



**Visitors to Canada Insurance**

**VISITORS TO CANADA  
INSURANCE POLICY**

**Version V03  
Effective April 2006**

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**ELIGIBILITY AND PREMIUM RATES**

“You” are not eligible for coverage under this policy if:

- “You” enter Canada during a time that a “Physician” has advised “You” not to travel; and/or
- “You” have been diagnosed with a terminal illness with less than two (2) years to live; and/or
- “You” have a kidney condition requiring dialysis; and/or
- “You” have used home oxygen during the 12 months prior to the date of application.

Provided “You” are under “Age” 70, the “Stable Chronic Condition” Option in Exclusion #1 relating to “Stable Chronic Conditions” automatically applies to “You”. No Medical Declaration is required.

If “You” are “Age” 70 to 85, a Medical Declaration must be completed to determine if “You” are eligible for the “Stable Chronic Condition” Option. Eligibility for this option will be determined by answers provided in the completed Medical Declaration. If eligible and purchasing this option, “You” must pay the premium set out in Table 2 of the Premium Rate Tables. If “You” waive this option, no Medical Declaration is required and “You” pay the premium set out in Table 1 of the Premium Rate Tables.

This document becomes a valid Policy when an Application or other required forms have been duly completed, the required premium has been paid, and the Application or electronic “Policy Confirmation” has been signed by an authorized representative of 21st Century Travel Insurance Limited (the Company).

“You” must read “Your” Policy carefully. Read the entire Policy and pay particular attention to those words or phrases in quotation marks. Any word or phrase within quotation marks is a defined term. Please review the Definitions section of the Policy.

“Your” Policy provides certain benefits during “Your” visit to Canada. However, all insurance policies contain coverage limitations, exclusions, conditions, and other terms that may limit the reimbursement to which “You” are entitled.

Please review carefully Exclusion # 1 of this Policy which deals with pre-existing conditions.

Underwritten by:



Manulife Financial and the block design are Registered service and trademarks of The Manufacturers Life Insurance Company and are used by it and its affiliates including Manulife Financial Corporation.

If “You” are “Age” 86 or over, a Medical Declaration is required before “We” will consider “Your” eligibility for any coverage under this Policy. If eligible to purchase coverage, “Your” policy does not include the “Stable Chronic Condition” Option and “You” pay the premium set out in Table 1 of the Premium Rate Tables.

One or more persons may be insured under one Policy. However, the “Effective Date” and “Expiry Date” must be identical for all Applicants. Each Applicant must pay an individual premium unless “Family” rates apply. An Application cannot contain more than two applicants “Age” 70 and older and “Family” rates are not available if any applicant under the Policy is required to complete a Medical Declaration.

Be sure to review the “Waiting Period” definition to determine if there is a period during which “You” will not be reimbursed for sickness-related claims.

### Policy Commencement

Coverage commences upon the “Effective Date”. Please see the Definitions Section of this Policy to determine the “Effective Date” of “Your” Policy. If, after purchasing this Policy, “Your” scheduled arrival date changes for any reason, “You” must notify 21st Century of the date change prior to the scheduled “Effective Date” on “Your” “Policy Confirmation”. A new “Policy Confirmation” will be issued.

### Insuring Agreement

If between the “Effective Date” and the “Expiry Date” of “your” Policy, “You” suffer unexpected “Emergency” sickness, disease or bodily injury which results in “Your” paying for or incurring costs for “Insured Services”, “We” will reimburse “You” or “Your” designated assignee for such payments or costs up to the Aggregate Policy Limit shown on the Application or “Policy Confirmation” and subject to the “Policy Terms”.

## INSURED SERVICES

Subject to the “Policy Terms” and subject to the Deductible Clause, “We” will reimburse “You” for costs incurred by “You” resulting from “Emergency” sickness, disease, or bodily injury, that are in excess of any sums which “You” are legally entitled to recover under the terms of any health insurance plan or any other valid and collectible policy of insurance, for:

1. “Emergency” treatment provided by a “Physician”. “Emergency” “Insured Services” shall also include the cost of standard hospital ward accommodations but does not include the cost of services provided by a convalescent home, nursing home, home for the aged or health spa.
2. medical, hospital or out-patient services, except when expressly prohibited by legislation.
3. private duty registered nursing or licensed home care providers and rental of crutches, hospital bed, splints, trusses, braces or other prosthetic devices, up to a per insured maximum of \$5,000 following “Emergency” “Insured Services” when prescribed in writing by a “Physician” or “Health-care Practitioner”.
4. treatment, provided by a “Health-care Practitioner” up to a per insured maximum of \$1,000, provided such treatment is prescribed by a “Physician”.
5. diagnostic treatment including X-rays, ultrasounds, and laboratory tests requested by a “Physician” up to the Aggregate Policy Limit while hospitalized for a period of 24 hours or more or up to a per insured maximum of \$1,000 when these “Insured Services” are provided on an outpatient basis.
6. the use of a licensed ambulance service for “Emergency” transportation.
7. drugs or medications prescribed, in writing, for “You” by a “Physician” up to a per insured maximum of \$500. However, “We” will not reimburse “You” if the prescribed drugs or medication can be legally purchased without a “Physician’s” prescription, unless “You” are an admitted patient in any licensed hospital or other provincially licensed treatment facility.
8. in the event of “Your” death, the cost up to a per insured maximum of \$5,000 of preparing “Your” body for burial, transportation (including shipping container) to “Your” country of origin, and the cost of preparing legal documentation. In no event will “We” pay for the cost of the purchase of a coffin. In the event that “Your” body is cremated or “You” are buried in Canada or the United States, the most “We” will pay for this “Insured Service” is \$1,500 per insured.
9. the extra cost via the most cost-effective itinerary of an economy air fare to return “You” to “Your” country of origin including, if medically necessary or required by the airline, stretcher fare and/or the return economy class fare and reasonable fees and expenses of a medical attendant. To be eligible for this benefit, your treating “Physician” must recommend that “You” return home because of “Your” medical condition or “Our” medical advisors must recommend that “You” return home after “Your” “Emergency” treatment. Such costs must be pre-authorized and arranged by “Us” following “Emergency” “Insured Services” covered under this Policy.
10. treatment to natural teeth and repairs to dentures or other dental devices if such treatment is necessitated by direct unintended or unexpected blow to “Your” face up to a per insured maximum of \$1,000.
11. “Emergency” treatment to natural teeth (excluding fillings) and repairs to dentures or other dental devices, when such treatment is necessitated by a cause other than a direct unintended or unexpected blow to “Your” face up to a per

- insured maximum of \$300 during any twelve (12) month period.
12. obtaining hospital, medical, or "Health-care Practitioner" records or a medical report from a "Physician" or "Health-care Practitioner" provided "We" request the record or report. Under no circumstances will "We" reimburse "You" for the cost of an attending physician's report.

## EXCLUSIONS AND LIMITATIONS

"We" will not reimburse "You" for "Insured Services" arising from:

1. any sickness, disease or bodily injury which had manifested itself in the 180-day period immediately preceding the "Effective Date" of this Policy. Unexpected "Emergency" sickness, disease or bodily injury shall be considered to have manifested itself when:
- medical care, advice, investigation or treatment has been received; or
  - drugs or medicines have been taken or prescribed to treat the sickness, disease or bodily injury; or
  - you have experienced symptoms which would cause a reasonably prudent person to seek diagnosis, care or treatment.

Under this exclusion, each time "You" purchase another Policy from "Us" because "You" are staying in Canada longer, each new Policy will have a new "Effective Date" and "You" will not be covered under the new Policy for any sickness, disease or bodily injury which had manifested itself in the 180-day period immediately preceding that new "Effective Date".

"Stable Chronic Condition" Option: Exclusion # 1 will not apply to "Insured Services" incurred after any applicable "Waiting Period" to respond to a "Stable Chronic Condition", if:

- "You" are under 70 years of "Age" on the Policy "Effective Date", or
- "You" are 70 to 85 years of "Age", completed the Medical Declaration and paid the required premium to purchase the "Stable Chronic Condition" Option.

Note: The "Stable Chronic Condition" Option is not available to Applicants who are over "Age" 85 on the "Effective Date" of coverage.

