

## ALL-IN BANKING PACKAGE – TRAVEL DISRUPTION CERTIFICATE OF INSURANCE

### INFORMATION ABOUT *YOUR* INSURANCE

This certificate is underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife. Manulife has appointed Active Claims Management Inc. (operating as Active Care Management) as the provider of all assistance and claims services under certificate.

Please note that risks identified with the symbol ‡ throughout this document are covered by FNAIC.

Manulife has issued Group Insurance Policy Number 996 to Manulife Bank of Canada to cover travel disruption expenses incurred by *you* during *your trip*.

If there is a discrepancy between the terms and conditions of this Certificate of Insurance and the Group Policy, the terms and conditions of the Group Policy shall prevail, except for residents of Quebec who can invoke one or the other.

This Certificate of Insurance summarizes the provisions of this group insurance and contains important information. **Please read it and carry it with *you* during *your trip*.**

### IN THE EVENT OF A CLAIM

Please call the Assistance Centre. *Our* Assistance Centre is there to help *you* 24 hours a day, each day of the year.

The Assistance Centre's phone numbers are:

- **1-877-251-4521** toll-free from the USA and Canada
- **+1 (519) 251-7803** collect to Canada, where available, from anywhere else in the world.

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit:

<https://itunes.apple.com/ca/app/manulife-travelaid/id1433702714?mt=8>

[https://play.google.com/store/apps/details?id=com.acm.manulife.travelaid&hl=en\\_CA](https://play.google.com/store/apps/details?id=com.acm.manulife.travelaid&hl=en_CA)

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* certificate before *you* travel, as *your* coverage may be subject to certain limitations or exclusions.
- *Your* certificate may not provide coverage for a medical condition and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your* certificate and how it relates to *your departure date*.
- In the event of an accident, *injury* or sickness, *your* prior medical history may be reviewed when a claim is made.
- If *your* certificate provides travel assistance, *you* may be required to notify the designated assistance company prior to *treatment*. *Your* certificate may limit benefits should *you* not contact the Assistance Centre.

**This Certificate of Insurance 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.**

## DEFINITIONS

Italicized words have a specific meaning as explained below.

**Account** means a Manulife Bank Everyday Banking Account under your All-In Banking Package – Account Operating Agreement.

**Act(s) of terrorism** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems.

The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a government (whether that government is legal or illegal); and/or
- promote political, social, religious or economic objectives.

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

**Change in medication** means the medication dosage or frequency or type has been reduced, increased, stopped and/or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in *your medical condition*; and, a change from a brand name medication to a generic brand medication of the same dosage.

**Common carrier** means a bus, taxi, train, boat, or *plane* or other commercial *vehicle* which is licensed, intended and used to transport paying passengers.

**Departure date** means the date *you leave home*.

**Home** means *your* Canadian province or territory of residence.

**Hospital** means a facility that is licensed as a *hospital* where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

**Immediate family** means *spouse*, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece or nephew or cousin.

**Injury** means sudden bodily harm that is caused by external and purely accidental means, and independent of *sickness* or disease.

**Key-person** means someone to whom *your* child's full-time care is entrusted and who cannot reasonably be replaced; a business partner, or an employee who is critical to the ongoing affairs of *your* business during the *trip*.

**Medical condition** means *sickness*, *injury*, disease or symptom; complication of pregnancy within the first thirty-one (31) weeks of pregnancy.

**Minor mental or emotional disorder** means:

- having anxiety or panic attacks, or
- being in an emotional state or in a stressful situation.

A *minor mental or emotional disorder* is one where *your treatment* includes minor tranquilizers or minor anti-anxiety (anxiolytics) medication or no prescribed medication at all.

**Physician** means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *you* or a *travel companion* or a member of *your immediate family*.

**Plane** means a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board license, Charter Air Carrier license, or its foreign equivalent, and operated by a certified pilot.

**Per Year** means calendar year.

**Return date** means the date *you* return *home*.

**Sickness** means illness or disease, or any symptom related to that illness and/or disease.

**Spouse** means someone to whom *you* are legally married, or with whom *you* have been living in a conjugal relationship for at least one full year.

**Stable medical condition** means that all of the following apply:

- there has been no new symptom(s); and
- existing symptom(s) have not become more frequent or severe; and
- a *physician* has not determined that the *medical condition* has become worse; and
- no test findings have shown that the *medical condition* may be getting worse; and
- a *physician* has not provided, prescribed, or recommended any new medication, any *change in medication*; and
- a *physician* has not provided, prescribed or had a *physician* recommend any new *treatment* or any change in *treatment*; and
- there has been no admission to *hospital* or specialty clinic or specialist; and
- a *physician* has not advised a visit to a specialist or to have further testing, and there has been no testing for which the results have not been received.

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

**Treatment** means hospitalization, prescribed medication (including prescribed as needed), medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner. **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 the period of time between *your departure date* and *your return date*.

