In the event of an Emergency,
call the Assistance Centre immediately

1 866 595-7171
toll-free from the USA and Canada.

+1 (519) 251-5178
collect to Canada,
from anywhere else in the world.

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

Student
Travel Health Insurance

Effective September 2018

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ABOUT MANULIFE

Whether you’re travelling outside your province or out of the country for a few days or for a few months, Manulife offers the personalized coverage you need to be financially protected against the cost of unexpected emergencies that may happen prior to or during your trip. No one expects to have a medical emergency away from home, or to have to cancel a trip due to an emergency. But these events can happen and they can be disruptive and expensive.

Since the very beginning, when Sir John A. Macdonald, Canada’s first Prime Minister, became President of the company in 1887, Manulife has been helping people feel financially secure.

Today, with millions of customers, Manulife offers a diverse range of financial protection products and wealth management services. Operating in 22 countries and territories worldwide, Manulife is a financially strong company committed to customer service excellence and value.


IMPORTANT NOTICE – PLEASE READ CAREFULLY

• Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations or exclusions.

• Your policy 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 policy and how it relates to your departure date, date of purchase or effective date.

• In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.

• Your policy provides travel assistance. You are required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL

This policy 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.

Travel assistance. Anywhere in the world.

Before you travel, be sure to download ACM’s free assistance & claims app, ACM TravelAid™. The GPS-enabled ACM TravelAid™, available from Google Play and App store, provides travellers with the following services, from anywhere in the world:

✓ Direct link to the assistance centre
✓ Healthcare provider information
✓ Directions to the nearest medical facility
✓ Official travel advisories
✓ Travel tips
✓ Claim submission support
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IN THE EVENT OF AN EMERGENCY,
CALL THE ASSISTANCE CENTRE IMMEDIATELY
1-866-595-7171 in Canada and United States and
Everywhere Else Call Collect at
+1-519-251-5178

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

Our Assistance Centre can also be contacted through
the ACM TravelAid™ mobile application.

Please note that if you do not call the Assistance Centre in
an emergency and prior to treatment, you will have to pay
25% of the eligible medical expenses we would normally
pay under this policy. If it is medically impossible for you to
call, please have someone call on your behalf.

IMPORTANT INFORMATION ABOUT YOUR INSURANCE:
This policy is underwritten by The Manufacturers Life
Insurance Company (Manulife). Manulife has appointed
Active Claims Management Inc. (operating as “Active Care
Management”) as the provider of all assistance and claims
services under this policy. Administration of all applications,
enrollments and customer service is provided by CanAm
Special Risk Agency Limited (“CanAm Insurance”).

ITALICIZED WORDS have a specific meaning. Please refer
to the “Definitions” section of this policy to find the
meaning at of each italicized word.
GENERAL INFORMATION

YOU ARE NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS POLICY IF YOUR TRIP IS BOOKED OR UNDERTAKEN:

- contrary to medical advice;
- while you require kidney dialysis;
- if you have used home oxygen at any time during the twelve (12) months prior to the date of application; and/or
- you have been diagnosed with a terminal illness with less than two (2) years to live.

WHO CAN APPLY?
To be eligible for insurance under this policy, you must be under the age of 65.

In addition:
- a full time student with proof of admission or enrolment in a recognized institute of learning; or
- a faculty member who is working at an institution of learning; or
- dependant(s) and/or the spouse of and living with a student or faculty member covered under this insurance, and named on the application; and

Purchasing coverage:
- for an inbound trip, your home country is not Canada and you are temporarily residing in Canada as a student; or
- for an outbound trip, your home country is Canada, you are covered under a Canadian government health insurance plan and you are temporarily residing outside Canada as a student or a faculty member; or
- as a national student, when your home country is Canada, and you are covered under a Canadian government health insurance plan while you are temporarily residing in another Canadian province or territory.

