

Travel Choice 1

Non-Medical Travel Insurance Policy



IMPORTANT NOTICE

1. 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 and exclusions.
2. A pre-existing condition 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.
3. In the event of an accident, injury, or sickness, your prior medical history will be reviewed when a claim is reported.
4. If your policy provides travel assistance, you may be required to notify the designated assistance company prior approval of 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.

This Non-Medical Travel Insurance offers the following coverage through The McLennan Group Life Insurance Inc. (herein called TMG):

| Insurance Coverage | Benefit Maximum (CAD\$) |
|--------------------------------------|--|
| Travel Cancellation and Interruption | Prior to departure: up to the <i>sum insured</i> After departure: unlimited |
| Accidental Death and Dismemberment | |
| Flight <i>Accident</i> : | \$150,000 |
| Common Carrier <i>Accident</i> : | \$75,000 |
| 24-Hour <i>Accident</i> : | \$25,000 |
| Baggage and Personal Effects | \$1,000 maximum |
| Baggage Delay | \$400 maximum |

IN THE EVENT YOU HAVE TO FILE A CLAIM: YOU MUST CALL ACTIVE CARE MANAGEMENT (ACM) ON THE DAY THE INSURED RISK OCCURS OR ON THE NEXT BUSINESS DAY: From Canada and U.S., call 1-866-943-6025; or collect to Canada where available 519-251-7274

Throughout this policy *you* will notice that certain terms are brought to *your* attention with italics. These terms have been given specific meanings and are defined in Section X - Definitions.

The masculine gender in this policy is used for the sole purpose of lightening the text

SECTION I — ELIGIBILITY

1. To purchase the Non-Medical Package, the applicant must be travelling on a *covered trip* of 365 days or less.
2. This insurance must be:
 - a. issued in Canada for travel arrangements booked through a *supplier of travel services* and for the entire duration of the *covered trip*;
 - b. issued for the total amount of the non-refundable portion of the *covered trip*;
 - c. purchased within 7 *days* of the initial deposit for *your covered trip* or prior to any cancellation penalties being applicable to *you* for the *covered trip*; and
 - d. purchased prior to *your* of departure from Canada.
3. This insurance is null and void if a *covered trip* is booked or undertaken:
 - a. contrary to medical advice;
 - b. while the applicant requires kidney dialysis; or
 - c. if the applicant has a terminal illness. Terminal illness means that the applicant has a medical condition that is cause for a *physician* to estimate that he has less than six months to live or for which palliative care has been received.
4. It is a condition precedent to the Insurer's liability under this policy that at the time of application:
 - a. the applicant knows of no reason for him, an *immediate family member*, a *travel companion*, or a *travel companion's immediate family member*, to seek medical attention;
 - b. the applicant and his *travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.

Note: If this insurance is purchased in any other manner than as stated in this Section, this policy shall be null and void and the Insurer's sole liability will be limited to the refund of the insurance premium paid.

SECTION II — INSURANCE AGREEMENT

A. The Contract

Note that this Policy, the Application and the Policy Confirmation all form part of *your* insurance contract and must be read as a whole. The Insurer will pay benefits specified in the Policy upon payment of the required premium, submission of a correct and complete Application and occurrence of an insured risk, subject to the terms, conditions, limitations, exclusions, definitions and other provisions of the Policy.

All amounts are in Canadian currency, unless indicated otherwise. Any covered expenses under this insurance will be paid to the insured, the provider of the service, or, in the case of death, to the insured's estate.

B. Period of Coverage

1. **Effective Date for Travel Cancellation** – Coverage **begins** on the later of the following:
 - a. the date *you* pay the premium (either at the time of initial deposit or prior to any cancellation penalties being applicable to *your covered trip*); or
 - b. the date a confirmation number is issued.
2. **Effective Date for Travel Interruption, Accidental Death and Dismemberment, and Baggage and Personal Effects** – Coverage **begins** on *your* departure date from *your* province or territory of residence.

3. **Expiry Date** – Coverage **terminates** on the earliest of the following:
- the date the insured risk occurs (if the *covered trip* is cancelled prior to the *contracted* date of departure); or
 - the date *you* return to *your* province or territory of residence; or
 - the date indicated on *your* Policy Confirmation.

C. Premium Payment

- The required premium is due and payable at the time of application and will be determined according to the schedule of premium rates then in effect.
- If the premium is insufficient for the period of coverage selected, we will:
 - charge and collect any underpayment; or
 - shorten the policy period by written endorsement if an underpayment in premium cannot be collected.
- We will refund any overpayment of premium.

D. Refunds

10-Day Full Refund Provision

You may cancel *your* insurance contract within 10 days of purchase and receive a full refund of the premium paid. To cancel the contract, *you* must send a written notice by registered or certified mail to TMG at PO Box 62 Station A, Windsor, ON N9A 6J5.

However, *your* insurance contract is non-refundable if:

- the duration of *your* trip is 10 days or less and *your contracted* trip commenced at the time of *your* request for policy cancellation; or
- you* purchase this insurance contract 11 days or less prior to *your contracted* date of departure.

SECTION III — TRAVEL CANCELLATION AND INTERRUPTION INSURANCE

A. Coverage Offered

Benefits specified below are provided upon the occurrence of an insured risk.

Any of the following occurrences that prevents *you* from departing, travelling or returning on the dates of the *covered trip* is an insured risk.