- intentional self-injury, suicide or attempted suicide while sane or insane;
- sickness, disease or bodily injury in any way arising from or contributed to by the misuse of drugs or alcohol;
- accidents which occurred while "You" participated in professional sports, "Mountaineering", any kind of race or speed contest, underwater activities, gliding, parachuting or skydiving;

- pregnancy, miscarriage, childbirth or any complications thereof;
- the provision of "Insured Services" to children 30 days of "Age" or younger;
- war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, insurrection, military or usurped power or terrorist acts;
- elective, non-"Emergency", or cosmetic surgery;
- elective, non-"Emergency", medical or health-care treatment or any "Insured Services" which "You" knew would be required when "You" applied for this Policy;
- a continuation of treatment or service first recommended or prescribed by a "Physician" or "Health-care Practitioner" before the "Effective Date" of this Policy or where such "Insured Services" were first initiated prior to the "Effective Date" of this Policy or during the "Waiting Period";
- the requirement to acquire, repair or replace eyeglasses, contact lenses or hearing aids;
- "Your" obtaining medical or health-care assessment or any form of report or document for the purposes of supporting an application to obtain immigrant status in Canada;
- travel and accommodation expenses incurred for the purposes of receiving "Insured Services";
- mental and emotional disorders including but not limited to stress, anxiety, depression (reactive or otherwise) and/or conditions related thereto;
- general health examinations, medical and health services, including prescription drugs or medicines, provided to monitor or maintain a "Stable Chronic Condition".

### Immigrant Status Exclusion

If "You" obtain immigrant or refugee status from the Government of Canada, this Policy will terminate on the first day on which "You" become insured under a Canadian government health insurance plan.

### Territorial Limitation

Subject to all of the "Policy Terms", "We" will reimburse "You" for "Insured Services" only if the unexpected "Emergency" sickness or disease was first diagnosed or the bodily injury was incurred in Canada or the United States of America (USA).

Reimbursement will be available in respect of unexpected "Emergency" sickness or disease first diagnosed or bodily injury incurred in the USA only if:

- "Your" trip to the USA originated from and terminated in Canada; and,
- "You" are not a permanent resident of the USA; and,
- during the period in which "You" are continuously insured under a 21st Century Travel Insurance Visitors to Canada policy or policies:

- a) "You" spend in excess of 50% of "Your" time in Canada; and,
- b) the maximum number of days "You" spend in the USA does not exceed 30 days in total.

### Aggregate Policy Limit

The Aggregate Policy Limit "You" selected is the most "We" will pay "You" regardless of the number of "Insured Services" received by "You" during the Coverage Period.

**Exception:** If you select an Aggregate Policy Limit of \$100,000, and you suffer an **"Accidental Bodily Injury"** which results in "Your" paying for or incurring costs for "Insured Services", the maximum amount "We" will reimburse "You" or "Your" designated assignee for such payments or costs is \$150,000, regardless of the number of "Insured Services" received by "You" during the Coverage Period.

### Deductible Clause

With respect to any single unexpected "Emergency" sickness or disease, or bodily injury, "Our" obligation to reimburse "You" arises only after "You" have paid the applicable deductible amount for each event of sickness, disease, or bodily injury leading to a claim for "Insured Services". The deductible amount is \$50 if "You" are under "Age" 86 on the "Effective Date" and \$500 if "You" are "Age" 86 or over on the "Effective Date" of this Policy.

"Physician" determines that "You" are able to return to "Your" country of origin and "You" choose to remain in Canada, then "We" may choose to terminate reimbursement of "Insured Services" for such condition and "You" will be eligible for reimbursement under Insured Service #9. "You" will be notified in writing of "Our" decision.

4. No premium will be refunded if a claim has been paid or is pending under this Policy. A \$25 administration fee will be charged if the Policy is cancelled at any time.
5. Certain "Insured Services" are subject to limits. With respect to any one such "Insured Service", "Your" entitlement to reimbursement under this Policy ends when the applicable limit has been exhausted.
6. The coverage provided by "Us" under this Policy relating to continuing treatment for any specific "Emergency" sickness, disease, or bodily injury leading to a claim will terminate when the first of these events occurs:
  - a) A "Physician" certifies that "You" have recovered from the unexpected "Emergency" sickness, disease or bodily injury; or
  - b) 365 days have elapsed from the date of initial diagnosis of unexpected "Emergency" sickness or disease or the date on which "You" first sustained bodily injury; or
  - c) the Aggregate Policy Limit has been exhausted.
7. The Aggregate Policy Limit and the other limits apply separately to each Insured Person under this Policy.
8. If "You" are 70 to 85 years of "Age" on the Policy "Effective Date", and have elected to purchase the "Stable Chronic Condition" Option, "You" are required to complete the Medical Declaration and pay the appropriate premium at the time "You" apply for this Policy. Only then will the terms of the "Stable Chronic Condition" Option apply.