YOUR COVERAGE STARTS on the later of:

a) the effective date as shown on your confirmation; or
b) for an inbound trip, the date and time of your arrival in Canada; or

c) for an outbound trip, the date and time you leave Canada; or

d) for a national student, the date and time you leave your home.

A waiting period will apply if you purchase this coverage after you begin school. Please review the waiting period definition.

YOUR COVERAGE ENDS the earliest of:

a) the expiry date shown on your confirmation; or
b) the date your enrolment terminates; or
c) the date you cease to be eligible for coverage under this policy; or
d) the date you return home; or
e) the date you cease to be a spouse or dependant as defined in this policy; or
f) the date you reach the age of 65; or
g) 365 days after the effective date of your policy; or
h) if you have purchased this coverage for an inbound trip, the date you become insured under a Canadian government health insurance plan; or
i) if you have purchased this coverage for an inbound trip, and during your coverage period, you travel outside Canada, thirty-one (31) days from the date you leave Canada; or
j) if you have purchased this coverage for an outbound trip, the date you no longer are covered by a Canadian government health insurance plan.

FAMILY COVERAGE is available to you, your spouse and dependent child(ren) who are travelling with you, who are listed on your application, and who are under age 65 if you have applied and paid for family coverage.

REFUNDS
You may cancel this policy by sending us your written request stating the date and hour cancellation becomes effective. Cancellation must be made with at least thirty (30) days prior notice.

AUTOMATIC EXTENSION is provided at no additional premium if you are unavoidably delayed through no fault of your own beyond the date you were scheduled to return to your home as per your confirmation if:

a) you are delayed while travelling as a fare-paying passenger in a common carrier or by private vehicle and the delay is caused by mechanical breakdown, a traffic accident or inclement weather. In this case, we will extend your coverage for up to seventy-two (72) hours; or
b) you are hospitalized on that date. In this case we will extend your coverage during the hospitalization and for up to seventy-two (72) hours after discharge; or

c) you have a medical condition that does not require hospitalization but prevents travel. In this case, we will extend your coverage for up to seventy-two (72) hours following medical approval to travel.

PLANS-AT-A-GLANCE

<table>
<thead>
<tr>
<th>INSURANCE OFFERED</th>
<th>COVERAGE AMOUNTS PER INSURED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Insurance</td>
<td>Up to $2,000,000 Per Policy</td>
</tr>
<tr>
<td>Emergency Evacuation</td>
<td>Up to $100,000 Per Policy</td>
</tr>
<tr>
<td>Repatriation Benefit</td>
<td>Up to $10,000 for body preparation for burial or cremation plus cost to return body or ashes home.</td>
</tr>
<tr>
<td>Accidental Dental</td>
<td>Up to $2,500</td>
</tr>
<tr>
<td>Tuition Reimbursement</td>
<td>Up to $5,000 per semester</td>
</tr>
<tr>
<td>Accidental Death And Dismemberment</td>
<td>$10,000 for death or double dismemberment or $5,000 for single dismemberment</td>
</tr>
</tbody>
</table>
MEDICAL INSURANCE COVERAGE

This policy covers you for up to $2,000,000 CDN per policy of eligible covered expenses incurred by you for Emergency Medical and Non-Emergency Medical benefits as detailed below, but only if these covered expenses are not covered by a Canadian government health insurance plan or any other benefit plan. Benefits #1 through 18 are payable as a result of an emergency, Benefits #19 – 21 are payable insofar as they are medically necessary, rather than as the result of an emergency.

Covered expenses and benefits are subject to the policy’s maximums, exclusions and limitations.

WHAT IS COVERED UNDER EMERGENCY MEDICAL INSURANCE?

Emergency Medical Insurance covers you for covered expenses incurred by you during your period of coverage. The medical attention must be required as part of your emergency treatment and ordered by a physician (or a dentist in the case of dental treatment). Emergency Medical eligible covered expenses include:

1. **Hospital** (you must notify the Assistance Centre immediately):
   a. the cost of a semi-private room; or intensive care unit when medically necessary; and
   b. services and supplies required for your treatment while in hospital; and/or
   c. reasonable and customary costs for treatment as an out-patient at a hospital; and/or
   d. emergency hospitalization required for psychiatric treatment to a maximum of thirty (30) days per policy.

