



Transat

Concierge Club Policy

Effective August 2024

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

NOTICE REQUIRED BY PROVINCIAL LEGISLATION

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.

Important Notice - Read Carefully Before You Travel

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

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

It is your responsibility to understand your coverage. If you have questions, call 1 800 263-2356.



IN THE EVENT OF AN EMERGENCY, CALL:

1-800-764-6539

Toll-free from the USA and Canada

+1 (519) 251-7488

Collect to Canada where available



NAME _____

POLICY # _____

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Toll-free from the USA and Canada

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NAME _____

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IMPORTANT INFORMATION ABOUT YOUR INSURANCE

The Manufacturers Life Insurance Company (Manulife) and its wholly owned subsidiary First North American Insurance Company (FNAIC) are the underwriters for this Transat Concierge Club Travel Insurance Policy. For greater clarity, the terms 'we', 'us', 'our' used in this policy means FNAIC in connection with benefits identified with ‡ throughout this document; and Manulife in connection with all other coverages under this policy. Claim payment and administrative services are provided by the administrator, Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management," "ACM," "Global Excel Management," and/or "Global Excel" as the provider of all assistance and claims services and is referred to as the 'Assistance Centre' throughout this policy.

MANULIFE FLIGHT ASSISTANCE

Manulife has contracted Blink Parametric (Blink) to use their technology to monitor and track all flights that you register with them at flightassistancemanulife.com. If your airline provider delays your flight at least 3 hours beyond the scheduled departure time or cancels your flight, Blink administers payment of the covered benefits. Review the Manulife Flight Assistance section of this policy for full details.

IMPORTANT: You must register your mobile/cell phone number and the flight information for each flight in your journey at least 1 hour before the scheduled departure time. Blink will contact you at the phone number you provide in your registration. This service is provided by Blink and its availability is subject to change without notice.



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THiA) want you to know your rights. THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

Know your health • Know your trip
Know your policy • Know your rights

For more information, go to www.thiaonline.com

TRANSAT CONCIERGE CLUB POLICY PARAMETERS

IMPORTANT INFORMATION ABOUT YOUR TRAVEL INSURANCE

The Transat Concierge Club Policy is designed for residents of Canada who:

- a) Are covered with a **government health insurance plan** for the policy duration;
- b) Are travelling for a maximum of:
 - 90 days if you are age 59 and under
 - 60 days if you are age 60 to 75
 - 30 days if you are age 76 and olderThis is inclusive of any extension (including the date you leave on your trip and including the date you return home);
- c) Purchased the policy within 72 hours of making an initial payment on the **trip** travel arrangements; and
- d) Are listed as Insured Person(s) on the confirmation of coverage (for ease of reference, these persons may also be referred to as 'you' or 'your' throughout this policy).

It is important you read and understand your policy before you travel. It is **your responsibility** to review the terms, conditions and limitations outlined in this policy.

If you are age 75 or older, a **pre-existing condition exclusion** applies to your coverage. It is **your responsibility** to review and understand the *pre-existing condition* exclusion that applies to your Emergency Medical Insurance coverage. Please review the *pre-existing condition* exclusions listed on Page 3 of this policy.

IN THE EVENT OF AN EMERGENCY, YOU MUST CALL THE ASSISTANCE CENTRE IMMEDIATELY

1-800-764-6539 toll-free from the USA and Canada
+1-519-251-7488 call collect where available

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

Our Assistance Centre can also be contacted through the **Manulife TravelAid™** mobile app. Download the app through the Google Play™ store or the Apple App Store®. For more information, visit active-care.ca.

Please note that if **you do not call** the Assistance Centre in an *emergency* or prior to *treatment*, your coverage may be reduced. If it is medically impossible for you to call, please have someone call on your behalf.

ITALICIZED WORDS have a specific meaning. Please refer to the "Definitions" section of this policy to find the meaning of each italicized word.



IF YOU NEED **MEDICAL ATTENTION** or must make any other type of claim during your *trip*, please contact the Assistance Centre first. The Assistance Centre is open 24 hours a day each day of the year. If you do not contact the Assistance Centre prior to seeking medical *treatment*, your coverage may be reduced. Immediate access to the Assistance Centre is also available through its TravelAid mobile app.



Before you travel download the free assistance & claim mobile app, **Manulife TravelAid™**.



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IF YOU NEED **MEDICAL ATTENTION** or must make any other type of claim during your *trip*, please contact the Assistance Centre first. The Assistance Centre is open 24 hours a day each day of the year. If you do not contact the Assistance Centre prior to seeking medical *treatment*, your coverage may be reduced. Immediate access to the Assistance Centre is also available through its TravelAid mobile app.



Before you travel download the free assistance & claim mobile app, **Manulife TravelAid™**.



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10-Day Free Look to Review this Policy

You have 10 days from your insurance purchase date to review this policy. If it does not meet your needs, you may terminate this insurance coverage and receive a premium refund if:

- (i) you have not departed on your *trip*; and
- (ii) there is no claim in progress.

To request a premium refund, simply contact your distributor of Transat Travel Insurance from whom you purchased the insurance.

After the 10-Day Free Look, refund of premium is not available.

INTRODUCTION

Policy Contract

This is your insurance policy, a contract detailing the terms and conditions of the insurance coverage you purchased. Your application, this policy and any riders or endorsements to it shall form the entire contract between you and the company. The company has sole authority for changing or waiving any of the terms, conditions or provisions stated in this policy.

How to contact us

Prior to travelling, or when travelling and you require *emergency* assistance, call

1 800 764-6539 toll-free from the USA and Canada
+1 (519) 251-7488 collect where available.

For coverage information or general enquiries, please contact Transat Travel Insurance Customer Service Centre at **1 800 263-2356**.

WHAT DOES THIS POLICY COVER?

Coverage includes Trip Cancellation and Trip Interruption, Travel Disruption, Emergency Medical, Baggage Loss, Damage & Delay, Personal Money and Travel Accident. These benefits provide coverage for **ACCIDENTS, INJURIES, UNEXPECTED ILLNESSES AND OTHER UNFORESEEN EVENTS** (meaning any event, situation or circumstance that is beyond your control) that occur during the policy period unless the event or situation causing your claim is specifically excluded in the section WHAT DOES THIS POLICY NOT COVER?

WHAT DOES THIS POLICY NOT COVER?

TRIP CANCELLATION OR TRIP INTERRUPTION INSURANCE

Your Trip Cancellation or Interruption claim WILL NOT BE COVERED if caused by or resulting from one or more of the following situations:

- Any reason, circumstance or event that was known, or should have been known by you, at the time of purchasing this insurance, as being likely to affect your travel arrangements as booked.
- A *medical condition* for which, at the time of purchasing this insurance, one or more of the following conditions applies:
 - a *physician* advised you NOT to travel;
 - you received a notice of terminal prognosis (which means that a *physician* told you that you have less than 6 months to live);
 - you had been prescribed kidney dialysis;
 - you had been prescribed home oxygen.
- Any loss or any *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of your destination, before the departure date stated on your confirmation of coverage. To view the travel advisories, visit the Government of Canada Travel site. This exclusion does not apply to claims for a loss or a *medical condition* unrelated to the travel advisory.
- Default of *travel supplier* except as otherwise specifically provided under the limited Supplier Default coverage (see page 7).

EMERGENCY MEDICAL INSURANCE

Your claim for Emergency Medical expenses WILL NOT BE COVERED if such expenses were incurred, caused by or resulted from one or more of the following situations:

- If you are age **75 or over**, at time of application, any *pre-existing condition* or related *medical condition* which was not **stable** during the **12-month** period before you left home.
- A *medical condition* when you knew or for which it was reasonable to expect, before you left home, that you would need medical *treatment* (except the unchanged use of prescribed medication or routine monitoring) for that *medical condition* during your *trip*.
- A *medical condition* for which future investigation or future *treatment* was planned before you left home.

