CAMPUSCARE™

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

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

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

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

CAMPUSCARE™
Student Travel Health Insurance

Manulife

Accessible formats and communication supports are available upon request.

Visit Manulife.com/accessibility for more information.

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SM0918

Student Travel Health Insurance

Effective September 2018

Manulife

Underwritten by The Manufacturers Life Insurance Company.

ABOUT MANULIFE

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

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

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

Financial security. Comprehensive benefits. Competitive premiums. Easy-to-follow procedures. Consumer-friendly documentation. Caring assistance and claim services. They're all part of Manulife.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel, as your coverage may be subject to certain limitations or exclusions.
- Your policy may not provide coverage for a medical condition and/or symptoms that existed prior to your trip. Check to see how this applies in your policy and how it relates to your departure date, date of purchase or effective date.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.
- Your policy provides travel assistance. You are required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

PLEASE READ YOUR POLICY CAREFULLY
BEFORE YOU TRAVEL

This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

Travel assistance. Anywhere in the world.

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

√ Direct link to the assistance centre

√ Healthcare provider information

√ Directions to the nearest medical facility

√ Official travel advisories

√ Travel tips

√ Claim submission support

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IN THE EVENT OF AN *EMERGENCY*,
CALL THE ASSISTANCE CENTRE IMMEDIATELY
1-866-595-7171 in Canada and United States and
Everywhere Else Call Collect at
+1-519-251-5178

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

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

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

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

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

PLANS-AT-A-GLANCE

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

GENERAL INFORMATION

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

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

WHO CAN APPLY?

To be eligible for insurance under this policy, *you* must be under the age of 65.

In addition:

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

Purchasing coverage:

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

***YOUR* COVERAGE STARTS on the later of:**

a) the *effective date* as shown on *your confirmation*; or
b) for an *inbound trip*, the date and time of *your* arrival in Canada; or
c) for an *outbound trip*, the date and time *you* leave Canada; or
d) for a *national student*, the date and time *you* leave *your home*.

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

***YOUR* COVERAGE ENDS the earliest of:**

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

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

REFUNDS

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

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

a) *you* are delayed while travelling as a fare-paying passenger in a common carrier or by private vehicle and the delay is caused by mechanical breakdown, a traffic accident or inclement weather. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours; or
b) *you* are *hospitalized* on that date. In this case *we* will extend *your* coverage during the *hospitalization* and for up to seventy-two (72) hours after discharge; or
c) *you* have a *medical condition* that does not require *hospitalization* but prevents travel. In this case, *we* will extend *your* coverage for up to seventy-two (72) hours following medical approval to travel.

MEDICAL INSURANCE COVERAGE

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

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

WHAT IS COVERED UNDER *EMERGENCY* MEDICAL INSURANCE?

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

Emergency Medical eligible *covered expenses* include:

1. ***Hospital*** (*you* must notify the Assistance Centre immediately):
   a. the cost of a semi-private room; or intensive care unit when medically necessary; and
   b. services and supplies required for *your treatment* while in *hospital*; and/or
   c. *reasonable and customary* costs for *treatment* as an out-patient at a *hospital*; and/or
   d. *emergency hospitalization* required for psychiatric *treatment* to a maximum of thirty (30) days per policy.
2. ***Physician*** - *emergency* medical attention received from a *physician* in or out of *hospital* and up to five (5) follow-up visits. If *you* are *inbound*, payment will be limited to 100% of the amount payable according to the schedule of fees established by the medical association for non-Canadian residents in the province or territory in which *you* received medical *treatment*.
3. **Psychiatrist** –up to $10,000 for services of a legally qualified psychiatrist while *you* are an in-patient following an *emergency*.
4. **Support services** – up to $1,500 for out-patient preventative mental or emotional supportive services from a qualified professional. The qualified professional cannot be a member of *your immediate family*.
5. **Diagnostic services** – tests that are required as a result of an *emergency* and requested by *your physician* due to an *emergency* and to diagnose or to find out more about *your medical condition*. Prior approval is required by the Assistance Centre for all major diagnostic testing including but not limited to magnetic resonance imaging (MRI), computer axial tomography (CAT) scans, sonograms, ultrasounds and biopsies.
6. **Private Duty Nurse** – when medically necessary, and recommended by a *physician*, the services of a licensed registered nurse up to a maximum of $10,000. This benefit is in lieu of *hospitalization*.
7. **Ambulance** – up to $5,000 per *medical condition* for a licensed ground or air ambulance to the nearest *hospital* or medical facility, or between medical facilities if necessary.
8. **Medical appliance** – when medically necessary, purchase or rental (whichever is less) of a *hospital* bed, wheelchair, crutches, splints, canes, slings, trusses, braces or other prosthetic appliance. Prior approval is required by the Assistance Centre.
9. **Prescription drugs** – up to a thirty (30) day supply of drugs that are prescribed for *you* and are available only by prescription from a *physician* or dentist and dispensed by a licensed pharmacist.
10. **Professional services** – care received from a licensed acupuncturist, chiropodist, chiropractor, naturopath, osteopath, physiotherapist or podiatrist, up to $500 per practitioner per year. The professional cannot be a member of *your immediate family*.
11. **Accidental dental *injury*** - up to $2,500 per year for *emergency* dental *treatment* to repair or replace *your* natural or permanently attached artificial teeth (including caps and crowns) where *treatment* is required as a result of an accidental blow to the mouth within thirty (30) days of the accident. *Treatment* must be completed within the twelve (12) consecutive months following the accident. An accident report is required by the Assistance Centre when *you* submit *your* claim.
12. ***Emergency*** **dental *treatment*** – up to $100 for the relief of dental pain, and when a minimum of six (6) months coverage has been purchased, up to $250 per tooth to extract impacted wisdom teeth. (This benefit excludes crowns and root canals.)
13. **Trauma counselling** - up to six (6) sessions of trauma counselling if *you* suffer an *emergency* covered under this policy.
14. ***Emergency*** **evacuation** – up to $100,000 for *reasonable and customary charges* to transport *you home* during *your* period of coverage and as a result of a covered *emergency* and when approved by the Assistance Centre:
    - by economy class airfare via the most cost-effective itinerary; and/or,
    - by stretcher on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary; plus the cost of return economy class airfare via the most cost-effective itinerary for a qualified medical attendant to accompany *you*; and the attendant's

EMERGENCY MEDICAL INSURANCE

reasonable fees and expenses, if this is medically necessary or required by the airline; and/or,
- by air ambulance when the covered *emergency* necessitates *your* immediate return or if continuing medical care is required but not covered under this policy, or *our* medical advisors recommend that *you* return *home* after *your emergency*.

15. **Expenses related to *your* death (Repatriation)** – up to $10,000 for the actual expense to have *your* body prepared for burial or cremation plus up to $3,000 for *your* burial where *you* die, or the cost to return *your* body or ashes *home* if *you* should die from an *emergency* covered under this policy during *your* period of coverage.
16. **Tuition Reimbursement** - if *you* have an *emergency*, which prevents *you* from attending school and, as a result, *you* are unable to obtain passing grades for the semester, as confirmed by *your physician* and registrar of the school *you* are attending, *we* will reimburse *you* for the actual tuition fee paid by *you* up to $5,000 per semester, minus any amounts refunded by *your* school.
17. **Family Transportation & Subsistence Allowance**- If *you* are *hospitalized* for at least seven (7) consecutive days or if *you* die during *your* period of coverage because of a medical *emergency*, and if approved in advance by assistance centre, *we* will pay the return economy class airfare up to $3,000, via the most cost effective itinerary, for an *immediate family* member to be with *you* or to identify *your* body. *We* will also pay up to $150 per day to a maximum of $1,500 for the cost of meals, commercial accommodation, essential phone calls and taxi fares. *Immediate family* member must be beyond 500km of *your hospital* location when *you* are *hospitalized* away from *home*.
18. ***Trip* break** up to twenty-one (21) consecutive days. If *you* have requested and received prior approval from *our* Assistance Centre, *you* may return *home* to attend special events. *Your* coverage will be suspended but will not terminate while *you* are *home*. *Your* suspension of coverage will end and *your* coverage will be reinstated when *you* arrive in Canada if *you* are *inbound*, or when *you* leave Canada if *you* are *outbound*, or when *you* leave *home* if *you* are a *national student*. There will be no refund of premium for any of the days that *you* have returned *home*.

WHAT IS COVERED OUTSIDE CANADA?

