



995 Elgin Street West, Suite 4
 Cobourg, Ontario K9A 5J3
 1 800 567-0021 toll-free from the
 USA or Canada or 905-372-1779



VISITORS TO CANADA INSURANCE

VISITORS TO CANADA INSURANCE

Your Agent:

Albert Zhou MBA CFP

周萬茂 MBA CFP

资深理财顾问

資深金融理財顧問

416-834-9204

家园赞助商

Albert Zhou, MBA, CFP---资深金融保险理财顾问

口碑非常好的保险经纪，经验非常丰富，比较很充分，选择多样，2008年公司保险代理业绩第一名。尤其是对探亲旅游保险，人寿保险深有研究，能迅速而准确地定位客户需求，认真而负责地提供专业意见；在大多伦多地区，Albert 的工作态度、业务水平 与 职业操守均获得客户与同行的一致好评。客户的信任与委托，永远是我的荣幸与责任。有问必答：帮您解决保险与投资等家庭理财各类问题。

Underwritten by:



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POLICY

Version V04
 Effective June 2009

Underwritten by:





VISITORS TO CANADA INSURANCE POLICY

Version V04 Effective June 2009

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 from the USA or Canada
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 a medical emergency or other circumstances likely to result in a claim, please telephone on the same or next business day:

1 866 228-6386
toll-free from the USA or Canada
From 8:30 AM to 8:00 PM ET

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

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

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

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

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Visitors to Canada Insurance

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.

ELIGIBILITY AND PREMIUM RATES

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

- a "physician" has advised "you" not to travel;
- "you" have been diagnosed with a terminal illness with less than two (2) years to live;
- "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 card. If "you" waive this option, no Medical Declaration is required and "you" pay the premium set out in Table 1 of the premium rate card.

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 this insurance, "your" policy does not include the "stable chronic condition" option and "you" pay the premium set out in Table 1 of the premium rate card.

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 the appropriate 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 "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 "policy confirmation" less any "deductible amount", and subject to the "policy terms".

INSURED SERVICES

Subject to the "policy terms" and the "deductible amount", "we" will reimburse "you" for costs incurred by "you" resulting from "emergency" sickness, disease or "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 \$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 \$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 \$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 \$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, up to \$5,000 for the cost 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.
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 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 \$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 completing the claim form.

GENERAL EXCLUSIONS AND LIMITATIONS

"We" will not reimburse "you" for "insured services" or pay an Accidental Death and Dismemberment claim arising from:

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

Important Note: A "stable chronic condition" is covered (Exclusion # 1 a) to c) will not apply) in the following circumstances:

- i) to a condition that was diagnosed or treated more than 180 days prior to the "effective date" and which did not require any treatment during this 180 day period; or
- ii) 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
- iii) to "insured services" incurred after any applicable "waiting period" to respond to a "stable chronic condition", if "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 that the "stable chronic condition" option is not available to applicants who are "age" 86 or over on the "effective date" of coverage.

Under Exclusion #1, 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 "injury" which had manifested itself in the 180-day period immediately preceding that new "effective date".

2. intentional self-injury, suicide or attempted suicide while sane or insane;
3. any loss, sickness, "injury" or death related to the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol, or other intoxicant, whether sane or insane;
4. an "emergency" resulting from: hang-gliding, rock-climbing, "mountaineering", parachuting or skydiving;

participating in a motorized speed contest; or "your" professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving, is "your" principal paid occupation.

5. any pregnancy that commences prior to the "effective date" of this policy; "your" routine pre-natal care; "your" routine pregnancy or childbirth; complications of "your" pregnancy or childbirth when they happen in the 9 weeks before or after the expected date of delivery; or "your" child born during "your" Coverage Period;
6. the provision of "insured services" to children 30 days of "age" or younger;
7. an "act of war" or an "act of terrorism" when "you" are outside of Canada and covered under this insurance;
8. elective, non-"emergency" or cosmetic surgery;
9. elective, non-"emergency", medical or health-care treatment or any "insured services" which "you" knew would be required when "you" applied for this policy;
10. 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";
11. the requirement to acquire, repair or replace eyeglasses, contact lenses or hearing aids;
12. "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;
13. travel and accommodation expenses incurred for the purposes of receiving "insured services";
14. a mental or emotional disorder (other than acute psychosis) that does not require admission to a hospital;
15. general health examinations or medical and health services, including prescription drugs or medicines, provided to monitor or maintain a "stable chronic condition";
16. any medical condition "you" suffer or contract in a specific country, region or city for which Foreign Affairs and International Trade Canada, has issued a formal Travel Warning, before "your" "effective date", advising against all or non-essential travel to that specific country, region or city. In this exclusion "medical condition" is limited to the reason for which the formal Travel Warning was issued and includes complications arising from such medical condition;
17. a criminal act or an attempt to commit a criminal act.

