

Administered by 21st Century  
Travel Insurance Limited

1040 Division St., Unit 18  
Cobourg, Ontario K9A 5Y5

# safevisit™

## VISITORS TO CANADA INSURANCE

Don't forget your  
Wallet Card!



### VISITORS TO CANADA INSURANCE

Your Agent:

SafeVisit Visitor to Canada Insurance is  
administered by 21st Century Travel Insurance  
Limited and underwritten by Manulife.

SafeVisit Inc.  
Unit 1 - 8000 Bathurst St.  
P.O. Box 30029  
Thornhill, Ontario, L4J 0C6  
Toll-free 1-877-541-1117  
Tel 905-695-1110  
email: [info@safevisit.ca](mailto:info@safevisit.ca)  
web: [www.safevisit.ca](http://www.safevisit.ca)

Accessible formats and communication supports  
are available upon request.

Visit [Manulife.com/accessibility](http://Manulife.com/accessibility) for more information.

Underwritten by: The Manufacturers Life Insurance Company and First North  
American Insurance Company, a wholly owned subsidiary of Manulife.



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Insurance Company and are used by it, and by its affiliates under licence.  
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Manulife, P.O. Box 670, Stn. Waterloo, Waterloo, ON N2J 4B8.

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

09/2018

# POLICY

## Visitors to Canada Standard Plan and Enhanced Plan

Version V09  
Effective **SEPTEMBER 2018**

This policy is underwritten by  
The Manufacturers Life Insurance Company.

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

underwritten by:  
 Manulife



### VISITORS TO CANADA INSURANCE

NAME \_\_\_\_\_

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

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

underwritten by:  
 Manulife



### VISITORS TO CANADA INSURANCE

NAME \_\_\_\_\_

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

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

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

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safevisit™

## VISITORS TO CANADA INSURANCE POLICY Version V09 Effective September 2018

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Administration of all applications, enrollments and customer service is provided by 21st Century Travel Insurance Limited (o/a 21st Century Travel Insurance Services in British Columbia) referred to herein as 21st Century.

Underwritten by: The Manufacturers Life Insurance Company and First North American Insurance Company, a wholly owned subsidiary of Manulife.



Manulife and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license.

### IN THE EVENT OF AN EMERGENCY

YOU MUST CALL OUR ASSISTANCE CENTRE AT  
1-877-882-2957

toll-free from the USA and Canada

If unable to use the toll-free number,  
call collect to Canada: +1 519-251-7856

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

Our Assistance Centre can also be contacted through its  
ACM TravelAid™ mobile application.  
Visit <http://www.active-care.ca/en/travelaid/> to download  
the app.

**You must** contact the Assistance Centre prior to receiving  
any medical **treatment**. If **you** fail to contact the Assistance  
Centre within 24 hours, **you** will have to pay the first \$100 of  
any medical expenses **we** would normally pay per claim. This  
\$100 is in addition to any deductible amount that **you** have  
selected at the time **you** purchased **your** coverage. Also, if  
you fail to call us within 24 hours of **hospitalization**, **you**  
will have to pay 20% of the medical expenses **we** would  
normally pay under this insurance.

If it is medically impossible for **you** to call when the  
**emergency** happens, **we** ask that **you** contact the Assistance  
Centre as soon as **you** can or that someone call on **your** behalf.

The ACM TravelAid™ mobile application 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.

Our Assistance Centre also offers a medical consultation  
service that connects **you** within minutes to a Canadian  
licensed primary care physician to get an assessment,  
diagnosis and prescription as needed. Be sure to ask the  
Assistance Agent to be referred to the Maple telemedicine  
service available twenty-four hours a day, seven days a  
week. Currently, Maple is available in British Columbia,  
Alberta, Manitoba, Ontario, Quebec, New Brunswick, Prince  
Edward Island, Nova Scotia, Newfoundland and Labrador,  
Nunavut and Yukon. As a visitor to either of these provinces,  
**you** can use Maple during **your** stay in the province.

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TRAVEL INSURANCE LIMITED

VISITORS TO CANADA INSURANCE

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mobile application.  
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to download this free app before you travel.

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Visit <http://www.active-care.ca/en/travelaid/>  
to download this free app before you travel.

Our Assistance Centre is there to help you  
24 hours a day, 365 days a year. Call prior to  
receiving treatment. If you fail to call the  
Assistance Centre within 24 hours you will  
have to pay the first \$100 of any medical  
expenses we would normally pay per claim.  
This \$100 is in addition to any deductible  
amount that you have selected at the time  
you purchased your coverage. Also, if you fail  
to call us within 24 hours of hospitalization,  
you will have to pay 20% of the medical  
expenses we would normally pay under this  
insurance. If medically impossible for you to  
call, please have someone call on your behalf.

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24 hours a day, 365 days a year. Call prior to  
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amount that you have selected at the time  
you purchased your coverage. Also, if you fail  
to call us within 24 hours of hospitalization,  
you will have to pay 20% of the medical  
expenses we would normally pay under this  
insurance. If medically impossible for you to  
call, please have someone call on your behalf.



# 21st Century

TRAVEL INSURANCE LIMITED

## Visitors to Canada Insurance Standard Plan and Enhanced Plan

The Standard Plan is **our** comprehensive benefit plan that excludes **pre-existing medical conditions**. The Enhanced Plan is **our** comprehensive benefit plan with enhanced coverage for **stable pre-existing medical conditions**.

This document becomes a valid policy when an application or other required forms have been duly completed, the required premium has been paid, and **you** have received a **policy confirmation**.

Read **your** entire policy carefully and pay particular attention to those words or phrases in bold type. Any word or phrase indicated in bold type is a defined term. Please review the Definitions section of the policy.