Insured Risks

- Sickness, injury, death or quarantine of you, a travel companion, an immediate family member, a travel companion's immediate family member or a caregiver.*
- Death or emergency hospitalization of a business partner, a key employee or a close friend occurring within 10 days of the contracted departure date or during the covered trip.*
- Death or emergency hospitalization of your host at trip destination.*
- ‡4. *Complete cancellation of a cruise within 30 days of departure by the cruise line when the cruise ship is rendered inoperative as a result of a collision at sea, an onboard fire or the complete breakdown of the ship's engines (see Paragraph B.5. under Benefits for Travel Cancellation). The cruise ship must weigh a minimum of 10,000 tons and your ticket must be issued and paid in full at the time of cancellation.*
- ‡5. *The relocation of your principal residence or that of a travel companion by reason of an unforeseen transfer initiated by the employer with whom you, your spouse, a travel companion or a travel companion's spouse are employed at the time of purchase. This insured risk does not apply to cases of self-employment or temporary contract work.*
- ‡6. *Involuntary loss of permanent employment without just cause by you, your spouse, a travel companion, a travel companion's spouse, your parent or legal guardian (if you are under 16 years of age) provided that, at the time you purchased this insurance, the imminent loss was not public knowledge, nor were the aforementioned persons aware that such loss of permanent employment was imminent. This insured risk does not apply if employment began after this insurance was purchased or to cases of self-employment, temporary contract work, temporary layoffs or if you were in the trial period for a new permanent employment.*
- ‡7. *Your principal residence or that of a travel companion is rendered uninhabitable or your place of business or that of a travel companion is rendered inoperative. This insured risk does not cover losses caused by your intentional fault.*
- ‡8. *A written formal Travel Warning issued by Foreign Affairs & International Trade Canada, after this insurance was purchased, advising Canadians to avoid all or non-essential travel to, or to leave, a specific region or country that is part of your covered trip. This insured risk applies only to Canadian residents.*
- ‡9. *A delay that causes you to miss or interrupt any part of your covered trip when the private or rented vehicle which you are driving or in which you are a passenger, or a common carrier or a prepaid connecting flight aboard which you are a passenger, is delayed due to weather, a mechanical failure, an emergency road closure by the police or an accident, provided that the vehicle or the common carrier was scheduled to arrive at the contracted departure or return point at least two hours (or the required minimum reporting time, whichever is the greater) in advance of the contracted time of departure or return.*
- ‡10. *You or a travel companion are the victim of a hijacking during your covered trip.*

B. Benefits for Travel Cancellation

You must report the cancellation of your covered trip immediately. See Section III – G. How to Report a Travel Cancellation or Interruption for instructions.

When the insured risk occurs before departure, this Policy provides for payment of one of the following amounts, up to the sum insured:

- The non-refundable portion of unused travel arrangements that *you* have paid for prior to *your* departure. This benefit applies to insured risks 1 to 9; or
- The penalty fee charged for the reinstatement of the unused travel points. This benefit applies to insured risks 1 to 9; or
- Upgrade expenses for the extra cost of the next occupancy charge when any of the insured risks 1 to 9 prevents a *travel companion* from departing on the *covered trip* and *you* elect to continue with the *covered trip*; or
- Reasonable transportation costs for *you* to travel to the destination of *your covered trip* by the most direct route if *you* miss the *contracted* departure due to the occurrence of insured risk 1, 2, 7 or 9; or
- A maximum of \$1,200 for prepaid accommodation and non-refundable prepaid airfare, not forming part of a fly-cruise package, booked and scheduled so that *you* may join the cruise ship that is part of *your covered trip* at its original point of embarkation, when the cruise departure is cancelled by the cruise line because the cruise ship (minimum 10,000 tons) has been rendered inoperative as a result of a collision at sea, an onboard fire or the complete breakdown of the ship's engines.

C. Benefits for Travel Interruption

You must report the interruption of your covered trip immediately. See Section III – G. How to Report a Travel Cancellation or Interruption for instructions.

When the insured risk occurs after departure, this Policy provides for payment of the following benefits:

- If *you* must return earlier or later than the *contracted* date of return due to the occurrence of insured risk 1, 2, 3, 4, 7, 8, 9 or 10:
 - up to the cost of a one-way economy airfare to the *contracted* point of departure or the fee charged by the airline to change *your contracted* date of return as shown on *your* current and usable ticket, whichever is less; and
 - the non-refundable portion of unused land arrangements (if any) paid prior to *your contracted* date of departure.

This benefit does not reimburse the unused portion of any travel ticket.

2. If *you* miss part of the *covered trip* due to the occurrence of insured risk 1, 2, 3, 8, 9 or 10:
 - a. reasonable and additional transportation costs for *you* to rejoin the tour or group by the most direct route; and
 - b. the non-refundable portion of other unused land arrangements paid prior to *your contracted* date of departure.

When an applicable insured risk occurs, the insured is eligible for interruption benefits 1 or 2 above.

3. When an insured risk occurs, *you* will also be reimbursed for reasonable and necessary commercial lodging and meals, commercial automobile rental, essential telephone calls and taxi transportation, to a maximum of \$3,500, subject to a limit of \$350 per day, provided:
 - a. *you* miss part of a *covered trip*; or
 - b. *your*, or an *insured travel companion's* return to the *contracted* point of departure is delayed beyond the *contracted* date of return; or
 - c. *you* must return earlier than the *contracted* date of return.

To file a claim for such expenses, *you* must supply original receipts from commercial organizations.

4. In the event of the death of the *insured person*, up to a maximum benefit of \$5,000 towards the actual cost incurred for preparation of remains, homeward transportation of the deceased *insured person* to their province or territory of residence, cremation and/or burial at the place of death of the *insured person*. The cost of the casket or urn is not covered by this benefit.

