



Used Car Dealers Association of Ontario

Your Benefits Booklet

Class F - All Member-Dealers of the UCDA Employee Benefits Plan

Policy / Contract #:
NexgenRx: 1284H001
Manulife Group Travel: NEX00013464





CONTACT INFORMATION

The following Benefits are provided by or administered by:

NexgenRx Inc. administers your Health, Dental, and Extended Health Benefits

Member Support is available from 8:00am to 8:00pm E.S.T.

866-424-0257

Dental Office support for electronic submission is available from 8:00am to 8:00pm E.S.T.

866-394-3648

Global Excel, underwritten by The Manufacturer Life Insurance Company (Manulife), administers your Emergency Travel Medical assistance

Member Support is available 24 hours a day, 7 days a week

833-685-2790

Collect during business hours (EST)

519-735-9448

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NexgenRx Inc.

Introduction

Your Employer, the Used Car Dealers Association of Ontario and NexgenRx Inc. have worked together to develop a package of benefits to meet your needs. These benefits are an important part of your financial security provided by your employer.

The goal is to make it easy for you and your family to have your questions answered. If you have any questions about your benefits, you can ask your Employer, or call NexgenRx Inc. on our toll-free at line 1-866-424-0257 or if calling in the Toronto area 647-722-3046.

Why is this booklet important?

This booklet outlines the benefits that are available under your Employer's contract with NexgenRx Inc. The section called "General Terms" includes facts about eligibility and enrolment. This is followed by a section on each of your benefits, containing benefit descriptions and the coverage that each benefit provides and what you are not covered for.

Please remember that this booklet is a summary of your benefit details effective January 1, 2018.

If you have any questions about the details in this booklet or about your group health benefits, please contact your local benefits administrator or call NexgenRx Inc.

If there are variations between the information contained in the booklet and the provisions of the contract and plan document, the contract and plan document will prevail.

Definitions

Here are definitions for some of the terms in this booklet. You will find more definitions included in each section.

Co-Insurance

Co-insurance is the rate at which benefits are payable.

Child

A child is your unmarried son or daughter. This includes a step-child, foster child and a common-law child.

Common-law child means a child of your common-law spouse and another person. This child must be dependent on you and your common-law spouse for support and maintenance.

- A child must be under age 19 and dependent on you for support and maintenance
- Coverage is continued while the child is under age 25 and attending an accredited college or university on a full-time basis. Upon request you must provide confirmation that the child is a full-time student and remains dependent on you for support and maintenance
- Coverage is continued beyond the maximum ages indicated above for a child who is physically or mentally handicapped as long as the child became handicapped before reaching the applicable maximum age stated above, and you provide proof satisfactory to us that the child is not capable of self-support due to the handicap

Dependent

A dependent is your spouse or child. Anyone who is in the armed forces full-time is not eligible to be a dependent.

Emergency

An emergency means any sudden, unexpected illness or injury for which the insured person needs immediate treatment.

Family

A family is you and all your dependents that are covered under the contract.

Covered Person

Covered person means you or any one of your dependents who is covered under the contract.

Spouse

A spouse is a person to whom you are legally married or with whom you have a common-law spouse relationship. Common-law spouse means a partner whom you have lived with for at least 12 months or, where applicable by law, the same sex, who has lived with you for at least 12 months.

Alternatively, an ex-spouse for whom you are legally liable to provide benefits may be considered eligible under this plan.

The maximum number of spouses that can be covered at one time is 1.

General Terms

Waiting Period for Coverage

A waiting period is a specific period of time that must be completed before your coverage will begin. The waiting period for coverage begins on the date you start employment and ends on the date you complete 3 months of employment. You will be eligible for Dental coverage after an additional 3 month waiting period. You are eligible the day after the waiting period for coverage ends.

Confirming Your Coverage

When your coverage begins, you will receive a NexgenRx Inc. Benefit Card outlining your coverage. Upon receipt, please check the card to make sure the information is correct.

What Changes to Report to Your Employer / NexgenRx Inc.?

You must report the following changes immediately to your Employer:

- changes in dependent coverage, including the birth of a child
- change of spouse
- change of name
- change from single or family status
- change of banking information (if NexgenRx Inc. is depositing your claim expenses directly into your bank account). You may also update your banking information on line.

You report these changes by advising your Employer of any changes in your coverage needs such as a change from single to family status.

When Your Coverage Ends

On the earliest of the following dates:

- When you reach age 79 or retirement
- The date your employment or membership with the plan sponsor ends
- The date this contract terminates

A dependent's coverage will end on the earliest of the following dates:

- The date your coverage ends
- The date you request termination of dependent coverage
- The date your dependent no longer satisfies the definition of dependent

Legal Action

No legal action may be taken until 60 days after proof of claim is given to NexgenRx Inc. or more than one year after the deadline for providing proof of claim. If you have received benefit payments but the payments end, no legal action may be taken more than one year after the last payment was made.

Submitting Claims

Co-ordination of Benefits with Your Spouse's Plan

Co-ordination with your spouse's plan is one of the advantages of group coverage. It may allow you to receive up to 100% of Health Care costs. First, you must have family coverage that includes Health Care coverage and have an eligible spouse and/or child. Second, your spouse must have the same type of coverage where he/she works.

Claiming Your Spouse's Expenses

If you are claiming your spouse's expenses, a claim must be sent to your spouse's plan first. Your spouse's plan will pay for the portion of the claim that is covered by them and send your spouse an explanation of payment. You can then send a copy of the explanation and a copy of the receipts, along with a claim for the unpaid portion, to NexgenRx.

Claiming Your Child's Expenses

If you are claiming expenses for your child, you must first claim from the plan of the parent with the earliest birthday (month and day) in the calendar year. For example, if your birthday is May 19th and your spouse's birthday is June 11th, your child will claim under your plan first. Then, the claim for the unpaid portion should be sent to your spouse's plan along with a copy of the explanation of payment and a copy of the receipts.

If you are separated or divorced, claims for your child's benefit must be co-ordinated based on the standard industry guidelines.

Claiming Your Expenses

If you are claiming your expenses, the claim must be sent to NexgenRx first. NexgenRx will pay for the portion of the claim that is covered by your plan and send you an explanation of payment. Your spouse can then send a copy of the explanation and a copy of the receipts, along with a claim for the unpaid portion, to his/her group carrier.

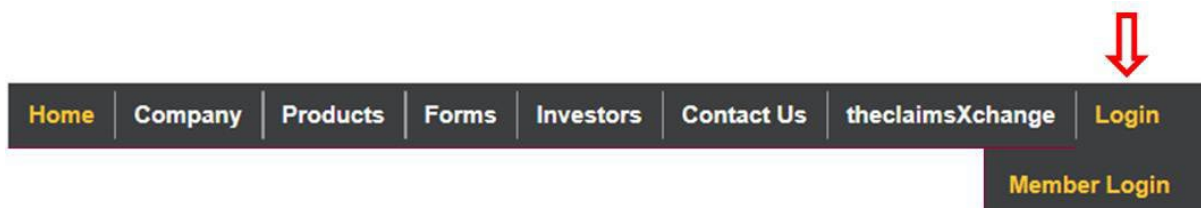
Submitting Your Claims on the Web

Members have the option to submit claims on our secure website. Please note when using the web claims submission, you must be set up on our system for Direct Deposit for your claims reimbursement. You must also keep the original copies of your receipts for 18 months from the time you submit your claim on line for audit purposes.

As a plan member, NexgenRx Inc. provides you with access to our claims processing website to look-up the status of your claims anytime you wish. In order to access our secure, online administration and information website please follow these instructions:

FIRST TIME USERS

1. Go to the following Web address: www.nexgenrx.com
2. Click on **MEMBER LOGIN** at the top right-hand side of screen as show below:



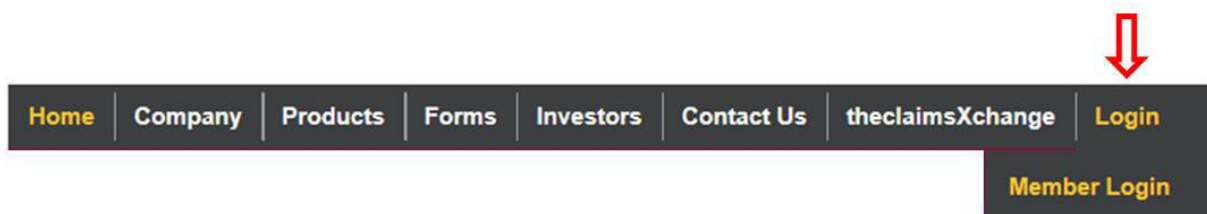
Please note that **FIRST TIME USERS** must complete all steps in order to use their account and subsequently logon to the website.

Your **USERNAME** and **TEMPORARY pass phrase** are automatically generated by our system and included in your welcome kit.

- After clicking on the **ACTIVATE ACCOUNT** button under the **Activate Your Account** section, the system will take you to the Account Activation Screen.
- Read the information and click **NEXT**.
- Review the Terms of use and click the checkbox at the bottom of the screen to accept the terms.
- Click **NEXT**
- This will take you to the **VERIFICATION OF IDENTITY** screen.
- Fill in the fields on this screen that are noted with an asterisk, i.e. **USER NAME** and temporary **PASS PHRASE**; click **NEXT**.
- The system will take you to the **ACCOUNT SETUP** screen.
- Complete all fields. Select a **NEW** password of your choosing (**it must be at least 8 characters in length**) and confirm your newly selected password by entering it again. Complete the challenge question, challenge answer section and enter your email address. Click **NEXT**.
- The system will now confirm that your account has been activated. **The next time you log in, enter your user name and pass phrase under the SIGN IN heading.**
- Click **FINISH**. This will take you back to the main login screen.
- You may now login using your username and the **NEW** password that you have selected.
- Once you have signed in, click on the **PLAN MEMBER** tab on the right near the top.
- Then click on the **SUBMIT A CLAIM** option and proceed through the steps.

EXISTING USERS

3. Go to the following Web address: www.nexgenrx.com
4. Click on **MEMBER LOGIN** at the top right-hand side of screen as show below:



5. Enter your pre-assigned user name and *personal* secure pass phrase under the **SIGN IN** heading.
6. Once you have signed in, click on the **PLAN MEMBER** tab on the right near the top.
7. Then click on the **SUBMIT A CLAIM** option and proceed through the steps.

How to submit a paper claim

Complete the claim form that is available from your Employer or on NexgenRx Inc.'s web site, www.nexgenrx.com

Make sure that your receipts include:

- the name of the person who received the service or supply (referred to as "the patient")
- the date the service or supply was received
- the type of service or supply received and
- the cost paid

Mail your claim to: NexgenRx Inc.
145 The West Mall
P.O. Box 110U
Toronto ON M8Z 5M4

What you are covered for

Your plan will pay for the usual cost of covered services and supplies that are medically necessary to treat an illness, injury or pregnancy and incurred in Canada by a recognized practitioner / provider.

Your plan will pay for the usual cost of covered services and supplies that are medically necessary to treat an illness, injury or pregnancy.

It will cover:

- The amount that is usually charged for the service or supplies in the area in which the charge is made.
- Services and supplies that are needed to diagnose or treat an illness, injury or pregnancy and that are recognized by the Canadian Medical Association as effective and appropriate and based on accepted standards of Canadian health care.
- Services and supplies that private plans are legally allowed by the government to cover. The plan will not cover services or supplies that are covered by the government plan in your home province.
- Charges for services and supplies that are incurred while the person is covered under this plan

Your coverage includes the following:

- Pay Direct Drugs
- Hospital accommodation
- Eye examinations
- Medical services and equipment
- Paramedical services
- Referrals for medical treatment outside the insured person's home province
- Emergency out of province/country treatment
- Travel assistance
- Dental Expenses

Health Care Coverage (Summary)

Extended Health Care	
Deductible	None
Coinsurance	
Drugs	80%
Vision Care & Hospital	100%
All Other EHC	80%
Supplementary Medical	
Paramedical Practitioners*	\$350.00/person/practitioner/year \$1,200/family/year
Naturopath	\$750/person/practitioner/year \$1,200/family/year
Semi-Private Hospital	\$250/person/day
Hearing Aids	\$500/person/5years
Vision Care	
<ul style="list-style-type: none"> Frames, Lenses, Contact Lenses, Laser Eye Surgery combined with Eye Exam 	\$200 in any 12-month period for person under age 18 or in any 24-month period for children Eye exam limited to \$50 every 24 months for adults and children
Orthotics/Orthopaedic Shoes	\$500.00 combined maximum every 36 consecutive months
Private Duty Nursing	\$10,000/person/year \$40,000/ family/ year
Ambulance Services	\$100/Trip
Medical Supplies (<i>medically necessary services and supplies</i>)	Medical stockings (2 pairs/ year), Breast prostheses (one every 2 years), Surgical bras (one bra/3 months), Oxygen and oxygen equipment, Speech aids Wigs (\$200/lifetime), T.E.N.S. machine
Termination	Age 79 or retirement
* Includes Chiropractor, Osteopath, Podiatrist/Chiropodist, Acupuncturist, Massage Therapy, Physiotherapist, Speech Therapist, Psychologist, Social Worker, Clinical Counsellor, Psychotherapist, Psychoanalyst, Audiologist, Nutritionist, Occupational Therapist	

Dental Care Coverage (Summary)

Dental	
Deductible	None
Coinsurance	
Basic Services	80%
Maximums	
Basic Services	\$1,500 per person per year
• <i>Includes Endodontics & Periodontics</i>	
Recall Exams	Once every 6 months
Fee Guide	Current Provincial General Practitioners
Termination	Age 79 or retirement

Benefit Details

Prescription Drugs

Covered expenses under the drug plan include both the ingredient cost and the dispensing fee.

The plan:

- Has no deductible
- Pay up to \$5 of the dispensing fee.
- Benefit year is December 1 to November 30.
- Pays 80% for eligible expenses up to an annual maximum of \$1,000,000 per person.
- Covers up to a 34-day supply of acute care drugs and 100-day supply of maintenance drugs.
- Includes coverage for smoking cessation products up a maximum of \$300 per person per lifetime.