**Your** policy provides certain benefits during **your** insured visit to Canada. However, all insurance policies contain coverage limitations, exclusions, conditions, and other terms that may limit the reimbursement to which **you** are entitled.

### GENERAL INFORMATION AND ELIGIBILITY

**You** are not eligible for coverage under this policy if:

- **you** are travelling against the advice of a **physician**;
- **you** have been diagnosed with a terminal illness with less than two (2) years to live;
- **you** have been diagnosed with or received **treatment** within the last two (2) years for pancreatic, lung, brain, or liver cancer; or any type of cancer that has spread from one part or organ of the body to another (metastatic cancer);
- **you** have had or are waiting for an organ or bone marrow transplant (excluding corneal transplant);
- **you** have a kidney condition requiring dialysis;
- **you** have used home oxygen during the 12 months prior to the date of application; and/or
- **you** reside in a nursing home, other long term care or rehabilitation centre.
- **you** are **age 86** or older.

**We** reserve the right to decline any application.

One or more persons may be insured under one policy. However, the **effective date** and **expiry date** must be identical for all applicants. Each applicant must pay their appropriate individual premium unless **family** rates apply.

Be sure to review the **waiting period** definition to determine if there is any time that **you** will not be reimbursed for expenses related to any sickness manifesting during that time.

## Monthly Payment Plan

The Monthly Payment Plan is restricted to:

- an applicant who is either applying for or holds a valid Temporary Resident, Work or Student Visa, or other visitor visa issued by the government of Canada
- when the issuance of such visa is conditional on the purchase of mandatory medical insurance.

A minimum Coverage Period of 365 days and a minimum Aggregate Policy Limit of \$100,000 must be purchased. Additional cancellation restrictions as well as other terms, limitations and conditions will apply as stated in **your** Monthly Payment Authorization Form and in the sections of this policy highlighted by a red outlined box.

## The Enhanced Plan or The Standard Plan

The Enhanced Plan is automatically provided to **you** under this policy if **you** satisfy the Eligibility requirements and if **you** are **age 54** or under.

If **you** are **age 55** to **85**, this coverage is available to **you** if **you** truthfully and accurately answered "No" to all questions on the Medical Declaration and paid the appropriate premium for the Enhanced Plan.

If **you** are **age 55** to **85** and answered "Yes" to any question on the Medical Declaration, **you** are eligible to purchase the Standard Plan.

Applicants age 86 and over are not eligible for these plans.

## Your Coverage Starts

Coverage starts on the **effective date**.

If **you** purchased **your** coverage after **your arrival date**, a **waiting period** may apply. Refer to the definition of **waiting period** in the Definitions section of this policy.

If **you** are arriving prior to the **effective date** shown on **your policy confirmation**, coverage does not start until this **effective date** or until we receive proper notification to change **your effective date**. A **waiting period** will apply if **you** have already arrived and request a date change to an earlier **effective date**.

If **you** will arrive later than **effective date** shown on **your policy confirmation**, **you** must contact 21st Century prior to this **effective date** to request a date change. If notification of late arrival is received after the **effective date**, there will be no refund for the premium paid for coverage between the **effective date** shown on **your policy confirmation** and the date we receive **your** request for the date change.

For any approved date change, a revised **policy confirmation** will be issued.

At no time will we advance **your** original **effective date** more than two years from the original **effective date** **you** selected when the policy was issued. At the end of two years from **your original effective date**, if **you** do not have a scheduled **arrival date**, the policy must be cancelled. Notification of cancellation will be sent to the last known mailing and email addresses and/or we will call **you** at the phone number on file. **Your** agent who sold **you** the policy will also be notified. **Your** premium will be refunded less a \$25.00 processing fee.

If **you** are purchasing coverage to extend **your** trip, **you** will receive a new **policy** with **policy terms** starting on the **effective date** stated on **your policy confirmation**.

If **your** policy was purchased under the Monthly Payment Plan, coverage does not start until the policy is **activated**. Upon successful **activation** of **your** policy, coverage starts on the **effective date** shown on **your policy confirmation**. If **you** activate **your** policy after **your actual arrival date**, a **waiting period** will apply.

If **you** have not activated **your** policy within two years of the original **effective date** shown on **your policy confirmation**, the policy must be cancelled. Notification of such cancellation will be sent to **you** last known mailing and email addresses and/or we will call **you** at the phone number on file. **Your** agent who sold **you** the policy will also be notified. **You** are requested to confirm receipt of this notification. Upon **your** confirmation, **your** deposit premium less the \$50 Policy Fee will be refunded. If there is no response from **you** within 30 days, **your** deposit premium and Policy Fee will be non-refundable.

## Your Coverage Ends

Coverage ends on the **expiry date**. Please see the Definitions section to determine the **expiry date**.

## Side-Trips Outside of Canada

This insurance provides coverage when **you** are travelling in any other country, excluding **your country of origin**, subject to all the **policy terms**.

To be reimbursed for eligible costs:

- a) **you** must have paid the required premium for those trip days which are prior to **your** arrival to Canada and/or after **your** departure from Canada; and
- b) **you** must be continuously insured under a 21st Century Visitors to Canada policy or consecutive policies with no gaps in coverage; and
- c) the maximum number of combined days **you** can be covered in any other country before, during or after **your** visit to Canada must not exceed 30 days in total within a 365-day period; and
- d) **you** must be in Canada or **you** must have a planned insured visit to Canada for no less than 51% of the overall time that **you** will be insured with us.

If **you** are insured with us for more than 365 consecutive days with no gaps in coverage, we will permit a maximum of 30 days in each subsequent 365-day period for side-trips.