4. Any and all medical *treatment* or services received for any *medical condition* whatsoever if, before you left home:
 - a) a *physician* advised you NOT to travel;
 - b) you received a notice of terminal prognosis (which means that a *physician* had told you that you have less than 6 months to live);
 - c) you had been prescribed kidney dialysis;
 - d) you had been prescribed home oxygen.
5. Any *treatment* that is not for an *emergency*.
6. Participation in the following activities:
 - a) mountain-climbing using ropes and specialized equipment, rock-climbing or hang-gliding, unless accompanied by a qualified instructor;
 - b) your professional participation in a sport when that sport is your principal paid occupation;
 - c) any motorized speed contest or race;
 - d) any underwater activity deeper than 10 metres involving the use of a self-contained underwater breathing apparatus (unless you hold an open water diving certificate or are accompanied by a qualified instructor).
7. a) your self inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness;
b) your abuse of drugs, medication or alcohol.
8. a) your routine prenatal or postnatal care;
b) pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
c) your child born during your *trip*.
9. Any loss or any *medical condition* you suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of your destination, before the departure date stated on your confirmation of coverage. To view the travel advisories, visit the Government of Canada Travel site. This exclusion does not apply to claims for a loss or a *medical condition* unrelated to the travel advisory.

BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

FOR Baggage Loss, Baggage Damage or Baggage Delay insurance, WE WILL NOT COVER benefits or expenses relating to:

1. Animals, perishable items, bikes that are not checked as baggage with the *common carrier*, household items and furniture, artificial teeth or limbs, hearing aids, glasses of any type, contact lenses, money, tickets, securities, documents, antiques or collector items, items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect or mechanical breakdown.
3. Personal property left unattended in public, in unlocked commercial accommodations or in an unlocked vehicle.
4. Jewelry or camera placed in the custody of a *common carrier*.

PERSONAL MONEY INSURANCE

If your personal money is lost or stolen during your *trip*, WE WILL NOT COVER any claim arising from one or more of the following situations:

1. **THE FIRST \$25 OF EACH AND EVERY CLAIM.**
2. Delay, detention or confiscation by Customs officers or officials.
3. Shortages due to error, omission, depreciation, or fluctuations in value.
4. Money that was not in your possession at the time the loss occurred.

FLIGHT OR TRAVEL ACCIDENT INSURANCE

Your Flight or Travel Accident claim for death, loss or disablement WILL NOT BE COVERED if it is caused by or results from one or more of the following situations:

1. Your participation in the following activities:
 - a) mountain-climbing using ropes and specialized equipment, rock-climbing, hang-gliding, parachuting or sky-diving;
 - b) your professional participation in a sport when that sport is your principal paid occupation;
 - c) any motorized speed contest or race.
2. a) your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness;
b) your abuse of drugs, medication or alcohol.
3. Any accidental *injury* you suffer or contract when an official travel advisory was issued by the Canadian government stating "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of your destination, before the departure date stated on your confirmation of coverage. To view the travel advisories, visit the Government of Canada Travel site. This exclusion does not apply to claims for an accidental *injury* unrelated to the travel advisory.
4. The commission of or attempt to commit any criminal offence or illegal act by you or your beneficiary.

TRAVEL BENEFITS AT-A-GLANCE

Please review pages 6 – 11 for full coverage details and benefit limits.

Trip Cancellation & Trip Interruption Insurance	
Trip Cancellation – Non-refundable prepaid travel arrangements	Up to Covered Amount (Maximum Covered Amount available: \$30,000)
Trip Interruption – Unused non-refundable prepaid travel arrangements	Covers unused non-refundable prepaid travel arrangements
Trip Interruption Transportation	Unlimited same class transportation to return home
Meals & Accommodations & Other Covered Expenses due to interruption (early or delayed return)	\$350 per day / Maximum 10 days (\$3,500)
Cancel For Any Reason (CFAR) coverage	(See page 6)
Interruption For Any Reason (IFAR) coverage	(See page 6)
Default Supplier Protection Coverage	(See page 7)
Travel Disruption Insurance	
Transportation	Unlimited same class transportation to next destination or to return home
Accommodations, Meals & Other Covered Expenses	\$350 per day / Maximum 2 days (\$700)
Additional Overnight Accommodation	\$200 Maximum
Unused non-refundable prepaid travel arrangements	\$300 per day / Maximum 3 days (\$900)
	OVERALL TRIP MAXIMUM: \$1,500
Emergency Medical Insurance: Up to \$10,000,000	
Expenses to receive Emergency Medical Attention	Up to policy maximum
Expenses related to your death	Repatriation of Remains: Included in policy maximum
	Cremation or Burial at Destination: Up to \$10,000
Expenses for Emergency Medical Evacuation – Return to your Province or Territory of Residence	Included in policy maximum
Extra Expenses for meals, hotels, communication & local transportation	\$500 per day / Maximum 10 days (\$5,000)
Expenses to bring someone to your bedside	Unlimited Round-Trip Economy Transportation to Bedside + \$1,000 for Accommodation & Meals
Baggage Loss, Damage & Delay Insurance	
Lost/Stolen or Damaged Baggage	\$750 per item/ up to a maximum of \$1,500
Lost/Stolen Passport or Travel Visa	Up to \$500
Common Carrier Delay of Baggage	Up to \$750
Common Carrier Delay of Sporting Equipment	Up to \$500
Personal Money Insurance	
Personal Money	Up to \$200
Travel Accident Insurance	
Air Flight Accident	Up to \$250,000
Travel Accident	Up to \$50,000

Your claim will be paid in accordance with the benefits applicable to your loss as set forth in this policy. Covered expenses will be reimbursed based upon expenses actually incurred and which are substantiated with original detailed receipts.

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE

Trip Cancellation Insurance coverage:

- starts at the date and time you pay the premium for that coverage, shown as the application date on your confirmation of coverage
- ends on the earlier of the departure date stated on your confirmation of coverage or the date you cancel your *trip*

Trip Interruption Insurance coverage:

- starts on the later of the departure date stated on your confirmation of coverage or the date you leave your home to start on your *trip*
- ends on the earlier of the return date stated on your confirmation of coverage or the date you return home

What is covered under Trip Cancellation and Trip Interruption Insurance?

Trip Cancellation and Trip Interruption Insurance provides coverage, if due to an unexpected event, you or your *travel companion* must cancel or interrupt the *trip* or the return is delayed beyond the scheduled return date.

PLEASE NOTE: You must notify us that you intend to submit a claim for Trip Cancellation or Trip Interruption **as soon as you are aware** that an event has occurred that will require you to cancel or interrupt your *trip*.

To cancel a *trip* before your departure date, you must cancel your *trip* with your travel consultant or *travel supplier* on the day the cause of cancellation occurs or on the next business day at the latest. This is important as reimbursement for non-refundable prepaid travel arrangements are based upon the cancellation penalties in place at the time of the cause of cancellation (or the next business day).

As these penalties increase as you approach your departure date, your reimbursement may be reduced if there is a difference in the *travel supplier* imposed penalties that existed at the time of the cause of cancellation as opposed to those in place when you actually cancelled your *trip*.

Benefits - What does Trip Cancellation Insurance and Trip Interruption Insurance cover?

FOR TRIP CANCELLATION: If you are unable to travel due to any unexpected event that occurs before the departure date stated on your confirmation of coverage, we will pay, up to the covered amount as indicated on your confirmation of coverage:

- A. For the prepaid unused portion of your travel arrangements that are non-refundable; and
- B. For any published cancellation fees and/or amendment fees that you have incurred if you cancelled your *trip*, provided the cost of those fees were included in the covered amount for your trip cancellation coverage.

OR

If your *travel companion* must cancel his/her *trip* due to such unexpected event and you decide to travel as planned, we will pay for your next occupancy charge, up to the covered amount as indicated on your confirmation of coverage.

FOR TRIP INTERRUPTION: If you interrupt your *trip* (either by returning earlier or later than the scheduled return date stated on your confirmation of coverage) due to any unexpected event, we will pay:

- A. For the prepaid unused portion of your non-refundable travel arrangements except the prepaid cost of your return transportation ticket home; and
- B. For the one-way same fare transportation to return home.
- C. For your additional unplanned expenses that you necessarily incur while in transit (such as hotel and meal expenses, your essential phone calls, internet usage, roaming and texting fees and taxi fares), up to **\$350** per day for a maximum of 10 days (**\$3,500**) when no earlier transportation arrangements are available if you must return earlier or later than your scheduled return date.