The plan pays for most drugs that legally require a written prescription as well as prescribed over-the-counter (OTC) drugs and supplies considered to be life sustaining. Examples of these OTC items include insulin, diabetic test strips, disposable insulin needles and syringes, Epi-Pen, nitroglycerin low dose aspirin for blood thinning, niacin for cholesterol lowering, vitamin B12 for certain types of anemia.

If a generic drug can be substituted for a brand name drug, the plan will only cover the cost of the generic substitute with the lowest price. However, if the prescription states 'no substitute,' the plan will cover the cost of the brand name drug.

You and your dependants may not be able to use the NexgenRx drug card to buy drugs from a physician, dentist, clinic, hospital, or some pharmacies, but you can make a claim for the cost of eligible medicines by using a claim form and attaching the receipts. A receipt must show the prescription number and the name of the drug or Drug Identification Number (DIN).

The following items cannot be purchased using your drug card:

- alcohol swabs
- appliances
- atomizers
- certain equipment
- ostomy supplies
- devices for giving inhaled medications (for example, an aero chamber) blood glucose monitor and prosthetic devices
- products used to quit smoking

We will **not** pay for the following:

- hair growth stimulants
- fertility drugs
- erectile dysfunction drugs
- immunizations and vaccines
- anti-obesity drugs
- alcohol
- bandages
- contraceptives other than birth control pills
- cosmetic items
- sunscreens
- cotton
- vitamins (except injectables), minerals, dietary supplements food substitutes, infant food or formula
- disinfectants
- homeopathic medicines
- non-disposable insulin injectors
- products which can be bought without a prescription, other than some life supporting products
- spring loaded devices used to hold lancets

If your NexgenRx drug card is lost or stolen, it must be reported immediately to your administrator

Mail Order Pharmacy:

It is suggested that repeat prescriptions for maintenance drugs be filled at **Finlandia Natural Pharmacy**, a Mail Order Pharmacy. To purchase prescriptions from the Mail Order Pharmacy, check the Finlandia Natural Pharmacy web-site at: www.finlandiapharmacy.com or call 1-800-363-4372

Extended Health Care

For your extended health care benefit:

The plan has no deductible

Your benefit year is December 1 to November 30 each year

The plan pays up to 80% of eligible expenses.

Vision Care and Hospital benefits are reimbursed at 100% coinsurance

The plan has an annual maximum of \$1,000,000/person combined with Accidental Dental

*** The plan will cover Class "A" Driver's medicals as required by the Ontario Ministry of Transportation up to \$100 every 36 months.**

Hospital Accommodation

For hospital services there is no deductible and the plan pays at the rate of 100% for eligible expenses.

For in province hospital services the plan will cover the difference between the cost of a ward and a semi-private room in a hospital, up to \$250/person/day for up to 40 days/year.

The hospital stay must be because of illness, injury or pregnancy and the patient must be confined on an in – patient basis.

Vision Care

For vision care there is no deductible and pays at the rate of 100% up to \$200 every 24 months.

The plan will cover up to \$50 for eye exams every 24 months (included in the \$200 overall maximum).

Paramedical Practitioner Services

The plan will pay an overall annual maximum of \$350/practitioner/person and up to \$1,200/practitioner/family

The plan will pay for the following:

- Chiropractors
- Osteopaths
- Podiatrists
- Acupuncturists
- Naturopaths
- Physiotherapists
- Speech Therapists
- Massage Therapists
- Occupational Therapists
- Mental Health Practitioners: Psychologists, Clinical Counselors, Social Workers, Psychotherapists, Psychoanalysts
- Audiologists
- Nutritionists/Dietician

These practitioners must be registered in the province where the service is given, be performing a service for which their registration applies and cannot be a person who normally lives with you nor be a person related to nor a member of your immediate family.

The plan will cover the cost of up to one laboratory test or x-ray recommended by a licensed chiropractor, osteopath, chiropodist or podiatrist in any benefit year, up to a maximum of \$500.

Registered Nurses

The plan will cover these services to a maximum of \$10,000/person/year and up to \$40,000/family/year

Services provided by a Registered Nurse, Registered Nursing Assistant or Registered Practical Nurse, must be approved by NexgenRx in advance. These services must be provided in the insured person's home by a Registered Nurse, Registered Nursing Assistant or Registered Practical Nurse who does not normally live with, is not related to, nor is a member of the insured person's immediate family.

The plan will not cover the cost of a Registered Nurse, Registered Nursing Assistant or Registered Practical Nurse if the care they provide is not the skilled duties that only they can provide. We will also not cover the cost of care from a Registered Nurse, Registered Nursing Assistant, or Registered Practical Nurse that is provided in a nursing home, rest home, home for the aged, hospital, or any facility that provides similar care.

Ambulance Services

The plan will cover the cost of a licensed ambulance or other emergency service that transports the insured person to and from the nearest hospital that is able to give the necessary treatment, to a maximum of \$100/person/trip, this also covers travel between hospitals.

Convalescent Care

The plan will pay for active treatment or convalescent care in a Rehabilitative, Convalescent or Chronic Care Institute when prescribed by a physician, up to \$150 per day for semi-private accommodation to a maximum of 30 days per year.

After age 65, the lifetime maximum is \$6,000/person

Home Care Services

The plan will cover up to \$2,500/person/year and up to \$8,000/family/year

Orthotics/Orthopaedic Shoes

The plan will pay for orthopaedic shoes and orthotics as a combined \$500.00 maximum every 36 months on a consecutive period.

Medical Equipment

The plan covers the cost of out-patient supplies obtained from a hospital or surgical supply company in your home province. It will also cover the cost of rental charges for wheelchairs, hospital beds and other temporary therapeutic equipment that NexgenRx approves. It may cover the cost of purchasing this equipment if NexgenRx determines that it is more economical than renting. NexgenRx must approve the purchase before it is made. The plan will pay a reasonable and customary fee for the least expensive device that is medically adequate.

The following is a list of examples of items that the plan will cover if prescribed by a physician and approved by NexgenRx:

- Aero chambers
- Apnea monitor
- Blood glucose monitor
- Breast prostheses after a mastectomy, including replacement(s), one every 2 years, and one surgical bra every 3 months
- Casts
- Compressors
- Crutches and canes
- Grab bars
- Hearing aids and repairs (not including batteries) up to a maximum of \$500/person/5 years
- Nebulizers to administer asthma medication
- Ostomy supplies
- Oxygen and oxygen equipment
- Initial pair of frames and one corrective lens, contact lens or prosthetic lens prescribed after cataract surgery for the eye that had the surgery, once per lifetime per eye
- Surgical stockings are covered up to 2 pairs/person/year
- T.E.N.S. machine (for chronic pain)
- Walkers, braces, artificial limbs and eyes and other approved prosthetic devices
- Wigs following chemotherapy or radiation up to \$200 per lifetime

The following is a list of examples of items that are not covered even if prescribed by a physician:

- Air conditioners or purifiers
- Blood pressure kits
- Breast pumps
- Craftmatic, Ultramatic or other lifestyle beds
- Exercise equipment, machines or programs
- Home or car modifications (for example, ramps or lifts)
- Humidifiers
- Mattresses (except for standard mattresses with approved hospital beds)
- Obus Formes or orthopaedic pillows.

Dental Accident

If healthy, natural teeth are damaged or lost due to a sudden impact, the plan will cover the cost of the dental services required to repair or replace the teeth if the impact that caused the damage or loss happened while you or your dependant are covered under this provision up to a maximum of \$2,500/person/year and up to \$10,000/family/year. This does not include damage or loss caused by objects or food placed in the mouth.

The amount payable will pay is based on the least expensive treatment that is adequate to correct the damage. No more than the fee stated in the current Dental Association General Practitioner's Fee Guide will be covered. This treatment must be completed within 12 months of the impact. If treatment is scheduled to occur more than 90 days after the impact, NexgenRx must be given a treatment plan before the end of the 90-day period.

Orthodontic care must be for relocating teeth that are accidentally forced out of position or for splinting damaged teeth for stability. Dental procedures to correct existing cross bites, alignment of rotated teeth, closing of spaces, and uprighting teeth are not covered. Implants and treatment related to implants are also not covered.

Exclusion

The plan will **not** pay for the cost of:

- health care services or supplies that you or your Dependents are eligible to claim under Workers' Compensation legislation in your province of residence
- health care services or supplies required due to intentionally self-inflicted injury
- health care services or supplies required as the result of war, rebellion, or hostilities of any kind, whether or not the you or your Dependent is a participant
- health care services or supplies required as the result of participation in a riot or civil disturbance
- health care services or supplies due to committing a criminal offence or provoking an assault
- services required by a court, your employer, a school or anyone other than your physician (for example, your employer requiring a doctor's note or a court requiring that you receive psychological services)
- any service and supplies for which the you or your Dependent would not normally be charged
- treatment on temporomandibular joint (the hinge joint of the jaw)
- any service and supplies for which the you or your dependant would not normally be charged
- cosmetic treatments
- "in vitro" or "in vivo" procedures, or any other infertility procedures, unless otherwise specifically covered in this contract
- any service that we are legally prohibited from paying

Dental Benefit

When Your Dental Treatment Will Cost More Than \$600

If the cost of any dental treatment will be more than \$600, NexgenRx Inc. recommends that you submit a "pre-determination" before the treatment is started. A pre-determination is a report describing the proposed treatment and cost. NexgenRx Inc. will determine how much of the treatment is covered before the treatment begins and give you a written estimate of how much you will be responsible to pay before the treatment begins.

If you do not submit a pre-determination prior to the treatment being performed and submit the claim post treatment, your claim may be delayed in processing. In order to assess whether the treatment will be allowed, NexgenRx Inc. may need to obtain x-rays and/or study models from your dentist. This process may also delay your claim assessment.

What You Are Covered for and How Much the Plan Will Pay

The plan has no deductible

Your benefit year is December 1 to November 30 each year

The amount payable is a percentage (as outlined below) of the current Dental Association Suggested Schedule of Fees for General Practitioners of the province in which the treatment was performed.

The plan has an annual combined maximum of \$1,500/person/year toward the following eligible services:

Diagnostic Coverage

80% of diagnostic covered costs such as oral exams and x-rays

Preventive Coverage

80% of Preventive covered costs such as scaling and polishing

Basic Restorative Coverage

80% of restorative covered costs such as fillings

Endodontic Coverage

80% of endodontic covered costs such as root canal therapy

Periodontic Coverage

80% of periodontic covered costs such as treatment of the gums

Basic Surgical Coverage

80% of surgical covered costs such as tooth extractions

Your maximum applies to diagnostic services, preventative services, basic restorative services, endodontic services, periodontal services and basic surgical services

Coverage is based on the cost of the least expensive treatment that could be used to treat or prevent the dental problem. If the cost of the dental work given is more than the cost of the least expensive treatment, the plan will only cover the cost of the least expensive treatment.

Limitations

Fluoride treatments are limited to once every 12 months

Recall exams and polishing are limited to once every 6 months

Oral Hygiene Instruction is limited to 1 per lifetime.

Bitewing x-rays are limited to once every 12 months.

Full Mouth Series X-rays are limited to once every 3 years

Scaling (root planning) are payable up to 8 units every 12 months

Exclusions

The plan will not pay for:

- Dental services or supplies that the insured person is eligible to claim under the Workers' Compensation legislation
- Any dental charges not included in the current Dental Association Suggested Schedule of Fees for General Practitioners
- Cosmetic procedures
- Charges for appointments that are not kept
- Charges for completing claim forms
- Treatment to correct temporomandibular joint dysfunction (the hinge joint of the jaw is called the temporomandibular joint)
- Any endodontic treatment which was started before the effective date of coverage
- The replacement of dental appliances that are lost, misplaced or stolen
- Any treatment related to orthognathic surgery (remodeling or reconstruction of your jaw)

If you have questions, please contact your plan sponsor or call NexgenRx toll free at 1-866-424-0257 or, if you are in the Toronto area, 647-722-3046.

MANULIFE GROUP TRAVEL INSURANCE

- All Inclusive Insurance



SCHEDULE OF BENEFITS

This Schedule of Benefits replaces any other schedule of benefits previously issued to you and forms part of your Manulife Group Travel Insurance Benefit Booklet. It contains important information with respect to certain eligibility and benefit limits that apply to your coverage. It does not reference all of the terms, conditions, limitations and exclusions that apply to your insurance coverage. Please read this Schedule of Benefits together with your Benefit Booklet for complete details regarding your coverage. All amounts indicated are in Canadian currency, unless indicated otherwise.

POLICYHOLDER	Used Car Dealers Assoc. of Ontario - Owners & Employees
GROUP POLICY NUMBER	NEX00013464
CLIENT IDENTIFICATION NUMBER	Not Applicable

OVERALL MAXIMUM Medical Travel Insurance	\$5,000,000 per insured person, per trip
MEDICAL REFERRAL MAXIMUM	\$75,000 per insured person, per lifetime
TRIP CANCELLATION	Up to \$5,000 per insured person, per trip
TRIP INTERRUPTION	Up to \$5,000 per insured person, per trip
BAGGAGE INSURANCE	Up to \$1,000 per insured person, per trip
TERMINATION AGE	70 or early retirement
AGE LIMITS FOR DEPENDENT CHILDREN	Under age 19 or under age 25 if a full-time student at a recognized educational institution
PRE-EXISTING MEDICAL CONDITION STABILITY PERIOD	Sudden and Unforeseen (age 0-69)
COVERAGE PERIOD (# of days per trip)	120 days
ENDORSEMENT(S)	Not Applicable

This insurance product is underwritten by The Manufacturer Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC) a wholly owned subsidiary of Manulife.

The Manufacturers Life Insurance Company (Manulife) has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM", "Global Excel Management" and/or "Global Excel" as the provider of all assistance and claims services under the certificate of insurance.

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Detach the cards below and carry them with you at all times.