2. **Physician** - emergency medical attention received from a physician in or out of hospital and up to five (5) follow-up visits. If you are inbound, payment will be limited to 100% of the amount payable according to the schedule of fees established by the medical association for non-Canadian residents in the province or territory in which you received medical treatment.

3. **Psychiatrist** – up to $10,000 for services of a legally qualified psychiatrist while you are an in-patient following an emergency.

4. **Support services** – up to $1,500 for out-patient preventative mental or emotional supportive services from a qualified professional. The qualified professional cannot be a member of your immediate family.

5. **Diagnostic services** – tests that are required as a result of an emergency and requested by your physician due to an emergency and to diagnose or to find out more about your medical condition. Prior approval is required by the Assistance Centre for all major diagnostic testing including but not limited to magnetic resonance imaging (MRI), computer axial tomography (CAT) scans, sonograms, ultrasounds and biopsies.

6. **Private Duty Nurse** – when medically necessary, and recommended by a physician, the services of a licensed registered nurse up to a maximum of $10,000. This benefit is in lieu of hospitalization.

7. **Ambulance** – up to $5,000 per medical condition for a licensed ground or air ambulance to the nearest hospital or medical facility, or between medical facilities if necessary.

8. **Medical appliance** – when medically necessary, purchase or rental (whichever is less) of a hospital bed, wheelchair, crutches, splints, canes, slings, trusses, braces or other prosthetic appliance. Prior approval is required by the Assistance Centre.

9. **Prescription drugs** – up to a thirty (30) day supply of drugs that are prescribed for you and are available only by prescription from a physician or dentist and dispensed by a licensed pharmacist.

10. **Professional services** – care received from a licensed acupuncturist, chiropodist, chiropractor, naturopath, osteopath, physiotherapist or podiatrist, up to $500 per practitioner per year. The professional cannot be a member of your immediate family.

11. **Accidental dental injury** - up to $2,500 per year for emergency dental treatment to repair or replace your natural or permanently attached artificial teeth (including caps and crowns) where treatment is required as a result of an accidental blow to the mouth within thirty (30) days of the accident. Treatment must be completed within the twelve (12) consecutive months following the accident. An accident report is required by the Assistance Centre when you submit your claim.

12. **Emergency dental treatment** – up to $100 for the relief of dental pain, and when a minimum of six (6) months coverage has been purchased, up to $250 per tooth to extract impacted wisdom teeth. (This benefit excludes crowns and root canals.)

13. **Trauma counselling** - up to six (6) sessions of trauma counselling if you suffer an emergency covered under this policy.

14. **Emergency evacuation** – up to $100,000 for reasonable and customary charges to transport you home during your period of coverage and as a result of a covered emergency and when approved by the Assistance Centre:
   - by economy class airfare via the most cost-effective itinerary; and/or,
   - by stretcher on a commercial flight via the most cost-effective itinerary for a qualified medical attendant to accompany you; and the attendant’s
reasonable fees and expenses, if this is medically necessary or required by the airline; and/or,
• by air ambulance when the covered emergency necessitates your immediate return or if continuing medical care is required but not covered under this policy, or our medical advisors recommend that you return home after your emergency.

15. Expenses related to your death (Repatriation) – up to $10,000 for the actual expense to have your body prepared for burial or cremation plus up to $3,000 for your burial where you die, or the cost to return your body or ashes home if you should die from an emergency covered under this policy during your period of coverage.

16. Tuition Reimbursement - if you have an emergency, which prevents you from attending school and, as a result, you are unable to obtain passing grades for the semester, as confirmed by your physician and registrar of the school you are attending, we will reimburse you for the actual tuition fee paid by you up to $5,000 per semester, minus any amounts refunded by your school.