## CONDITIONS

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

As a condition precedent to the recovery of any benefits under this Policy, "You" must first seek payment for the "Insured Services" from any health insurance plan or other valid and collectible policy of insurance.

"You" may only submit a claim for payment of "Insured Services" under this Policy after the other insurer has assessed "Your" claim. In submitting a claim for payment of "Insured Services", "You" must provide "Us" with the other insurer's written assessment of "Your" claim submission.

"You" must also provide "Us" with all original applicable receipts and other documentation supporting "Your" claim for payment under this Policy.

2. If "Your" stay in Canada is extended beyond "Your" scheduled departure date solely because of a delay of "Your" means of departure transportation and such delay was not caused or contributed to by "Your" conduct or fault, the coverage provided by this Policy is extended for up to 72 hours.
3. Following initial diagnosis of and treatment for unexpected "Emergency" sickness, disease or bodily injury, when a

## GENERAL CONDITIONS

### Coverage Period

Coverage is available under this Policy for "Insured Services" incurred to treat unexpected "Emergency" sickness, disease or bodily injury which occurred between the "Effective Date" and "Expiry Date" of the Policy. These dates are shown on "Your" Application or "Policy Confirmation". However, in no event will coverage be available under this Policy for more than 365 days in total (366 days in leap years) for ages up to 85. For insureds "Age" 86 and older, this coverage can only be purchased to insure up to the first 180 days after "You" arrive in Canada from your country of origin.

### Misrepresentation or Fraud

This Policy will be void if "You" have misrepresented or omitted to disclose any fact that is material to assessment of the risk to be undertaken by "Us". Any fraudulent act,

misrepresentation, or omission committed during the application process or in the submission of a claim will also void the coverage available under this Policy.

### **Subrogation**

If “You” suffer unexpected “Emergency” sickness, disease or bodily injury and incur “Insured Services” and in so doing acquire any right of action against another party as a result, if “We” so request it, “You” will assign such right to “Us” and “You” will permit suit to be brought in “Your” name under “Our” direction and at “Our” expense. “You” will cooperate fully before and after “Your” departure from Canada.

### **Suit**

No action or arbitration proceeding for the recovery of any claim under this Policy shall be commenced more than one year after the date of bodily injury or the date on which “You” first received any “Insured Service” arising out of unexpected “Emergency” sickness or disease. If, under the law of the Province in which this Policy was issued, such limitation period is invalid, then any claim shall be void unless such action or arbitration proceeding was initiated within the shortest limit of time permitted by the laws of such Province.

### **Mandatory Claims Review Meeting**

In the case of any disagreement respecting “Your” entitlement to receive an “Insured Service” or the amount “We” must pay “You” for any “Insured Service” under this Policy, before “You” have the right to proceed with an Arbitration, “You” must request in writing, a Mandatory Claims Review Meeting with “Us”. “We” will schedule the Mandatory Claims Review Meeting within 30 days of receipt of “Your” written request.

### **Arbitration**

In the case of any disagreement respecting “Your” entitlement to receive an “Insured Service” or the amount “We” must pay “You” for any “Insured Service” under this Policy, following the Mandatory Claims Review Meeting, the dispute shall be submitted to Arbitration in accordance with the law governing arbitration proceedings in the Province in which this Policy was issued. “You” may not initiate the Arbitration until “You” provide “Us” with all original receipts and documentation supporting “Your” claim.

### **Medical Examination**

When “You” submit a claim, if “We” so request, the person who has sustained the bodily injury, or the unexpected “Emergency” sickness or disease must submit to a medical examination by a “Physician” or “Health-care Practitioner” of “Our” choice when and as often as “We” may reasonably request such examination.

