  
 Effective **JULY 2014**

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

Don't forget your  
Wallet Card!



underwritten by:  
 Manulife Financial  
 | For your future™



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### VISITORS TO CANADA INSURANCE

NAME \_\_\_\_\_

21st CENTURY POLICY # \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

07/2014

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EFFECTIVE DATE \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

07/2014

Please remember to keep this card in your wallet during your trip.

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Don't forget your  
Wallet Card!



## VISITORS TO CANADA INSURANCE POLICY Version V07 Effective July 2014

### IN THE EVENT OF AN EMERGENCY

CALL OUR ASSISTANCE CENTRE 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**

**You must call prior to receiving any medical treatment:**  
If **you** do not contact the Assistance Centre prior to receiving any medical **treatment**, **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 when the **emergency** happens, the 20% co-insurance will not apply. In this case, **we** ask that **you** call as soon as **you** can or that someone call on **your** behalf.

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

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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.

Underwritten by:



For your future™

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July 2014

V07

21st Century  
TRAVEL INSURANCE LIMITED

VISITORS TO CANADA INSURANCE

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# 21st Century

TRAVEL INSURANCE LIMITED

## Visitors to Canada Insurance

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.

Read the 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.

If **you** opted to purchase **your** insurance under the Monthly Payment Plan, special terms, limitations and exclusions apply to **you** and are hi-lighted in a red outlined box in this 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:

- 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.

One or more persons may be insured under one policy. However, the **effective date** and **expiry date** must be identical for all applicants. An application cannot contain more than two applicants **age** 60 or older. Each applicant must pay their appropriate individual premium unless **family** rates apply. **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 any time that **you** will not be reimbursed for expenses related to any sickness manifesting during that time.

### Stable Chronic Condition (SCC) Option

This coverage is automatic if **you** are **age** 59 or under.

If **you** are **age** 60 to 85, this coverage is available to **you** if **you** truthfully and accurately answered “No” to all questions on the Medical Declaration and paid the appropriate premium.

This option is not available if **you** are **age** 60 to 85 and answered “Yes” to any question on the Medical Declaration, or if **you** are **age** 86 or over.

### Your Coverage Starts

Coverage starts on the **effective date**. Please see the Definitions section to determine the **effective date**.

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 **effective date** on **your policy confirmation**. A new **policy confirmation** will be issued with **your** new **effective date**. If **your effective date** starts after **your arrival date**, a **waiting period** will apply to **your** coverage.

If **you** purchased **your** insurance under the Monthly Payment Plan and **activated your** policy after **your arrival date**, a **waiting period** will apply to **your** coverage.

**Postponement of Your Start of Coverage** - If **you** have requested that **your effective date** be postponed for an indefinite period and **we** have agreed in writing to do so, **you** must notify 21st Century 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 to determine the **expiry date**.

### Side-Trips Outside of Canada

This insurance also 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 after **your** departure from Canada;
- b) **you** must be continuously insured under a 21st Century Visitors to Canada policy or consecutive policies with no gaps in coverage;
- 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**.

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

### 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.

### 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. **reasonable and customary charges** for services including standard-ward accommodations, diagnostic **treatments** and medications ordered by a **physician** while **hospitalized** for more than 24 hours.
2. **physician** charges for medical **treatment**.
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**. The use of any licensed home care provider must be authorized in advance by the Assistance Centre.
4. services provided by a **health-care practitioner**, up to \$1,000 combined, when **you** have received prior written referral from a **physician**.
5. diagnostic treatment including x-rays, ultrasounds, and laboratory tests requested by a **physician**, up to \$1,500 when these **insured services** are provided on an outpatient basis or while **hospitalized** for a period of less than 24 hours.
6. the use of a licensed local ambulance service for **emergency** transportation.
7. prescription medications up to \$500 and not exceeding a 30-day supply when these medications are prescribed on an outpatient basis. **We** will not reimburse **you** for any

medications that can be purchased over-the-counter without a prescription.