ASSISTANCE CARD

Policyholder: Used Car Dealers Assoc. of Ontario - Owners & Employees
Group Policy Number: NEX00013464

IF YOU HAVE AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY BEFORE SEEKING TREATMENT. THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:

From Canada and the United States, call TOLL FREE 1-833-685-2790 /
From anywhere else in the world call COLLECT + 519-735-9448

ASSISTANCE CARD

Policyholder: Used Car Dealers Assoc. of Ontario - Owners & Employees
Group Policy Number: NEX00013464

IF YOU HAVE AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY BEFORE SEEKING TREATMENT. THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:

From Canada and the United States, call TOLL FREE 1-833-685-2790 /
From anywhere else in the world call COLLECT + 519-735-9448

You are required to notify Global Excel Management Inc. immediately in the event of an emergency or a claim. Your coverage may limit benefits should you not contact Global Excel Management Inc. immediately. Before you travel download the free assistance & claim mobile app, TravelAid™.

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MANULIFE GROUP TRAVEL INSURANCE

- All Inclusive Insurance



SCHEDULE OF BENEFITS

This Schedule of Benefits replaces any other schedule of benefits previously issued to you and forms part of your Manulife Group Travel Insurance Benefit Booklet. It contains important information with respect to certain eligibility and benefit limits that apply to your coverage. It does not reference all of the terms, conditions, limitations and exclusions that apply to your insurance coverage. Please read this Schedule of Benefits together with your Benefit Booklet for complete details regarding your coverage. All amounts indicated are in Canadian currency, unless indicated otherwise.

POLICYHOLDER	Used Car Dealers Assoc. of Ontario - Owners & Employees
GROUP POLICY NUMBER	NEX00013464
CLIENT IDENTIFICATION NUMBER	Not Applicable

OVERALL MAXIMUM Medical Travel Insurance	\$5,000,000 per insured person, per trip
MEDICAL REFERRAL MAXIMUM	\$75,000 per insured person, per lifetime
TRIP CANCELLATION	Up to \$5,000 per insured person, per trip
TRIP INTERRUPTION	Up to \$5,000 per insured person, per trip
BAGGAGE INSURANCE	Up to \$1,000 per insured person, per trip
TERMINATION AGE	75 or early retirement
AGE LIMITS FOR DEPENDENT CHILDREN	Under age 19 or under age 25 if a full-time student at a recognized educational institution
PRE-EXISTING MEDICAL CONDITION STABILITY PERIOD	90 days (age 70-74)
COVERAGE PERIOD (# of days per trip)	120 days
ENDORSEMENT(S)	Not Applicable

This insurance product is underwritten by The Manufacturer Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC) a wholly owned subsidiary of Manulife.

The Manufacturers Life Insurance Company (Manulife) has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM", "Global Excel Management" and/or "Global Excel" as the provider of all assistance and claims services under the certificate of insurance.

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Detach the cards below and carry them with you at all times.

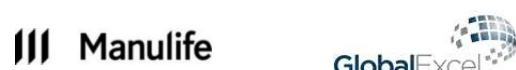


ASSISTANCE CARD

Policyholder: Used Car Dealers Assoc. of Ontario - Owners & Employees
Group Policy Number: NEX00013464

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GROUP POLICY NUMBER	NEX00013464
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MEDICAL REFERRAL MAXIMUM	\$75,000 per insured person, per lifetime
TRIP CANCELLATION	Up to \$5,000 per insured person, per trip
TRIP INTERRUPTION	Up to \$5,000 per insured person, per trip
BAGGAGE INSURANCE	Up to \$1,000 per insured person, per trip
TERMINATION AGE	80 or early retirement
AGE LIMITS FOR DEPENDENT CHILDREN	Under age 19 or under age 25 if a full-time student at a recognized educational institution
PRE-EXISTING MEDICAL CONDITION STABILITY PERIOD	180 days (age 75-79)
COVERAGE PERIOD (# of days per trip)	120 days
ENDORSEMENT(S)	Not Applicable

This insurance product is underwritten by The Manufacturer Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC) a wholly owned subsidiary of Manulife.

The Manufacturers Life Insurance Company (Manulife) has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM", "Global Excel Management" and/or "Global Excel" as the provider of all assistance and claims services under the certificate of insurance.

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Detach the cards below and carry them with you at all times.

ASSISTANCE CARD

Policyholder: Used Car Dealers Assoc. of Ontario - Owners & Employees
Group Policy Number: NEX00013464

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MANULIFE GROUP TRAVEL INSURANCE

- Emergency Medical Insurance
- Trip Cancellation and Trip Interruption Insurance
- Baggage Insurance



BENEFIT BOOKLET

IMPORTANT: Please read this Benefit Booklet carefully before *you* travel.

Keep it in a safe place and take it with *you* when *you* travel.

IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

You have travel insurance - what's next? We want you to understand (and it is in your best interest to know) what your coverage includes, what it excludes, and what is limited, meaning payable but with limits. Please take time to read through your certificate before you travel. **Italicized terms are defined in your certificate.**

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, you must meet all the eligibility requirements.
- This insurance contains limitations and exclusions (i.e. medical conditions that are not stable, pregnancy, child born on trip, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to pre-existing medical conditions, whether disclosed or not.
- Contact Global Excel before seeking treatment or your benefits may be limited.
- In the event of a claim, your prior medical history may be reviewed.

It is your responsibility to understand your coverage. If you have questions, call toll free **1-833-685-2788** (if in Canada or the United States) or call collect + **519-735-8331** (from anywhere else in the world).

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NOTICE REQUIRED BY PROVINCIAL LEGISLATION

This certificate contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

Manulife
250 Bloor St E
Toronto, Ontario
M4W 1E5

This Insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Please note that risks identified with the symbol ‡ throughout this document are covered by FNAIC.

SUMMARY OF BENEFITS

The information below summarizes your insurance coverage under the Manulife Group Travel Insurance. Coverage is subject to the terms and conditions in the certificate(s) that follow. Refer to this entire Benefit Booklet for complete benefit details. This SUMMARY OF BENEFITS replaces any and all benefit summaries previously issued to you with respect to the Policy. All amounts indicated are in Canadian currency, unless indicated otherwise.

EMERGENCY MEDICAL TRAVEL INSURANCE

Overall Maximum	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
Hospital or Medical Facility Accommodation	Reasonable & customary charges, private room
Incidental Expenses	Up to \$250
Physician Charges	Reasonable & customary charges
Private Duty Nurse	Up to \$5,000
Diagnostic Services	Reasonable & customary charges
Medical Appliances	Reasonable & customary charges
Paramedical Services	\$500 per profession
Prescriptions	30-day supply per prescription
Lost Prescriptions	Up to \$250
Ground Ambulance Services	Reasonable & customary charges
Emergency Air Transportation	Reasonable & customary charges
Transportation to Bedside	Economy round-trip airfare & up to \$250 per day, to a maximum of \$5,000 for meals and accommodations
Return of Travel Companion	One-way economy airfare
Return of Deceased	Up to \$15,000 for the cost of preparation and transportation of deceased, or up to \$5,000 for cremation and/or burial
Meals & Accommodation	Up to \$250 per day, to a maximum of \$5,000 per trip
Treatment of Dental Accidents	Up to \$2,500
Treatment of Dental Pain	Up to \$300
Child Care	Up to \$5,000
Pet Return	Up to \$500
Vehicle Return	Up to \$10,000
Alternate Transportation	Up to \$5,000
Medical Referral	Up to the maximum outline in the SCHEDULE OF BENEFITS, per lifetime

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE

Trip Cancellation	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
Trip Interruption	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
Out-of-Pocket Expenses	Up to \$100 per day, per insured person, to a maximum of \$1,000 per trip for all insured persons combined (subject to the overall maximum for Trip Interruption)
Baggage	Up to the maximum outlined in the SCHEDULE OF BENEFITS, per insured person, per trip
Business Expense	Up to \$1,000 per insured person, per trip

EMERGENCY MEDICAL TRAVEL INSURANCE CERTIFICATE OF INSURANCE

Note: Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

SECTION 1 – INTRODUCTION

Emergency Medical Travel Insurance provides coverage for the *policyholder's participant* and the *participant's dependents*, for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) while travelling outside *your province*.

You automatically have Emergency Medical Travel Insurance coverage up to the benefit maximums specified on *your SCHEDULE OF BENEFITS* and access to *emergency* travel services when *you* travel outside of *your province*. Coverage is provided up to the *coverage period* specified on *your SCHEDULE OF BENEFITS*.

This certificate, along with *your* entire Benefit Booklet, outlines what is covered and the conditions under which a benefit payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire Benefit Booklet, call toll free **1-833-685-2788** (if in Canada or United States) or call collect + **519-735-8331** (from anywhere else in the world).

This Travel insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife).

Manulife provides the insurance for this certificate under the Group Primary Policy (the *Policy*), issued to the *policyholder*. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM", "Global Excel Management" (GEM) and/or "Global Excel" as the provider of all assistance and claims services under this policy.

This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law.

This coverage may be cancelled, changed or modified at the option of the *policyholder* and the *Insurer* at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

SECTION 2 – WHAT SHOULD YOU DO IN A MEDICAL EMERGENCY?

IF YOU HAVE AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY BEFORE SEEKING TREATMENT.

THEY ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK AND CAN BE CONTACTED BY CALLING:

From Canada and the United States, call TOLL FREE **1-833-685-2790**

From anywhere else in the world, call COLLECT + **519-735-9448**

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide *you* with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

To download the app, visit: <http://www.active-care.ca/en/travelaid/>

- You must notify *Global Excel* before obtaining *emergency treatment*, so that we may:
 - confirm coverage
 - provide pre-approval of *treatment*
- If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, we ask *you* to call or have someone call on *your* behalf as soon as possible.
- If *you* fail to notify *Global Excel*, the *Insurer* reserves the right to limit *your* benefits as follows:
 - The *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
 - In the event of hospitalization, 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of \$25,000; and
 - In the event of an outpatient medical consultation, a maximum of one visit per *sickness or injury*.

You will be responsible for payment of any remaining charges.
- Some *treatments* require pre-approval in order to be covered (see SECTION 8 – WHAT ARE YOU NOT COVERED FOR?). If *you* do not contact *Global Excel* prior to seeking *treatment*, the medical *treatment* *you* receive may not be covered by this insurance.
- *Global Excel* can direct *you* to a *medical facility* or *doctor* in *your* area of travel. If *you* contact *Global Excel* at the time of *your emergency*, we will ensure that *your* covered expenses are paid directly to the *hospital* or *medical facility*, where possible.

SECTION 3 – IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel, as *your* coverage is subject to certain limitations and exclusions.
- Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed before *your trip*. Refer to this certificate and *your SCHEDULE OF BENEFITS* to determine how these exclusions affect *your* coverage and how they relate to *your departure date*.
- In the event of a claim, *your* medical history will be reviewed after a claim has been reported.
- *Your* insurance provides travel assistance. *You* are required to contact *Global Excel* prior to *treatment*. Failure to do so limits benefits (see SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE).
- Coverage is for an unlimited number of *trips* up to the *coverage period* for each *trip*; however, each *trip* must be separated by a return to *your province*.
- Coverage must be in effect before *you* leave *your province*. *You* do not need to provide *us* with advance notice of *your departure date* and *return date* for each *trip*. However, *you* will be required to provide evidence of these dates when filing a claim, for example, an airline ticket or boarding pass.
- **This certificate contains clauses which may limit the amounts payable.**

SECTION 4 – ELIGIBILITY FOR COVERAGE

A. PARTICIPANT COVERAGE

To be covered under the *Policy* as a *participant*, you must meet the following eligibility requirements:

1. You must be covered under the *government health insurance plan* of your province or the *Health Insurance Plan* provided by your *policyholder* if you are an *international student*; and
2. You must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
3. You must have your permanent residence in Canada or reside in Canada if you are an *international student*; and
4. The required premium payments for your coverage under the *Policy* must have been paid;

AND

5. a) **If you are a *participant* and you are covered as an employee of the *policyholder*, you must also:**

- i. If eligible, qualify for the basic group *extended health care (EHC)* plan of the *policyholder*; and
- ii. Be employed in Canada; and
- iii. Work the minimum number of hours per week specified under the *EHC* plan of the *policyholder*; and
- iv. Have satisfied the eligibility period specified under the *EHC* plan of the *policyholder*;

OR

b) **If you are a *participant* and you are covered as a member of the *policyholder*, you must also:**

- i. If applicable, qualify for the *EHC* plan of the *policyholder* and/or serve as a member of the Board of Trustees for the *policyholder*; and
- ii. Be a member in good standing of the *policyholder*; and
- iii. Be on the monthly list of members entitled to coverage provided to the *Insurer* by the *policyholder*;

OR

c) **If you are a *participant* and you are covered as a student of the *policyholder*, you must also:**

- i. Be enrolled as a *student* of the *policyholder*.

B. DEPENDENT COVERAGE

To be covered under the *Policy* as a *dependent*, you must meet the following eligibility requirements:

1. You must be covered under the *government health insurance plan* of your province or the *Health Insurance Plan* provided by the *policyholder*; and
2. If applicable, you must qualify as a *dependent* under the *EHC* plan of the *policyholder*; and
3. You must fall within the definition of *dependent* in this certificate; and
4. The required premium payments for your coverage under the *Policy* must have been paid.

SECTION 5 – WHEN DOES COVERAGE BEGIN AND END?

A. PARTICIPANT'S EFFECTIVE DATE OF COVERAGE

***Participant* coverage will become effective on the later of:**

1. the date the *Policy* becomes effective; or
2. a) **If the *participant* is covered as an employee of the *policyholder*:**
 - i. if eligible, the date the *participant* qualifies for the *EHC* plan of the *policyholder* (provided that coverage for disabled employees or employees who are not *actively at work* on the date their coverage would normally become effective shall become effective on the date the employee resumes active work); or
- b) **If the *participant* is covered as a member of the *policyholder*:**
 - i. if applicable, the date the *participant* qualifies for the *EHC* plan of the *policyholder* and/or the date the *participant* becomes a member of the Board of Trustees for the *policyholder*; or
 - ii. the date the *participant* becomes a member in good standing of the *policyholder* and is on the monthly list of members entitled to coverage by the *policyholder*; or
- c) **If the *participant* is covered as a student of the *policyholder*:**
 - i. the date the *participant* arrives in Canada if the *participant* is an *international student*; or
 - ii. the effective date of coverage under the *policyholder's Health Insurance Plan*. **Note:** In no event will this insurance coverage become effective prior to the effective date of coverage under the *participant's Health Insurance Plan*.