PLEASE NOTE: If the delay is a result of a *medical condition*, we will only pay expenses for the length of time for which the attending *physician* at destination advised against travel.

D. In the event of your death resulting from a covered *injury* or sickness while on the insured *trip*:

- i) the reasonable costs incurred for preparing and transporting your remains back home; or
- ii) the cost of cremation and burial of your remains at the location where death occurs, to a maximum of **\$10,000**.

No benefit is payable for the cost of a headstone, casket, urn and/or funeral service expenses.

E. In addition, we will pay your unplanned expenses that you necessarily incur due to your early or delayed return (such as but not limited to these costs; paying published cancellation fees to your *travel supplier* for unused *travel services*, pet care boarding expenses incurred beyond your scheduled return date, prepaid green fees or ski tickets, prepaid cost of missed excursions /events) up to a maximum of **\$1,000**.

PLEASE NOTE: Expenses or costs associated with your delayed return to work are not covered.

F. If you return earlier than your scheduled return date and you consequently missed at least **70%** of your *trip* we will, on your request, issue a voucher to a maximum of **\$750** (the 'Vacation Voucher').

Vacation Voucher Limitations

1. Eligibility to receive the benefit under the Vacation Voucher is dependent upon approval and payment of a valid trip interruption claim under the Trip Cancellation and Trip Interruption Insurance of this policy.
2. The redeemable Vacation Voucher is:
 - a) payable only to you;
 - b) valid until the expiry date indicated on the voucher (a period of 180 days from the date of your early return from your interrupted *trip*);
 - c) non-transferable; and
 - d) not redeemable in cash.
3. The replacement trip must:
 - a) begin before the expiry date on the voucher; and
 - b) be purchased through a Travel Agency that offers Transat Travel Insurance.

LIMITATIONS OF COVERAGE FOR TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE

1. If your reason for your Trip Cancellation or Trip Interruption is not covered under this policy as listed on page 3 in the section **WHAT DOES THIS POLICY NOT COVER**, you may submit expenses for consideration under:

• **Cancel For Any Reason (CFAR) Coverage** - if your reason for cancellation is not covered under this policy:

• You may cancel **7 days** or more before the scheduled departure date (and time) stated on your confirmation of coverage and we will pay up to **80%** of the covered amount for the non-refundable prepaid travel arrangement costs.

• You may also cancel **6 days to 24 hours** immediately before your scheduled departure date (and time) stated on your confirmation of coverage and we will pay up to **80%** of the covered amount for the non-refundable prepaid travel arrangement costs **up to \$2,500**.

• **Interruption For Any Reason (IFAR) Coverage** - If your reason for trip interruption is not covered under this policy:

• You may interrupt your *trip* **48 hours or more** after your arrival at your trip destination and we will pay up to **80%** of the prepaid unused portion of your non-refundable travel arrangements (except the prepaid cost of your return transportation ticket home) **up to \$2,500**. In addition, we will pay up to **80%** of the cost for the one-way same fare transportation to return home.

2. **Specific Protection for Unexpected Events Causing Travel Delays** - If prior to your departure date or while travelling to get to your destination or while on your *trip*, an unexpected event causes you to miss more than 25% of your total *trip*, you may cancel or interrupt your *trip* and claim the full cancellation or interruption benefits. If the unexpected events cause you to miss less than 25% of your total *trip*, you may have coverage under Travel Disruption Insurance. PLEASE NOTE: You may claim for the same event either under Trip Cancellation & Trip Interruption Insurance or Travel Disruption Insurance **but not both**.

3. **Default Supplier Coverage** - If you:

- a) have contracted with a *travel supplier* in good standing¹ for *travel services* (including *travel services* provided by a foreign *travel supplier* in good standing¹ if such *travel services* are part of an inclusive package); and

¹The *travel supplier* will be considered in good standing if, at the time of booking the travel arrangements, the *travel supplier* WAS NOT bankrupt, NOT insolvent, NOR in receivership, NOR had sought protection from creditors under any bankruptcy, insolvency or similar legislation;

- b) do not receive part or all of the *travel services* included in your prepaid travel arrangements due to the contracted *travel supplier's* complete or substantial complete cessation of business subsequent to their filing for bankruptcy or bankruptcy protection from creditors under any bankruptcy, insolvency or similar legislation; and
- c) cannot recover all of the cost of such undelivered *travel services* either from the *travel supplier*, from any federal, provincial or other compensation fund, or from any other source that is legally responsible or under contract to reimburse you for the cost of such undelivered *travel services*;

We will then reimburse you as follows subject to the BENEFIT LIMITS stated below:

i) for undelivered *travel services* prior to the scheduled departure:

- the non-refundable portion of the amount that you prepaid for such undelivered *travel services* up to the covered amount selected for the Trip Cancellation coverage that you purchased in connection with your *trip*; or

ii) for undelivered *travel services* after your departure date:

- the non-refundable portion of the amount that you prepaid for such undelivered *travel services* except prepaid unused transportation home;
- your additional and unplanned hotel and meal expenses, your essential phone calls and taxi fares up to a maximum of **\$200** per day for up to **3 days**; and
- the extra cost of your economy class transportation via the most cost-effective itinerary to your next destination or to return you home.

BENEFIT LIMITS

The amount payable to you in respect of any one *trip* will not exceed **\$10,000 CDN** for all persons who are covered under the same Transat Concierge Club policy. Any benefits payable shall also be subject to an overall maximum aggregate payable limit specified below relating to all in-force travel policies issued by us, including this policy.

If total claims otherwise payable for this type of coverage under all travel policies issued by us, resulting from the default of one or more *travel suppliers* occurring within an applicable time period, exceeds the 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.

The maximum aggregate limits are:

- a) **\$1,000,000** CDN with respect to the default of any one (1) *travel supplier*; and

- b) **\$5,000,000** CDN with respect to all defaults of all *travel suppliers* occurring in the same calendar year.

If, in our judgment, the total of all payable claims on account of the default of one or more *travel suppliers* exceeds the applicable limits, your pro-rated claim may be paid after the end of the calendar year in which you qualify for benefits.

TRAVEL DISRUPTION INSURANCE (Delays, Schedule Change, and All Other Unexpected Events)

Travel Disruption Insurance coverage:

- starts at the date and time you pay the premium for that coverage, shown as the application date on your confirmation of coverage
- ends on the earlier of the return date stated on your confirmation of coverage or the date you return home

What is covered under Travel Disruption Insurance?

Travel Disruption Insurance provides coverage if, because of an unexpected event (such as a misconnection or cancellation to any portion of your or your *travel companion's* travel arrangements due to motor vehicle accident, emergency road closures OR any other event beyond your reasonable control) that cannot be remedied without your incurring additional cost, you experience the following:

1. You are unable to use any portion of your travel arrangements as originally booked; or
2. Although able to use your travel arrangements as originally booked, you experience a delay of 4 hours or more in arriving at your destination or returning home; or
3. You are unable to use travel arrangements that were purchased during your *trip* (this includes excursions, events or tours booked and paid for during your *trip* but prior to the occurrence of the unexpected event).

This coverage is secondary to any coverage provided by the *common carrier* or any other source and applies only if your affected travel arrangements included sufficient connection times to meet the *travel supplier's* check-in procedure. This means that any expense claimed under this section will be reduced by any amount that is recoverable from or paid by another source. Including any benefits paid to you by Blink under Manulife Flight Assistance, as a result of a delay or cancellation of your flight registered with Blink.

Benefits - What does Travel Disruption Insurance cover?