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

During **your** coverage period, if **you** take a side-trip outside of Canada that is longer than that permitted in this policy, **your** coverage will be suspended for the remainder of **your** side-trip but **your** coverage will not be terminated. When **you** return to Canada, **your** coverage will resume and continue

up to the **expiry date** shown on **your policy confirmation**. We will not reimburse **you** for insured services and/or any other expenses arising from any sickness, disease, symptom or injury that presented, recurred or was treated during any such suspension of coverage.

### Extra Injury Coverage

If **you** purchased the aggregate policy limit of \$100,000, **your** policy includes an additional \$50,000 coverage for **insured services** that result from an **injury**. Any portion(s) of **your** claim(s) related to sickness or disease will continue to have a maximum of \$100,000 less any **injury**-related expenses paid.

### Insuring Agreement

If, between the **effective date** and the **expiry date**, **you** suffer an unexpected **emergency** sickness or **injury** which results in **you** paying for or incurring costs for **insured services**, we will reimburse **you** or **your** designated assignee for such eligible expenses up to the aggregate policy limit shown on the **policy confirmation** less any applicable **deductible amount**, and subject to the **policy terms**.

## INSURED SERVICES

Subject to the **policy terms**, we will reimburse **you** for eligible expenses incurred by **you**, that are in excess of any other sums which **you** are legally entitled to recover from any health insurance plan or any other valid and collectible policy of insurance and **your deductible amount**, for:

1. **Expenses to receive emergency medical attention: Reasonable and customary charges** for medical care received from a **physician** in or out of a **hospital**, the cost of a hospital room (semi-private room when available or an intensive care unit when medically necessary); tests that are needed to diagnose or learn more about **your** condition; and drugs that are prescribed for **you** and are available only by prescription from a **physician**. Follow-up visits are covered until the attending **physician** or **our** medical advisors declare the end of the medical **emergency**. **Note:** This policy does not cover cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated test(s) or charges, magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by the Assistance Centre.
2. private duty registered nursing or licensed home care providers and rental of a hospital bed, wheelchair, crutches, splints, canes, slings, trusses or braces or other prosthetic appliance up to \$5,000 following **emergency insured services** when prescribed in writing by a **physician**. The use of any private duty registered nurse or licensed home care provider must be authorized in advance by the Assistance Centre.
3. services provided by a **health-care practitioner**, up to a combined total of \$1,000 for a covered **emergency**, when **you** have received prior written referral from a **physician**.
4. the use of a licensed local ambulance service for

**emergency** transportation.

5. prescription medications up to \$500 and not exceeding a 30-day supply when these medications are prescribed on an outpatient basis. We will not reimburse **you** for any medications that can be purchased over-the-counter without a prescription.
6. in the event of **your** death, up to \$7,500 for the combined cost of preparing **your** body for burial or cremation, transportation (including a standard shipping container normally used by the airlines) to **your** place of burial, and the cost of preparing related legal documentation. In no event will we pay for the cost of a coffin or urn. This benefit must be authorized and arranged by the Assistance Centre.
7. If **your** treating **physician** and **our** medical advisors recommend that **you** return to **your country of origin** because of **your emergency** or after **your emergency treatment**, we will pay for one or more of the following:
  - the extra cost of an economy class fare via the most cost-effective itinerary;
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary;
  - the return economy class fare of a qualified medical attendant via the most cost-effective itinerary to accompany **you**, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline; or
  - the cost of air ambulance transportation, if it is medically necessary.This benefit must be authorized and arranged by the Assistance Centre.
8. up to \$4,000 for treatment to natural teeth and repairs to dentures or other dental devices if such treatment is necessitated by a direct unintended or unexpected blow to **your** face.
9. up to \$300 for the immediate relief of acute dental pain not caused by a direct blow to the face and for which **you** have not previously received **treatment** or advice.
10. obtaining **hospital**, medical or **health-care practitioner** records, or a medical report from a **physician** or **health-care practitioner** provided we request the record or report. Under no circumstances will we reimburse **you** for the cost of completing the claim form.

## ACCIDENTAL DEATH AND DISMEMBERMENT

Under Accidental Death and Dismemberment we will cover the following benefits:

- i) Up to \$25,000 if an **injury** causes **you** to die, to become completely and permanently blind in both eyes, or to have two of **your** limbs fully severed above **your** wrist or ankle joints, within 365 days of the accident.

- ii) Up to \$12,500, if an **injury** causes **you** to become completely and permanently blind in one eye, or to have one of **your** limbs fully severed above **your** wrist or ankle joint, within 365 days of the accident.

If **you** have more than one **injury** during **your** trip, **we** will pay the applicable insured sum only for the one accident that entitles **you** to the largest benefit amount.

In addition to the other Exclusions and Limitations, Accidental Death and Dismemberment benefits are not payable if **your** death or **injury** results directly or indirectly from:

1. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew;
2. An illness or disease, even if the proximate cause of its activation or reactivation is the result of an **injury**.

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

Death benefits will be payable to **your** estate. Accidental Death and Dismemberment benefits are in excess of the aggregate policy limit.

## EXCLUSIONS AND LIMITATIONS

**We** will not reimburse **you** for **insured services** or pay an Accidental Death and Dismemberment claim and/or any other expenses directly or indirectly related to:

1. any **pre-existing medical condition**:
  - i) if **you** are **age 55** or older and covered under the Standard rate category;
  - ii) other than a **stable chronic condition** if **you** are under **age 55**;
  - iii) other than a **stable chronic condition** if **you** are **age 55** to **85** and **you** were eligible to purchase and paid the required premium for the **Enhanced Plan**.
2. any sickness, disease or symptom that manifests before or during the **waiting period** even if related expenses are incurred after the **waiting period**.
3. any sickness, disease, symptom, or **injury**:
  - i) when **you** knew, prior to **your effective date**, that **you** would need or be required to seek **treatment** for that medical condition during **your** trip; and/or
  - ii) for which, prior to **your effective date**, it was reasonable to expect that **you** would need **treatment** during **your** trip; and/or
  - iii) for which future investigation or **treatment** was planned prior to **your effective date**; and/or
  - iv) which produced symptoms that would have caused an ordinarily prudent person to seek **treatment** in the 180 days prior to the **effective date**; and/or
  - v) that had caused a **physician** to advise **you** not to travel; and/or

- vi) that presented, recurred or was treated during any temporary return to **your country of origin** during the Coverage Period as is permitted only if **you** are a holder of a multi-entry **PG-1 VISA**.