D. Flight Itinerary Schedule Change

‡1. Covered Risk

If an unexpected and unplanned change in the schedule (not a flight delay) of *your* confirmed, prepaid and ticketed flight reservations is announced, *you* will be reimbursed any additional expenses incurred for *your* rescheduled flight(s) arising under the following conditions:

- a. when a change by any of the *non-aligned air carriers* providing a portion of the air transportation for *your covered trip* requires *you* to reschedule a flight to complete *your covered trip*; or
- b. when *your* original flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and *you* incur additional expenses for new flight arrangements to join *your* cruise embarkation at the point of cruise departure.

This coverage applies to any flight that is part of *your covered trip*, from *your contracted* date and point of departure up to and including *your contracted* date of return to *your* original point of departure, subject to one *Flight Itinerary Schedule Change* per connecting point in the *covered trip*, to a maximum of the lesser of *your sum insured* or \$1,200 per *covered trip*.

2. Benefits

The Insurer will reimburse to *you*, for rescheduled flights forming part of the *covered trip*, the lesser of the difference in cost (including usual and customary agency service fees, if normally applicable for similar reservation services) between *your* refundable and/or unusable ticket(s) and the cost of:

- a. the change fee for *your* new ticket, charged to *you* by the agency and/or air carrier(s) involved to bring *you* to the next connecting point or the point of initial cruise embarkation as shown on *your* original ticket itinerary; or
- b. a one-way economy ticket by the most cost-effective route, charged to *you* by the agency and/or air carrier(s) involved to bring *you* to the next connecting point or to the point of initial cruise embarkation on *your* original ticket itinerary.

E. Limitations and Restrictions

1. **Coverage Limited to Non-Refundable Sums** – Failure to notify *ACM* may limit benefits payable to *you*. Only the sums that are non-refundable on the *day* the insured risk occurs shall be considered for the purpose of the claim.
2. **Condition Precedent to Liability** – It is a condition precedent to the Insurer's liability under this policy that at the time of application:
 - a. *you* know of no reason for *you*, an *immediate family member*, a *travel companion*, or a *travel companion's immediate family member*, to seek medical attention;
 - b. *you* and *your travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.
3. **Penalties Applicable to Your Trip** - Prior to paying the deposit or the full amount of *your covered trip*, *you* must have in *your* possession, printed and documented evidence that clearly outlines the details of all the penalties that are applicable to the cancellation and/or interruption of *your covered trip*.
4. **Flight Itinerary Schedule Change:**
 - a. At the time of booking, *you* and/or *your supplier of travel services* must be completely unaware of any pending announcement regarding a *Flight Itinerary Schedule Change* that is applicable to *your covered trip*;
 - b. *You* must make new flight arrangements within five business days of the *Flight Itinerary Schedule Change* announcement made to *you* or *your supplier of travel services* by the air carrier(s) involved to bring *you* to the next connecting point or to the point of initial cruise embarkation on *your* original ticket itinerary;
 - c. This coverage is applicable only to the schedules of air carriers that, on the date of booking the *covered trip*, are duly authorized by appropriate and governing air transportation authorities;
 - d. Local and standard minimum airline connecting time rules and procedures, as well as printed instructions for reconfirmation for the *covered trip*, must be respected and adhered to.

F. Exclusions for Travel Cancellation and Interruption - Please refer to Section VI - Exclusions.

G. How to Report a Travel Cancellation or Interruption

1. *You* must substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The Insurer is not responsible for charges levied in relation to any such documents. Note that incomplete documentation will be returned to *you* for completion.
2. The *physician* recommending cancellation, interruption or delay of the *covered trip* must be *your* personal *physician* or a *physician* actively and personally attending to the care of the person whose medical condition is the reason *you* are cancelling or interrupting *your covered trip*.
3. *You* must call *ACM* (at 1-866-943-6025 from Canada and the U.S.; or call collect to Canada where available 519-251-7274) and *your supplier of travel services* on the *day* the insured risk occurs or on the next business *day* to advise them of *your* cancellation or interruption. Failure to do so may limit the benefits payable to *you*. Only the non-refundable prepaid amounts that apply on the *day* the insured risk occurs shall be considered for the purpose of *your* claim.
4. When *you* contact *ACM* by telephone, be prepared to provide the following information:
 - a. *your* name;
 - b. *your* policy number;
 - c. the insurance plan *you* purchased;
 - d. *your contracted* dates of travel for the *covered trip*;
 - e. the reason why *you* are cancelling or interrupting *your covered trip*;
 - f. the telephone, fax number and/or email address where *you* can be contacted immediately.
5. Once *you* have reported the cancellation or interruption of *your covered trip* (as described in 3 and 4 above), *you* must submit the documents listed below to *ACM* at the address indicated on page 4. Please make sure *you* complete the following steps.

You must submit the following documents:

- a. A claim form (available by contacting ACM) fully completed and signed by *you* as well as *your* regular attending *physician* or the *physician* actively attending to the care of the person whose medical condition is the reason *you* are cancelling or interrupting *your covered trip*;
- b. Original invoice receipts for transportation, meals and accommodation and transfer vouchers;
- c. Original airline tickets. If any part of the airline ticket is refundable (taxes or penalty), please proceed first with the refund and send us a copy of the airline ticket and proof of refund;
- d. Original receipts as proof of payment for *your covered trip* showing date(s), amount(s) paid, *supplier of travel services* fees and penalties and the method of payment for *your* insurance. This is required for all the deposits and final payments *you* made to *your supplier of travel services*.