**Vehicle** includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

**We, us, our means** FNAIC and Manulife. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

**You, Your** means the holder of a Manulife Bank Everyday Banking Account under the All-In Banking Package – Account Operating Agreement.

## **ELIGIBILITY**

To be eligible for this insurance,

- You must be a resident of Canada;
- Your Account must be open.

## **WHEN YOUR COVERAGE STARTS**

Coverage starts on *your departure date*.

## **WHEN YOUR COVERAGE ENDS**

Coverage ends on the earliest of:

- The date you return *home*;
- The date the Account is closed;
- When the Group Policy is cancelled by us or Manulife Bank or is amended to no longer provide disruption insurance;
- The date you are no longer eligible for coverage.

## **WHAT DOES TRAVEL DISRUPTION INSURANCE COVER?**

If *your trip* is disrupted and you need to return *home* earlier or later than *your scheduled return date* due to a covered event listed below that occurs after *your departure date*.

We will pay you up to \$2,000 per trip (\$10,000 overall maximum on the *account per year*), for:

1. The unused travel arrangements paid for prior to *your departure date*, that is non-refundable and non-transferable to another travel date, less the prepaid unused return transportation.
2. The one-way economy class airfare via the most cost-effective itinerary to *your next destination*; or
3. The one-way economy class airfare to return *you home*.

These benefits are payable if any of the following covered events happen:

1. You or your travel companion develop(s) a medical condition or dies.
2. A member of your immediate family, a member of your travel companion's immediate family or your key-person develops a sudden and unforeseen medical condition or dies;
3. The person whose guest you will be during your trip is unexpectedly admitted to a hospital or dies.
4. You or your travelling companion legally adopting a child and the notice of custody is received after your departure date and the date of custody is scheduled before your return date.
5. ‡ You or your travel companion are called during your trip, to service as a reservist, fire-fighter, military or police staff.
6. ‡ You or your travel companion is quarantined or hijacked.
7. ‡ You or your travel companion is unable to occupy your/their respective principal residence or to operate your/their respective business because of a natural disaster.

8. ‡The Government of Canada issues an "Avoid Non- Essential Travel" or an "Avoid All Travel" travel advisory after *your departure date*, advising or recommending that Canadian residents should not visit a destination included in *your trip*.
9. ‡ *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger *vehicle* or *common carrier*, when the delay is caused by the mechanical failure of *your* connecting private passenger *vehicle* or *common carrier*, a traffic accident, an emergency police-directed road closure or weather conditions, earthquakes or volcanic eruptions. *Your* connecting private passenger *vehicle* or *common carrier* must have been scheduled to arrive at *your* point of boarding at least two (2) hours before the scheduled time of departure.
10. ‡ The *plane* you are ticketed to fly on leaves earlier or later than scheduled.

## LIMITATION OF COVERAGE

### Terrorism –

When an *act of terrorism* directly or indirectly causes an eligible loss under the terms and conditions of this certificate, coverage is available for up to two (2) *acts of terrorism* within a calendar year and up to a maximum aggregate payable limit of \$2.5 million for all eligible Travel Disruption in-force policies and certificates issued and administered by *us*. The amount payable for each eligible claim is in excess of all other sources of recovery including alternative or replacement travel options and other insurance coverage. The amount paid for all such claims shall be reduced on a *pro rata* basis so as to not exceed the respective maximum aggregate limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

## WHAT DOES TRAVEL DISRUPTION INSURANCE NOT COVER?

We will not pay any expenses or benefits relating to:

1. Any *medical condition* that was not *stable* in the three (3) months before *your departure date*.

Any heart condition *you* or *your travel companion* have if, during the three (3) months prior to the purchase date or application date of this insurance, as shown on *your confirmation*, *you* or *your travel companion* have taken any form of nitroglycerine for the relief of angina.

Any lung condition *you* or *your travel companion* have if, during the three (3) months prior to the purchase date or application date of this insurance as shown on *your confirmation*, *you* or *your travel companion* required *treatment* with home oxygen or Prednisone for a lung condition.

2. An event which, when before *your departure date*, *you* or *your travel companion* knew, or it was reasonable to expect, may eventually prevent *you* from completing *your trip* as booked.
3. *Trip Cancellation* expenses incurred before *your departure date*.
4. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
5. *Your* loss directly or indirectly related to self-inflicted injuries or illnesses.
6. *You* committing or attempting to commit a criminal act.
7. *You* not following a prescribed therapy or *treatment*.