17. Family Transportation & Subsistence Allowance- If you are hospitalized for at least seven (7) consecutive days or if you die during your period of coverage because of a medical emergency, and if approved in advance by assistance centre, we will pay the return economy class airfare up to $3,000, via the most cost effective itinerary, for an immediate family member to be with you or to identify your body. We will also pay up to $150 per day to prepare for burial or cremation plus up to $3,000 for the cost of meals, commercial accommodation, essential phone calls and taxi fares. Immediate family member must be beyond 500km of your hospital location when you are hospitalized away from home.

18. Trip break up to twenty-one (21) consecutive days. If you have requested and received prior approval from our Assistance Centre, you may return home to attend special events. Your coverage will be suspended but will not terminate while you are home. Your suspension of coverage will end and your coverage will be reinstated when you arrive in Canada if you are inbound, or when you leave Canada if you are outbound, or when you leave home if you are a national student. There will be no refund of premium for any of the days that you have returned home.

WHAT IS COVERED OUTSIDE CANADA?
If your home country is Canada and you have purchased coverage for an outbound trip, you are covered for emergency medical and non-emergency medical covered expenses while travelling outside of Canada for the period of coverage shown on your confirmation.

If your home country is not Canada and you have purchased coverage for an inbound trip, you are covered for emergency medical covered expenses while you travel outside Canada (excluding your home country) for periods of up to thirty (30) consecutive days.

WHAT IS COVERED UNDER NON-EMERGENCY MEDICAL INSURANCE?
Non-emergency medical eligible covered expenses include:

19. Annual Physical Exam – when a minimum of six (6) months coverage has been purchased, up to $150 for one visit per year to a physician for a non-emergency exam and associated tests, and for one consultation session and prescription of the morning after pill.

20. Optometrist – when a minimum of six (6) months coverage has been purchased, up to one visit per year for the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system.

21. Pregnancy – the reasonable and customary charges up to the following amounts for physician services and hospitalization, per pregnancy:
- $5,000 for natural childbirth; or
- $7,000 for caesarian section; or
- $20,000 for medical complications related to childbirth.

To be eligible for this benefit, your pregnancy must have commenced after the effective date of the policy. If you have purchased back-to-back policies issued by us, you are still eligible for this benefit provided:
- there has been no lapse in coverage, and
- your pregnancy commenced after the effective date of the first policy.

Newborns are not covered under this policy. They can become fully covered at thirty (30) days of age if application is approved.

22. Accidental Death or Dismemberment – in the event of an accidental death or dismemberment, this benefit is payable according to the following schedule:

<table>
<thead>
<tr>
<th>Accidental Bodily Injury</th>
<th>Benefit Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of life</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of two or more limbs</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of entire sight of both eyes</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of one limb and the entire sight of one eye</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of one limb</td>
<td>$5,000</td>
</tr>
<tr>
<td>Loss of the entire sight of one eye</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Under this insurance, we will cover the following benefits due to an accidental bodily injury while you are covered under this insurance and within ninety (90) days of the accident:

Loss of a limb means an arm or leg fully severed above your wrist or ankle joints. Loss of sight means completely and permanently blind.
If you have more than one accidental bodily injury during your trip, we will pay the applicable insured sum only for the one accident that entitles you to the largest benefit amount.

All benefits payable under this accidental death and dismemberment insurance are subject to an overall aggregate maximum payable limit relating to all in-force CampusCare International Student Health Insurance policies. If total claims otherwise payable for this coverage under all CampusCare resulting from one accident exceed $250,000, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the aggregate maximum payable limit of $250,000.

WHAT IS NOT COVERED?

We will not pay any expenses or benefits relating to:

1. a) Any pre-existing condition that was not stable in the ninety (90) days before your effective date.
   b) Any pre-existing condition of a covered dependant or spouse that was not stable in the ninety (90) days prior to the date the dependant or spouse became covered under this policy.