If you experience Travel Disruptions as outlined above, we will pay:

- a) Up to **\$350** per day, for a maximum of 2 days (**\$700**) to cover reasonable incidental expenses that you necessarily incur (such as commercial accommodations, snack and meal expenses, communication expenses such as phone, text messaging, internet usage fees and roaming expenses) while in transit to reach your next destination. We will also provide up to a maximum of **\$200** to cover additional overnight commercial accommodations;
- b) If you are unable to benefit from any portion of your prepaid travel arrangements, we will provide up to **\$300** per day, for a maximum of 3 days (**\$900**), provided they are non-transferable to another time during your *trip*;
- c) If you are prevented from using your pre-paid transportation, we will cover the additional cost of one-way same class transportation to your next destination.

Benefit Limit for Travel Disruption Insurance

You may claim, for the same event, either under Trip Cancellation and Trip Interruption Insurance or under Travel Disruption Insurance.

However, more than one Travel Disruption claim may be allowed under the Transat Concierge Club (for different events causing various travel disruptions) but the maximum overall coverage under Travel Disruption Insurance will be limited to a combined total of **\$1,500** for benefits **a) and b)**.

7 **The Transportation benefit c) is unlimited.**

EMERGENCY MEDICAL INSURANCE

Emergency Medical Insurance coverage:

- starts on the later of the departure date stated on your confirmation of coverage or the date and time you leave your province or territory of residence
- ends on the earlier of the return date stated on your confirmation of coverage or the date and time you return to your province or territory of residence

Benefits - What does Emergency Medical Insurance cover?

Emergency Medical Insurance covers you for up to **\$10,000,000 CDN** of *reasonable and customary charges* for Eligible Expenses incurred by you as a result of *medical attention* required by you during your *trip* if a medical *emergency* begins unexpectedly after you leave your province or territory of residence, but only if these Eligible Expenses are in excess of any amount covered by your *government health insurance plan* or any other benefit plan. The *medical attention* must be required as part of your *emergency treatment*.

In the event of an emergency, you must call the Assistance Centre immediately:

1 800 764-6539 toll-free from the USA and Canada or

+1 (519) 251-7488 collect to Canada, where available, from anywhere else in the world.

If the Assistance Centre is not contacted immediately, benefits under this Emergency Medical coverage may be limited. If it is medically impossible for you to call, please have someone call on your behalf.

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.

ELIGIBLE EXPENSES include:

1. **Expenses to receive emergency medical attention** – Medical care received from a *physician*; the cost of a semi-private *hospital* room (or an intensive or coronary care unit where *medically necessary*); the services of a licensed private duty nurse while you are in *hospital*; the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance; drugs that are prescribed for you and are available only by prescription from a *physician* or dentist, and tests that are needed to diagnose or find out more about your condition.

Please Note: This policy does not cover magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, biopsies, cardiac catheterization or any other cardiac procedures, or surgeries of any kind unless these have been approved in advance by the Assistance Centre or unless performed on a life-saving basis immediately upon admission to *hospital*.

2. **Expenses to bring someone to your bedside** – If you are travelling alone and are admitted to a *hospital* for three (3) days or more because of a medical *emergency*, we will pay the economy class fare via the most cost-effective itinerary for someone to be with you. We will also pay up to **\$1,000** for that person's hotel and meals and provide him/her with Emergency Medical Insurance under the same terms and limitations of this policy until you are medically fit to return home. For a child insured under this policy, this benefit is available immediately upon their *hospital* admission.

Please Note: This benefit is ONLY covered if it has been approved by the Assistance Centre.

3. **Emergency medical evacuation** – If our medical advisers and/or the Assistance Centre in consultation with the attending *physician*, determine that you should be transported to another *hospital* or back to your province or territory of residence in Canada for continuing *treatment*, the Assistance Centre will arrange for transportation and we will pay expenses for the following:
 - the extra cost of same class transportation via the most cost-effective itinerary; or
 - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*; and

- the return cost of an economy class transportation 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; or
 - the cost of air ambulance transportation if this is *medically necessary*.
- Please Note: This benefit is ONLY covered if it has been approved and arranged by the Assistance Centre.**

4. **Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiroprapist or podiatrist, up to **\$500** per profession.
5. **Expenses for ambulance transportation** – *Reasonable and customary charges* for local licensed ambulance service to transport you to the nearest qualified medical service provider in an *emergency*. If an ambulance was *medically necessary* but not available, expenses will be reimbursed for local taxi fares. If local taxi services are required to get to and from the nearest medical service provider for a minor *emergency*, expenses will be reimbursed up to a maximum of **\$100**.
6. **Expenses related to your death** – If you should die during your *trip* from an *emergency* covered under this insurance, we will reimburse your estate for:
 - the return home of your body (in the standard transportation container normally used by the airline) plus the *reasonable and customary charges* to have your body prepared where you die and the cost of the standard casket or urn; or
 - the return home of your ashes, plus the *reasonable and customary charges* to cremate your body where you die including the cost of a standard urn; or
 - up to overall maximum of **\$10,000**, that is **\$5,000** to have your body prepared and the cost of a standard casket or urn, plus up to **\$5,000** for your burial where you die.

In addition, if someone is required to identify your body and must travel to the place of your death, we will pay the economy class fare via the most cost-effective itinerary for that person plus up to **\$500** for that person's hotel and meal expenses. We will also provide that person with Emergency Medical Insurance under the same terms and limitations of this policy for up to seventy-two (72) hours.

7. **Extra expenses for meals, hotel, communication & local transportation** – If a medical *emergency* prevents you, your *travel companion* or your accompanying *immediate family* member from returning home as originally planned, or if your *emergency medical treatment* or that of your *travel companion* or your accompanying *immediate family* member requires your transfer to a location that is different from your original destination, we will reimburse you up to **\$500** per day to a maximum of **\$5,000** for your extra meals, hotel, essential phone calls, internet usage fees and roaming expenses, text messages and transportation expenses. We will only reimburse you for these expenses if you have actually paid for them.
8. **Expenses for emergency dental treatment** –
 - If you need *emergency dental treatment*, we will pay, up to **\$300** for the relief of dental pain; and/or
 - If you suffer an accidental blow to the head or mouth during your *trip*, services of a licensed dentist or dental surgeon at your destination, when required to repair or replace natural or permanently attached artificial teeth. Up to **\$1,500** will be reimbursed for continuing dental *treatment* following your return to Canada, provided the *treatment* is related to the accidental blow to the head or mouth and the expenses are incurred within 180 days after the date of the accident.
9. **Expenses to return children under your care** – In the event of your death at destination or if you are admitted to *hospital* for more than 24 hours or must return home because of an *emergency*, we will pay for the extra cost of one-way economy class fare to return your children or grandchildren to their home via the most cost effective itinerary and the return economy class fare via the most cost-effective itinerary for a qualified escort when the transportation provider requires it plus the cost of overnight accommodation up to **\$500**. We will cover him/her under the Emergency Medical Insurance, under the same terms and limitations of this policy. The children or grandchildren must have been under your care during your *trip*.