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 costs incurred by "you" that result from "emergency" sickness, disease or "injury" while insured with "us" in Canada and/or on a trip to any other country or countries excluding "your" country of origin (herein called "other country"). To be reimbursed for costs incurred in any other country:

- a) "you" must be continuously insured under a 21st Century Travel Insurance Visitors to Canada policy or policies with no gaps in coverage; and
- b) "your" time spent in any other country prior to your first arrival in Canada must not exceed 15 days; and
- c) "your" time spent in any other country after your final exit from, and following "your" entire visit to Canada, must not exceed 15 days; and
- d) the maximum number of combined days "you" spend in any other country before, during or after "your" visit to Canada must not exceed 30 days in total; and
- e) "you" must be in Canada for, or "you" must have a planned itinerary that includes time to be spent in Canada of, no less than 51% of the overall time that "you" will be insured with "us".

Aggregate Policy Limit

The Aggregate Policy Limit "you" purchased is the maximum "we" will reimburse "you" regardless of the number of "insured services" received by "you" during the Coverage Period.

Exception: If you purchase an Aggregate Policy Limit of \$100,000, and you suffer an "injury" which results in "your" paying for or incurring costs for "insured services", the maximum amount "we" will reimburse "you" for such payments or costs shall be increased to \$150,000.

GENERAL CONDITIONS

Coordination of Benefits

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

As a condition precedent to the recovery of any benefits under this policy, "you" must first seek reimbursement for the "insured services" from any health insurance plan or other valid and collectible policy of insurance.

If other valid insurance is in force "you" may only submit a claim for reimbursement of "insured services" under this policy after the other insurer has assessed "your" claim. In submitting a claim for reimbursement of "insured services", "you" must provide "us" with the other insurer's written assessment of "your" claim submission.

Loss of Benefits

Following initial diagnosis of and treatment for unexpected "emergency" sickness, disease or "injury", when a "physician" determines that "you" are able to return to "your" country of origin and "you" choose not to, then "we" may choose to terminate reimbursement of "insured services" for such condition and "you" will be eligible for reimbursement under "insured services" #9. "You" will be notified in writing of "our" decision.

Premium Refunds

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.

Benefit Limits

Maximum limits in this policy are per insured per policy, unless otherwise specified.

Continuing Treatment

The coverage provided by "us" under this policy relating to continuing treatment for any specific "emergency" sickness, disease or "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 "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 "injury"; or
- c) the Aggregate Policy Limit has been exhausted.

"Stable Chronic Condition Option"

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.

ACCIDENTAL DEATH AND DISMEMBERMENT

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

1. Up to \$10,000 if an "injury" causes "you" to die, to become completely and permanently blind in both eyes; or to have two of "your" limbs fully severed above "your" wrist or ankle joints, within 365 days of the accident.
2. Up to \$5,000, if an "injury" causes "you" to become completely and permanently blind in one eye; or have one of "your" limbs fully severed above a wrist or ankle joint, within 365 days of the accident.
3. If "you" have more than one "injury" during "your" trip, "we" will pay the applicable insured sum only for the one accident that entitles "you" to the largest benefit amount.

In addition to the General Exclusions and Limitations, under Accidental Death and Dismemberment Insurance, “we” will not cover expenses or benefits if “your” death or “injury” results directly or indirectly from:

1. Piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew;
 2. An illness or disease, even if the proximate cause of its activation or reactivation is the result of an “injury”;
- If “your” body is not found within 12 months of the accident, we will presume that “you” died as a result of “your” “injuries”. Death benefits will be payable to “your” estate.