### **Statutory Conditions**

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

### **Premium Payment Requirement**

“We” provide the insurance described in this Policy in return for payment of the premium shown and subject to all the “Policy Terms” in the Policy. This insurance will be in effect only if the premium is paid in full on or before the Policy “Effective Date”.

If the incorrect premium is charged, or if the payment is rejected for any reason, or if any information or required forms are missing, “We” will either modify the “Coverage Period” or declare the Policy void. “We” reserve the right to decline any Application.

### **Authorization**

By applying for this insurance, “You” authorize, in the event of a claim, 21st Century Travel Insurance Limited and The Manufacturers Life Insurance Company to obtain any information, including present and past medical and health-care records pertaining to the medical condition that resulted in the submission of a claim on “Insured Services” under this Policy.

### **Canadian Currency Clause**

It is understood that the premium, limits, sums paid by or to “Us”, and all amounts referenced in this Policy are in Canadian currency.

### **Privacy**

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

**Notice On Privacy And Confidentiality.** The specific and detailed information requested on “Your” application and Medical Declaration is required to process the application. To protect the confidentiality of this information, Manulife Financial will establish a “financial services file” from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person “You” authorize or as authorized by law. “Your” file is secured in “Our” offices. “You” may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P. O. Box 4213, Stn A, Toronto, ON M5W 5M3.

## Governing Law

It is understood and agreed that this Policy shall be construed and governed by the laws of the Province in which this Policy was issued. Without limiting the foregoing, it is agreed that, in hearing any dispute arising out of any "Policy Terms", arbitrators, or any Court shall apply the substantive and procedural law of the Province in which the Policy was issued.

## DEFINITIONS

"Accidental Bodily Injury" means a sudden, unintended, unexpected and unforeseeable event sustained by an insured person:

- a) while the Policy is in force; and
- b) resulting solely and directly from accidental, outward, violent and visible means; and
- c) which is not caused directly or indirectly by, or contributed to by, any of the Exclusions listed in this Policy.

"Age" means "Your" attained age as of the Policy "Effective Date".

"Effective Date" means the later of:

- a) the time and date "You" apply for this insurance; or
- b) 12:01 AM on the "Effective Date" as shown on "Your" application for insurance or "Your" "Policy Confirmation"; or
- c) the specific time and date of "Your" arrival in Canada.

When coverage is purchased prior to leaving "Your" country of origin, coverage will also be provided during any period in transit from the time of departure from "Your" country of origin for "Your" uninterrupted trip to Canada.

"Emergency" means an unexpected, unforeseen sickness or bodily injury which requires non-discretionary medical treatment for the immediate relief of acute pain and suffering and which cannot be delayed until "You" can return to "Your" country of origin.

"Expiry Date" means the earliest of:

- a) 11:59 PM (local time) on the "Expiry Date" indicated on the Application or "Policy Confirmation";
- b) 11:59 PM (local time) on an earlier date calculated by "Us" due to an incorrect premium payment; or
- c) the date and time "You" leave Canada (except as permitted under the Territorial Limitation).
- d) the first day you become insured under a Canadian government health insurance plan.

"Family" means three or more of: parent(s) or legal guardian(s) and their unmarried children under "Age" 21 who are visiting Canada with them and dependent on them for their sole means of support.

"Health-care Practitioner" means a legally qualified chiroprapist, chiropractor, osteopath, physiotherapist or podiatrist who is lawfully entitled to provide such healthcare in the state, province or territory in which the "Insured Services" are provided, and who is practising within the scope of his/her licensed authority. "Your" "Health-care Practitioner" must be a person other than "Yourself" or a member of "Your" immediate family.

"Insured Services" shall mean only those services, treatments, equipment and medications identified in the "Insured Services" Section of this Policy and provided while "You" are in Canada or the USA (while covered under the Territorial Limitation).

"Mountaineering" means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick axes, anchors, bolts and lead-rope or top-rope anchoring equipment.

"Physician" means a person who is licensed by and remains in good standing with the College of Physicians and Surgeons of the Province of Ontario or the equivalent licensing body in the state, province or territory in which the "Insured Services" are provided, and who is practising within the scope of his/her licensed authority. "Your" "Physician" must be a person other than "Yourself" or a member of "Your" immediate family.

"Policy Confirmation" means the document provided to "You" by "Your" agent if "Your" application for this Policy was completed on the internet-based Travel Insurance Policy System (TIPS).