For Travel Cancellation

6. For a claim under insured risk 1, 2 or 3 due to death or *hospitalization*, a claim form (available by contacting ACM), a death certificate and *hospital* records as well as an explanation of *your* relationship to the person in question and why this event caused *you* to cancel *your covered trip*.
7. For a claim under insured risks 4, 5, 6, 7, 8 or 9, proof of the insured risk's occurrence, as follows:
 - a. for insured risk 4, the applicable letters from the cruise line;
 - b. for insured risk 5 or 6, a letter from the employer confirming the relocation or termination of employment;
 - c. for insured risk 7, the applicable reports from the proper authorities;
 - d. for insured risk 8, a proof of the travel advisory or formal notice;
 - e. for insured risk 9, the original airline ticket(s) and/or an original cancellation invoice, the transfer vouchers, a police report detailing such circumstances, or in the case of a mechanical failure, an applicable letter from the rental agency confirming such failure or a commercial invoice detailing the necessary repairs to the *vehicle*.

For Travel Interruption

8. For a claim under insured risks 1, 2, 3, 7, 8, 9 or 10:
 - a. The original: airline tickets, transfer vouchers, accommodation and other travel documents prepaid for *your covered trip*;
 - b. An explanation of the events that caused *you* to interrupt *your covered trip* under the insured risk;
 - c. Complete details and dates of the event and an explanation of *your* relationship to the person in question where a person other than *yourself* is involved;
 - d. For out-of-pocket expenses: original receipts for the covered expenses incurred and an explanation of the expenses;
 - e. For *hospitalization*, death or repatriation: a copy of the *hospital* records, death certificate, receipts from airlines, funeral homes and other expenses covered under the insured risk.
9. ACM may ask *you* or *your* attending *physician* to provide additional evidence to support *your* claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant's attending *physician*(s) or any *hospital*(s) for the purpose of determining the validity of a claim. In this event, *you* will be responsible for any fees required to substantiate *your* claim. *You* may also be required to undergo examination by one or more of our *physicians*. In this event, ACM will cover any associated cost. The same medical information may be requested of any person whose medical condition is the reason for *your* claim.
10. For a claim under *Flight Itinerary Schedule Change* - *You* must provide proof of refund for the original tickets (a copy of the ticket refund notice or ticket exchange notice) or a letter from the agency if ticket(s) have not yet been issued or were sent for refund to the bank settlement plan, tour operator or wholesaler.

Send all applicable documents listed above to ACM at: Active Care Management P.O. Box 1237, Station A, Windsor, ON N9A 6P8

Telephone: 1-866-943-6032 (toll free) in Canada and the United States or 519-251-7275 collect to Canada where available

SECTION IV — ACCIDENTAL DEATH AND DISMEMBERMENT

A. Coverage Offered

1. Flight Accident

Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are:

- a. Travelling as a passenger, not as pilot or crew member, aboard an *aircraft* up to a *sum insured* of **\$150,000**; or
- b. Travelling as a passenger, not as pilot or crew member, aboard an *aircraft* operated by the Canadian Armed Forces or its British or American counterparts, up to a *sum insured* of **\$150,000**.

2. Common Carrier Accident

Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are:

- a. On airport premises immediately prior to boarding or after alighting from an *aircraft*, up to a *sum insured* of **\$75,000**;
- b. travelling as a passenger in an airport limousine, bus or other ground *vehicle* provided or arranged for by the airline or airport authority for the purpose of boarding or alighting from an *aircraft*, up to a *sum insured* of **\$75,000**; or
- c. travelling to or from the airport in connection with a flight that is part of *your covered trip* as a fare-paying passenger (not as pilot, driver or crew member) aboard a *common carrier* which is involved in an accident, up to a *sum insured* of **\$75,000**.

3. 24-Hour Accident

Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are in any situation other than those listed in *Flight Accident* and *Common Carrier Accident* above and not otherwise excluded from coverage under this policy, up to a *sum insured* of **\$25,000**.

4. Exposure and Disappearance Due to Flight Accident, Common Carrier Accident or 24-Hour Accident

- a. If *you* are unavoidably exposed to the elements due to an *accident* resulting in the disappearance, sinking or damage of a *common carrier* aboard which *you* are a passenger and if, as a result of such exposure, *you* sustain a loss for which benefits would otherwise be payable, such loss will be covered by this policy.
- b. If *you* disappear due to an *accident* resulting in the disappearance, sinking or damaging of a *common carrier* aboard which *you* are a passenger and if *your* body is not found within **52 weeks** of such *accident*, the Insurer shall presume that *you* sustained loss of life as a result of *injury* covered by this Policy, subject to there being no evidence to the contrary.

B. Benefits

The greatest of the following benefits is payable for all losses resulting within **100 days** from the date of a single *accident* described in Coverage Offered and as a direct result thereof:

1. 100% of the *sum insured* if one single *accident* results in the loss of life, dismemberment of two limbs or loss of sight in both eyes.

Note: The benefit for dismemberment of two limbs or loss of sight in two eyes is payable only if such dismemberment results directly from a single *accident*.

2. 50% of the *sum insured* for dismemberment of one limb or loss of sight in one eye.

Note: "Loss" in reference to dismemberment means the actual, complete severance at or above the wrist or ankle joint. Loss of sight means the complete and irrecoverable loss of eyesight, which loss cannot be substantially corrected or remedied through simple treatment or corrective lenses.

C. Limitations and Restrictions

1. **Coverage Limited to Greatest Loss** - Should more than one covered loss be sustained as the direct result of a single *accident*, only the largest of the benefits is payable.
2. **Coverage Limited to Sum Insured** - The total benefits payable for one or more *accidents* occurring during the same *covered trip* shall not exceed the *sum insured*.
3. **Excess Coverage** - If the total amount of all *accident* insurance coverage that *you* purchase from the Insurer with respect to the same *covered trip* exceeds \$150,000 in the aggregate, then any such excess is void and the Insurer's only liability with respect to such excess will be to refund the premiums relating to such excess insurance coverage.