GENERAL PROVISIONS

Automatic Extension

Coverage will automatically be extended beyond the “expiry date” of this policy if:

- “your” common carrier is delayed. In this case, we will extend “your” coverage for up to 72 hours;
- “you” are hospitalized. In this case, we will extend “your” coverage during the hospitalization and for up to 5 days after discharge from hospital; or
- “you” have a medical condition that does not require hospitalization but prevents travel as confirmed by a “physician”. In this case, “we” will extend “your” coverage for up to 5 days.

In any case, we will not extend “your” coverage beyond 12 months after the “effective date” of this policy.

Coverage Period

Coverage is available under this policy for “insured services” incurred to treat unexpected “emergency” sickness, disease or “injury” which occurred between the “effective date” and “expiry date” of the policy. These dates are shown on “your” “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 “your” “arrival date”.

Misrepresentation or Fraud

This policy will be void if “you” have misrepresented or omitted disclosure of 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. If “you” have purchased 2 or more policies with “us” to extend coverage during the same visit to Canada, and misrepresentation or non-disclosure rendering this policy and previous policies null and void is discovered, then the most “we” will go back to consider a refund of premium will be for this policy and the policy immediately prior to this policy.

Subrogation

If “you” suffer unexpected “emergency” sickness, disease or “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 the Coverage Period.

Suit

No action or arbitration proceeding for the recovery of any claim under this policy shall be commenced more than one year after the date of “injury” or the date on which “you” first received any “insured 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 reimburse “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 “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 for "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

"Act of Terrorism" means any activity occurring within a seventy-two (72) hour period, save and except for an "act of war", against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- use, or a threat to use, force or violence; or
- commission of, or a threat to commit, a dangerous act; or
- commission of, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system; and the effect or intention of the above is to:
- intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against its conduct or policies;
- intimidate, coerce or instill fear in the civilian population or any segment thereof;
- disrupt any segment of the economy; or
- further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

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

"Age" means "your" attained age as of the "effective date" of this policy.

"Arrival Date" means the date and time "you" are scheduled to arrive in Canada or in such other country as permitted under the Territorial Limitation provision.

"Deductible Amount" means the amount of covered expenses that "you" are responsible for paying per person per policy before "our" obligation to reimburse any insured services begins. "Your" "deductible amount" applies to the amount remaining after any covered expenses are paid by any other benefit plan "you" may have. The "deductible amount" is shown on "your" "policy confirmation" and applies per policy per Insured. Unless otherwise chosen at the time of application, 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.

"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" "policy confirmation"; or
- c) "your" "arrival date".

When coverage is purchased prior to leaving "your" country of origin with an "effective date" equal to the date and time "you" are scheduled to arrive in Canada, coverage will also be provided during "your" uninterrupted flight directly to Canada. An uninterrupted flight shall include a stop-over provided "you" do not leave the airport.

"Emergency" means an unexpected, unforeseen sickness or "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 "your" "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 (or such other country as permitted under the Territorial Limitation).
- d) the first day you become insured under a Canadian government health insurance plan.

When coverage is purchased prior to leaving Canada to return to "your" country of origin with an "expiry date" equal to the date and time "you" are scheduled to leave Canada, coverage will also be provided during "your" uninterrupted flight from Canada directly to "your" country of origin. An uninterrupted flight shall include a stop-over provided "you" do not leave the airport.

"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. "Health-care practitioner" also includes a specific acupuncturist when you have received a written medical referral from a "physician".

"Injury" means sudden bodily harm that "you" sustain while "your" policy is in force, that is caused solely and directly by external and purely accidental means, and that is independent of sickness or disease.

"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 while covered under the Territorial Limitation.

"Mountaineering" means the ascent or descent of a mountain requiring the use of specialized equipment, including carabineers, 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 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 or set of documents confirming "your" insurance and the dates "you" are covered under this policy. It may include the Medical Declaration (if required) and the application for this policy, once it has been completed, signed and submitted with the required premium to "us".

"Policy Terms" means all benefits, terms, definitions, conditions, limitations and exclusions 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 dosagein 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.

"Waiting Period" means:

- a) if "age" 86 or older, and this policy was purchased any time after "your" "arrival date", 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 date", 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 date",

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 date"; 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, and you are purchasing this insurance after "your" "arrival date" 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".