8. Any loss, *injury* or death related to intoxication, the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol or other intoxicant.
9. *Your minor mental or emotional disorder.*
10. routine pre-natal care; b) pregnancy or childbirth or complications thereof when they happen in the nine (9) weeks before or after the expected date of delivery; c) a child who is born after *you* leave *home*.
11. A medical condition:
  - when *you* knew or for which it was reasonable to expect before *your departure date* that *you* would need or be required to seek *treatment* for that *medical condition*;
  - for which future investigation or *treatment* was planned before *your departure date*;
  - which caused symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before *your departure date*; or
  - that caused a *physician* to advise *you*, before *your departure date*, not to go on *your trip*.
12. Any non-emergency, investigative or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications.
13. A travel visa that is not issued because of its late application.
14. Failure of any travel supplier which *you* contract for services. No protection is provided for failure of any travel agent, agency or broker.
15. Any loss which occurs after the date the *Account* is closed.
16. Any loss or any medical condition *you* suffer or contract in a specific country, region or city when a Government of Canada Travel Advisory, issued before *your departure date*, advising Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion "loss" and "medical condition" is limited, related or due to the reason for the Travel Advisory.
17. Any *act of terrorism* directly or indirectly caused by, resulting from, arising out of or is in connection with biological, chemical, nuclear or radioactive means.
18. An *act of war*.

## **WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?**

Please call the Assistance Centre at the time *your trip* is disrupted; *you* will receive the necessary claims assistance.

We will need proof of the cause of the claim, including:

- a medical certificate completed by the attending *physician* stating why travel was not possible as booked, if the claim is for medical reasons; or
- a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to a misconnection.

We will also need, as applicable:

- complete original unused transportation tickets and vouchers;
- original passenger receipts for the new tickets *you* had to purchase;
- original receipts for the travel arrangements *you* had paid in advance;
- the entire medical file of any person whose health or *medical condition* is the reason for *your* claim; and
- any other invoice or receipt supporting *your* claim.

All money payable under this contract shall be paid by *us* within thirty (30) days for non-medical claims.

### **To whom will we pay your benefits, if you have a claim?**

We will pay the covered expenses under this insurance to *you*. In the event of death, any sum payable for loss will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if we determine that the amount is not payable under *your* certificate.

All amounts shown throughout this certificate are in Canadian dollars. If currency conversion is necessary, we will use *our* exchange rate on the date *you* received the service outlined in *your* claim. We will not pay for any interest under this insurance.

### **Is there anything else you should know if you have a claim?**

If you disagree with our claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where you reside at the time of application for this certificate.

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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

**Notice and Proof of Claim.** Claims must be reported within thirty (30) days of occurrence of a claim arising under this certificate. *Your* proof of claim must be sent to *us* within ninety (90) days of the date a claim has occurred or the service was provided.

**Failure to Give Notice or Proof of Claim.** Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one year from the date of the occurrence arising under this certificate, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

**Proof of Claim.** The Assistance Centre will furnish forms for proof of claim within fifteen (15) days after receiving notice of claim. If *you* have not received the forms within that time, *you* may submit *your* proof of claim in the form of a written statement of the cause or nature of the accident, sickness or *injury* or insured risk giving rise to the claim and the extent of the loss.

Claims correspondence should be mailed to:  
Manulife Travel Insurance c/o Active Care Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8

All money payable under this contract shall be paid by *us* within sixty (60) days after proof of claim and all required documentation has been received.

### **WHAT ELSE DO YOU NEED TO KNOW?**

This Certificate of Insurance summarizes *your* coverage under the group policy. The group policy governs. The coverage under this certificate may be cancelled or changed by *us* at any time without notice.

This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact or circumstance concerning this Certificate of Insurance.

This certificate is not assignable. This certificate is non-participating. *You* are not entitled to share in *our* divisible surplus.

Despite any other provisions of this contract, this contract is subject to the statutory conditions contained in the Insurance Act as applicable in *your* province or territory of residence respecting contracts of sickness and accident insurance.

If there is a discrepancy between the terms and conditions of this Certificate of Insurance and the Group Policy, the terms and conditions of the Group Policy shall prevail.

Upon request and reasonable notice, you may obtain a copy of the policy of group insurance, excluding any parts that contain confidential information or that are irrelevant to a claim or to a denial of a claim.

### **How does this insurance work with other coverages that *you* may have?**

The plan outlined in this Certificate of Insurance are second payor coverages. If there are other third party liability, group or individual, basic or extended health insurance plans or contracts, including any private, provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third party liability insurance in force concurrently herewith, amounts payable hereunder are limited to that portion of *your* expenses, incurred outside the province or territory of residence, that are in excess of the amounts for which *you* are insured under such coverage.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will co-ordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance to a maximum of the largest amount specified by each insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this Certificate of Insurance, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this Certificate of Insurance. *You* will execute and deliver such documents as are necessary and co-operate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights.

If *you* are insured under more than one policy or Certificate of Insurance underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy or Certificate of Insurance.

**Privacy:** *We* are committed to protecting *your* privacy and the confidentiality of *your* personal information. *We* will collect, use, and disclose personal information only for the purposes of administering the coverages in this Certificate. To protect the confidentiality of *your* personal information, *we* will establish a



financial services file from which *your* information will be used to administer services and process claims. Access to this file will be restricted to Manulife employees, mandataries, administrators or agents who are responsible for the assessment and investigation of claims, and to any other persons *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. *Your* file is secured in Manulife's offices. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, 500 King Street North, P.O. Box 1602, Waterloo, ON N2J 4C6.