D. Exclusions for Accidental Death and Dismemberment

Please refer to Section VI - Exclusions.

E. How to File a Claim

For a claim under Accidental Death and Dismemberment, *you* or *your* estate must contact *ACM* for forms and instructions.

SECTION V — BAGGAGE AND PERSONAL EFFECTS

†A. Coverage Offered

Loss of, or damage to, the baggage and personal effects *you* own and use by reason of theft, burglary, fire or transportation hazards during the *covered trip*, to a maximum *sum insured* of **\$1,000 (\$400 for Baggage Delay)**. The Insurer will reimburse eligible expenses only in excess of those reimbursable under any other source.

B. Benefits

The Insurer reserves the right to repair or replace damaged or lost property with other property of like quality and value and shall not be liable beyond the *actual cash value* of such property at the time of loss or damage. When, after a reasonable period of time, property lost by the *common carrier* is not found, any claim will be assessed and paid.

1. **Personal Effects** - The *actual cash value* or **\$500**, whichever is less, in respect of any one item or set of items. Jewellery, cameras (including camera equipment) or sports equipment are respectively considered a single item.
2. **Document Replacement** - Reimbursement of the cost of replacing one or more of the following documents, to a maximum of **\$200**, in the event of loss or theft: passport, driver's licence, birth certificate or *travel visa*.
3. **Baggage Delay** - Up to **\$400** to purchase necessary toiletries in the event that *your* checked baggage is delayed by the *common carrier* for more than 12 hours while en route and before returning to *your contracted* point of departure. To file a claim, *you* must supply proof of delay of checked baggage from the *common carrier* and original purchase receipts.

C. Limitations and Restrictions

Total Benefits Limited to the Actual Expenses - The total benefits paid to *you* from all sources cannot exceed the actual expense which *you* have incurred.

D. Exclusions for Baggage and Personal Effects - Please refer to Section VI - Exclusions.

E. How to File a Claim

1. **Important** - In the event of loss due to theft, burglary, robbery or malicious mischief, *you* must notify and obtain supporting documentary evidence from the police immediately upon discovery. Failure to report the loss to the police shall invalidate any claim under this insurance for such loss.
2. *You* must substantiate *your* claim by providing all required documents. Failure to do so may result in non-payment of *your* claim. The Insurer is not responsible for charges levied in relation to any such documents. Note that incomplete documentation will be returned to *you* for completion.
3. To file a claim, *you* must:
 - a. take all reasonable steps to protect, save and/or recover the property;
 - b. notify *ACM* of the loss within 24 hours;
 - c. promptly notify and obtain supporting documentary evidence from the transportation authorities in whose custody the insured property was at the time of loss or promptly notify the hotel manager, tour guide or police; and
 - d. provide adequate proof of loss, ownership and *actual cash value* within 90 days from the date of loss.Failure to comply with these conditions shall invalidate any claim under this insurance for such loss.

You must submit:

4. A completed claim form (available by contacting *ACM*).
5. A copy of the Confirmation of Insurance with the confirmation number identified prominently.
6. **For loss:**
 - a. a report by the police and either the hotel manager, tour guide or transportation authorities in whose custody the *insured* property was at the time of loss;
 - b. adequate proof of loss, ownership and itemized value along with a detailed statement within 90 days from the date of loss (failure to supply such information shall invalidate *your* claim);
 - c. a Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or *common carrier*;
 - d. adequate proof of home insurance coverage and/or amount of deductible (if applicable).
7. **For Baggage Delay:**
 - a. original itemized receipts for expenses actually incurred;
 - b. a copy of the baggage claim ticket;
 - c. a copy of *your* airline ticket;
 - d. a copy of the airline report confirming the delay of *your* checked baggage including the reason and the duration of the delay;
 - e. a copy of the delivery receipt for *your* checked baggage.

Send all applicable documents listed above to *ACM* at: Active Care Management, P.O. Box 1237, Stn A, Windsor, ON N9A 6P8

Telephone: 1-866-943-6032 (toll free) in Canada and the United States or 519-251-7275 collect to Canada where available

SECTION VI — EXCLUSIONS

| INSURANCE COVERAGE | APPLICABLE EXCLUSIONS |
|--------------------------------------|----------------------------------|
| Travel Cancellation and Interruption | 1 to 19, 30 |
| Accidental Death and Dismemberment | 3 to 6, 8, 9, 16, 18, 20, 21, 30 |
| Baggage and Personal Effects | 3 to 6, 22 to 30 |