10. **Expenses for child care** – If you are admitted to *hospital*, we will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the child's parent, an *immediate family* member, your *travel companion*, or the person whose guests you will be during your *trip*. We will reimburse you up to **\$50** per day to a maximum of **\$500** per *trip*. The children or grandchildren must have been under your care during your *trip*.
11. **Expenses to return your travel companion** – We will pay the extra cost of one-way economy transportation via the most cost-effective itinerary, to return your *travel companion* home, if you return home under Benefit #3 (**Emergency medical evacuation**) or Benefit #6 (**Expenses related to your death**).
12. **Pet Return Benefit** – Up to a maximum of **\$850** for temporary kennel accommodation (with a licensed boarding kennel) and the cost one-way of economy transportation to return your pet dog or cat home, if you are admitted to *hospital* for at least **48 hours** due to an *emergency medical condition*, or when you must return to Canada for immediate medical *treatment* following an *emergency* or if you return home under Benefit #6 (**Expenses related to your death**). To be eligible for reimbursement of this expense, you must be the owner of the dog or cat prior to your departure from Canada and the animal must have accompanied you on the outbound *trip* from Canada. No benefit shall be payable if the dog or cat was purchased or acquired during the same trip on which the claim for benefits occurred.
13. **Travel Expenses Due to Repatriation of Travel Companion** – If you are prevented from returning by means of your originally scheduled transportation due to the death or medical evacuation of your *travel companion*, you will be reimbursed for the extra cost of one-way economy transportation via the most cost-effective itinerary back home.
14. **Expenses to return your vehicle home** – If, because of a medical *emergency*, hospitalization, death or medical evacuation, you are unable to drive home the vehicle you used during your *trip*, we will cover the reasonable cost charged by a commercial agency to bring your vehicle home. If you rented a vehicle during your *trip*, we will cover its return to the rental agency. For the purposes of this benefit, 'Vehicle' includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which you use during your *trip* exclusively for the transportation of passengers (other than for hire).
15. **Hospital allowance** – If you are hospitalized for 48 hours or more, we will reimburse you **\$50** per day up to **\$500** for your incidental out-of-pocket expenses (telephone, television rentals, parking, etc.).
16. **Baggage return** – If you return home under Benefit #3 (**Emergency medical evacuation**) or Benefit #6 (**Expenses related to your death**), we will pay up to **\$300** to cover the extra costs of shipping your baggage to your home address.
17. **Expenses to replace prescription drugs** – We will pay up to **\$50** if you have misplaced or have forgotten your prescription medication during your *trip* and it is necessary for you to continue taking the prescribed medication. Charges for vitamins, vitamin preparations, over-the-counter drugs, contraceptives or birth control are not covered.
18. **Hearing aid** – Up to **\$200** for the replacement of a hearing aid due to theft, loss or breakage during your *trip* and assistance to co-ordinate the replacement.
19. **Vision care** – Up to **\$200** for the replacement of prescription eyeglasses due to theft, loss or breakage during your *trip* and assistance to co-ordinate the replacement.
20. **Phone call expenses** – We will pay for phone calls to or from our Assistance Centre regarding your medical *emergency*. You must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during your *trip*.
21. **Trauma Counselling** – In the event you have suffered trauma due to a covered medical benefit or been a victim of an accident or a violent event during the period of coverage, you will be reimbursed for up to six sessions of trauma counselling at destination.

LIMITATIONS OF COVERAGE FOR EMERGENCY MEDICAL INSURANCE

1. You must call the Assistance Centre before obtaining *emergency treatment*, so that we may:
 - confirm coverage
 - provide pre-approval of *treatment* where required

If it is medically impossible for you to call prior to obtaining *emergency treatment*, we ask you to call or have someone call on your behalf as soon as possible.

After your medical *emergency treatment* has started, the Assistance Centre must assess and pre-approve additional medical *treatment*. If you undergo tests as part of a medical investigation, *treatment* or surgery, obtain *treatment* or undergo surgery that is not pre-approved, your claim will not be paid.
2. In the event that you are not covered under a *government health insurance plan* for the entire duration of the *trip*, reimbursement for benefits incurred under this Emergency Medical Insurance, your claim for Eligible Expenses will be limited to a maximum of **\$25,000**.

Quarantine Expenses:

We do not pay any benefits for any government mandated quarantine or self-isolation in Canada. If you or your *travel companion* must unexpectedly self-isolate or quarantine after your departure date, as determined by a medical professional, we will:

1. Pay up to **\$500** for your one-way economy class fare on the most cost-effective itinerary to return you home when you are delayed beyond the date you were originally scheduled to return home; and/or
2. Pay up to **\$200** per day per insured person for additional and unplanned accommodations and meals to a maximum of **\$2,800**. If you paid the family rate, we pay up to **\$400** per insured family per day to a maximum of **\$5,600**.
This benefit is payable to a maximum of 14 days when you are delayed beyond your originally scheduled return date and/or you must pay unexpected costs for new accommodations and/or meals where you must quarantine.
It is your responsibility to find accommodation during your quarantine. If you must quarantine at a medical facility and *treatment* is not required, we pay up to the maximums noted in this section.
3. Extend your coverage for the duration of your self isolation or quarantine and for up to 72 hours after the self-isolation or quarantine period ends if you must stay at your destination beyond your return date.

For quarantine, the following also apply:

- We do not pay any benefits for quarantine or self-isolation in Canada as mandated by any government.
- We will not provide coverage for any pre-paid, unused insured travel arrangements.
- We will not cover any expenses you incur when you or your *travel companion* are denied entry to a country or region included in your *trip* when, before your departure date, there was a foreign government and/or regional travel guideline restricting entry of Canadian residents or guidelines that require self isolation or quarantine for a specific period of time during your *trip*.

✚ BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

Baggage Loss, Damage & Delay Insurance coverage:

- starts on the later of the departure date stated on your confirmation of coverage or the date you leave your home to start on your *trip*
- ends on the earlier of the return date stated on your confirmation of coverage or the date you return home

Benefits – What does Baggage Loss, Damage & Delay Insurance cover?

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of items or articles of necessity or for personal convenience including clothing and other personal effects that you require while travelling.

More specifically, we will cover the following:

1. Lost/Stolen/Damage Baggage and Personal Effects

Up to **\$750** for any one item or set of items which is lost, stolen or damaged during your *trip* to a maximum of **\$1,500**.

- Jewelry, or cameras (including camera equipment) or any personal electronic devices (such as mobile phones and accessories or laptops with keyboard & other peripheral attachments) are respectively considered as a single item.
- If a lost or damaged item is part of a set, we will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.
- We will pay the lesser of the replacement cost (after allowance for reasonable wear and tear) or the original purchase price (with accompanying receipts).

2. Replacement Cost of Lost/Stolen Passport, Travel Visa or other Travel Documents

Up to **\$500** in total for the replacement of a lost or stolen passport during your *trip* or that of your driver's licence, birth certificate or travel visa and for travel and accommodation expenses actually incurred while waiting to receive the replacement travel documents.

3. Common Carrier Delay of Baggage and Personal Effects

Up to a maximum of **\$750** in total per *trip* for necessary toiletries and clothing when your checked Baggage and Personal Effects are delayed by the *common carrier* for **at least 10 hours** while you are en-route. This benefit is payable only when the delay happens before you return home.

4. Common Carrier Delay of Sporting Equipment

Up to **\$100** per day to **\$500** in total per *trip* for the rental of golf clubs or ski equipment or for the purchase of reasonable golf accessories (golf balls, gloves, tees, etc.) or ski accessories (ski equipment includes snowboards, bindings, boots or poles, etc.) in the event your checked golf clubs or ski equipment are delayed by the *common carrier* for **at least 10 hours** while you are en-route. This benefit is payable only when the delay happens before your return home.

Benefit Limit for Baggage Loss, Damage & Delay Insurance:

Maximum coverage under this Baggage Loss, Damage & Delay Insurance cannot exceed **\$2,000** per *trip*.

PLEASE NOTE: As part of the claims documentation for Baggage Loss, Damage & Delay Insurance, you must provide us with the following:

- A written statement of the loss/theft or damage, such as a police report or, if the police are unavailable, the hotel manager, tour guide or transportation authority's where the loss or damage occurred.
- Proof of the value of the loss or damaged property (receipts, credit card statements, etc.).
- For Baggage Delay, statement by the delayed *common carrier* confirming the length of delay and original receipts for the replacement toiletries and clothing.

✚ PERSONAL MONEY INSURANCE

Personal Money Insurance coverage:

- starts on the later of the departure date stated on your confirmation of coverage or the date you leave your home to start on your *trip*
- ends on the earlier of the return date stated on your confirmation of coverage or the date you return home

Benefits – What does Personal Money Insurance cover?

If your personal money is lost or stolen during your *trip*, you will be reimbursed by the company, up to **\$200** for:

1. Theft or loss of your personal money;
2. Financial loss or legal liability for payment following theft or fraudulent use of your travellers cheques, letters of credit, travel tickets, passport, prepaid accommodation vouchers and entertainment tickets.

Provided that:

1. You have complied with each condition applied by the issuing authority within the prescribed time period; and
2. You have reported the loss to the police promptly and within 24 hours of the theft or loss and obtained their written report.
3. You must have acted in a prudent manner and exercised all reasonable care for the safety, security and supervision of the property at all times.