2. For covered dependants under two (2) years of age, any medical condition related to a birth defect whether genetic, acquired, or congenital.

3. Chemotherapy treatment unless approved by the Assistance Centre.

4. Any expense if you are either on an outbound trip or a national student without a valid Canadian government health insurance plan.

5. Covered expenses that exceed 75% of the cost we would normally have to pay under this insurance, if you or someone on your behalf does not contact the Assistance Centre at the time of the emergency, unless your medical condition makes it impossible for you to call (in which case, the 25% co-insurance does not apply).

6. Injury or death sustained while you are enlisted in the regular force of the armed forces of any country, or participating in any maneuver or training exercises of the armed forces of any country.

7. Elective, non-emergency or experimental medical treatment, including any treatment given to maintain the stability of a chronic medical condition, including the refill of medication, test or examinations forming part of a normal regime, or treatment not required for the immediate relief of pain and suffering except those identified as non-emergency medical benefits in this policy.

8. Continuing treatment after the Assistance Centre has requested that you return to your home.

9. Medication commonly available without a prescription, fertility drugs or testing, contraceptives, pregnancy tests, drugs for treatment of erectile dysfunction, vaccinations or injections, vitamin preparations or medication received on a preventative basis, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products and/or the replacement of existing prescriptions, whether replacement was for reason of loss, renewal or inadequate supply.

10. Any emergency medical and non-emergency medical services for any injury that occurred or illness that started in your home country during a Trip Break (see Benefit #18).

11. Loss or damage to repair, extract, replace or purchase hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic limbs or devices, or artificial teeth and resulting prescriptions thereof.

12. A claim for any medical condition or for any accidental bodily injury that occurred or that started while you were at home during your coverage period.

13. Pregnancy, voluntary termination of pregnancy, childbirth or their complications except as identified in Benefit #21 in this policy.

14. A medical condition:
   • when you knew, or for which it was reasonable to expect, before you left your home, or before the effective date of coverage, that you would need or be required to seek treatment for that medical condition; and/or
   • when the purpose of your trip was to seek medical treatment for that medical condition; and/or
   • that had caused your physician to advise you not to travel; and/or
   • related to a prior elective or non-emergent medical condition except as specifically stated as a benefit in this policy; and/or
   • when you did not comply or you failed to carry out a physician’s instructions or you were negligent.

15. Dental surgery, cosmetic or plastic surgery unless such surgery is an emergency and necessary as a result of an injury incurred while this policy is in force.

16. Any dental crowns or root canals except as specified under benefit #11.

17. Any loss as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Conditions (ARC) or the presence of HIV, including any associated diagnostic tests or changes.

18. Your self-inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.
19. An emergency resulting from: hang-gliding, rock-climbing, mountaineering, parachuting or skydiving; participating in a motorized speed contest; or your professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving, is your principal paid occupation.

20. Treatment or services that contravene any government hospital or medical care plan in Canada.

21. Piloting or learning to pilot, or acting as a crew member of any type of aircraft; or travelling as a passenger on any non-commercial flight, operating any form of motorized transport on land or water without a license valid for the area where operating.

22. An act of war or act of terrorism. For Canadians travelling out of Canada, limited coverage applies with respect to an act of terrorism. See Terrorism Coverage.

23. Any loss resulting from an act of war or an act of terrorism when, before your departure date, a Travel Advisory was issued by the Government of Canada, advising Canadian residents to avoid all or non-essential travel to that specific country, region or city.

24. Any medical condition you suffer or contract in a specific country, region or city for which the Government of Canada has issued a formal Travel Advisory, before you left Canada, advising Canadian residents to avoid all or non-essential travel to that specific country, region or city. In this exclusion, “medical condition” is limited to the reason for which the Travel Advisory was issued and includes complications arising from such medical condition.