4. Any expenses or benefits if the information provided on **your** application for insurance is not truthful and accurate or **you** did not meet the eligibility requirements.
5. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) including but not limited to magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, or charges unless approved by the Assistance Centre prior to being performed, except in extreme circumstances where such test or procedures are performed on an emergency basis immediately upon admission to a **hospital**.
6. self-inflicted injury, suicide or attempted suicide; a criminal act or an attempt to commit a criminal act.
7. any sickness, **injury** or death related to **your** intoxication, the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol, or other intoxicant.
8. an **emergency** resulting from: mountain climbing requiring the use of specialized equipment, including carabineers, crampons, pick axes, anchors, bolts and lead-rope or top-rope anchoring equipment to ascend or descend a mountain; rock-climbing; parachuting, skydiving, hang-gliding or using any other air-supported sporting device; 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.
9. any pregnancy that commences prior to the **effective date** of this policy; **your** routine pre-natal care; **your** routine pregnancy or childbirth; complications of **your** pregnancy or childbirth when they happen in the 9 weeks before or after the expected date of delivery; medical **treatment** or services provided to **your** child born during **your** Coverage Period.
10. the provision of **insured services** to children 30 days of **age** or younger.
11. an **act of war** or an **act of terrorism** when **you** are outside of Canada and covered under this insurance.
12. any **treatment** that is elective, cosmetic and not for an **emergency** and/or general health examinations or services.
13. a continuation of **treatment** or service first recommended or prescribed by a **physician** or **health-care practitioner** before the **effective date** of this policy or where such **insured services** were first initiated before the **effective date** of this policy or during the **waiting period**, or for holders of a valid multiple-entry visa issued by the government of Canada,

during a return to **your country of origin** during the Coverage Period.

14. prescription drugs or medicines, **treatment**, appliances or devices provided to monitor or maintain a **stable chronic condition**.
15. **your** medical or health assessment or any form of report or document supporting an application to obtain immigrant status or extend **your** visa in Canada or any recommended **treatment** resulting from such health assessment.
16. any medical **treatment** or follow-up visit outside of Canada when the **emergency** occurred in Canada.
17. any loss resulting from **your minor mental or emotional disorder**.
18. any **emergency** that occurs or recurs after **our** medical advisors recommend that **you** return to **your country of origin** and **you** choose not to. (See Loss of Coverage.)
19. the ongoing **treatment**, recurrence or complication of a medical condition when **you** have already received **emergency treatment** for that condition during **your** Coverage Period and **our** Assistance Centre determines that **your** medical **emergency** has ended. (See 90-Day Provision for exception.)
20. any medical condition **you** suffer or contract in a specific country, region or city outside of Canada, while covered under the "Side-Trips Outside of Canada" provision or while on an uninterrupted flight to or from Canada if a government of Canada Travel Advisory, issued before **you** travel to that location, advises against all or non-essential travel to that specific country, region or city. In this exclusion, medical condition is limited, related or due to the reason for the Travel Advisory.
21. any medical **treatment** for which **you** are eligible and/or covered under a **government health insurance plan**.
22. covered expenses that exceed 80% of those **we** would normally pay, if **you** do not contact the Assistance Centre within 24 hours of **hospitalization** unless **your** medical condition makes it impossible for **you** to call. If **your** medical condition makes it medically impossible for **you** to call, someone must call on **your** behalf.
23. **your** failure to follow a recommended or prescribed therapy or **treatment**.
24. any expenses arising from any sickness, disease, symptom or injury that presented, recurred or was treated during any suspension of coverage during a Side-Trip Outside of Canada.

Note: Each time **you** purchase another policy from **us**, each new policy will have a new **effective date** even if **you** are continuing the same visit to Canada (or other country covered under the Side-Trips Outside of Canada provision).

## GENERAL CONDITIONS

### Coordination of Benefits

This policy is intended to provide benefits in excess of those provided by any health insurance plan or any other valid collectible policy of insurance.

If **you** have other coverage, **you** must first seek reimbursement for the **insured services** from such insurance plan or such policy and **you** may only submit a claim for reimbursement of **insured services** under this policy after the other insurer has assessed **your** claim. In submitting a claim for reimbursement of **insured services**, **you** must provide **us** with the other insurer's written assessment of **your** claim submission.

### Loss of Coverage

If **you** have an **emergency** covered under this policy, and **our** Assistance Centre determines that **you** are able to travel, **we** reserve the right to transfer **you** to **your country of origin**. If **you** choose not to return, **you** will no longer be covered for any **insured services** under this policy. Any expenses incurred after **you** choose not to return will not be covered and will become **your** sole responsibility.

### 90-Day Provision

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

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

## Coverage Period

This policy provides coverage for losses arising from a sudden and unforeseeable medical **emergency** occurring between **your effective date** and **expiry date** as shown on **your policy confirmation**. Coverage will not be issued for more than 365 days at a time. However, **you** may purchase a new policy if **you** require insurance for more than 365 days.