FLIGHT ACCIDENT INSURANCE & TRAVEL ACCIDENT INSURANCE

Flight & Travel Accident Insurance coverage:

- starts on the later of the departure date stated on your confirmation of coverage or the date you leave your home to start on your *trip*
- ends on the earlier of the return date stated on your confirmation of coverage or the date you return home

Benefits – What does Flight Accident & Travel Accident Insurance cover?

We will cover the following Flight Accident Insurance & Travel Accident Insurance benefits:

1. If an accidental *injury*, sustained during your *trip*, causes you, in the 12 months after the accident, to die, to become completely and permanently blind in both eyes, to suffer complete and irrevocable loss of hearing or speech, to have two of your limbs fully severed above your wrist or ankle joint, or to become completely and permanently blind in one eye and have one of your limbs fully severed above your wrist or ankle joint, we will pay:
 - a) For Flight Accident Insurance: **\$250,000**.
 - b) For Travel Accident Insurance: **\$50,000**.
2. If an accidental *injury*, sustained during your *trip*, causes you, in the 12 months after the accident, to become completely and permanently blind in one eye or to have one of your limbs fully severed above your wrist or ankle joint, we will pay:
 - a) For Flight Accident Insurance: **\$125,000**.
 - b) For Travel Accident Insurance: **\$25,000**.
3. If you sustain 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.

For Flight Accident Insurance, the accident giving rise to your injury must happen:

- a) while you are travelling on a commercial passenger plane for which a ticket was issued to you for your entire airline trip; the plane must be a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board licence, Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot;
- b) if making a flight connection, while riding over land or water at the expense of the airline, riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports; or
- c) while you are at an airport for the departure or arrival of the flight covered by this insurance.

Travel Accident Insurance covers any other accidental *injury* sustained during the coverage period that is not the result of incidents described in a), b) or c) above.

Disappearance

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

Benefit Limits for Flight and Travel Accident Coverage

If the total amount of all accident insurance you have under policies issued by us is more than **\$250,000**, 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.

GENERAL INFORMATION

The Transat Concierge Club Policy must be purchased within 72 hours of making an initial payment on the *trip* travel arrangements. Coverage must be for the entire duration of your *trip*. You may increase Trip Cancellation coverage for additional prepaid travel arrangements at any time prior to your departure date provided you pay the additional premium within 72 hours of booking the additional travel arrangements.

The **Confirmation of coverage** refers to the documents or set of documents confirming your insurance coverage under this policy and where applicable, your *trip* arrangements. It will set forth the following information:

- i) the premium paid with a unique Policy Number
- ii) full name/address of all Insured persons
- iii) the Application Date (corresponding to the purchase date of the Transat Concierge Club Policy)
- iv) the Departure Date stated on your application as the date you leave on your *trip*
- v) your *trip* destination
- vi) the Return Date stated on your application as the date you return home from your *trip*
- vii) the covered amount selected for Trip Cancellation/Prior to Departure coverage
- viii) the covered amount for Trip Interruption/After Departure coverage will be indicated as unlimited
- ix) Home, the place/city indicated on your application as the place you leave from on the Departure Date and are scheduled or ticketed to return to on the Return Date

You must be accurate and complete in your dealings with us at all times.

This insurance is void in the case of fraud or attempted fraud, or if you conceal or misrepresent any material fact or circumstance concerning this insurance, either at the time of application for this insurance or extensions, at the time of claim or at any other moment during your coverage period.

Please review your confirmation of coverage to ensure the details / itinerary is correct and take the time to read your policy and review all of your coverage. Except as allowed under the 10 Day Free Look to Review this Policy section (see page 3), there are no premium refunds under this policy.

Family coverage is available to you if all family members to be insured under one policy are named in your confirmation, and have purchased and paid for family coverage. The family coverage covers you, your *spouse* and children (includes grandchildren) while travelling together. To qualify, your children must be unmarried, be your dependent son or daughter or your grandchildren and must be either i) under the age of 21; or ii) under the age of 26 if a full-time student; or iii) your son, daughter or grandchildren of any age, if mentally or physically disabled. A maximum of 2 adults is permitted under family coverage. The family premium calculation is 2.75 times the eldest adult rate.

With the purchase of this insurance, coverage is provided at no extra charge for any child less than 2 years of age for the full duration of your *trip*.

AUTOMATIC EXTENSION

Under Trip Interruption Insurance, we will extend your coverage automatically beyond the return date stated on your confirmation of coverage:

- for up to 10 days, if you have a medical *emergency* that prevents you from returning home on that date; or
- for up to 30 days, if you are hospitalized and that hospitalization prevents you from returning home on that date.

Under all other types of insurance, we will extend your coverage automatically beyond the return date stated on your confirmation of coverage date if:

- your *common carrier* is delayed. In this case, we will extend your coverage for up to 72 hours; or
- you, your *travel companion* or accompanying *immediate family* member are hospitalized on that date. In this case, we will extend your coverage during the hospitalization and for up to 5 days after discharge from the *hospital*; or
- you, your *travel companion* or accompanying *immediate family* member have a medical *emergency* that does not require hospitalization but prevents travel. In this case, we will extend your coverage for up to 5 days.

In any case, we will not extend any coverage beyond 12 months of the departure date stated on your confirmation of coverage.

EXTENSIONS

If you decide to extend your *trip*, your travel consultant or *travel supplier* may extend your coverage based upon these conditions:

- Your coverage is in force at the time you request the extension;
- The total length of your *trip* (including the extension) **does not exceed 90 days if you are age 59 and under, 60 days if you are age 60 to 75 or 30 days if you are age 76 and older;**
- You pay the additional premium;
- You have had no event that has resulted or may result in a claim.

The Concierge Club Policy cannot be extended beyond 90 days if you are age 59 and under, 60 days if you are age 60 to 75 or 30 days if you are age 76 and older. However, if you are already on your *trip* and must extend your travel dates for reasons other than what is covered under Automatic Extension above or must extend your stay beyond the allotted days under Automatic Extension, you may be granted coverage under any other Transat Travel Insurance Policy offered through your travel consultant or *travel supplier* provided you meet the coverage eligibility requirements for such plans. Coverage for the additional travel dates will be subject to the conditions, limitations and exclusions of the new policy. If you experienced a medical problem, had an *injury*, received medical *treatment* or submitted a claim during your *trip*, then any new policy issued will be subject to our approval. Incorrect information provided to us at such time will render any new policy issued null and void.

If you have not left home and wish to travel longer than 90 days if you are age 59 and under, 60 days if you are age 60 to 75 or 30 days if you are age 76 and older, please contact your travel consultant and based upon your revised travel dates, they will cancel this policy and issue a travel policy that allows coverage for the entire duration of your revised trip.

The Transat Concierge Club Policy must be purchased for the entire duration of a *trip*, therefore a policy cannot be purchased to cover only a portion of a trip, such as purchasing the plan to cover additional days of a trip partially covered by another insurer, such as a credit card or employee plan. However a Transat Concierge Club Policy may be purchased to supplement coverage with another plan provided it is purchased respecting the Transat Concierge Club Policy Parameters set forth on page 2.

MANULIFE FLIGHT ASSISTANCE

The Concierge Club Policy offers Manulife Flight Assistance, with benefits serviced by Blink, when you register your flight(s) with Blink. If the airline cancels or delays your flight, Blink sources, arranges and pays for the covered travel expenses listed below. Your coverage becomes effective on the date and time you register, with Manulife Flight Assistance, your flight on your airline booking receipt which is the document received from the airline or flight provider that confirms your flight details and includes a booking reference, flight number and date of travel. In the event that your flight is delayed or cancelled, Blink will communicate with you through your smart (mobile) phone registered with Blink. Your flight must be registered at least one hour before its original scheduled departure time.

If you have any questions, contact Customer Service at:

Email: transattravelinsurance@manulife.ca

Toll-free: 1 800 263-2356

The Transat Concierge Club Policy includes Manulife Flight Assistance for your flight within, to, or from Canada, as stated on your airline booking receipt. You must also have a bank account with a financial institution legally operating in Canada to receive payments by Interac e-Transfer® for eligible monetary compensation under this benefit.