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. This benefit must be authorized and arranged by the Assistance Centre.
9. If **your** treating **physician** and **our** medical advisors recommend that **you** return to **your country of origin** because of **your emergency** or after **your emergency treatment**, **we** will pay for one or more of the following:
  - the extra cost of an economy class fare via the most cost-effective itinerary;
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is **medically necessary**;
  - the return economy class fare of a qualified medical attendant via the most cost-effective itinerary to accompany **you**, and the attendant's reasonable fees and expenses, if this is **medically necessary** or required by the airline; or
  - the cost of air ambulance transportation, if it is **medically necessary**.

This benefit must be authorized and arranged by the Assistance Centre.

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. up to \$300 during any 12 month period for the **emergency** relief of dental pain (excluding fillings) unrelated to a blow to **your** face.
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 to have one of **your** limbs fully severed above **your** 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 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.

## 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 prescribed; 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 truthfully and accurately answered NO to each question, 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 **PG-1 VISA** during **your** Coverage Period.

NOTE: Under Exclusion #1 and #2, each time **you** purchase another policy from **us**, each new policy will have a new **effective date** and these exclusions will apply to that new **effective date**.

3. intentional self-injury, suicide or attempted suicide while sane or insane; a criminal act or an attempt to commit a criminal act.
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; 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 before the **effective date** of this policy or during the **waiting period**, or for holders of a valid multiple-entry **PG-1 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 or any recommended **treatment** resulting from such health assessment.

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. 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.)
17. the ongoing **treatment**, recurrence or complication of a medical condition when **you** have already received **emergency treatment** for that condition during **your** Coverage Period and **our** Assistance Centre determines that **your** medical **emergency** has ended. (See 90-Day Provision for exception.)
18. 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 Foreign Affairs, Trade and Development 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.
19. any medical **treatment** once **you** become eligible and/or covered under a Canadian government health insurance plan.
20. covered expenses that exceed 80% of those **we** would normally pay, if **you** do not contact the Assistance Centre prior to receiving any medical **treatment** 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 call on **your** behalf.
21. **your** failure to follow a recommended or prescribed therapy or **treatment**.
22. any **insured service** that must be authorized by the Assistance Centre when it has not given any such authorization or made no arrangement for that **insured service**.

## 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** refuse or choose not to return, **you** will no longer be covered for any **insured services** under this policy. Any continuing expenses incurred after **you** refuse or have chosen not to return will not be covered and the payment of such expenses becomes **your** sole responsibility.

### 90-Day Provision

If **you** are advised by our Assistance Centre that **your emergency** has ended, and **you** are not required to return to **your country of origin**, **you** will have no further coverage under this policy for any **insured services** that are directly or indirectly related to ongoing **treatment**, recurrence or complication of that medical condition. However, if **your** claim is deemed to be payable under this policy then subject to the other terms, conditions and exclusions of this policy such medical condition will be covered again in the event of a subsequent **emergency** if, in the 90-days prior to that subsequent **emergency**:

- **you** have not had any recurrence, new symptom(s) or any complications;
- existing symptom(s) have not become more frequent or severe;
- **your physician** has not determined that **your** medical condition has become worse;
- no test findings have shown that **your** medical condition may be getting worse;
- **you** have not received, been prescribed, taken or had a **physician** recommend any new medication, or any change in medication. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);
- **you** have not received, been prescribed, or had a **physician** recommend any new **treatment**, or any change in **treatment**;
- **you** have not been **hospitalized** or referred to a specialist or specialty clinic; and
- **your physician** has not advised **you** to see a specialist or to have further tests, and **you** have not undergone testing for which **you** have not yet received the results.

### 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.

### Benefit Limits

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

### Continuing Treatment

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

- a) the Assistance Centre has determined that **your emergency** has ended (See Exclusion #17);
- b) the aggregate policy limit has been exhausted; or
- c) **we** notify **you** that coverage has been terminated under the Loss of Coverage provision.