If **you** have opted to pay **your** premium under the Monthly Payment Option, **you** can choose to upgrade **your** Coverage Period on the Issue Date from one full year (12 months) to two full years (24 months).

## Aggregate Policy Limit

The aggregate policy limit **you** purchased is the maximum we will reimburse **you** regardless of the number of **insured services** received by **you** during the Coverage Period. If **you** purchased a two-year Coverage Period, then the Aggregate Policy Limit is fully reinstated on day 366 of **your** Coverage Period. If **you** are insured under more than one policy with 21st Century and/or underwritten by **us**, **our** liability will not exceed **your** actual expenses and the maximum **you** are entitled to is the largest aggregate policy limit available to **you** in any one policy.

## Benefit Limits

Maximum limits in this policy are per insured per policy, unless otherwise specified. If **you** purchased a two-year Coverage Period, all benefit limits are fully reinstated on day 366 of **your** Coverage Period.

## Continuing Treatment

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

- a) the Assistance Centre has determined that **your emergency** has ended (See Exclusion #18);
- b) the aggregate policy limit has been exhausted;
- c) **we** notify **you** that coverage has been terminated under the Loss of Coverage provision.

Any follow-up appointment that is scheduled or required after the **expiry date** of the policy must be pre-approved by the Assistance Centre and will only be considered for reimbursement if the initial **emergency** is reported to the Assistance Centre prior to the **expiry date** and if that initial **emergency** is a payable claim; otherwise, notwithstanding any of the above, coverage terminates on the **expiry date**.

# GENERAL PROVISIONS

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

## Automatic Extension

If **you** are unavoidably delayed on **your** scheduled return to **your country of origin**, through no fault of **your** own, coverage will automatically be extended beyond **your expiry date**:

- for the length of **your** delay to a maximum of 72 hours if **your** common carrier is delayed; or
- if **you** are **hospitalized** on **your expiry date**. In this case, **we** will extend **your** coverage during the **hospitalization** up to a maximum of 365 days or until, in **our** opinion, **you** are stable for discharge from the **hospital** or for evacuation to **your country of origin**, whichever is earlier, and for up to five (5) **days** after discharge from the hospital; or
- if **you** have a medical **emergency** that occurs within the 5 days prior to **your expiry date** that does not require **hospitalization** but prevents travel as confirmed by a **physician**. In this case, **we** will extend **your** coverage for up to 5 days.

## Material Facts

Any fraudulent act, misrepresentation or omission in the submission of a claim, or any misrepresentation or omission to disclose any fact material to the assessment of our risk during the application process, including **our** determination that **you** were ineligible for this insurance at the time of application, may void the coverage available under the policy against which the claim was filed.

## Subrogation

If **you** suffer an eligible loss under **insured services** and in so doing acquire any right of action against another party, **we** have the right to proceed, in **your** name, but at **our** expense, against third parties who may be responsible for giving rise to a claim under this policy. **You** will cooperate fully before, during and after the Coverage Period.

## Suit

No action or arbitration proceeding for the recovery of any claim under this policy shall be commenced more than one year after the date of **injury** or the date on which **you** first received any **insured services** arising out of unexpected **emergency** sickness or disease. If, under the law of the province or territory in which this policy was issued, such limitation period is invalid, then any claim shall be void unless such action or arbitration proceeding was initiated within the time permitted by the laws of such province or territory.



### Arbitration

If **you** disagree with **our** claim decision, the matter will be submitted to arbitration under the arbitration law in the Canadian province or territory where **your** policy was issued. Legal action to recover a claim must start within 12 months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before the courts of the Canadian province or territory where **your** policy was issued.

### Medical Examination

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

### Statutory Conditions

The Statutory Conditions governing accident and sickness insurance, of the Insurance Act of the province or territory in which this policy was issued, are incorporated into and form part of this policy.

### Premium Payment Requirement

**We** provide the insurance described in this policy in return for payment of the premium shown and subject to all the **policy terms**. This insurance will be in effect only if the premium is paid in full at the time of application and on or before the policy **effective date**.

If the incorrect premium is charged, or if any payment is rejected for any reason, or if any information or required forms are missing, **we** will either modify the Coverage Period or declare the policy void.

**If you opted for the Monthly Payment Plan**, this insurance will be and will remain in effect only if the premium is paid in accordance with the terms of this policy and the Monthly Payment Authorization Form which was completed and signed when the Monthly Payment Option was selected. **We** reserve the right to discontinue the monthly payment schedule and/or charge additional processing fees in the event that payments cannot be charged to the credit card **you** have provided as per the terms of the Monthly Payment Authorization Form.

Under the Monthly Payment Option an initial deposit equal to (2) two months of premium is payable at the time of application. A third month of premium is payable when the policy is **activated**. Thereafter, the **effective date** will establish the **premium due date** and monthly premiums must be paid in each subsequent month until the full policy premium has been paid or until **you** provide proof that **you** have returned to **your country of origin** (whichever is earlier).

If credit card charges are invalid or no proof of payment exists, 21st Century will immediately notify **you** of the failed payment and **you** will be given 30 days from the date the notice is mailed to pay the full monthly payment that failed and any other payments that have since become due. If 21st Century is unable to collect the outstanding premium(s) by the end of the 30 days, the policy will be terminated and all coverage will end on the paid-to date (the date to which the policy had been paid by the last monthly payment received). **You** will not be able to reinstate the policy. There will be no grace period permitted.

At no time will **we** pay or be liable for any claim that occurs when **your** policy has not yet been **activated** or has lapsed due to non-payment of premium regardless of whether the claim is presented before or after the date that **your** credit card payment failed or was declined. In other words, **we** are not liable for the payment of any benefits under this policy if payments are in arrears or if **your** policy was never **activated**.

### Canadian Currency Clause

Premium, limits, sums paid by or to us, and all amounts referenced in this policy are in Canadian currency.