25. Any services or supplies provided by you or a member of your immediate family.

26. Any treatment that is not for an emergency, except as identified in non-emergency eligible covered expenses in this policy.

27. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.

28. Medical examinations and tests required for immigration purposes or by a third party and/or consultation with a physician by telephone or e-mail.

29. Committing or attempting to commit an illegal or a criminal act.

30. Renal dialysis or organ transplantation of any nature.

31. Rehabilitation and convalescent facilities and services; or holidays for recuperative purposes.

32. For policy extensions only, any medical condition which first appeared, whether diagnosed or not, or for which treatment may or may not have been received prior to the effective date of the extension of coverage under this policy.

33. If you are inbound, any follow-up visits outside of Canada when the emergency occurred in Canada.

34. Any claim for an illness sustained during the waiting period.

35. Any interest, finance, administrative or late payment charge.

36. For inbound trips, any medical expenses incurred outside of Canada when more than thirty (30) consecutive days prior to or more than 49% of your period of coverage were spent outside of Canada.

All covered expenses are in excess of any individual, group or government sponsored hospital or medical plan.

**TERRORISM COVERAGE**

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

*We will, for all Emergency Medical Insurance, provide benefits to you for your covered expenses subject to the maximums shown in the covered expenses and this provision;*

The benefits payable, as described directly above, are excess to all other potential sources of recovery, including other insurance coverage (even where such other coverage is described as excess) and will only become available after you have exhausted all such other sources.

Any benefits payable pursuant to our Emergency Medical Insurance coverage issued shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by us, including this policy. If total claims otherwise payable for a type of coverage under all travel policies issued by us, resulting from one or more Acts of Terrorism occurring within an applicable time period, exceeds this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

Coverage is only available for up to two (2) Acts of Terrorism within a calendar year and the maximum aggregate payable limit for each Act of Terrorism is $35,000,000 for Emergency Medical Insurance.

If, in our judgment, the total of all payable claims under one or more Acts of Terrorism may exceed the applicable limits, your prorated claim may be paid after the end of the calendar year in which you qualify for benefits.

**EXCLUSION TO THIS TERRORISM COVERAGE PROVISION**

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

WHAT ELSE DO YOU NEED TO KNOW?

This policy is issued on the basis of information provided in your application (including the medical questionnaire if required). Your entire policy with us consists of: this policy, your application for this policy (including the completed medical questionnaire if required), the confirmation issued in respect of that application, and any other amendments or endorsements resulting from extensions or Top-Ups of coverage.

This insurance is void in the case of fraud or attempted fraud, or if you conceal or misrepresent any material fact in your application for this policy, extension or Top-Up of coverage under this policy.

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

The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

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

PREMIUM

The required premium will be determined according to the schedule of premium rates in effect as of the effective date. Premium rates and policy terms and conditions are subject to change without prior notice.

This document becomes a binding contract provided it is accompanied by a confirmation upon which a contract number appears.

Coverage will be null and void if no proof of your payment exists.

HOW DOES THIS INSURANCE WORK WITH OTHER COVERAGES THAT I MAY HAVE?

The insurance outlined in this policy 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 or 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 eligible covered expenses 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 coordinate 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 policy, 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 policy. You will execute and deliver such documents as are necessary and cooperate 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 insurance policy 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. If the total amount of all accident insurance you have under policies issued by us is more than $100,000, our aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

HOW TO MAKE A CLAIM

In the event of an emergency, call the Assistance Centre immediately prior to receiving treatment. If you are hospitalized, you must notify the Assistance Centre immediately from your admission.

Call 1-866-595-7171 in Canada and United States and Everywhere Else Call Collect at +1-519-251-5178

The Assistance Centre is ready to assist you twenty-four (24) hours a day, each day of the year.

Our Assistance Centre can also be contacted through the ACM TravelAid™ mobile application.