START & DURATION OF COVERAGE

Your coverage becomes effective on the date and time your flight on your airline booking receipt is registered for all insured persons, on flightassistancemanulife.com, by you. Your flight must be registered at least one hour before the original scheduled departure time of your flight.

BENEFITS

Manulife Flight Assistance offers the following benefits in the event that your airline or flight provider permanently cancels your flight or delays your flight by more than three (3) hours. Covered expenses and benefits are subject to the policy maximums, general conditions, exclusions and limitations.

1. a.) Blink will arrange and pay for access, when available, to an airport lounge, if your alternate flight is leaving more than three (3) hours after your delayed or cancelled flight; OR
b.) If airport lounge access is unavailable, Blink will pay you **\$40** if your alternate flight is more than three (3) hours after your delayed or cancelled flight and an additional **\$40** if your alternate flight is more than six (6) hours after your delayed or cancelled flight.
2. Blink will arrange and pay for your additional and unplanned overnight hotel accommodation up to a maximum of **\$250** for one night and pay you **\$40** if your delayed flight is leaving more than six (6) hours or more.

GENERAL CONDITIONS

These conditions apply to services offered by Manulife Flight Assistance.

1. These services are available for flights worldwide, 24 hours a day, 7 days a week.
2. Coverage is only available for flights within, to, or from Canada, including connection to such flights, registered with Manulife Flight Assistance.
3. You will need to have your mobile phone that you have registered with Blink to enable Blink to communicate with you during your journey. Cellular and data/Wi-Fi service is required to receive SMS (text) messages and emails to your mobile phone. The same mobile device will be used to pay applicable benefits to you during your journey.
4. If you, or anyone on your behalf, tries to deceive Blink by deliberately giving Blink false information or making a fraudulent claim under this coverage section, Blink will treat this coverage as if it never existed.
5. Blink will not be responsible or make any payments for any data or roaming charges related to your mobile phone.

EXCLUSIONS & LIMITATIONS

Blink will not pay any losses or expenses as a result of the following:

1. If your flight departs as scheduled but you are unable to board (for example delayed on route to the airport).
2. If your airline or flight provider removes you from their boarding list for an inbound flight in the event that you do not fly on the original outbound flight.
3. If your flight is cancelled due to war or nuclear risks.
4. Alternate travel costs you incur as a result of your flight being cancelled.
5. Any costs that you incur relating to any benefits arranged and paid by Blink.
6. Any flight cancellation which you ought to reasonably have known about, before we agreed to insure you.

Blink will automatically process all eligible Manulife Flight Assistance benefit payments.

Blink will send you a notification to your mobile device registered with Blink if your flight is cancelled or delayed and will provide you with instructions and options that are available to you. You must ensure that your mobile device is registered with Blink and has a suitable level of battery life and cellular and data/ Wi-Fi service. Blink will try to ensure that you are notified of any flight delay or cancellation and are sent the transfer of funds for the applicable benefit but Blink will not be held accountable if you cannot receive, for any reason, on your mobile device, Blink's message or transfer of funds. Monetary compensations are payable only to the named individual on the policy who has registered their insured flight with flightassistancemanulife.com. Payments are sent by Interac e-Transfer. A text message (SMS) and an email will be sent to you when the transfer is made.

MEDICAL CONCIERGE SERVICES

The Transat Concierge Club Policy includes value-added medical concierge services. These services are provided by StandbyMD™ and are aimed at providing you with the optimal medical care when faced with an unexpected medical emergency. To access the services provided by StandbyMD, simply call the Assistance Centre using the phone numbers indicated on the wallet card. To learn more visit www.standbymd.com.

MEDICAL CONCIERGE SERVICES PROVIDED BY STANDBYMD

Disclaimer, Waiver, and Limitation of Liability: StandbyMD is not a medical provider. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD's referrals. StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals under this policy does not assume any responsibility for: the availability, their quality, the results or outcome of any treatment or service.

Policyholders hereby specifically waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD* in any and all claims, demands, actions, causes of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flow from the medical concierge services that StandbyMD is offering.

StandbyMD's liability under these medical concierge services, if any, is limited solely to the amount of payment made to participating medical providers for the services that a policyholder obtained after they received a referral from StandbyMD.

*Related persons include principals, parents, successors and assigns of StandbyMD.

The StandbyMD program is provided by Healthcare Concierge Services, Inc. Manulife and its agents are not responsible for the availability, quality, or results of services provided under the StandbyMD program.

3 STEP CLAIM PROCESS

1. CONTACT THE ASSISTANCE CENTRE

**From Canada and the USA, toll free at:
1 800 764-6539**

**From anywhere else in the world at:
+1 (519) 251-7488 call collect where available**

Immediate access to the Assistance Centre is also available through its Manulife TravelAid mobile app. Download the app through the Google Play store or the Apple App Store. For more information, visit active-care.ca.

2. SUBMITTING YOUR CLAIM

Mobile app

Before you travel, download the Manulife TravelAid mobile app through the Google Play store or the Apple App Store. Use the app to begin the process to file a claim and track your claim status.

Mail or Online

ANY claim for benefits requires a fully completed claim form. For quick and easy claim submission, please have all of your documents available [in electronic format] and visit <https://manulife.acmtravel.ca> to submit your claim online.

3. SUBMITTING WRITTEN PROOF OF REASON FOR EXPENSES AND LOSSES

To adjudicate your claim, we will need written proof that you experienced a loss caused by an unexpected situation or event as supported by an independent source as well as all original receipts and the return of unused travel documents (or tickets) for claimed expenses. Detailed information of the documentation needed to adjudicate your claim is available by contacting the Assistance Centre or it can be downloaded from the Assistance Centre website, visit <https://manulife.acmtravel.ca>.

TIME LIMITS: To make a claim for benefits under this policy, your written proof of claim and your fully completed Transat Travel Insurance claim form(s) must be submitted to us within 90 days after the event, but not more than 12 months after the date of such event or loss.

Who will we pay your benefits to if you have a claim?

Except in the case of your death, we will pay the 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.

How to manage a travel credit or voucher when a travel supplier cancels your trip

If a *travel supplier* cancels any portion of your *trip* that was booked with them and offers you or gives you a travel credit or voucher as reimbursement for the unused portion of your insured travel arrangement, we consider you as reimbursed for that insured travel arrangement.

We will not pay any claims for an insured travel arrangement when:

- You receive a travel credit or voucher for the full value of the insured travel arrangement with the *travel supplier*; or
- You were offered a travel credit or voucher, but you did not accept it.

Note: If your travel credit or voucher does not cover the full value of your insured travel arrangement with the *travel supplier*, you may submit a claim for the difference.

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

If you disagree with our claim decision, the matter may also be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where you reside at the time of application for this 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 in the *Limitations Act, 2002* in Ontario, or other applicable legislation.

For the purposes of determining the validity of a claim under this policy, we may obtain and review the medical records of the attending *physician(s)*, including the records of *physician(s)* at home. These records may be used to determine the validity of a claim.

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.

WHAT ELSE DO YOU NEED TO KNOW

We will not pay a claim if you, any person insured under this policy or anyone acting on your behalf attempt to deceive us or makes a fraudulent, false or exaggerated statement or claim.

When completing the application, your answers must be complete and accurate. In the event of a claim, we will review your medical history. If any of your answers are found to be incomplete or inaccurate:

- your coverage will be void,
- which means your claim will not be paid.

You must be accurate and complete in your dealings with us at all times.

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

Neither we nor our agents or administrators are responsible for the availability, quality or results of any *treatment* or transportation, or for your failure to obtain *treatment*.

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

This policy shall be governed by and construed in accordance with the laws of the province or territory of residence of the insured.

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

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

This is second payor coverage and sometimes also referred to as 'last payor'. You may have other in-force plans or contracts such as, but not limited to, third party liability, auto insurance, group or individual health insurance providing *hospital*, medical or therapeutic coverage. In this case, the amounts payable under this insurance are limited to that portion of your eligible expenses that are in excess of the amounts provided by those other in-force plans or contracts.