Coverage for each *trip* begins on the date you leave your province. Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to your province. The number of days per *trip* is indicated on your SCHEDULE OF BENEFITS. If travel is within Canada but outside your province, *emergency* medical coverage will be provided for an unlimited number of days of travel.

B. DEPENDENT'S EFFECTIVE DATE OF COVERAGE

***Dependent* coverage, if any, will become effective on the later of:**

The date the *participant's* coverage becomes effective and, as applicable:

1. the date the *dependent's* coverage becomes effective under the *Health Insurance Plan* provided by the *policyholder*, if the *dependent* is not covered under a Canadian *government health insurance plan*; or
2. the date the *dependent* qualifies for the *EHC* plan of the *policyholder*.

Coverage for each *trip* begins on the date you leave your province. Coverage is for an unlimited number of *trips*; however, each *trip* must be separated by a return to your province. The number of days per *trip* is indicated on your SCHEDULE OF BENEFITS. If travel is within Canada but outside your province, *emergency* medical coverage will be provided for an unlimited number of days of travel.

C. PARTICIPANT'S TERMINATION DATE OF COVERAGE

Participant coverage will terminate immediately upon the first to occur of:

1. the date *you* cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
2. the date the premium is due if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
3. if *you* are an international *student*, the date *you* return to *your country of origin* permanently; or
4. the date the *Policy* is terminated.

Coverage for each *trip* ends on the date *you* return to *your province* or the date *you* have been absent from *your province* for more than *your coverage period*. The number of days per *trip* is indicated on *your* SCHEDULE OF BENEFITS. If travel is within Canada but outside *your province*, emergency medical coverage will be provided for an unlimited number of days of travel.

D. DEPENDENT'S TERMINATION DATE OF COVERAGE

Dependent coverage will terminate immediately upon the first to occur of:

1. the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
2. if applicable, the date the *dependent* returns to his/her *country of origin* permanently; or
3. the date the *participant's* coverage terminates, except in the event of the death of the *participant*, in which case *dependent* coverage may continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the earlier of:
 - a) the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
 - b) the date the *dependent* remarries or dies; or
 - c) if applicable, the date the *dependent* permanently returns to his/her *country of origin*; or
4. the date the *Policy* is terminated.

Coverage for each *trip* ends on the date *you* return to *your province*, or the date *you* have been absent from *your province* for more than *your coverage period*, or if *you* are a *dependent child* who is registered as a full-time *student* at an accredited educational institution outside of *your province*, the date that coincides with the 365th consecutive day of stay, outside of *your province*. If travel is within Canada but outside *your province*, emergency medical coverage will be provided for an unlimited number of days of travel.

WHAT IF YOUR TRIP IS LONGER THAN THE COVERAGE PERIOD?

Except in the circumstances when coverage is automatically extended (see below "When does *your* coverage automatically extend?"), *you* do not have coverage under this insurance for any days of *your trip* that extend beyond *your coverage period*. However, *you* may purchase additional coverage for the excess portion of *your trip*. If travel is within Canada but outside *your province*, emergency medical coverage will be provided for an unlimited number of days of travel.

WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond the end of the *coverage period*, provided *you* still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

- a) **Delay of Transportation.** If *your* return home has been delayed beyond the end of the *coverage period* because *your common carrier* has been delayed, or if a private *vehicle* becomes inoperable on the way to *your departure point* due to circumstances beyond *your* control, *your* coverage is extended for up to five days beyond the end of the *coverage period*.
- b) **Medically Unfit to Travel.** If *you* are medically unfit to travel due to an *emergency*, *your* coverage is extended for up to five days following the date that *you* are deemed stable to return to *your province* by *your physician* or the *common carrier*.
- c) **Hospitalization.** If *you* are hospitalized due to an *emergency*, *your* coverage will remain in force during *your* hospitalization and for up to five days following *your* discharge from the *hospital*.

***You* are required to notify *Global Excel* in the foregoing circumstances prior to the end of the *coverage period*. Failure to notify *Global Excel* by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from *your departure date*.**

SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

COVERAGE

This insurance covers *you* and *your dependents* for certain expenses incurred as a result of an *emergency* (except under the terms of the Medical Referral Benefit) occurring while travelling outside *your province*. Coverage for Emergency Medical Out-of-Province Benefits is up to the Overall Maximum per *insured person*, per *trip*, specified in *your* SCHEDULE OF BENEFITS, for *reasonable and customary charges* in respect of expenses incurred for the benefits listed below. Coverage is only for amounts in excess of what is covered by *your government health insurance plan, Health Insurance Plan, EHC plan* or any other benefit plan. For many of the benefits listed below, prior approval of *Global Excel* may be required in order for the expense to be covered under this insurance. In the event of an *emergency*, call *Global Excel* immediately: 1-833-685-2790 toll-free from the USA and Canada or +519-735-9448 collect where available.

You must call *Global Excel* before obtaining *emergency treatment*, so that *we* may:

- confirm coverage
- provide pre-approval of *treatment*

If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, *we* ask *you* to call or have someone call on *your* behalf as soon as possible. Otherwise, if *you* do not call *Global Excel* before *you* obtain *emergency treatment* the *Insurer* reserves the right to limit *your* benefits.

If *you* undergo tests as part of a medical investigation, *treatment*, or surgery, obtain *treatment* or undergo surgery that is not pre-approved, *your* claim will not be paid. This includes, but is not limited to MRIs, MRCP tests, CAT scans, CT angiograms, sonograms, ultrasounds, nuclear stress tests, biopsies, angiograms, angioplasty, cardiovascular surgery including any associated diagnostic tests, cardiac catheterization, or any surgery.

Emergency Medical Out-of-Province Benefits:

1. **Hospital or Medical Facility Accommodation:** Room and board costs up to the private room rate charged by the *hospital or medical facility*. If *medically necessary*, expenses for *treatment* in an intensive or coronary care unit and *emergency* out-patient services provided by a *hospital or medical facility* are also covered.
2. **Incidental Expenses:** Up to the maximum specified in the SUMMARY OF BENEFITS of this Benefit Booklet, for *your* reasonable incidental expenses such as telephone, television, taxis, *ridesharing services*, parking, or car rentals (from a licensed company in the business of providing rental vehicles) while *you* are hospitalized for an *emergency* and the expenses are incurred as a direct result of such hospitalization. The *Insurer* will only reimburse covered expenses evidenced by original receipts.
3. **Physician Charges:** The services of a *physician* in excess of the amount paid by *your government health insurance plan, Health Insurance Plan or EHC plan*, where permitted by law.
4. **Private Duty Nurse:** If the attending *physician* considers one to be necessary, the services of a qualified private registered nurse (who is not *you* or an *immediate family member*), when *medically necessary* and while hospitalized or in lieu of hospitalization, to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, when approved in advance by *Global Excel*.
5. **Diagnostic Services:** Laboratory tests and x-rays ordered by the attending *physician* who is treating *you* and that are part of the *emergency treatment*.
Note: This benefit does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.
6. **Medical Appliances:** When approved in advance by *Global Excel*, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending *physician*, obtained outside *your province* and due to an *emergency*.
7. **Paramedical Services:** The services (including x-rays) of a licensed chiropractor, physiotherapist, chiropodist, podiatrist or osteopath, when they are needed due to an *emergency*, up to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, per profession listed above, per *emergency*, when approved in advance by *Global Excel*. Note: Be sure to keep *your* receipts as they are required to make a claim.
8. **Prescriptions:** Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary for emergency treatment*, except when needed to stabilize a chronic condition or a medical condition which *you* had before *your trip*. This benefit is limited to a 30-day supply per prescription, unless *you* are hospitalized.
9. **Lost Prescriptions:** The replacement of lost prescription medication when approved in advance by *Global Excel*, up to the maximum amount specified in the SUMMARY OF BENEFITS.
10. **Ground Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance services from the place of the *sickness or accident* to the nearest *medical facility* able to provide the necessary *treatment*.
11. **Emergency Air Transportation:** When approved and arranged in advance by *Global Excel*:
 - a) air ambulance to the nearest appropriate *medical facility* or to a Canadian *hospital* for immediate *emergency treatment*; or
 - b) transport on a licensed airline with an attendant (where required) to return *you* to *your province* for immediate *emergency treatment* (if *you* are not holding a valid, open return air ticket); or
 - c) if the *participant* is an international *student*, up to the *reasonable and customary charges* to return the *participant* to his/her *country of origin* in the event that the *participant* is unable to resume his/his studies in Canada due to a medical condition that requires complex, continuous and prolonged care. This benefit also includes *reasonable and customary charges* for transportation to return the *participant's dependents* to accompany him back to their *country of origin*.If the *insured person* refuses the decision of the *Insurer* to repatriate him back to his/her *country of origin*, the *Insurer* will be released from any liability for expenses incurred for such *injury or sickness* after the proposed date of repatriation.
12. **Transportation to Bedside:** When approved in advance by *Global Excel*, a single roundtrip economy airfare from Canada or from *your country of origin*, plus up to the maximum amount specified in the SUMMARY OF BENEFITS, for the cost of meals and *accommodation* for one of the following: *immediate family member* or friend, to:
 - a) be with *you* if *you* are travelling alone and have been hospitalized as the result of an *emergency*. To be payable, this benefit requires that *you* eventually be hospitalized as an *in-patient* for at least three consecutive days outside *your province* and that the attending *physician* provide written certification that the situation was serious enough to warrant the visit; or
 - b) identify the deceased *insured person* prior to the release of the body, where necessary.The *Insurer* will only reimburse covered expenses evidenced by original receipts. The *immediate family member* (other than the *participant's dependents*) or friend would not be covered under this insurance and may wish to consider purchasing his/her own insurance.
13. **Return of Travel Companion:** If *you* are returned to *your province* under the *Emergency Air Transportation* benefit or the *Return of Deceased* benefit, the *Insurer* will reimburse the cost of a single one-way economy airfare for a *travel companion* (if he/she is not holding a valid, open return air ticket) to return to Canada, when approved in advance by *Global Excel*.
14. **Return of Deceased:** To the maximum specified in the SUMMARY OF BENEFITS towards the cost of preparation and transportation of the deceased *insured person* to their *province or country of origin*, in the event of death due to *sickness and/or injury*. In the case of cremation and/or burial at the place of death of the *insured person*, this benefit is limited to the maximum specified in the SUMMARY OF BENEFITS. The cost of the casket or urn is not covered by this benefit.
15. **Meals and Accommodation:** Up to the maximum specified in the SUMMARY OF BENEFITS per *insured person*, for *your* reasonable additional expenses for meals and *accommodation*, when a *trip* is extended beyond the last day of the scheduled *trip* due to the *sickness and/or injury* suffered by an *insured person* or *travelling companion*. This benefit must be authorized in advance by *Global Excel*. The fact that *you* or a *travelling companion* is unable to travel must be certified by the attending *physician* and supported with original receipts from commercial organizations.

16. **Treatment of Dental Accidents:** To the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, for *emergency dental treatment* to repair natural, vital and sound teeth or permanently attached artificial teeth provided the *injury* was caused by an external, accidental blow to the mouth or face. *You* must consult a *physician* or dentist immediately following the *injury*. *Treatment* must begin during the *coverage period* and be completed prior to returning to *your province*. An *accident report* is required from a *physician* or dentist for claims purposes.
17. **Treatment of Dental Pain:** Up to the maximum specified in the SUMMARY OF BENEFITS, per *insured person*, for the *emergency relief* of acute dental pain, excluding services related to crowns, root canals or temporomandibular joint dysfunction (TMJ), when *treatment* is rendered at least five 500 kilometres outside the *insured person's province*.
18. **Child Care:** When approved in advance by *Global Excel*, up to a maximum specified in the SUMMARY OF BENEFITS, per *trip*, for one of the following child care assistance benefits:
 - a) Economy class airfare for the return of *dependent* children who are under 16 years of age in the event *you* or *your spouse* is hospitalized as a result of an *emergency*. Where necessary, arrangements will include provision for an escort for the children; or
 - b) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in the same location where *you* or *your spouse* is hospitalized as a result of an *emergency*; or
 - c) The cost of caregiver services (other than a relative) for *dependent* children who are under 16 years of age in their home *province* when left unattended due to an *emergency* involving *you* or *your spouse* while travelling.
19. **Pet Return:** Up to the maximum specified in the SUMMARY OF BENEFITS, for the return to Canada of *your* accompanying cat or dog, in the event that *you* are hospitalized or repatriated during an *emergency*.
20. **Vehicle Return:** Up to the maximum specified in the SUMMARY OF BENEFITS if neither *you*, nor someone travelling with *you*, are able to operate *your vehicle*, whether owned or rented, during *your trip* due to *sickness* and/or *injury*. Arrangements and payment will be made for the return of the *vehicle* to *your home* in *your province* or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the *vehicle* when approved and/or arranged in advance by *Global Excel*. This benefit does not cover wages lost by the person driving *your vehicle*. The *Insurer* will only reimburse covered expenses evidenced by original receipts.
21. **Alternate Transportation:** When approved in advance by *Global Excel*, up to the maximum specified in the SUMMARY OF BENEFITS, if, while travelling, *your private vehicle* is stolen or rendered inoperable due to an accident, the cost of one way economy airfare(s) will be provided to *you* to return to *your province*. To file a claim, *you* must supply an official police report of the loss or accident.