Please note that if you do not call the Assistance Centre in an emergency, the claims payment may be limited. If it is medically impossible for you to call when the emergency happens, we ask that you call as soon as you can or that someone call on your behalf. Do not assume that someone will contact the Assistance Centre for you. It is your responsibility to verify that the Assistance Centre has been contacted.

If you choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these services will be reimbursed to you on the basis of the reasonable and customary charges that we would have paid directly to such provider. Medical charges that you pay may be higher than this amount; therefore you will be responsible for any difference between the amount you paid and the reasonable and customary charges reimbursed by us.
IS THERE ANYTHING ELSE I SHOULD KNOW IF I HAVE A CLAIM?

If you disagree with our claim decision, the matter may be submitted to arbitration under the arbitration law in the Canadian province or territory where you reside at the time of application for this policy.

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 other applicable legislation or in the Limitations Act, 2002 in Ontario.

Limitation of Liability.

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither we, upon making payment under this policy, nor our agents or administrators assume any responsibility for the availability, quality, results or outcome of any treatment or service, or your failure to obtain any treatment or service covered under the terms of this policy.

The participation of the insurers is several and not joint and none of them will under any circumstance participate in the interest and liabilities of any of the others.

For the purposes of determining the validity of a claim under this policy, we may obtain and review the medical records of your attending physician(s), including the records of your regular physician(s) at home. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to you before you incurred a claim under this policy. In addition, we have the right, and you shall afford us the opportunity, to have you medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If you die, we have the right to request an autopsy, if not prohibited by law.

WHO WILL WE PAY YOUR BENEFITS TO IF YOU HAVE A CLAIM?

Except in the case of your death, we will pay the benefits and covered expenses under this insurance to you or the provider of the service. Any sum payable for loss of life 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 policy. All amounts shown throughout this contract 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.

1. We will need:
   a) police, autopsy or coroner’s report;
   b) medical records; and
   c) death certificate, as applicable.

2. If your body is not found within twelve (12) months of the accident, we will presume that you died as a result of your injuries.

WILL WE PAY YOUR BENEFITS TO IF YOU HAVE A CLAIM?

Some benefits are not covered if they have not been authorized and arranged by the Assistance Centre. Your proof of claim must be sent to us within ninety (90) days of your loss. Claims correspondence should be mailed to:

CampusCare International Student Health Insurance Plan
P.O.Box 1237, Stn A,
Windsor, ON N9A 6P8

YOU MAY CALL THE CLAIMS CENTRE DIRECTLY FOR SPECIFIC INFORMATION ON HOW TO MAKE A CLAIM OR TO INQUIRE ABOUT YOUR CLAIM STATUS AT:

Call 1-866-595-7172 in Canada and United States and Everywhere Else Call Collect at +1-519-251-5177

IF YOU ARE MAKING A CLAIM,

We will need:

a) original itemized receipts for all bills and invoices;

b) proof of payment by you and by any other benefit plan;

c) medical records including complete diagnosis by the attending physician or documentation by the hospital, which must state that the treatment was medically necessary;

d) proof of the accident if you are submitting a claim for dental expenses resulting from an accident;

e) proof of travel (including departure and return dates); and

f) your historical medical records (if we determine applicable).

IF YOU ARE MAKING AN ACCIDENTAL DEATH AND DISMEMBERMENT CLAIM,

1. We will need:
   a) police, autopsy or coroner’s report;
   b) medical records; and
   c) death certificate, as applicable.

2. If your body is not found within twelve (12) months of the accident, we will presume that you died as a result of your injuries.
DEFINITIONS

Act 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.

Canadian government health insurance plan means the coverage that the provincial or territorial governments provide to residents of Canada.

Change in medication means the medication, dosage, frequency or type has been reduced, increased, stopped and/or new medications have been prescribed. We do not mean a change from a brand-name drug to an equivalent generic drug of the same dosage. If you are taking Coumadin (warfarin) or Insulin and are required to have your blood levels tested on a regular basis and your medical condition remains unchanged, yet you are required to adjust the dosage of your medication only due to your blood levels, we would not consider this to be a change in medication.