### Privacy

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

### Notice On Privacy And Confidentiality

The specific and detailed information requested on **your** application and Medical Declaration is required to process the application. To protect the confidentiality of this information, Manulife 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. **Your** file is secured in **our** offices. **you** may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.

### Governing Law

It is understood and agreed that this policy shall be construed and governed by the laws of the province in which this policy was issued. Without limiting the foregoing, it is agreed that, in hearing any dispute arising out of any **policy terms**, arbitrators or any court shall apply the substantive and procedural law of the province in which the policy was issued.

## DEFINITIONS

**Act of Terrorism** means any activity 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 sitting government or occupying power; 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.

**Activate, Activation and Activated** means acceptable notice has been provided to 21st Century that **you** have finalized **your effective date** and have paid the third monthly premium installment. If this policy is issued with only two monthly premiums paid, it is issued with a status of Pending in our records and is not **Activated** until the third payment is made. THERE IS NO COVERAGE UNDER THIS POLICY UNTIL THE POLICY IS ACTIVATED. **Activation** may require a new **policy confirmation** reflecting any changes to **your** coverage and/or premium. **Activation** authorizes 21st Century to immediately begin charging the remaining monthly payments to the applicable credit card until the full premium for 12 full months (or 24 full months if **you** purchased a two-year Coverage Period) has been paid or until 21st Century is appropriately notified that **you** wish to terminate **your** coverage for a valid reason.

**Age** means the attained age on the **effective date** of this policy. If **you** request a change to the **effective date**, **your** policy may be subject to a premium change or modified eligibility requirements based on **your age** on that new **effective date**. The maximum age under this policy is 85 and the minimum age is 30 days.

**Arrival Date** means the date and time **you** arrive in Canada from **your country of origin** (or in such other country as permitted under the "Side-Trips Outside of Canada" provision). If **you** are a holder of a valid multi-entry visa issued by the government of Canada, **arrival date** does not apply to any re-entry into Canada following any temporary return to **your country of origin** during **your** Coverage Period.

**Change in medication** means the medication dosage, 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.

**Country of Origin** means the country in which **you** maintained a permanent residence immediately prior to **your arrival date**.

**Deductible Amount** means the amount of eligible expenses that **you** are responsible for paying before **our** obligation to reimburse any eligible expenses begins. **Your deductible amount** applies to the amount remaining after any eligible expenses are paid by any other benefit plan **you** may have. The **deductible amount** is shown on **your policy confirmation** and applies per policy per Insured. If **you** have upgraded **your** Coverage Period to two years, the **Deductible Amount** will be reset on day 366 of your Coverage Period and will have to be paid again by **you** before **you** will be reimbursed for eligible expenses in year two. Regardless of the deductible selected, if **you** do not report a claim within 24 hours, **you** will be responsible for the first \$100 of any medical expenses we normally pay. This \$100 is in addition to any **deductible amount**.

**Disappearing Deductible** means that all other **deductible amounts** are waived and replaced with a \$2,500 per-claim **deductible amount** that applies to each sickness-related claim when eligible expenses, per claim, are \$2,500 or less. When **you** submit a claim where the sickness-related eligible expenses exceed \$2,500 per claim, the **deductible amount** is waived and eligible expenses will be reimbursed back to the first dollar. There will be no **deductible amount** when a claim is a result of an injury. If **you** selected the Disappearing Deductible option, it will be shown on **your policy confirmation**. Regardless of the **deductible amount** selected, if **you** do not report a claim within 48 hours, in addition to any **disappearing deductible amount**, **you** will be responsible for the first \$100 of any medical expenses we would normally pay.

**Effective Date** means the latest of:

- the time and date **you** apply for this insurance; or
- 12:01 AM on the **effective date** as shown on **your policy confirmation**; or
- your arrival date**.

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

**If you opted for the Monthly Payment Plan:**

**Effective Date** means the latest of:

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

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

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

NOTE: Each time **you** purchase another policy from **us**, the new policy will have a new **effective date**.

**Emergency** means an unforeseen sickness or injury that requires immediate medical treatment. An **emergency** no longer exists when the Assistance Centre determines that **you** are able to return to **your country of origin**, or continue with the trip.

**Expiry Date** means the earliest of:

- 11:59 PM on the **expiry date** indicated on **your policy confirmation**;
- 11:59 PM on an earlier date calculated by **us** due to an incorrect or insufficient or lapsed premium payment;
- the date and time **you** leave Canada (or such other country as permitted under the "Side-Trips Outside of Canada" provision); or
- the date we receive proof that **you** are eligible and covered under a **government health insurance plan**. EXCEPTION: If **you** are a visitor to Canada with an IEC work permit, this policy will continue to provide eligible benefits that are not covered by **your government health insurance plan**.

At no additional premium, coverage will be provided during an uninterrupted flight from Canada directly to **your country of origin**. An uninterrupted flight shall include a stop-over provided **you** do not leave the airport.

If **you** hold a multi-entry visa (such as a **PG-1 VISA** or an IEC Work Permit) and return to **your country of origin** without cancelling **your** policy, **your** coverage will be suspended while **you** are in **your country of origin** and will resume when **you** return to Canada (or other country as permitted under the "Side-Trips Outside of Canada" provision). There will be no refund of premium related to **your** suspension of coverage while in **your country of origin** and **your expiry date** will not change.

**Family** means a maximum of two parent(s) or legal guardian(s) plus their unmarried children under **age 22** dependent on them for their sole means of support and visiting Canada with them.

**Government health insurance plan** means the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

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

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

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

**Injury** means sudden bodily harm that is caused directly by external and purely accidental means. For Accidental Death and Dismemberment, the **injury** must also be independent of sickness or disease.