Medical Referral Benefit:

The Medical Referral Benefit provides coverage for *reasonable and customary charges* for medical and transportation expenses in excess of those expenses covered by the *insured person's government health insurance plan, Health Insurance Plan or EHC plan*, for the *insured person* and an approved escort, up to a lifetime maximum specified in the SCHEDULE OF BENEFITS, as a result of a pre-approved medical referral for *treatment*, subject to the following conditions:

- a) the *treatment* must not be available within 500 kilometres from *your residence*; and
- b) the medical referral service must be obtained in Canada, if available, regardless of any waiting lists; and
- c) *your attending Canadian physician* and a qualified Canadian medical specialist from an appropriately related medical field must recommend the *treatment*; and
- d) the referral service must be eligible for reimbursement and paid in whole or in part by *your government health insurance plan or Health Insurance Plan* (a written pre-authorization from *your government health insurance plan or Health Insurance Plan* outlining their liability is required); and
- e) if *your government health insurance plan, Health Insurance Plan or EHC plan* covers and reimburses the full medical referral expenses, no benefits are payable under this certificate; and
- f) the *treatment* must not be experimental or investigative in nature; and
- g) medical services and travel must take place within 30 days of receiving approval from *your government health insurance plan or Health Insurance Plan*, unless the earliest possible *treatment* date exceeds 30 days from the date of approval; and
- h) the medical referral must be pre-approved, following submission of a request for pre-approval in writing to *Global Excel*, along with supporting documentation.

SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

1. **Failure to Notify Global Excel:** In the event of an *emergency*, *you* must call *Global Excel* before seeking *treatment*. If it is not reasonably possible for *you* to contact *Global Excel* before seeking *treatment* due to the nature of *your emergency*, *you* must have someone else call on *your behalf* or *you* must call as soon as medically possible. If *you* fail to notify *Global Excel*, the *Insurer* reserves the right to limit *your* benefits as follows:
 - a) the *Insurer* will not pay expenses for benefits that are not approved by *Global Excel*, if pre-approval is required; and
 - b) in the event of hospitalization, the *Insurer* will pay 80% of eligible expenses, based on *reasonable and customary charges*, to a maximum of \$25,000; and
 - c) in the event of an outpatient medical consultation, the *Insurer* will cover a maximum of one visit per *sickness* or *injury*.
You will be responsible for payment of any remaining charges.
2. **Transfer or Medical Repatriation:** During an *emergency* (whether prior to admission or during a covered hospitalization or after *your* release from the *hospital or medical facility*), the *Insurer* reserves the right to:
 - a) transfer *you* to one of *Global Excel's* preferred health care providers, and/or
 - b) return *you* to *your province*, or
 - c) return the *participant* and *dependents* to their *country of origin*, when the *participant* is unable to resume his/her studies in Canada, for the medical *treatment* of *your sickness* and/or *injury* where this poses no danger to *your life* or health. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital or medical facility*. If *you* choose to decline the transfer or return when declared medically stable by *Global Excel*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* and/or *injury* after the proposed date of transfer or return.

3. **Limitation of Benefits – End of Emergency:** Once you are deemed medically stable to return to your province or your country of origin (with or without medical escort) either in the opinion of Global Excel or your physician or by virtue of discharge from a hospital or medical facility, your emergency is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the emergency will not be covered during your trip.
4. **Benefits Limited to Incurred Expenses:** The total benefits paid to you from all sources cannot exceed the actual expenses which you have incurred.

SECTION 8 – WHAT ARE YOU NOT COVERED FOR?

A – PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

1. Any sickness, injury, medical condition or symptoms for which prior to your departure date, it is reasonable to believe or expect that treatments will be required during your trip (except under the terms of the Medical Referral Benefit).
2. If applicable, any medical condition that existed prior to your departure date that was not stable at any time during the Pre-Existing Medical Condition Stability Period specified in the SCHEDULE OF BENEFITS prior to such departure date (except under the terms of the Medical Referral Benefit). If travel is within Canada but outside your province, no Pre-Existing Medical Condition Stability Period applies.

B – GENERAL EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with (except, as applicable, with respect to the Medical Referral Benefit):

3. Treatment or services normally covered or reimbursable under a government health insurance plan, Health Insurance Plan or under other insurance you might have.
4. Any trip booked or commenced after a physician advised you not to travel or after being diagnosed with a terminal illness.
5. Treatment, services or supplies that is not emergency medical treatment: for the immediate relief of acute pain and suffering, including any experimental or elective treatment such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications, or that you elect to have provided outside your province when medical evidence indicates that you could return to your province to receive such treatment, services or supplies. The delay to receive treatment, services or supplies in your province has no bearing on the application of this exclusion.
6. Any treatment, services or supplies that are experimental or investigative in nature.
7. Any trip made for the purpose of obtaining a diagnosis, treatment, surgery, investigation, palliative care, or any alternative therapy, whether or not it was authorized by a physician, as well as any directly or indirectly related complication. Note: this exclusion does not apply to insured person(s) travelling with you who are not seeking to receive medical or hospital services on that trip.
8. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by Global Excel prior to being performed, except in extreme circumstances where such surgery is performed on an emergency basis immediately upon admission to hospital or medical facility.
9. If you undergo tests as part of a medical investigation, treatment, or surgery, obtain treatment or undergo surgery that is not pre-approved, your claim will not be paid. This includes, but is not limited to magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel.
10. Hospitalization or services rendered in connection with general health examinations for “checkup” purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing or rehabilitation.
11. Any sickness, injury or medical condition that is the result of you not following treatment as prescribed to you, including prescribed medication.
12. Any sickness, injury or medical condition:
 - including symptoms of withdrawal, arising from, or in any way related to, your chronic use of alcohol, drugs, or other intoxicants whether prior to or during your trip.
 - arising during your trip from, or in any way related to, the abuse of alcohol, drugs, or other intoxicants.
13. The continued treatment of a sickness, injury, medical condition or related condition, following emergency treatment during your trip, if our medical advisors determine that your emergency has ended.
14. Anxiety or panic attack or a state of mental or emotional stress unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
15. Treatment not performed by or under the supervision of a physician or licensed dentist.
16. Routine pre-natal care.
17. If you are pregnant, your pregnancy or the birth and delivery of your child, or any complications of either, occurring in the nine weeks before or after your expected delivery date as determined by your primary care physician in your province. Note that a child born during a trip shall not be regarded as an insured person and shall not have coverage under this certificate for the entire duration of the trip in which the child is born, if born in the nine weeks before or after the expected delivery date.
18. Your participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of a foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.

19. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
20. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
21. Participation:
 - a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
 - b) in any motorized race or motorized speed contest on land, water, or in the air and training activities for these events on approved tracks or elsewhere; or
 - c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
22. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
23. The replacement of an existing prescription, whether by reason of loss (unless otherwise expressly provided elsewhere in this certificate), renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an *emergency*.
24. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
25. The cost of any airline ticket covered under the certificate where *your* ticket may be exchanged or used for the same purpose.
26. *Treatment* or services received in *your province*, or in *your country of origin* if *you* are an international *student* studying in Canada.
27. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
 - a) were under the influence of drugs or toxic substances, or
 - b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
 - c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.

SECTION 9 – INTERNATIONAL ASSISTANCE SERVICES

If *you* need assistance while travelling, help is one call away. *Global Excel* is available 24 hours a day, 7 days a week, to provide the following services whenever possible:

Emergency Call Center. No matter where *you* travel, professional assistance personnel are ready to take *your* call. *You* can call *Global Excel* toll free at **1-833-685-2790** if in Canada or the United States, or collect at **+ 519-735-9448** from anywhere else in the world.

TravelAid mobile app. Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide *you* with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

To download the app, visit: <http://www.active-care.ca/en/travelaid/>

Medical Assistance and Consultation. If *you* have an *emergency* and *you* call *Global Excel*, *you* will be directed to one or more recommended medical service providers near *you*. In addition, *Global Excel* will:

- Provide confirmation of coverage and pay expenses covered by this insurance directly to the recommended medical service provider,
- Consult with *your* attending *physician* to monitor *your* care, and
- Monitor the appropriateness, necessity and reasonableness of that care to help ensure that *your* expenses will be covered by this insurance.

Payment Assistance and Direct Billing. The payment of the medical services *you* receive will be coordinated through *Global Excel*, communicated with *your* medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and *you* may be required to make payment up-front. If *you* are required to make payment up-front, *you* must obtain detailed and itemized original bills for claims submission and call *Global Excel* on *your* return home.

Benefit Information. *Global Excel* can help *you* and the medical providers who are treating *you*, understand what coverage is available to *you* under *your Policy*.

Claims Information. *Global Excel* will answer any questions *you* have about *your* claim, *Global Excel's* standard verification procedures and the way that *your Policy* benefits are administered.

Interpretation Service. *Global Excel* can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

Emergency Message Centre. In case of an *emergency*, *Global Excel* will help exchange important messages with *your* family, business or *physician*.

MEDICAL CONCIERGE SERVICES

Value-added medical concierge services through our partner, StandbyMD™. StandbyMD has an international network of medical providers and partners who can provide quick and streamlined services and access to healthcare, 24 hours a day, every day of the year.

StandbyMD offers access to personalized care including:

- telephone or video chat with a qualified physician who can assess symptoms and provide treatment options (for eligible cases)
- a network of physicians who make house call visits in 141 countries and over 4,500 cities
- in-network clinics and emergency rooms when necessary
- coordination and delivery of lost or forgotten prescription medications, eyeglasses or contact lenses, and medical supplies when *you* travel within Canada and the US

How this service works

StandbyMD triages you according to your symptoms, profile, and location and then refers you to the most appropriate level of care for your situation.

The worldwide network offers preferred rates and direct billing options to help reduce your out-of-pocket expenses. The StandbyMD program also helps coordinate payment for eligible expenses according to the terms and conditions of this policy.

To use this service, contact the Assistance Centre at the number provided in this policy.

Disclaimer, waiver, and limitation of liability

StandbyMD is not intended as a substitute for professional medical advice. The program is provided to assist you in finding medical providers.

The advice StandbyMD provides is a recommendation only and entirely voluntary. You retain the right to choose your own level of care, regardless of the recommendation StandbyMD makes.

Medical providers within the StandbyMD network are not employees or agents and are not affiliated with StandbyMD in any way beyond accepting referrals. StandbyMD has no control – real or implied – over the medical judgment, actions, or inactions of the medical providers and does not assume any responsibility for:

- availability of the medical providers
- quality of the medical providers
- the results or outcome of any treatment or service

You waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD. Related people include principals, parents, successors, and assigns of StandbyMD.

Waiving these rights to proceed legally includes the following that relate in any way to the medical concierge services offered by StandbyMD:

- any and all claims
- demands
- actions and causes of action
- suits of any kind, nature, or amount

StandbyMD's liability, if any, is limited solely to the amount of payment made to participating medical providers for services you received after obtaining a referral from StandbyMD.

SECTION 10 – HOW DO YOU MAKE A CLAIM?

A – HOW TO MAKE A CLAIM

To submit a claim:

If in Canada or the United States, call toll free at: **1-833-685-2790**.

From anywhere else in the world, call collect to: **+ 519-735-9448**.

- During *your* call, *you* will be given all the information required to file a claim.
- *You* will be asked to 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 fees charged in relation to any such documents. Incomplete documentation will be returned to *you* for completion.
- When making a claim, *we* may require that a Claim & Authorization Form provided by *us* be completed and that supporting documentation such as the following be provided:
 - Complete original unused transportation tickets and vouchers if the *Emergency Air Transportation* or *Return of Travel Companion* benefit is used.
 - All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all relevant dates and type of *treatment*, and the name of the *hospital or medical facility* and/or *physician*.
 - All original prescription drug receipts (not cash receipts) from the pharmacist, *physician, hospital or medical facility* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
 - Proof of *your departure date and return date*. While boarding passes are preferred, *we* will accept airline tickets or other proof of *departure date* from *your province*, provided it contains *your* name and the location and date of *your* purchase.
 - Any other additional documents pertinent to *your* claim, as may be required by *Global Excel*.
- **Failure to complete the required Claim & Authorization Form in full may delay the assessment of *your* claim.**

Online Claim Submission:

Visit <https://manulife.acmtravel.ca> to submit *your* claim online. For faster and easier submissions, have all *your* documents available in electronic format, such as a PDF or a JPEG.

All pertinent documents should be sent to:



Global Excel Management Inc.
P.O. Box 1237 Stn A, Windsor, Ontario N9A 6P8

or

Global Excel Management Inc.
73 Queen Street, Sherbrooke, Quebec J1M 0C9

B – OTHER CLAIM INFORMATION

Notice and Proof of Claim

In the event that *Global Excel* is not contacted immediately, the *insured person*, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

- a) give written notice of claim by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 days from the date the claim arises under the *Policy*; and
- b) within 90 days from the date a claim arises under the *Policy*, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstances of the *emergency* giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his/her age and the age of the beneficiary, if relevant.

Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *injury* or the date a claim arises under the *Policy* 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

Global Excel, on behalf of 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 he may submit his/her proof of claim in the form of a written statement of the cause or nature of the *emergency* giving rise to the claim.

SECTION 11 – WHAT ELSE DO YOU NEED TO KNOW?

1. **Canadian Currency.** Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.
2. **Payment of Benefits.** All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person* unless another beneficiary is designated in writing to *Global Excel* or the *Insurer*.
3. **Other Insurance.** This insurance is a second payer plan. This means that for any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or *EHC* plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are 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.
4. **Rights of Examination.** As a condition precedent to recovery of insurance money under the *Policy*,
 - a) the claimant under the *Policy* must give *us* an opportunity to examine the person of the *insured person* when and so often as *we* may reasonably require while the claim hereunder is pending, and
 - b) in the case of death of the *insured person*, *we* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
5. **Availability and Quality of Care.** *We* are not responsible for the availability, quality or results of medical *treatment* or transportation, or *your* failure to obtain medical *treatment*.
6. **Misrepresentation and Non-Disclosure.** This insurance is void if, at any time during the application process or during *your* coverage, *you*, anyone who acts on *your* behalf, or anyone insured under this certificate:
 - commits fraud or attempted fraud
 - attempts to deceive *us* in any way
 - conceals or misrepresents any material facts or circumstances
 - provides incomplete or inaccurate information.
7. **Applicable Law.** The *Policy* as between the *Insurer* and the *participant* or any *insured person*, is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.
8. **Material Facts.** No statements or representations made by employees of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.
9. **Subrogation.** If *you* incur expenses due to the fault of a third party, *you* assign to *us* the right to take action against the party at fault in *your* name. This will require *your* full cooperation with *us* and *we* will pay for all of the related expenses.
10. **Evidence of Age.** The *Insurer* reserves the right to request proof of age of any *insured person*.
11. **Assignment.** Benefits under the *Policy* may not be assigned to a third party. However, in no event will this affect *Global Excel's* ability to make payment, for the benefit of the *insured person*, directly to the *hospital* or *medical facility* as provided for under SECTION 9 - INTERNATIONAL ASSISTANCE SERVICES.
12. **When Money Payable.** All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.
13. **Continuance of Individual Coverage During Absence from Work.** If a *participant* is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage, this insurance will be continued as long as the *participant* remains qualified under the *policyholder's EHC* plan.
14. **Examination of the Policy.** The *Policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.
15. **Limitation Periods.** Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or in the Limitations Act, 2002 in Ontario or other applicable legislation.