Confirmation means the document or set of documents confirming your insurance coverage under this policy and, where applicable, your trip arrangements.

Covered expense means reasonable and customary charges you incur for supplies and services which are eligible expenses under the Medical Insurance Coverage provision and which are either in excess of and/or not covered under your Canadian government health insurance plan or any other plan.

Departure Date means the date you leave home.

Dependant means unmarried dependent children living with you who are under age twenty-one (21) and who are dependent upon you for at least fifty percent (50%) of their maintenance and support.

Effective date means the date identified on your confirmation.

Emergency means an unforeseen medical condition that takes place during the period of insurance and which requires immediate treatment (as defined in this policy) to prevent or alleviate existing danger to life or health. An emergency no longer exists when the medical evidence indicates that the person is able to continue the trip or return home.

Faculty Member means an active educator who works at an institution of learning who is travelling on business, excluding sabbatical and vacation.

Home or Home Country means the country where you permanently reside. For a national student home means the Canadian province/territory of residence when not attending school.

Hospital means a facility that is licensed as a hospital, where in-patients receive medical care, that has at least one Registered Nurse on duty at all times, and that includes a laboratory and operating theatre. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a hospital.

Hospitalization or hospitalized means you are admitted to a hospital and are receiving treatment as an in-patient.

Illness means sickness or disease.


Inbound means a trip to Canada from your home country for temporary residence in Canada.

Injury means sudden bodily harm that is caused by external and purely accidental means, and independent of illness.

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

National student means a person covered under a Canadian government health insurance plan and who is studying within Canada but away from home.

Outbound means a trip outside of Canada where Canada is your home country and you are temporarily residing outside Canada.

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 member of your immediate family.

Pre-existing condition means a medical condition that exists before your effective date.

Reasonable and customary charges means costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing the same treatment of a similar medical condition or accidental bodily injury.

Spouse means the person to whom you are legally married, or with whom you have been living in a conjugal relationship for at least one full year before the effective date of this insurance, and who is residing with you on your trip.
**NOTICE ON PRIVACY**

*Your privacy matters.* We are committed to protecting the privacy of the information we receive about you in the course of providing the insurance you have chosen. While our employees need to have access to that information, we have taken measures to protect your privacy. We ensure that other professionals, with whom we work in giving you the services you need under your insurance, have done so as well. To find out more about how we protect your privacy, please read our Notice on Privacy and Confidentiality.

**Notice on Privacy and Confidentiality.** The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a “financial services file” from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to:
Privacy Officer, Manulife, P. O. Box 1602, Waterloo, ON N2J 4C6.

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**Stable** means all of the following apply:
- there has not been any 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 recommended any new treatment or any change in treatment; and
- there has been no admission to a hospital or referral to a specialty clinic or specialist; and
- a physician has not advised referral to a specialist or further testing, and there has been no testing for which the results have not yet been received.

**Treatment** means medical advice, care and/or service provided by a medical practitioner. This includes, but is not limited to diagnostic measures or prescribed drugs (including pills and inhaled or injected or topical medications).

**Trip** means the period of time you leave your home or home country and the date you are scheduled to return to your home or home country as shown on your confirmation.

**Waiting period** means:
- a) the 48-hour period following your effective date of insurance if you purchase this insurance within 30 days after your arrival at your destination;
- b) the 8-day period following your effective date of insurance if you purchase this insurance more than 30 days after your arrival at your destination.

A waiting period is applicable to all claims if you purchased insurance after your arrival at your destination.
The waiting period will be waived:
- in the case of injury, or
- if you purchased this policy prior to the expiry date of your existing policy already issued, to become effective on the day following such expiry date.

**We, us, our** means Manulife.

**You, your** means the person(s) named as the insured(s) on the confirmation, for which insurance coverage was applied for and premium has been received by us.