## 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** 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

This policy provides coverage for losses arising from a sudden and unforeseeable medical **emergency** occurring between **your effective date** and **expiry date** as are shown on **your policy confirmation**. In no event will coverage be issued for more than 365 days at a time (366 days in a leap year) for **ages** up to 85. However, **you** may purchase a new policy if **you** still require insurance.

If **you** are age 86 or older, then **you** can apply to purchase coverage from 21st Century for up to 180 days from **your arrival date**. No further coverage can be purchased until **you** return to **your country of origin**.

**Exception:** If **you** hold a PG-1 VISA and are **age** 86 to 89, **you** are eligible to apply for coverage from 21st Century for up to 365 days as long as:

- **you** have been insured with 21st Century with an aggregate policy limit of \$100,000 within the 18 months preceding the

purchase date of this insurance; and  
- **you** purchase coverage with an aggregate policy limit of \$100,000.

### 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 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 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 in effect only if the premium is paid in accordance with the terms of the Monthly Payment Authorization Form which was completed and signed when the Monthly Payment Option was selected.

Under the Monthly Payment Option the first two months premium is payable at the time of application. The third month of premium is payable when the policy is **activated**. Thereafter, the **effective date** will establish the **premium due date**.

If credit card charges are invalid or no proof of payment exists, 21st Century will immediately notify **you** of the lapse in payment and **you** will be given 30 days from the date the notice is mailed to provide the full monthly payment that lapsed 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) and **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 for any **emergency** 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 **premium due date** that lapsed. In other words, **we** are not liable for the payment of any benefits under this policy in respect of the insurance which ceased or was never **activated**.

**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.

**You** must call **us** prior to receiving medical **treatment**: If **you**



do not contact the Assistance Centre within 24 hours of **hospitalization**, you will have to pay 20% of the medical expenses we would normally pay under this insurance.

If it is medically impossible for **you** to call when the **emergency** happens, the 20% co-insurance will not apply. In this case, we ask that **you** call as soon as **you** can or that someone call on **your** behalf.

### 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 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 4213, Stn A, Toronto, ON M5W 5M3.

### 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.

**Activate, Activation and Activated** means acceptable notice to 21st Century that **you** are finalizing **your effective date**. 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 365 days of coverage has been paid or 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.

**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 **PG-1 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 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 opted for the Monthly Payment Plan:**

**Effective Date** means the latest of:

- a) **your arrival date** if **you** activated **your** policy prior to **your arrival date**.
- b) the date and time **you** activate **your** policy if **you** activate it after **your arrival date**.

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

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

If **you** choose to return to **your country of origin** and leave the policy in force, the monthly billing will continue and **your** policy will not be terminated.

**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 or insufficient or lapsed premium payment;

- c) the date and time **you** leave Canada (or such other country as permitted under the "Side-Trips Outside of Canada" provision); or
- d) the 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 with no additional premium 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 **PG-1 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 "Side-Trips Outside of Canada" provision). There will be no refund of premium related to **your** suspension of coverage and **your expiry date** will not change.

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

**Hospital** means 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 on an uninterrupted flight to or from Canada as described in the definitions of **effective date** and **expiry date** or while covered under the "SideTrips Outside of Canada" provision or while on an uninterrupted flight to or from Canada as described in the definitions of **effective date** and **expiry date**.

**Medically necessary** in reference to a given service or supply, means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;

- b) is not experimental or investigative in nature;
- c) could not be omitted without adversely affecting **your** condition or quality of medical care;
- d) cannot be delayed until **you** return to **your country of origin**; and
- e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

**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.

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

**Physician** means a medical doctor (other than **yourself** or a member of **your** immediate family) 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.

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

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

**Premium Due Date** means that, following the initial deposit of two (2) months premium and the third monthly payment charged on the date of **activation**, each of the nine (9) subsequent monthly payments after the **effective date** will be charged to the authorized credit card on the same day in the month as 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 the subsequent nine (9) months.

**Reasonable and Customary Charges** means charges that do not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charges are incurred, when furnishing comparable treatment, services or supplies.