SECTION 12 – DEFINITIONS

Throughout this certificate, italicized terms have the specific meaning described below:

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

Accommodation means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

Actively at Work means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of the minimum number of hours worked per week specified under the *EHC* plan of the *policyholder*. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee's normal duties at the employee's normal place of employment on the same basis as the employee who is actively at work.

Common Carrier means any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. Rental vehicles however, are not considered common carriers.

Country of Origin means the country in which *you* maintained a permanent residence prior to entry into Canada.

Coverage Period means the maximum number of consecutive days allowed per *trip* stated in the SCHEDULE OF BENEFITS, during which *you* are covered under the *Policy* when *you* take a *trip* and which is calculated as of the *departure date of your trip*; however,

- a) if *you* are a *dependent* child who is registered as a full-time student at an accredited educational institution outside of *your province*, *your* coverage period is 365 days; or
- b) if *you* are already on a *trip* prior to the inception date of the *Policy*, *your* coverage period is reduced by the number of days *you* were out of *your province* on the effective date of the *Policy*; or
- c) if *your* SCHEDULE OF BENEFITS reflects more than one class with different coverage periods and, as a result, *your* coverage period changes during *your trip*, the applicable coverage period for that *trip* will be the coverage period that was in effect on the *departure date of your trip*.

Departure Date means the date on which *you* leave *your province* from *your departure point*.

Departure Point means the place from which *you* depart *your province* on the first day and return to on the last day of *your trip*.

Dependent means:

- a) the *spouse*; and
- b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The applicable age limits on the *departure date* for a dependent child are specified in the SCHEDULE OF BENEFITS. However, coverage will continue beyond the age limit specified in the SCHEDULE OF BENEFITS for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he/she reached the age when insurance would normally terminate.

Emergency means a sudden and unforeseen *sickness, injury* or medical condition that requires immediate *treatment*. An emergency no longer exists when the evidence reviewed by *Global Excel* indicates that no further *treatment* is required at destination or *you* are able to return to *your province* for further *treatment*.

Extended Health Care or **EHC** mean insurance coverage provided by *your policyholder* that is designed to supplement *your government health insurance plan* or *Health Insurance Plan* coverage.

Global Excel means Global Excel Management Inc., the company appointed by the *Insurer* to provide medical assistance and claims services.

Government Health Insurance Plan means the health care coverage provided by Canadian provincial and territorial governments to their residents.

Health Insurance Plan means the health care coverage provided by the *policyholder* in Canada to their international *student participants* who are not eligible for coverage under a Canadian *government health insurance plan*.

Hospital or Medical Facility means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include an extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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

Injury means an unexpected and unforeseen harm to the body that is caused by an *accident*, sustained by an *insured person* during the *coverage period* and that requires *emergency treatment* that is covered by this certificate.

In-patient means a patient who occupies a *hospital or medical facility* bed for more than 24 hours for medical *treatment* and for which admission was recommended by a *physician* when *medically necessary*.

Insurer means The Manufacturers Life Insurance Company.

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; and
- b) is not experimental or investigative in nature; and
- c) cannot be omitted without adversely affecting the condition of the *insured person* or quality of medical care; and
- d) cannot be delayed until the *insured person* returns to his/her *province*.

Minor Ailment means any *sickness* or *injury* which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the *departure date* of each *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Ongoing Condition means an acute *sickness* and/or *injury* that requires continuing care and/or *treatment* after the initial *emergency* has ended as determined by *Global Excel*.

Participant means an eligible employee, member or *student* whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

Physician means a person:

- who is not *you* or *your immediate family member* or *your travel companion*
- licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

Policy means the Group Travel Insurance contract (Group Primary Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *emergency* medical travel insurance coverage to its *participants* and their *dependents*. The Policy Number is set out in the SCHEDULE OF BENEFITS.

Policyholder means the company or organization to which the *Policy* is issued.

Province means *your* Canadian province or territory of permanent residence.

Reasonable and Customary Charges mean charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Return Date means the date on which *you* are scheduled to return to *your departure point*.

Ridesharing Services mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

Sickness means an illness, disease, disorder or any symptom. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of medical *treatment*.

Spouse means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

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

- a) there has been no new diagnosis, *treatment* or prescribed medication;
- 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 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; and
- e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that medical condition.

All of these conditions must be met for a *sickness*, *injury* or medical condition to be considered *stable*.

Student means a student enrolled and attending a program at the educational institute of the *policyholder*, whom the *policyholder* identifies as being entitled for coverage as a *participant* under this certificate, and for whom the required premium has been paid.

Terminal Illness means *you* have a condition that is cause for the *physician* to estimate that *you* have less than six months to live.

Termination Age means the age stated in the SCHEDULE OF BENEFITS at which the *participant's* and the *spouse's* coverage terminates.

Travel Companion or **Travelling Companion** means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

Treatment means hospitalization, a procedure prescribed, performed, or recommended by a *physician* for a *sickness*, *injury* or medical condition. This includes but is not limited to prescribed medication, investigative testing, and surgery.

Important: Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Trip means a journey that *you* undertake which commences on the *departure date* from *your province* and ends on the *return date* to *your province*.

Vehicle means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during the *trip*.

We, Our and **Us** mean the *Insurer*, or its authorized representatives, or *Global Excel*, as applicable.

You, Your and **Insured Person(s)** mean the *participant* or *participant's dependents* covered under the *Policy*, whether they travel together or not.

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE CERTIFICATE OF INSURANCE

Note: Throughout this certificate, words in *italics* have specific meanings which can be found in SECTION 12 – DEFINITIONS.

SECTION 1 – INTRODUCTION

Trip Cancellation and Trip Interruption Insurance provides reimbursement for the *policyholder's participant* and the *participant's dependents* for:

1. non-refundable and non-transferable prepaid expenses incurred as a result of *your trip* cancellation; and
2. expenses incurred and/or reimbursement of the unused portion of *your* non-refundable and non-transferable prepaid travel arrangements due to the interruption or delay of *your trip*; and
3. replacement of *your* baggage due to loss, theft or damage while in custody of a *common carrier*.

You automatically have Trip Cancellation and Trip Interruption Insurance coverage up to the benefit maximums specified on *your* SCHEDULE OF BENEFITS, and access to assistance services before or while travelling outside of *your province*.

This certificate, along with *your* entire Benefit Booklet, outlines what is covered along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. For confirmation of coverage or any questions concerning the information in this certificate or *your* entire Benefit Booklet, call toll free **1-833-685-2788 (if in Canada or United States) or call collect + 519-735-8331 (from anywhere else in the world)**.

This Travel insurance product is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife.

Manulife provides the insurance for this certificate under the Group Primary Policy (the *Policy*), issued to the *policyholder*. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM", "Global Excel Management" (GEM) and/or "Global Excel" as the provider of all assistance and claims services under this policy.

This certificate is not a contract of insurance and contains only a summary of the principal provisions of the *Policy*. All benefits are subject in every respect to the *Policy*, under which coverage is provided and payments are made. In the event of any conflict, the *Policy* shall govern, subject to any applicable law to the contrary. An *insured person* or other claimant under the *Policy* may, on request to the *Insurer*, obtain a copy of the *Policy*, subject to certain access limitations permitted by applicable law. This coverage may be cancelled, changed or modified at the option of the *policyholder* and the *Insurer* at any time. This certificate replaces any and all certificates previously issued to *you* with respect to the *Policy*.

SECTION 2 – WHAT SHOULD YOU DO TO OBTAIN ASSISTANCE OR TO FILE A CLAIM?

IF YOU NEED ASSISTANCE OR TO FILE A CLAIM CALL GLOBAL EXCEL:

From Canada and the United States, toll free **1-833-685-2790**

From anywhere else in the world, collect + **519-735-9448**

It is important that *you* call on the day the cause of cancellation, interruption or delay of *trip* occurs or on the day the baggage is lost, damaged or stolen, or on the next business day.

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide *you* with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

To download the app, visit: <http://www.active-care.ca/en/travelaid/>

Online Claim Submission. Visit <https://manulife.acmtravel.ca> to submit *your* claim online. For faster and easier submissions, have all *your* documents available in electronic format, such as a PDF or a JPEG.

SECTION 3 – IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

- Trip Cancellation and Trip Interruption Insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read this certificate and understand *your* coverage before *you* travel as *your* coverage is subject to certain limitations and exclusions.
- Pre-existing *medical condition* exclusions may apply to *medical conditions* and/or symptoms that existed before *your trip*. Refer to this certificate and *your* SCHEDULE OF BENEFITS to determine how these exclusions may affect *your* coverage and how they relate to *your departure date* or *effective date*.
- In the event of an *accident*, injury or sickness, *your* medical history may be reviewed when a claim has been reported.
- Throughout this certificate, any reference to age refers to *your* age on *your effective date*.
- **This certificate contains clauses which may limit the amounts payable.**

SECTION 4 – ELIGIBILITY FOR COVERAGE

A. PARTICIPANT COVERAGE

To be covered under the Policy as a participant, you must meet the following eligibility requirements:

1. You must be covered under the *government health insurance plan of your province* or the *Health Insurance Plan* provided by your *policyholder* if you are an *international student*; and
2. You must be younger than the *termination age* specified in the SCHEDULE OF BENEFITS; and
3. You must have your permanent residence in Canada or reside in Canada if you are an *international student*; and
4. The required premium payments for your coverage under the *Policy* must have been paid;

AND

5. a) **If you are a participant and you are covered as an employee of the policyholder, you must also:**

- i. If eligible, qualify for the basic group *extended health care (EHC)* plan of the *policyholder*; and
- ii. Be employed in Canada; and
- iii. Work the minimum number of hours per week specified under the *EHC* plan of the *policyholder*; and
- iv. Have satisfied the eligibility period specified under the *EHC* plan of the *policyholder*;

OR

b) **If you are a participant and you are covered as a member of the policyholder, you must also:**

- i. If applicable, qualify for the *EHC* plan of the *policyholder* and/or serve as a member of the Board of Trustees for the *policyholder*; and
- ii. Be a member in good standing of the *policyholder*; and
- iii. Be on the monthly list of members entitled to coverage provided to the *Insurer* by the *policyholder*;

OR

c) **If you are a participant and you are covered as a student of the policyholder, you must also:**

- i. Be enrolled as a *student* of the *policyholder*.

B. DEPENDENT COVERAGE

To be covered under the Policy as a dependent, you must meet the following eligibility requirements:

1. You must be covered under the *government health insurance plan of your province* or the *Health Insurance Plan* provided by the *policyholder*; and
2. If applicable, you must qualify as a *dependent* under the *EHC* plan of the *policyholder*; and
3. You must fall within the definition of *dependent* in this certificate; and
4. The required premium payments for your coverage under the *Policy* must have been paid.

SECTION 5 – WHEN DOES COVERAGE BEGIN AND END?

WHEN DOES COVERAGE TAKE EFFECT?

- Trip Cancellation coverage takes effect when the cause of cancellation occurs before you depart on your trip.
- Trip Interruption coverage takes effect when the cause of interruption occurs during your trip.
- Trip Delay coverage takes effect when the cause of delay occurs during your trip and results in you being delayed, beyond your scheduled return date, from returning to your departure point.
- Baggage coverage takes effect when baggage is lost, stolen or damaged when checked in with, or carried on, a common carrier during your trip.

A. PARTICIPANT'S EFFECTIVE DATE OF COVERAGE

Participant coverage will become effective on the later of:

1. the date the *Policy* becomes effective; or
2. a) **If the participant is covered as an employee of the policyholder:**
 - i. if eligible, the date the *participant* qualifies for the *EHC* plan of the *policyholder* (provided that coverage for disabled employees or employees who are not *actively at work* on the date their coverage would normally become effective shall become effective on the date the employee resumes active work); or
- b) **If the participant is covered as a member of the policyholder:**
 - i. if applicable, the date the *participant* qualifies for the *EHC* plan of the *policyholder* and/or the date the *participant* becomes a member of the Board of Trustees for the *policyholder*; or
 - ii. the date the *participant* becomes a member in good standing of the *policyholder* and is on the monthly list of members entitled to coverage by the *policyholder*; or
- c) **If the participant is covered as a student of the policyholder:**
 - i. the date the *participant* arrives in Canada if the *participant* is an *international student*; or
 - ii. the effective date of coverage under the *policyholder's Health Insurance Plan*. **Note:** In no event will this insurance coverage become effective prior to the effective date of coverage under the *participant's Health Insurance Plan*.

Coverage for each trip begins:

- a) on your effective date (provided your coverage is in effect on the date of purchase or before any cancellation penalties have been incurred) for Trip Cancellation, or
- b) when the *common carrier* departs from the scheduled *departure point* shown on the ticket, itinerary or other document issued to an *insured person* by or for the carrier for Trip Interruption, Trip Delay and Baggage coverage. **Note:** For Trip Interruption and Trip Delay, if a *common carrier* is not used for the trip, the coverage begins on the date you leave from the *departure point* to start the trip.