1. a. Any *sickness, injury* or medical condition (other than a *minor ailment*) that was not *stable* at any time during the *90 days* prior to the date of purchase of *your* travel arrangements;
- b. *Your* heart condition, if any heart condition was not *stable* at any time during the *90 days* prior to the date of purchase of *your* travel arrangements;
- c. *Your* lung condition if:
 - i. any lung condition was not *stable*; or
 - ii. *you* have been treated with home oxygen or taken oral steroids (e.g., prednisone) for any lung condition, at any time during the *90 days* prior to the date of purchase of *your* travel arrangements.
2. Any *injury, sickness* or medical condition which, prior to the date of purchase of *your* travel arrangements:
 - a. was such as to render medical consultation or *hospitalization* expected;
 - b. which has been shown, by prior medical history, as probable or certain to occur.
3. Expenses for which no charge would normally be made in the absence of insurance.
4. Committing or attempting to commit an illegal act or a criminal act.
5. *Your* participation in and/or voluntary exposure to any risk from: war or *act of war*, or any service in the armed forces.
6. Labour disruptions or strikes (legal or illegal).
7. *Sickness, injury* or medical condition if *you, a travel companion* or an *immediate family member of you* or *your travel companion* are awaiting or undergoing any surgery, medical test(s), examination(s), monitoring or consultation prior to the date of purchase of *your* travel arrangements:
 - a. for an existing medical condition, other than a regular medical check-up. (In the eventuality of a claim, the dates of the last and next medical check-up must be provided.);
 - b. for a new or changed medical condition which may eventually cause *you* to seek medical attention.
8. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.
9. Suicide (including any attempt thereat) or self-inflicted injury whether or not *you* are sane.
10. A disorder, disease, condition or symptom that is emotional, psychological, or mental in nature unless *you* are *hospitalized* on the date of occurrence for the event that caused a trip cancellation.
11. Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice of a *physician* or surgeon.
12. A trip undertaken for the purpose of visiting a sick or injured person when the *covered trip* is cancelled, interrupted or delayed due to such person's medical condition or death therefrom.
13. Treatment or *hospitalization* of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.
14. A return earlier or later than the *contracted* date of return, unless recommended by the attending *physician*.
15. A return delayed more than 10 *days* beyond the *contracted* date of return, unless *you, an immediate family member* or a *travel companion* were *hospitalized* for at least 48 consecutive hours within the 10-day period.
16. Sickness, injury or medical condition *you* suffer or contract in a specific country, region or area for which Foreign Affairs and International Trade Canada has issued written formal Travel Warning before *your* departure date, advising Canadians to avoid all or non-essential travel to that specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after *your* departure date, *your* coverage for sickness, injury or medical condition is limited to a period of 10 *days* from the date the advisory was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical condition" means any sickness, injury or medical condition that is attributable to the reason for which the travel advisory or formal notice was issued or any complications arising therefrom.
17. Any cause or event which might reasonably have been expected to necessitate the immediate return of the *insured*.
18. Flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).
19. Any non-refundable pre-paid travel arrangements when the trip was paid for through a points or rewards program.
20. Participation in:
 - a. any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
 - b. any competitive motorized sporting events, racing or speed contests.
21. *Injury* sustained while making a parachute jump for any purpose other than to save *your* life.
22. Property illegally acquired, kept, stored or transported.
23. The purchase or replacement cost (prescribed or not) for loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.
24. Loss or damage resulting from moths, vermin, deterioration or wear and tear.
25. Loss or damage caused by any imprudent action or omission by the *insured person*.
26. Loss or damage by theft from an unattended *vehicle* unless it was locked and there was visible evidence of forced entry.
27. Belongings insured under another insurance policy.
28. Jewellery, cameras, camera equipment and sports equipment while held by a *common carrier*.
29. Money and currency (including any form thereof), credit cards, securities, tickets, documents, items pertaining to business, paintings, statuary, china, breakage of fragile articles, glass objects, art objects, antiques, household effects.
30. An *act of terrorism*. See Section VII – Terrorism Coverage

SECTION VII – TERRORISM COVERAGE

Where an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this policy, this insurance will provide coverage as follows:

1. For all Travel Cancellation and Interruption insurance coverage, the Insurer will provide benefits to *you* for *your* covered expenses subject to the maximums shown in the benefits of this provision;
2. The benefits payable, as described directly above, is excess to all other potential sources of recovery, including alternative or replacement travel options offered by any supplier of travel service and other insurance coverage (even where such other coverage is described as excess) and will only become available after *you* have exhausted all such other sources.

Any benefits payable pursuant to the Insurer's Travel Cancellation and Interruption Insurance coverage issued shall be subject to an overall maximum aggregate payable limit relating to all in force travel policies issued by the Insurer including this policy. If total claims otherwise payable for a type of coverage under all travel policies issued by the Insurer, resulting from one or more *acts of terrorism* occurring within an applicable time period, exceeds this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a prorated basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit. Coverage is only available for up to 2 *acts of terrorism* within a calendar year and the maximum aggregate payable limit for each *act of terrorism* is:

| Type of Coverage | Maximum Aggregate for Each Act of Terrorism (CDN\$) |
|---|---|
| Travel Cancellation & Trip Interruption | \$2,500,000 |

If, in the Insurer's judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable limits, *your* prorated claim may be paid after the end of the calendar year in which *you* qualify for benefits.

Exclusion to this Terrorism Coverage

Notwithstanding any provision to the contrary within this policy or any endorsement thereto, this policy does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, results from, arises out of or is in connection with any *acts of terrorism* perpetrated by or involving the utilization of biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

SECTION VIII — GENERAL PROVISIONS

Subrogation

If an *insured person* suffers a loss covered under this policy, the Insurer is granted the right from the *insured person* to take action to enforce all the rights, powers, privileges and remedies of the *insured person* upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to the *insured person*, regardless of fault, the Insurer is granted the right to make a demand for and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in the *insured person's* name, and the *insured person* will attend at the place of loss to assist in the action. If the *insured person* institutes a demand or action for a covered loss, he shall immediately notify the Insurer so that it may safeguard its rights. The *insured person* shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.

Other Insurance

This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other liability insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which an *insured person* is insured under such other coverage.

All coordination with employee-related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment-related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less. If the lifetime maximum for all in-country and out-of-country benefits is over \$50,000, the Insurer will coordinate benefits only above this amount.

Misrepresentation and Non-Disclosure

The entire coverage under this policy shall be voidable if the Insurer determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insured persons* under this contract of insurance.