**Insured Services** means only those services, **treatments**, equipment and medications identified in the **insured services** section of this policy and provided while **you** are in Canada or while on an uninterrupted flight to or from Canada as described in the definitions of **effective date** and **expiry date** or while covered under the "Side-Trips Outside of Canada" provision.

**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 only minor tranquilizers or minor anti-anxiety medication (anxiolytics) or no prescribed medication at all.

**PG-1 VISA** means the Parent and Grandparent Super Visa issued by the Government of 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**, a travel companion or a member of **your** immediate family.

**Policy Confirmation** means the document or set of documents confirming **your** insurance and the dates **you** are covered under this policy. It may include the Medical Declaration (if required) and the application for this policy,

once it has been completed, signed and submitted with the required premium to **us** and, if applicable, the Monthly Payment Authorization form.

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

**Pre-existing or pre-existing medical condition** means sickness, illness, disease, symptom, or **injury** that existed or for which medication has been taken, received, or prescribed (including prescribed as needed), or for which **treatment** has been prescribed or received in the 180 days before **your effective date** of insurance as stated on **your policy confirmation**.

**Premium Due Date** means that, following the initial deposit of two (2) months of premium and the third monthly payment charged on the date the policy is **activated**, each of the nine (9) subsequent monthly payments, or twenty-one (21) subsequent monthly payments if **you** upgraded to a two-year Coverage Period, after the **effective date** will be charged to the authorized credit card on the same day in the month as the **effective date** to commence in the first month following the **effective date**. If the **effective date** falls on the 29th, 30th, or 31st day of a month, monthly premiums will be billed on the 28th day in those months where those calendar days do not exist.

**Reasonable and Customary Charges** means charges 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 sickness or **injury** or for other comparable services or supplies for similar circumstance.

**Stable Chronic Condition** means a **pre-existing medical condition** for which, in the 180 days prior to **your effective date** of insurance:

- there have been no new symptoms or change in symptoms; and
- existing symptoms have not become more frequent or severe; and
- a **physician** has not found 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, or any **change in medication**; and
- a **physician** has not provided, prescribed, or recommended any investigative testing, new **treatment**, or any change in **treatment**; and
- there has been no hospitalization or referral to a specialist or specialty clinic; and

- a **physician** has not advised referral to a specialist or further testing, and there has been no testing for which results have not yet been received.

We will not cover any heart condition if, in the 180 days before the **effective date**, **you** required any form of nitroglycerine for the relief of angina pain.

We will not cover any lung condition if, in the 180 days before the **effective date**, **you** required treatment with prednisone for a lung condition.

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

**Waiting Period** means a period, starting from the **effective date** of this policy, during which premiums are payable but claims resulting from any sickness will be not eligible for reimbursement. Any sickness that manifests itself during the **waiting period** is not covered even if related expenses are incurred after the **waiting period**.

A **waiting period** will apply if **you**:

- i) purchase this policy after **your arrival date**; or
- ii) fail to properly notify **us** of **your actual arrival date** (as explained in **Your Coverage Starts**); or
- iii) decrease **your deductible amount** or change from a 21st Century plan that does not cover stable **pre-existing medical conditions** to one that does or increase **your aggregate policy limit** when **you** purchase consecutive policies with no gap between the **expiry date** of the previous policy and the **effective date** of the subsequent policy.

The following **waiting periods** apply in the above circumstances:

- i) if, within the first 30 days after **your arrival date**:
  - **you** purchased or **activated** this policy, or
  - failed to properly notify 21st Century (as explained in **Your Coverage Starts**)
 the **waiting period** is 72 hours;
- iii) if, 31 or more days after **your arrival date**:
  - **you** purchased or **activated** this policy, or
  - failed to properly notify 21st Century (as explained in **Your Coverage Starts**)
 the **waiting period** is 7 days.

The **waiting period** will be waived if this policy:

- i) is purchased or **activated** on or prior to the **expiry date** of an existing Visitors to Canada policy already issued by **us** to take effect on the day following such **expiry date**, provided there is no increase in the aggregate policy limit or decrease in the **deductible amount** and there is no change from Standard to Enhanced coverage rates; or

- ii) is purchased prior to **your arrival date** (unless **you** failed to notify 21st Century (as explained in **Your Coverage Starts**); or

- iii) **we** specifically waive or modify the **waiting period**.

If **you** have coverage with another insurer during the first part of **your** trip, and **you** are purchasing or **activating** this insurance after **your arrival date** and there will be no gap in **your** coverage, **you** may submit a Special Consideration Form and request to have the **waiting period** waived. **You** must be in good health and provide proof satisfactory to **us** that **you** have other coverage in force prior to purchasing this policy and receive written approval from **us**.

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

**You, your** and **yourself** mean the person(s) identified as Insured on the **policy confirmation** or eligible applicant(s) listed on the application for this insurance and for whom premium has been received by **us**.

## POLICY ADMINISTRATION

For inquiries contact 21st Century Travel Insurance Limited, 1040 Division St., Unit 18, Cobourg, Ontario K9A 5Y5

1 800 567-0021

toll-free from the USA or Canada

or 905-372-1779

From 9 AM to 5 PM ET

## REFUND OF PREMIUM OR CANCELLATION OF POLICY

Requests for premium refunds due to non-arrival can be submitted for consideration as long as this insurance has not been issued as part of the requirements necessary to obtain or maintain a visitor visa, in which case proof of visa refusal must be provided.

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

If **you** are applying for a partial refund and a claim has been paid or denied, **you** may apply to have such claim(s) withdrawn. The amount of claim(s) paid will be deducted from the refund amount plus a file handling fee of \$300 per claim will also be deducted. A denied claim will be subject to a file handling fee of \$500 per claim. The file handling fee and any other adjustments will be deducted from any amount to be refunded.