"Policy Terms" means the Insuring Agreement, "Insured Services", Exclusions, Conditions and all other terms and provisions set out in this Policy of insurance.

"Stable Chronic Condition" means:

- a) A condition which is under treatment and which has been controlled by diet or consistent use of medication prescribed by a "Physician"; and
  - there have been no new symptoms or change in symptoms; and /or
  - there has been no hospitalization or change in treatment, medication or dosage in the 180 days prior to the "Effective Date" of this Policy.

If "Your" "Physician" has determined that "Your" health condition has improved and changes "Your" treatment, medication or dosage due to "Your" improved health condition, this does not constitute a change.

- b) A condition that existed more than 180 days prior to the "Effective Date" and which did not require continued treatment as determined by a "Physician" during the 180 days prior to the "Effective Date" of this Policy.

“Waiting Period” means:

- a) If “Age” 86 or older, and this Policy was purchased any time after “Your” arrival in Canada, then in respect of any sickness and disease, “You” will only be entitled to receive reimbursement for the cost of “Insured Services” incurred 15 days or more following the “Effective Date” of this Policy.
- b) If “You” are “Age” 85 or under and this Policy was purchased within 30 days of “Your” arrival in Canada, then in respect of any sickness and disease, “You” will only be entitled to receive reimbursement for the cost of “Insured Services” incurred 72 hours or more following the “Effective Date” of this Policy, or,
- c) if “You” are “Age” 85 or under and this Policy was purchased 31 or more days after “Your” arrival in Canada, then in respect of any sickness and disease, “You” will only be entitled to receive reimbursement for the cost of “Insured Services” incurred 7 days or more following the “Effective Date” of this Policy.

The “Waiting Period” will be waived if this Policy:

- i) is purchased on or prior to the “Expiry Date” of an existing Visitors to Canada Policy already issued by the Company to take effect on the day following such “Expiry Date”, provided no increase in the Aggregate Policy Limit or change from Table 1 to Table 2 rates is sought; or
- ii) is purchased prior to “Your” arrival in Canada; or
- iii) the Company specifically waives or modifies the “Waiting Period”.

If “You” have coverage with another insurer during the first part of “Your” trip in Canada; and you are purchasing this insurance after “Your” arrival in Canada and there will be no gap in “Your” coverage, “You” may request to have the “Waiting Period” waived. “You” must provide proof satisfactory to the Company that “You” have other coverage in force prior to purchasing this Policy and receive written approval from the Company.

“We” “Us” and “Our” mean The Manufacturers Life Insurance Company (Manulife Financial).

“You”, “Your” and “Yourself” mean the person(s) identified as “Insureds” on the “Policy Confirmation” or eligible applicants(s) listed on the Application for this insurance and for whom premium has been received by “Us”.

## POLICY ADMINISTRATION AND PREMIUM REFUND

For inquiries contact 21st Century Travel Insurance Limited,  
995 Elgin Street West, Suite 4, Cobourg, Ontario K9A 5J3

1 800 567-0021  
toll-free within North America  
or 905-372-1779  
From 9 AM to 5 PM ET

No premium will be refunded if a claim has been paid or is pending under this Policy. A \$25 administration fee will be applied to all refunds.

## INFORMATION REQUIRED TO SUBMIT A CLAIM

### CLAIMS ASSISTANCE:

In the event of circumstances likely to result in a claim, please telephone:

1 866 228-6386  
toll-free within North America  
From 8:30 AM to 8:00 PM ET

In the event of a claim, we request that “You” call the Claims Assistance Centre at 1 866 228-6386. **To make a claim, “You” will need to complete a claim form and submit the following:**

- a) copy of your completed application for insurance;
- b) proof of all travel dates of entry into Canada and the USA (airline ticket, passport or visa);
- c) original itemized medical bills, receipts and invoices;
- d) proof of payment;
- e) complete medical and/or hospital records including diagnosis, X-ray, lab or other diagnostic testing results, which confirm that the treatment was medically necessary; and
- f) copy of police report (in the case of a Motor Vehicle Accident).

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

21st Century Visitors Claims  
c/o Manulife Financial  
P.O. Box 4262, Stn A  
Toronto, ON M5W 5T4