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 (except if your current or former employer provides you with an extended health insurance plan with a lifetime maximum coverage of \$100,000 or less), to a maximum of the largest amount specified by any such 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.

DEFINITIONS

When italicized in this policy, the term:

Common carrier means a conveyance (such as a bus, taxi, train, boat, airplane) which is licensed, intended and used to transport paying passengers.

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

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

Hospital means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction *treatment* centre, convalescent, rest or nursing home, home for the aged or health spa.

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

Injury means sudden bodily harm that you sustain and that is caused by external and purely accidental means, directly and independently of illness or disease and all other causes.

Medical attention means *treatment* required for the immediate relief of an acute symptom or that, according to a *physician*, cannot be delayed until you return home. It must be ordered by and received from a licensed *physician* during your *trip* or received from a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist during your *trip*.

Medical condition means any disease, sickness or *injury* (including symptoms of undiagnosed conditions).

Medically necessary in reference to a given service or supply means such service or supply:

- a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b) is not experimental or investigative in nature;
- c) could not be omitted without adversely affecting your condition or quality of medical care;
- d) cannot be delayed until your return home; and
- e) is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily for reasons of convenience.

Physician means a person who is not you or a member of your *immediate family* or your *traveling companion*, licensed in the jurisdiction where the services are provided, to prescribe and administer medical *treatment*.

Pre-existing condition means any *medical condition* that exists before the departure date stated on your confirmation of coverage.

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

Spouse means someone to whom one is legally married, or with whom one has been residing and publicly represented as a *spouse*.

Stable A *medical condition* is considered *stable* when all of the following statements are true:

1. there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*), and
2. there has not been any change in medication, or any recommendation or starting of a new prescription drug, and
3. the *medical condition* has not become worse, and
4. there has not been any new, more frequent or more severe symptoms, and
5. there has been no hospitalization or referral to a specialist, and
6. there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results, and
7. there is no planned or pending *treatment*.

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

Travel companion means someone who shares *trip* arrangements and accommodations with you. No more than five (5) individuals (including you) will be considered *travel companions* on any one *trip*.

Travel services means transportation, sleeping accommodation or other service provided or arranged by a *travel supplier* for your use (but does not include taxes or insurance).

Travel supplier means a tour operator, travel wholesaler, airline, cruise line, provider of ground transport or provider of travel accommodation or provider of other services to you that is:

- a) contracted to provide *travel services* to you; and
- b) licensed, registered or is otherwise legally authorized in the particular location of the *travel supplier* to operate and provide *travel services* as shown on your confirmation.

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

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

Trip means your intended travel period to take place between the departure date and return date as both are indicated on your confirmation of coverage and for which you have insured your prepaid travel arrangements with this Policy.

NOTICE ON PRIVACY AND CONFIDENTIALITY

At Manulife protecting your personal information and respecting your privacy is important to us.

Personal Information Statement

"We", "us" and "our" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Why do we collect, use, and disclose your personal information?

For the purposes of establishing and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

What personal information do we collect?

Depending on the product or service, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, your date of birth, driver's license, passport number or your Social Insurance Number (SIN)
- Financial information, investigative reports, credit bureau report, and/or a consumer report
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Banking and employment information
- Medical information that any organization or person has about you
- Any test that may be necessary for underwriting purposes
- Other personal information that we may require to administer your products or services and manage our relationship with you

We use fair and lawful means to collect your personal information.

Where do we collect your personal information from?

Depending on the product or service, we collect personal information from:

- Your completed applications and forms
- Other interactions between you and us
- Other sources, such as:
 - Your advisor or authorized representative(s)
 - Third parties with whom we deal with in issuing and administering your products or services now, and in the future
 - Public sources, such as government agencies, credit bureaus and internet sites
 - Financial institutions
 - Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
 - The MIB, Inc. (formerly known as the Medical Information Bureau)
 - Health Care Professionals, including Medical Practitioners, health care institutions, pharmacy and any other medically-related facility

What do we use your personal information for?

Depending on the product or service, we will use your personal information to:

- Administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us make decisions and understand our customers better so we can improve the products and services we provide
- Perform audits, and investigations and protect you from fraud
- Determine your eligibility for, and provide you with details of, other products and services that may be of interest to you
- Automate processing to help us make decisions about your interactions with us, such as, applications, approvals or declines

Who do we disclose your personal information to?

Depending on the product or service, we disclose your personal information to:

- Persons, financial institutions, reinsurers, and other parties with whom we deal with in issuing and administering your product or service now, and in the future
- Authorized employees, agents and representatives

- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your doctor
- Public health authorities as required

Except where there are contractual restrictions, these people, organizations and service providers are both within Canada and outside of Canada. Therefore, your personal information may be subject to interprovincial or cross-border transfers in order to provide services to you and subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

Withdrawing your consent

You may withdraw your consent for us to use your personal information for certain uses, subject to legal and contractual restrictions.

You may not withdraw your consent for us to collect, use, or disclose personal information we need to issue or administer your products and services. If you do so, we may not be able to provide you with the products or services requested or we may treat your withdrawal of consent as a request to terminate or refusal the product or service.

If you wish to withdraw your consent, phone our customer care center at 1-888-MANULIFE (626-8543) or 1-888-MANUVIE (626-8843) in Quebec or write to the Privacy Officer at the address below.

Accuracy

You will notify us of any change to your contact information. If your information has changed, or if you need to make a correction of any inaccuracies to your personal information in our files, you may contact your travel agent or Manulife Customer Service.

Access

You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. Requests can be sent to:

Privacy Officer Manulife
P.O. Box 1602, Del Stn 500-4-A
Waterloo, Ontario N2J 4C6
or Canada_Privacy@manulife.ca

For more information you can review our [Canadian Privacy Policy | Ten Privacy Principles | Manulife](#). Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email.

'Manulife, "we", "us", "our" refers to: The Manufacturers Life Insurance Company— Canadian Division operations, Manulife Securities Inc., Manulife Securities Investment Services Inc., Manulife Securities Insurance Inc., Manulife Asset Management Limited, Manulife Assurance Company of Canada, First North American Insurance Company, Manulife Bank of Canada, and affiliates of these entities.

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Accessible formats and communication supports are available upon request.

Visit [Manulife.ca/accessibility](https://www.manulife.ca/accessibility) for more information.

TRAVEL ASSISTANCE.

ANYWHERE IN THE WORLD.

Before you travel, be sure to download the Manulife TravelAid mobile app through the Google Play store or the Apple App Store. It 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

The Manulife TravelAid mobile app can also provide you with local emergency telephone numbers (such as 911 in North America), and pre- and post departure travel tips. We recommend that you download the app before you travel to avoid incurring roaming charges that may apply at your destination.

HELP IS JUST A PHONE CALL AWAY.

Enjoying your trip should be the first thing on your mind. Our Assistance Centre is there to help you with the following and provide multilingual support 24 hours a day, every day of the year:

Pre-Trip Information

- ✓ Passport and Visa information
- ✓ Health hazards advisory
- ✓ Weather information
- ✓ Currency exchange information
- ✓ Consulate and Embassy locations

During A Medical Emergency

- ✓ Verifying and explaining coverage
- ✓ Referral to a doctor, hospital, or other health care providers
- ✓ Monitoring your situation and keeping your family informed
- ✓ Arranging for return transportation home when medically necessary
- ✓ Arranging direct billing of covered expenses (where possible)

Other Services

- ✓ Assistance with lost, stolen or delayed baggage
- ✓ Assistance in obtaining emergency cash
- ✓ Translation and interpreter services in a medical emergency
- ✓ Emergency message services
- ✓ Help to replace lost or stolen airline tickets
- ✓ Assistance in obtaining prescription drugs
- ✓ Assistance in obtaining legal help or bail bond

**IN THE EVENT OF AN EMERGENCY,
CALL THE ASSISTANCE CENTRE IMMEDIATELY
1 800 764-6539** toll-free from the USA and Canada
+1 (519) 251-7488 collect where available.

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

Our Assistance Centre can also be contacted through the
Manulife TravelAid mobile app.