B. DEPENDENT'S EFFECTIVE DATE OF COVERAGE

Dependent coverage, if any, will become effective on the later of:

The date the *participant's* coverage becomes effective and, as applicable:

1. the date the *dependent's* coverage becomes effective under the *Health Insurance Plan* provided by the *policyholder*, if the *dependent* is not covered under a Canadian *government health insurance plan*; or
2. the date the *dependent* qualifies for the *EHC* plan of the *policyholder*.

Coverage for each *trip* begins:

- a) on *your effective date* (provided *your* coverage is in effect on the date of purchase and before any cancellation penalties have been incurred) for Trip Cancellation coverage; or
- b) when the *common carrier* departs from the scheduled *departure point* shown on the ticket, itinerary or other document issued to an *insured person* by or for the carrier for Trip Interruption, Trip Delay and Baggage coverage. **Note:** For Trip Interruption and Trip Delay, if a *common carrier* is not used for the *trip*, the coverage begins on the date *you* leave from the *departure point* to start the *trip*.

C. PARTICIPANT'S TERMINATION DATE OF COVERAGE

Participant coverage will terminate immediately upon the first to occur of:

1. the date *you* cease to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *participant* coverage; or
2. the date the premium is due, if the required premium is not remitted to the *Insurer*, except where this is the result of clerical error; or
3. if *you* are an international *student*, the date *you* return to *your country of origin* permanently; or
4. the date the *Policy* is terminated.

Coverage for Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each *trip* ends on midnight of *your return date*.

D. DEPENDENT'S TERMINATION DATE OF COVERAGE

Dependent coverage will terminate immediately upon the first to occur of:

1. the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
2. if applicable, the date the *dependent* returns to his/her *country of origin* permanently; or
3. the date the *participant's* coverage terminates, except in the event of the death of the *participant*, in which case *dependent* coverage may continue, provided the *policyholder* continues to provide coverage for *dependents* and the required premium payments are paid, until the earlier of:
 - a) the date the *dependent* ceases to meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, for *dependent* coverage; or
 - b) the date the *dependent* remarries or dies; or
 - c) if applicable, the date the *dependent* permanently returns to his/her *country of origin*; or
4. the date the *Policy* is terminated.

Coverage for Trip Cancellation, Trip Interruption, Trip Delay and Baggage for each *trip* ends on midnight of *your return date*.

WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage is automatically extended beyond *your return date*, provided *you* still meet the eligibility requirements in SECTION 4 – ELIGIBILITY FOR COVERAGE, in the following circumstances:

- a) **Delay of Transportation.** If *your* return home has been delayed beyond *your return date* because *your common carrier* has been delayed, or if a private *vehicle* becomes inoperable on the way to *your departure point* due to circumstances beyond *your* control, *your* coverage is extended for up to five days beyond *your return date*.
- b) **Medically Unfit to Travel.** If *you* are medically unfit to travel due to a covered medical *emergency* (but *you* are not hospitalized), *your* coverage is extended for up to five days following the date that *you* are deemed stable to return to *your province* by *your physician* or the *common carrier*.
- c) **Hospitalization.** If *you* are hospitalized due to a covered medical *emergency*, *your* coverage will remain in force during *your* hospitalization and for up to five days following *your* discharge from the *hospital*.

You are required to notify *Global Excel* in the foregoing circumstances prior to *your return date*. Failure to notify *Global Excel* by such time may result in coverage not being extended. In no circumstances will coverage be extended to more than 365 days from *your departure date*.

SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?

A. TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DELAY COVERAGE

In the event of the cancellation, interruption or delay of *your trip* for one of the 27 covered reasons set out in the first column of the chart below, *you* will be eligible to receive the corresponding insurance benefits referred to in the remaining columns of the chart (Benefits A, B, C, D, E, F and G, as applicable), up to the amount of the overall maximum sum insured per *insured person*, per *trip*, specified in the SUMMARY OF BENEFITS of the Benefit Booklet.

Instructions for reading chart and determining benefits.

1. To determine if the reason for cancellation, interruption or delay of *your trip* is a covered reason, refer to the first column of the chart below.
2. If the reason for cancellation, interruption or delay of *your trip* is one of the 27 covered reasons, refer to the remaining columns in the chart to determine which of the benefits (A, B, C, D, E, F or G) described following the chart correspond to *your* covered reason.

WHAT ARE YOU COVERED FOR?		WHAT ARE YOUR BENEFITS?		
		TRIP CANCELLATION	TRIP INTERRUPTION	TRIP DELAY
1	Your emergency medical condition or admission to a hospital or medical facility following an emergency.	A	C, D & G, or C, E & G, or C, F & G	E & G
2	The admission to a hospital or medical facility following an emergency of your family member (who is not at your destination), your business partner, key employee or caregiver.	A	C, E & G	N/A
3	The emergency medical condition of your family member (who is not at your destination), your business partner, key employee or caregiver.	A	C, E & G	N/A
4	The admission to a hospital or medical facility of your host at destination, following an emergency medical condition.	A	C, E & G	N/A
5	The emergency medical condition of your travelling companion or their admission to a hospital or medical facility following an emergency.	A	C, D & G, or C, E & G, or C, F & G	E & G
6	The emergency medical condition of your family member who is at your destination or their admission to a hospital or medical facility following an emergency.	A	C, E & G	E & G
7	The emergency medical condition of your travel companion's family member or their admission to a hospital or medical facility following an emergency.	A	C, E & G	E & G
8	Your death.	A	B	N/A
9	The death of your family member or close friend (who is not at your destination), your business partner, key employee or caregiver.	A	C, E & G	N/A
10	The death of your travelling companion.	A	C, E & G	E & G
11	The death of your travelling companion's family member, business partner, key employee or caregiver.	A	C, E & G	N/A
12	The death of your host at destination, following an emergency medical condition.	A	C, E & G	N/A
13	The death of your family member or friend, who is at your destination.	A	C, E & G	E & G
14	‡ A travel advisory or formal notice issued by the Canadian government after the purchase of your trip and prior to your departure date, advising Canadians not to travel to a country, region or city that is part of your trip.	A	N/A	N/A
15	‡ A travel advisory or formal notice issued by the Canadian government after your departure date, advising Canadians not to travel to a country, region or city that is part of your trip.	N/A	C, E & G, or C, F & G	E & G
16	‡ A transfer by the employer with whom you or your travelling companion is employed during the period of insurance, which requires the relocation of your principal residence.	A	C, E & G	N/A
17	‡ The involuntary loss of your or your travelling companion's permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	C, E & G	N/A
18	‡ Cancellation of your or your travelling companion's business meeting beyond your or your employer's control.	A	C, E & G	N/A
19	‡ You or your travelling companion being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	C, E & G	N/A
20	‡ Delay of a private or rented vehicle resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing you or your travelling companion to miss a connection or resulting in the interruption of your travel arrangements, provided the automobile was scheduled to arrive at the departure point at least two hours before the scheduled time of departure.	N/A	C, F & G	E & G
21	‡ Delay of your or your travelling companion's common carrier, resulting from the mechanical failure of that common carrier, a traffic accident, an emergency police-directed road closure, weather conditions, or grounding of your air transportation, causing you to miss a connection or resulting in the interruption of your travel arrangements.	N/A	C, F & G	E & G
22	‡ Delay of your or your travelling companion's departure, resulting from the mechanical failure of your common carrier, a traffic accident, an emergency police-directed road closure, weather conditions, or grounding of your air transportation, causing you to miss your scheduled cruise or tour, and no alternative travel arrangements can be made for you to join the cruise or tour.	N/A	B & G	N/A
23	‡ An event completely independent of any intentional or negligent act that renders your or your travelling companion's principal residence uninhabitable or place of business inoperative.	A	C, E & G	N/A
24	‡ The quarantine or hijacking of an insured person or their travelling companion.	A	C, E & G	E & G
25	‡ You or your travelling companion being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, scheduled during your trip.	A	C, E & G	N/A
26	‡ You or your travelling companion's cruise is cancelled prior to the departure of the cruise ship due to mechanical failure, grounding, quarantine of cruise ship or the reposition of the cruise ship due to weather conditions, earthquakes or volcanic eruptions.	A	C, E & G	E & G
27	Your pregnancy, if diagnosed after the purchase of your trip and prior to your departure date when you choose not to travel.	A	N/A	N/A

▪ **Benefits A, B & C - Prepaid Travel Arrangements**

If *your* covered reason entitles *you* to Benefits A, B or C, *you* will be entitled to reimbursement (up to the maximum sum insured) for:

- A. the non-refundable and non-transferable portion of *your* prepaid travel arrangements or *rebooking fees*, whichever is less; or
- B. the non-refundable and non-transferable unused portion of *your* prepaid travel arrangements; or
- C. the non-refundable and non-transferable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*.

Note: *Your entitlement to reimbursement will be reduced by the amount of any travel vouchers issued by the travel service supplier.*

▪ **Benefits D, E & F - Transportation**

If *your* covered reason entitles *you* to Benefits D, E or F, *you* will be entitled to reimbursement (up to the maximum sum insured) for the extra cost of *your* economy class:

- D. transportation via the most cost-effective route to rejoin a tour or group on *your trip*; or
- E. transportation via the most cost-effective route to *your departure point*; or
- F. one-way air fare via the most cost-effective route to *your next destination* (inbound and outbound) on *your trip*.

Please Note: If *you* are required to interrupt *your trip* to attend a funeral or travel to the bedside of a hospitalized *family member*, close friend, *caregiver*, business partner, or *key employee* where death is imminent, *you* have the option to purchase a ticket to the destination where the death or hospitalization has occurred. *You* will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost-effective route back to *your departure point* (applicable to covered reason #9). This option must be pre-authorized by *Global Excel*. This option can only be used once and if *you* chose this option, it will replace Benefit E.

▪ **Benefit G - Out-of-Pocket Expenses**

- G. If *your* covered reason entitles *you* to Benefit G, *you* will be entitled to reimbursement of up to the maximum specified in the SUMMARY OF BENEFITS, for *accommodation*, meals, telephone, taxi and *ridesharing services*, for expenses incurred if *your trip* is interrupted or if *your* return home is delayed beyond the scheduled *return date*.

▪ **N/A: Not Applicable**

B. ‡ BAGGAGE COVERAGE

The *Insurer* will reimburse the cost of replacement of an *insured person's* baggage and personal property contained therein, due to theft, damage or loss by a *common carrier* when the baggage is checked with a *common carrier* or carried by the *insured person* on a *common carrier*, up to the maximum specified in the SUMMARY OF BENEFITS.

Payment is based on the actual replacement cost of any lost or stolen article provided the article is actually replaced; otherwise, payment is based on the actual cash value of the article at the time of loss or the maximum specified, whichever is less, with respect to any one item or set of items.

Additional Benefit - Business Expense: In the event of theft of *your* laptop or cell phone during *your trip*, the *Insurer* will reimburse up to the maximum specified in the SUMMARY OF BENEFITS, for the temporary use or rental of a computer, laptop or cell phone during *your trip*, provided such use or rental is required in connection with *your* business, trade or professional occupation. Original receipts and a police report are required for reimbursement.

SECTION 7 – CONDITIONS THAT MAY LIMIT YOUR COVERAGE

This section explains conditions that may limit *your* entitlement to benefits under this certificate.

1. **Limitations of Coverage.** When a cause of cancellation occurs (the event or series of events that triggers one of the covered reasons listed in SECTION 6 – WHAT ARE YOU COVERED FOR AND WHAT ARE YOUR BENEFITS?) before *your departure date*, *you* must, as soon as reasonably possible:
 - cancel *your trip* with the travel agent, airline, tour company, carrier or travel authority etc.; and
 - advise *us*.

The *Insurer's* maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation.

2. **Benefits Limited to Incurred Expenses.** The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

SECTION 8 – WHAT ARE YOU NOT COVERED FOR?

A – PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

1. Any *medical condition* (other than a *minor ailment*) of *you*, a *family member*, a *travelling companion*, a *travelling companion's family member*, a business partner, a close friend, a *key employee*, a *caregiver*, or a host at *trip destination*, if, in the 90 days before *your effective date*, that condition or a related condition has not been *stable*.
2. Any *medical condition* which, prior to the *effective date* of coverage, was such as to render expected medical consultation or hospitalization as probable or certain (based on prior medical history) to occur.

B – GENERAL EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

3. Trip cancellation, trip interruption or trip delay when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked.
4. A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
5. The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
6. Routine pre-natal care.
7. If *you* are pregnant, *your* pregnancy or the birth and delivery of *your* child, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care physician in *your province*. Note that a child born during a *trip* shall not be regarded as an *insured person* and shall not have coverage under this certificate for the entire duration of the *trip* in which the child is born, if born in the nine weeks before or after the expected delivery date.
8. Participation:
 - a) as a professional athlete in a sporting event including training or practice. (Professional means a person who engages in an activity as one's main paid occupation); or
 - b) in any motorized race or motorized speed contest on land, water, or in the air and training activities for these events on approved tracks or elsewhere; or
 - c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountain climbing using ropes and/or specialized equipment, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
9. Any claim that results from or is related to *your* commission or attempted commission of a criminal offence or illegal act.
10. *Your* self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness.
11. An *accident* occurring while *you* were operating a motorized *vehicle*, vessel or aircraft, if *you*:
 - a) were under the influence of drugs or toxic substances, or
 - b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
 - c) had a blood alcohol level higher than the legal limit in the location where the *accident* occurred.
12. Noncompliance with any prescribed medical therapy or medical *treatment* (as determined by the *Insurer*) or failure to carry out a *physician's* instructions.
13. Anxiety or panic attack or a state of mental or emotional stress, unless such state was sufficiently severe as to require a medical consultation which resulted in a diagnosis.
14. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
15. Loss arising as a result of work stoppage, or the bankruptcy or insolvency of a *common carrier*, travel agent, agency, broker or travel supplier.