**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.

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

**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**:

- 1) purchase this policy after **your arrival date**; or
- 2) fail to properly notify **us** of **your** actual **arrival date** (as explained in Postponement of **Your** Start of Coverage on page 2); or
- 3) decrease **your deductible amount** or change from Standard to **Stable Chronic Condition** coverage rates 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:

- 1) if **age** 86 or older, the **waiting period** is 15 days.
- 2) if **you** are **age** 85 or under and within the first 30 days after **your arrival date**:
  - a) **you** purchased or **activated** this policy, or
  - b) failed to properly notify **us** as explained in Postponement of **Your** Start of Coverage (on page 2) the **waiting period** is 72 hours;
- 3) if **you** are **age** 85 or under and 31 or more days after **your arrival date**:
  - a) **you** purchased or **activated** this policy, or
  - b) failed to properly notify **us** (as explained in Postponement of **Your** Start of Coverage on page 2) 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** and there is no change from Standard to **Stable Chronic Condition** coverage rates; or
- ii) is purchased prior to **your arrival date** (unless **you** failed to notify **us** as explained in Postponement of **Your** Start of Coverage on page 2); 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** 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 applicant(s) listed on the application for this insurance and for whom premium has been received by **us**.

## 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 also cancel **your** insurance and obtain a refund of only the unused premium amount when **you** provide proof that **you** are covered under a Canadian government health insurance plan; or with proof of return to **your country of origin** provided that there has been no claim reported, paid or denied.

If **you** are applying for a partial refund and:

- a) have a claim that has been paid or has been reported but not yet 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 \$250 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.

## REFUND OF PREMIUM OR CANCELLATION OF POLICY IF YOU HAVE A MONTHLY PAYMENT PLAN WITH 21ST CENTURY

If **your PG-1 VISA** application is denied by Citizenship & Immigration Canada, or **your** application is formally withdrawn 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 **PG-1 VISA** must be provided to 21st Century with **your** written request for a refund. The \$50 Policy Fee for the Monthly Payment Option is non-refundable.

The first two months of premium and the \$50 Policy Fee for the Monthly Payment Option are non-refundable in any circumstance where the Super Visa is approved and issued by Citizenship & Immigration Canada.

After **you** have **activated your** coverage under this policy, subject to all other **policy terms**, **your** insurance will terminate if and when:

- **you** return to **your country of origin** and submit a written request to cancel **your** policy or if **you** are on a Side-Trip Outside of Canada longer than permitted under this policy; or
- **you** return to **your country of origin** following **emergency treatment of your** medical condition under **Insured Service #9**, in which case the date of return will be **your** termination date; or
- **your** body is returned to **your country of origin** in the event of **your** death under **insured service #8**, in which case the date of return will be **your** termination date; or
- **you** are advised by **us** to return to **your country of origin** due to **your** medical condition, even if **you** choose to remain in Canada. The Assistance Centre will notify **you** in writing of the termination date; or
- **you** are granted Canadian government health insurance plan coverage, in which case the termination date will be the effective date of such coverage.

**You** may terminate **your** policy due to **your** departure from Canada (or from a Side-Trip Outside of Canada), and apply for a refund of unused premium:

- if there are more than 30 days between **your** termination date and **expiry date**, and
- as long as **your** termination date is not more than 30 days before the post-marked date of **your** written notification.

**You** must submit a written notification to terminate **your** policy and include:

- a copy of **your** return airline tickets and stamped passport or a copy of **your** boarding pass, and
- a statement saying that **you** will not report or submit any claims on this policy after **your** termination date.

Premium is due and payable up to and including the termination date.

The first two months of 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.

All refunds are subject to approval by 21st Century. In addition, a \$25 policy administration fee will be applied to any refund.

Once 21st Century has received notice to terminate **your** coverage, 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 termination while the other wants to remain in Canada, the remaining Named Insured must either purchase a new 365-day policy with the Monthly Payment Option or pay the full outstanding balance for individual coverage on their existing policy.

## 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 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