Arbitration

Notwithstanding any clause in the present policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by an arbitration law in force in the Canadian province or territory of residence of the *insured*. The parties agree that any action will be referred to arbitration.

Limitation of Actions

An action, arbitration or similar proceeding against the Insurer for the recovery of a claim under this contract shall not be commenced more than one year (two years in the Northwest Territories, three years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim. If this limitation is invalidly shorter than the limitation prescribed by the laws of *your* province or territory of residence, an action, arbitration or similar proceeding against the Insurer shall not be commenced later than the shortest limitation period prescribed by the laws of that province or territory of residence. The limitation periods stated in this section apply to all plans and benefits of this policy and to all endorsements thereof.

Applicable Law

This contract of insurance is governed by the laws of *your* Canadian province or territory of residence. Any legal proceeding by *you* or *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured*.

Notice On Privacy

You hereby consent to the use by the insurer, its agents and administrators, as well as by The McLennan Group ("TMG"), by the Canadian Association of Retired Persons ("CARP"), and by CanAm Insurance Brokers ("CanAm") of the personal and health information *you* disclosed herein and in all documents or information provided in connection with *your* policy/policies of insurance for the purposes cited above. Any of the parties stated above may disclose to each other *your* personal and health information for the purposes cited above.

Your privacy matters. The Insurer is committed to protecting the privacy of the information it receives about *you* in the course of providing the insurance *you* have chosen. While the Insurer's employees need to have access to that information, the Insurer has taken measures to protect *your* privacy. The Insurer ensures that other professionals, with whom it works in giving *you* the services *you* need under *your* insurance, have done so as well. To find out more about how the Insurer protects *your* privacy, please read its Notice on Privacy and Confidentiality.

Notice on Privacy and Confidentiality. The specific and detailed information requested on *your* application and medical questionnaire is required to process the application. To protect the confidentiality of this information, the Insurer 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 Insurer's employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims,

and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your file is secured in the Insurer's offices or those of its administrators or agents. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P. O. Box 4262, Stn A, Toronto, ON M5W 5T4.

SECTION IX — STATUTORY CONDITIONS

The Contract - The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing by the Insurer after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver - The Insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the Insurer.

Copy of Application - The Insurer shall, upon request, furnish to the *insured* or to a claimant under the contract a copy of the application.

Material Facts - No statement made by *you* at the time of application for this contract shall be used in defense of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Notice and Proof of Claim - *You* or a beneficiary entitled to make a claim, or the agent of any of *you*, shall:

- a. give written notice of claim to *ACM* by delivery thereof or by sending it by registered mail to *ACM* not later than 30 *days* from the date the claim arises under the contract on account of an *accident*, *sickness* or insured risk;
- b. within 90 *days* from the date a claim arises under the contract on account of an *accident*, *sickness* or insured risk, furnish to *ACM* such proof of claim as is reasonably possible in the circumstances of the happening of the *accident* or the commencement of the *sickness*, and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary if relevant; and
- c. if so required by *ACM* or the Insurer, furnish a satisfactory certificate as to the cause or nature of the *accident*, *sickness* or insured risk for which claim may be made under the contract.

Failure to Give Notice or Proof - Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the *accident* or the date a claim arises under the contract on account of *sickness* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms for Proof of Claim - The Insurer shall furnish forms for proof of claim within 15 *days* after receiving notice of claim, but where the claimant has not received the forms within that time, the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident* or *sickness* giving rise to the claim and of the extent of the loss.

Rights of Examination - As a condition precedent to recovery of insurance money under this contract:

- a. the claimant shall afford to the Insurer and *ACM* an opportunity to examine the *insured person* when and so often as it reasonably requires while the claim hereunder is pending; and
- b. in the case of death of the *insured*, the Insurer and *ACM* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Money Payable - All money payable under this contract shall be paid by the Insurer within 60 *days* after it has received proof of claim.

Limitation of Actions - An action, arbitration or similar proceeding against the Insurer for the recovery of a claim under this contract shall not be commenced more than one year (two years in the Northwest Territories, three years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim. If this limitation is invalidly shorter than the limitation prescribed by the laws of the province or territory in which this policy was issued, an action, arbitration or similar proceeding against the Insurer shall not be commenced later than the shortest limitation period prescribed by the laws of that province or territory of residence. The limitation periods stated in this section apply to all plans and benefits of this policy and to all endorsements thereof.

SECTION X — DEFINITIONS

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

ACM means Active Care Management, the company appointed by the Insurer to provide medical assistance and claims services related to *your* coverage.

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.

Actual Cash Value means the estimated value at the time of loss.

Aircraft means a fixed wing multi-engine transport aircraft with an authorized take-off weight greater than 35,000 lbs. (15,900 kg) operated between licensed airports by a scheduled or charter airline of Canadian or foreign registry holding a valid National Transportation Agency Licence, Regular Specific Point or Charter Air Carrier Licence or its foreign equivalent, insofar as the *aircraft* is being used at the time as a conveyance in the capacity authorized by the airline's Scheduled Regular Specific Point or Charter Air Carrier Licence.

Caregiver means a person *you* have entrusted with the care of *your child(ren)* on a permanent, full-time basis and whose services cannot reasonably be replaced.

Child(ren) means an unmarried child of the *insured* or his *spouse* who is, at the time of purchase, dependent on *you* for support and is:

- a. under 21 years of age;
- b. a full-time student who is under 26 years of age;
- c. of any age with a permanent physical impairment or a permanent mental deficiency.

Common Carrier means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended and used to transport paying passengers.

Contracted, in reference to a destination, a date or the time and place of arrival or departure, means that which is indicated in the travel documents for the *covered trip*.