Once any claim(s) has (have) been withdrawn to apply for a premium refund, no further expenses will be accepted for consideration under the policy, regardless of the date the expense was incurred.

**Your** written request to cancel this policy must be received within 60 days following the date **you** become eligible coverage under a **government health insurance plan** or **you** return to **your country of origin**. In no event will **we** back-date a cancellation to a date more than 60 days prior to the

date of receipt of your cancellation request. If **you** cancellation request is received more than 30 days following the date **you** returned to **your country of origin**, we will require a copy of every page of **your** passport to verify that **you** did not visit Canada between the date **you** returned to **your country of origin** and the date **you** submitted **your** cancellation request. If **you** leave Canada but spend time in a country covered under the Side-Trips Outside of Canada provision, **you** must advise 21st Century prior to exiting Canada if **you** do not want to be covered in that other country. Failure to notify 21st Century prior to your exit date may result in premium being retained to cover all or part of that side trip.

All refunds are subject to approval by 21st Century. Refunds will be credited to the same credit card used to charge the premium.

In addition, a \$25 policy administration fee will be applied to any refund or cancellation.

### REFUND OF PREMIUM OR CANCELLATION OF POLICY IF YOU HAVE A MONTHLY PAYMENT PLAN

If **your** visa application is denied by the Government of Canada, or **you** formally withdraw **your** visa application and **your** coverage under this policy has not been **activated**, 21st Century will refund any premium paid. Proof of the denial or withdrawal of **your** application for a visa must be provided to 21st Century with **your** written request for a refund.

If the Government of Canada issues **you** an entry permit that is different than the one **you** applied for, **you** may request a refund of any premium paid or change from a monthly payment plan to payment in full as long as we receive **your** request prior to **your** entry into Canada. Proof of the change in entry permit will be required. Once **you** enter Canada, **your** deposit premium becomes non-refundable.

The \$50 Policy Fee for any cancellation of, or change from the Monthly Payment Option is non-refundable.

The two month deposit premium and the \$50 Policy Fee for the Monthly Payment Option are non-refundable in any circumstance where the entry permit is approved and issued by the Government of Canada.

The two month deposit premium and the \$50 Policy Fee for the Monthly Payment Option are non-refundable on any **activated** policy or policy that is terminated mid-term by **you** or **us**. Only full monthly premiums will be refunded; partial months will not be refunded.

After **you** have **activated your** coverage under this policy, subject to all other **policy terms**, **your** insurance will terminate on the date that:

- **you** return to **your country of origin** in the event of **your** death under Insured Service benefit #6, or following **emergency treatment** of your medical

condition under Insured Service benefit #7; or

- the Assistance Centre specified when advising **you** to return to **your country of origin** due to **your** medical condition, even if **you** choose to remain in Canada; or
- **we** receive proof that **you** are eligible and covered under a **government health insurance plan**; or
- **you** return to **your country of origin** and submit a written request to cancel **your** policy.

**You** can cancel **your** insurance and obtain a refund of the unused premium amount when **you** provide proof that **you** are covered under a **government health insurance plan**, or with proof of return to **your country of origin**:

- if there are more than 30 days between **your** termination date and **expiry date**, and
- as long as **your** written request to cancel this policy is received within 60 days following the date **you** become eligible for coverage under a **government health insurance plan** or **you** return to **your country of origin**. In no event will **we** back-date a cancellation to a date more than 60 days prior to the date of receipt of **your** cancellation request.

**Your** written notification must include:

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

If **your** cancellation request is received more than 30 days following the date **you** returned to **your country of origin**, we will require a copy of every page of **your** passport to verify that **you** did not visit Canada between the date **you** returned to **your country of origin** and the date **you** submitted **your** cancellation request. If **you** leave Canada but spend time in a country covered under the Side Trips Outside of Canada provision, **you** must advise 21st Century prior to exiting Canada if **you** do not want to be covered in that other country. Failure to notify 21st Century prior to **your** exit date may result in premium being retained to cover all or part of that side trip.

All refunds are subject to approval by 21st Century. A \$25 policy administration fee will be applied to any refund. Refunds will be credited to the same credit card used to charge the premium.

Once 21st Century has received **your** cancellation request, expenses with a date of service after the termination date will not be considered for reimbursement.

If **your** policy has more than one person identified as a Named Insured on the **policy confirmation** and one Named Insured requests an early cancellation while the other wants to remain in Canada, the remaining Named Insured must either purchase a new policy with the Monthly Payment Option or pay the full outstanding balance for individual coverage on their existing policy.

## INFORMATION REQUIRED TO SUBMIT A CLAIM

Claims must be reported within 30 days of occurrence. Written proof of claim must be submitted within 90 days of occurrence.

**To make a claim, you will need to complete a claim form and submit the following:**

- a) policy number;
- b) proof of all travel dates (airline ticket, passport or visa);
- c) original itemized medical bills, receipts and invoices;
- d) proof of payment if **you** have paid the expense;
- e) complete medical and/or **hospital** records including diagnosis, X-ray, lab or other diagnostic testing results, which confirm that the **treatment** was medically necessary; and
- f) copy of police report (in the case of a motor vehicle accident);
- g) if a claim is made under Accidental Death and Dismemberment, **we** will need: a) police, autopsy or coroner's report; b) medical records; and c) death certificate, as applicable.

Attach all documentation requested in the claim form, and send it to:

21st Century Visitors Claims  
c/o Active Care Management  
P.O. Box 1237, Stn. A  
Windsor, ON N9A 6P8 Canada

To enquire about the status of **your** claim call  
1-855-297-4379 from 8:00AM to 8:00PM ET