In addition to the exclusions outlined above, the following exclusions apply to the Baggage benefit only. This insurance will not pay any expenses relating to or in any way associated with:

16. Animals, sporting equipment (except golf clubs and golf bags; skis, ski poles and ski boots; and racquets), cameras and accessory equipment, eye glasses, sunglasses, contact lenses, prosthetic devices including dentures, jewelry, china, art objects or breakage of fragile articles, furs, tickets, valuable papers and documents, credit cards and any other *negotiable instruments*, securities and money.
17. Confiscation, expropriation or detention by any government, public authority, customs or other officials.
18. Baggage or personal property lost, stolen or damaged during *commuting*.
19. Property illegally acquired, kept, stored or transported.
20. Loss or damage resulting from moths, vermin, deterioration or wear and tear.
21. Loss or damage caused by any imprudent action or omission by *you*.

SECTION 9 – ASSISTANCE SERVICES

If you need assistance before or while travelling, help is one call away. Global Excel provides the following services whenever possible:

Emergency Call Center. No matter where *you* travel, professional assistance personnel are ready to take *your* call. Please call *Global Excel* toll free at **1-833-685-2790** if in Canada or the United States, or call collect at **+519-735-9448** from anywhere else in the world.

TravelAid mobile app. Immediate access to the Assistance Centre is also available through its TravelAid mobile app. The TravelAid mobile app can also provide *you* with directions to the nearest medical facility, local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

To download the app, visit: <http://www.active-care.ca/en/travelaid/>

Benefit Information. *Global Excel* can help you understand what coverage is available to you under your *Policy*.

Claims Information. *Global Excel* will answer any questions you have about your claim, *Global Excel's* standard verification procedures and the way that your *Policy* benefits are administered.

SECTION 10 – HOW DO YOU MAKE A CLAIM?

A. HOW TO MAKE A CLAIM

To submit a claim:

If in Canada or the United States, call toll free at: **1-833-685-2790**.

From anywhere else in the world, call collect to: **+ 519-735-9448**.

- During your call, you will be given all the information required to file a claim.
- You must contact us on the day the covered reason occurs or as soon as reasonably possible to advise us of the cancellation, interruption or delay of your trip.
- You must contact us on the day the baggage is lost, damaged or stolen.
- You will be asked to 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 fees charged in relation to any such documents. Incomplete documentation will be returned to you for completion.
- When making a claim, we may require that a Claim & Authorization form be completed and that supporting documentation such as the following be provided:
 - A medical document, fully completed by the legally qualified physician in active personal attendance and in the locality where the medical condition occurred stating the reason why travel was impossible, the diagnosis and all dates of treatment.
 - Written evidence of the covered reason which was the cause of cancellation, interruption or delay.
 - Tour operator terms and conditions.
 - Copy of your invoice showing payment of prepaid travel arrangements, including the common carrier ticket.
 - Complete original unused transportation tickets and vouchers.
 - All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
 - Original passenger receipts for new tickets.
 - A copy of the initial claim report submitted to the common carrier and proof of submission of the loss to and the result of any settlement by the common carrier.
 - For the Baggage benefit, original receipt confirming that the property has actually been replaced or the original receipt for the lost, stolen or damaged item.
 - For the Business Expense benefit, original receipts and a police report.
 - Reports from the police or local authorities documenting the cause of the missed connection.
 - Detailed invoices and/or receipts from the service provider(s).
- **Failure to complete the required Claim & Authorization form in full may delay the assessment of your claim.**

Online Claim Submission:

Visit <https://manulife.acmtravel.ca> to submit your claim online. For faster and easier submissions, have all your documents available in electronic format, such as a PDF or a JPEG.

All pertinent documents should be sent to:



Global Excel Management Inc.
P.O. Box 1237 Stn A, Windsor, Ontario N9A 6P8

or

Global Excel Management Inc.
73 Queen Street, Sherbrooke, Quebec J1M 0C9

B. OTHER CLAIM INFORMATION

- During the processing of a claim, we may require you to undergo a medical examination by one or more physicians selected by us and at our expense. You agree that the Insurer and its agents have:
 - a) Your consent to verify your health card number and other information required to process your claim with the relevant government and other authorities; and
 - b) Your authorization to physicians, hospitals or medical facilities, and other medical providers to provide to us, any and all information they have regarding you, while under observation or treatment, including your medical history, diagnoses and test results; and
 - c) Your agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of your claim for benefits obtainable from other sources.
- You may not claim or receive in total more than 100% of your total covered expenses or the actual expenses which you incurred, and you must repay to us any amount paid or authorized by us on your behalf if and when we determine that the amount was not payable under the terms of your insurance.

SECTION 11 – WHAT ELSE DO YOU NEED TO KNOW?

- 1. Canadian Currency.** Any claims paid to *you* will be payable in Canadian funds. If *you* have paid a covered expense, *you* will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made to *you*. No sum payable shall bear interest.
- 2. Payment of Benefits.** All payments are payable to *you* or on *your* behalf. In case of death of the *insured person*, benefits are payable to the estate of the *insured person* unless another beneficiary is designated in writing to *Global Excel* or the *Insurer*.
- 3. 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 *EHC* plan or contract, including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside *your province* that are in excess of the amounts for which *you* are 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.
- 4. Rights of Examination.** As a condition precedent to recovery of insurance money under the *Policy*,
 - a) the claimant under the *Policy* must give us an opportunity to examine the person of the *insured person* when and so often as we may reasonably require while the claim hereunder is pending, and
 - b) in the case of death of the *insured person*, we may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.
- 5. Misrepresentation and Non-Disclosure.** This insurance is void if, at any time during the application process or during *your* coverage, *you*, anyone who acts on *your* behalf, or anyone insured under this certificate:
 - o commits fraud or attempted fraud
 - o attempts to deceive us in any way
 - o conceals or misrepresents any material facts or circumstances
 - o provides incomplete or inaccurate information.
- 6. Applicable Law.** The *Policy* as between the *Insurer* and the *participant* or any *insured person*, is governed by the law of the *province* of the *participant*. Any legal proceeding by the *insured person*, his/her heirs or assigns shall be brought in the courts of the *province* of the *participant*.
- 7. Material Facts.** No statements or representations made by employees of the *policyholder* or any insurance agent or broker, *our* employees, or *our* agents can vary the terms of this insurance coverage.
- 8. Subrogation.** If *you* incur expenses due to the fault of a third party, *you* assign to us the right to take action against the party at fault in *your* name. This will require *your* full cooperation with us and we will pay for all of the related expenses.
- 9. Limitation Periods.** Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or in the Limitations Act, 2002 in Ontario or other applicable legislation.
- 10. Evidence of Age.** The *Insurer* reserves the right to request proof of age of any *insured person*.
- 11. When Money Payable.** All money payable under the *Policy* shall be paid by the *Insurer* within 60 days after it has received due proof of claim.
- 12. Continuance of Individual Coverage During Absence from Work.** If a *participant* is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage, this insurance will be continued as long as the *participant* remains covered under the *policyholder's EHC* plan.
- 13. Examination of the Policy.** The *Policy*, including any endorsements, will be kept at the office of the *policyholder*. *You* may consult the *Policy* during the regular business hours of the *policyholder*.

SECTION 12 – DEFINITIONS

Throughout this certificate, italicized terms have the specific meaning described below:

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

Accommodation means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

Actively at Work means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of the minimum number of hours worked per week specified under the *EHC* plan of the *policyholder*. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee's normal duties at the employee's normal place of employment on the same basis as the employee who is actively at work.

Business Meeting means a meeting, trade show, conference, training course, or convention, scheduled before *your effective date*, between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*.

Caregiver means a person entrusted with the care of the *dependent* child on a permanent, full-time basis and whose services cannot reasonably be replaced.

Common Carrier means any land, water, or air conveyance operated under a license for the transportation of passengers for hire and for which a ticket has been obtained. Common carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, cruise and/or recreational activity, regardless of whether such conveyance is licensed. Rental vehicles are not considered common carriers.

Commuting means the regular or frequent travel between residence and place of employment usual to the *insured person*.

Country of Origin means the country in which *you* maintained a permanent residence prior to entry into Canada.

Departure Date means the date on which *you* leave *your province* from *your departure point*.

Departure Point means the place from *your province* *you* depart from on the first day and return to on the last day of *your trip*.

Dependent means:

- a) the *spouse*; and
- b) the unmarried child of the *participant* or *spouse* (including any natural child, adopted child, step child, foster child and a child to whom the *participant* or *spouse* is the legal guardian). The child must be dependent on the *participant* or *spouse* for support and must not be employed on a full-time basis. The applicable age limits on the *departure date* for a dependent child are specified in the SCHEDULE OF BENEFITS. However, coverage will continue beyond the age limit specified in the SCHEDULE OF BENEFITS for a covered dependent child who is physically or mentally disabled and totally dependent on the *participant* or *spouse* for support on the date he reached the age when insurance would normally terminate.

Effective Date means the date and time *you* make the initial non-refundable deposit for *your trip* and before any cancellation penalties have been incurred.

Emergency means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An emergency no longer exists when the evidence reviewed by *Global Excel* indicates that no further *treatment* is required at destination or *you* are able to return to *your province* for further *treatment*.

Extended Health Care or **EHC** mean insurance coverage provided by *your policyholder* that is designed to supplement *your government health insurance plan* or *Health Insurance Plan* coverage.

Family Member means *your spouse* or *your travelling companion's spouse*, and *your* or *your travelling companion's* mother, father, step-parent, in-law, daughter, son, step-child, sister, brother, step sibling, grandparent, grandchild, aunt, uncle, niece or nephew.

Global Excel means Global Excel Management Inc., the assistance and claims service provider under this certificate.

Government Health Insurance Plan means the health care coverage provided by Canadian provincial and territorial governments to their residents.

Grounding means the complete and continuous withdrawal at or about the same time in the interest of safety, of one or more aircraft or cruise ship(s) from operation due to a mandatory order of Transport Canada, or other civil aviation or marine authority, because of an existing, alleged or suspected like defect, fault or condition affecting the safe operation of two or more such aircraft or cruise ships, whether such aircraft or cruise ships so withdrawn are owned or operated by the same or different persons, firms or corporations.

Health Insurance Plan means the health care coverage provided by the *policyholder* in Canada to their international *student participants* who are not eligible for coverage under a Canadian *government health insurance plan*.

Hospital or Medical Facility means a licensed facility, which provides people with care and medical *treatment* needed because of an *emergency*. The facility must be staffed 24 hours a day by qualified and licensed *physicians* and nurses. A hospital or medical facility does not include an extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Insurer means The Manufacturers Life Insurance Company and First North American Insurance Company.

Key Employee means an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

Medical Condition means an *accident*, sickness or disease (or a condition related to that *accident*, sickness or disease).

Minor Ailment means any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a *physician*, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 days prior to the *effective date* of a *trip*. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Negotiable Instrument means a document guaranteeing the payment of a specific amount of money, either on demand, or at a set time, with the payer usually named on the document. Negotiable instruments are unconditional orders or promises to pay, and include, but are not limited to cheques, drafts, bearer bonds, some certificates of deposit, promissory notes, and bank notes (currency).

Participant means an eligible employee, member or *student* whom the *policyholder* identifies as being entitled to coverage under the *Policy* and for whom the required premium has been paid.

Period of Insurance means the period of time between *your effective date* and *your return date*.

Physician means a person:

- o who is not *you* or *your family member* or *your travel companion*
- o licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

Policy means the Group Travel Insurance contract (Group Primary Policy) issued by the *Insurer* to, and on file with, the *policyholder*, to provide *trip* cancellation, *trip* interruption, *trip* delay and baggage insurance coverage to its *participants* and their *dependents*. The Policy Number is set out in the SCHEDULE OF BENEFITS.

Policyholder means the company or organization to which the *Policy* is issued.

Province means *your* Canadian province or territory of permanent residence.

Rebooking Fees mean the additional amounts charged to *you* to change *your* original ticket prior to *your departure date*, excluding any difference in fare between the original amount and the new amount, or the charges for a different booking class.

Return Date means the date on which *you* are scheduled to return to *your departure point*.

Ridesharing Services mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

Spouse means either the person who is legally married to the *participant* or the person who has been living with the *participant* in a relationship of a conjugal nature and who has been publicly represented as such.

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

- a) there has been no new diagnosis, *treatment* or prescribed medication;
- 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 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; and
- e) there has been no hospitalization or referral to a specialist (made or recommended) and *you* are not awaiting results of further investigations for that *medical condition*.

All of these conditions must be met for a *medical condition* to be considered stable.

Student means a student enrolled and attending a program at the educational institute of the *policyholder*, whom the *policyholder* identifies as being entitled for coverage as a *participant* under this certificate, and for whom the required premium has been paid.

Termination Age means the age stated in the SCHEDULE OF BENEFITS at which the *participant's* and the *spouse's* coverage terminates.

Travel Companion or Travelling Companion means a person, other than a *dependent*, who is sharing travel arrangements with the *insured person* from the *departure point* on a covered *trip*, including *accommodation* and transportation, and who has paid for such *accommodation* or transportation prior to the *departure date*. A maximum of three persons will be considered travelling companions. Unless indicated otherwise, a travelling companion is not covered under this insurance and may wish to consider purchasing his/her own insurance.

Treatment means hospitalization, a procedure prescribed, performed, or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing, and surgery.

Important: Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Trip means a period of travel outside *your province* for which:

- a) There is a *departure point* and a destination; and
- b) There is a predetermined and recorded *departure date* and *return date* on the confirmation of *your* prepaid travel arrangements.

Vehicle means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver.

We, Our and Us mean the *Insurer*, or its authorized representatives or *Global Excel*, as applicable.

You, Your and Insured Person(s) mean the *participant* or *participant's dependents* covered under the *Policy*, whether they travel together or not.

IMPORTANT NOTICE ABOUT THE INSURED PERSON'S PERSONAL INFORMATION

Manulife ("we", "us") collect, use and disclose, personal information (including to and from *your* agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services. Typically, we collect personal information from individuals who apply for insurance, and from *policyholders*, *insured persons* and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or *travelling companions* when a *policyholder*, *insured person* or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of *policyholders*, *insured persons* or claimants. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an *insured person* may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions.

For more information about our privacy practices or for a copy of our privacy policy, visit Manulife at <https://www.manulife.ca/privacy-policies.html>. *You* may also request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Waterloo, Ontario N2J 4C6.

IDENTIFICATION OF INSURER

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