Covered Trip means the travel arrangements which *you* have *contracted* and paid for prior to *your* departure from *your* province or territory of residence and for which an insurance premium has been paid in full to cover the total non-refundable amount of *your* travel arrangements.

Day means 24 consecutive hours.

Emergency means *sickness or injury* which occurs suddenly and unexpectedly during *your covered trip* and requires immediate *treatment* to alleviate existing danger to life or health. An *emergency* no longer exists when *ACM* determines that *you* are able to continue the trip or return to *your* province or territory of ordinary permanent residence. Once such *emergency* ends, no further benefits are payable in respect of the condition that caused the *emergency*.

Flight Itinerary Schedule Change means:

- a. the re-scheduled departure of an air carrier causing *you* to miss *your* next connecting flight with another air carrier when both air carriers are part of *your covered trip*;
- b. the earlier departure of an air carrier causing the ticket *you* purchased to be unusable for the prior connecting flight with another air carrier when both air carriers are part of *your covered trip*; or
- c. when *your* flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and *you* must incur additional expenses for new flight arrangements to meet *your* original cruise embarkation.

A *Flight Itinerary Schedule Change* does not mean a change resulting from a labour dispute, strike or flight delay.

Hospital means an institution which is licensed as a *hospital* having medical, diagnostic and surgical services for the care and *treatment* of sick or injured persons on an in-patient basis with registered graduate nurses always on duty and an operating room on the premises where surgical operations are performed by *physicians*, but in no event shall this include a convalescent, rest or nursing home, home for the aged, health spa, a place for the care and *treatment* of drug addicts or alcoholics, or any custodial, educational or any other rehabilitation centre.

Hospitalized or Hospitalization means confinement in a *hospital* as defined above.

Immediate Family Member means *your* mother, father, sibling, child, *spouse*, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

Injury means any 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*.

Insured, Insured Person, You, Your and Yourself refers to the person(s) named as the *insured(s)* on *your* confirmation, for which insurance coverage was applied and the appropriate premium has been paid.

Medically Necessary means any service, supply or other matter ordered by a *physician* and which is:

- a. Provided for the diagnosis or direct *treatment* of an *injury* or *sickness*; and/or
- b. Appropriate and consistent with the symptoms and findings or diagnosis and *treatment* of the *insured's* *sickness* or *injury*; and/or
- c. Not experimental or investigative; and/or
- d. Provided in accordance with generally accepted standards of medical practice; and/or
- e. Not possible to delay until *you* return to Canada, or which would prevent *you* from returning to Canada; and/or
- f. Not possible to omit without adversely affecting *your* medical condition or quality of care; and/or
- g. Not solely for *your* convenience or that of a *physician* or surgeon or other licensed healthcare provider; and/or
- h. The most appropriate supply or level of care which can be provided on a cost effective and safe basis.

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..

Minor Ailment means a *sickness* or *injury* which does not require the use of medication for a period greater than 14 days nor requires more than one follow-up visit to a *physician*, *hospitalization*, referral to a specialist, or surgical intervention and which ends at least 30 days prior to *your* departure date. However, a chronic condition or any complications thereof or a condition which require continuous and ongoing medical attention is not considered a *minor ailment*.

Non-Aligned Air Carriers means two different connecting air carriers that are part of the *covered trip* when no fare agreement exists between these air carriers for this portion of the air transportation.

Physician means a medical practitioner who was at the time of *treatment* currently licensed in the jurisdiction in which he/she practices and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *yourself* or an *immediate family member*.

Sickness means a disease or disorder of the body which results in loss while this coverage is in effect. The *sickness* must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *treatment*.

Spouse means someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the effective date of this insurance.

Stable means any medical condition (other than a *minor ailment*) for which all of the following statements are true:

- a. there has been no new diagnosis or *treatment*;
- b. there has been no change in *treatment* or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type; 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);
- c. there have been no new symptoms, more frequent symptoms or more severe symptoms;
- d. there have been no test results showing deterioration;
- e. there has been no *hospitalization* or referral to a specialist (made or recommended) and *you* are not awaiting the results of further investigations for that medical condition.

Sum Insured means the maximum sum payable that *you* selected at the time of purchase and paid the premium for, or that applies to a given insurance coverage.

Supplier of Travel Services means a travel agent, a tour operator, a travel wholesaler, an airline, a cruise line, a provider of ground transportation, a provider of travel accommodations who is legally authorized and licensed to sell travel services to the general public.

Travel Companion means someone who shares travel arrangements and accommodations with *you*. No more than 3 individuals (including the *insured*) will be considered *travel companions* on any one trip. *Travel Companion* includes *your spouse*.

Travel Visa means the visa required for *your* entrance to a foreign country (not an immigration, employment or student visa).

Treatment/Treated means any medical, therapeutic or diagnostic procedure prescribed or performed or recommended by a *physician* including but not limited to *hospitalization*, prescribed medication (including prescribed as needed), investigative testing and/or surgery or other *treatment* directly related to any *sickness*, *injury* or symptom.

Vehicle means any automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, boat, pick-up truck or a mobile home, camper truck or trailer home under 36 feet in length, used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your covered trip*.

Identification of Insurer

This Non-Medical Travel Insurance is underwritten by The Manufacturers Life Insurance Company ("Manulife Financial") and First North American Insurance Company ("FNA"), a wholly owned subsidiary of Manulife Financial. Please note that risks identified with the symbol \$ throughout this document are covered by FNA. This policy is administered by CanAm Insurance. The *insured* is requested to read this policy contact The McLennan Group Life Insurance Inc. immediately regarding any amendments to the coverage purchased. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to *ACM*.