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

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

WHAT IS COVERED UNDER NON-*EMERGENCY* MEDICAL INSURANCE?

Non-*emergency* medical eligible *covered expenses* include:

19. **Annual Physical Exam** – when a minimum of six (6) months coverage has been purchased, up to $150 for one visit per year to a *physician* for a non-*emergency* exam and associated tests, and for one consultation session and prescription of the morning after pill.
20. **Optometrist** – when a minimum of six (6) months coverage has been purchased, up to one visit per year for the services of a registered optometrist for diagnostic procedures to determine the presence of any observed abnormality in the visual system.
21. **Pregnancy** – the *reasonable and customary charges* up to the following amounts for *physician* services and *hospitalization*, per pregnancy:

    - $5,000 for natural childbirth; or

    - $7,000 for caesarian section; or

    - $20,000 for medical complications related to childbirth.

    To be eligible for this benefit, *your* pregnancy must have commenced after the *effective date* of the policy. If *you* have purchased back-to-back policies issued by *us*, *you* are still eligible for this benefit provided:

    - there has been no lapse in coverage, and

    - *your* pregnancy commenced after the *effective date* of the first policy.

    Newborns are not covered under this policy. They can become fully covered at thirty (30) days of age if application is approved.
22. **Accidental Death or Dismemberment** – in the event of an accidental death or dismemberment, this benefit is payable according to the following schedule:

Accidental Bodily *Injury*	Benefit Payable
Loss of life	$10,000
Loss of two or more limbs	$10,000
Loss of entire sight of both eyes	$10,000
Loss of one limb and the entire sight of one eye	$10,000
Loss of one limb	$5,000
Loss of the entire sight of one eye	$5,000

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

Loss of a limb means an arm or leg fully severed above *your* wrist or ankle joints. Loss of sight means completely and permanently blind.

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

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

WHAT IS NOT COVERED?

We will not pay any expenses or benefits relating to:

1. a) Any *pre-existing condition* that was not *stable* in the ninety (90) days before *your effective date*.

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

2. For covered *dependant*s under two (2) years of age, any *medical condition* related to a birth defect whether genetic, acquired, or congenital.
3. Chemotherapy *treatment* unless approved by the Assistance Centre.
4. Any expense if *you* are either on an *outbound trip* or a *national student* without a valid *Canadian government health insurance plan*.
5. *Covered expenses* that exceed 75% of the cost *we* would normally have to pay under this insurance, if *you* or someone on *your* behalf does not contact the Assistance Centre at the time of the *emergency*, unless *your medical condition* makes it impossible for *you* to call (in which case, the 25% co-insurance does not apply).
6. *Injury* or death sustained while *you* are enlisted in the regular force of the armed forces of any country, or participating in any maneuver or training exercises of the armed forces of any country.
7. Elective, non-*emergency* or experimental medical *treatment*, including any *treatment* given to maintain the stability of a chronic *medical condition*, including the refill of medication, test or examinations forming part of a normal regime, or *treatment* not required for the immediate relief of pain and suffering except those identified as non-*emergency* medical benefits in this policy.
8. Continuing *treatment* after the Assistance Centre has requested that *you* return to *your home*.
9. Medication commonly available without a prescription, fertility drugs or testing, contraceptives, pregnancy tests, drugs for *treatment* of erectile dysfunction, vaccinations or injections, vitamin preparations or medication received on a preventive basis, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products and/or the replacement of existing prescriptions, whether replacement was for reason of loss, renewal or inadequate supply.
10. Any *emergency* medical and non-*emergency* medical services for any *injury* that occurred or *illness* that started in *your home country* during a *Trip* Break (see Benefit #18)
11. Loss or damage to repair, extract, replace or purchase hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic limbs or devices, or artificial teeth and resulting prescriptions thereof.
12. A claim for any *medical condition* or for any accidental bodily *injury* that occurred or that started while *you* were at *home* during *your* coverage period.
13. Pregnancy, voluntary termination of pregnancy, childbirth or their complications except as identified in Benefit #21 in this policy.
14. A *medical condition*:
    - when *you* knew, or for which it was reasonable to expect, before *you* left *your home*, or before the *effective date* of coverage, that *you* would need or be required to seek *treatment* for that *medical condition*; and/or
    - when the purpose of *your trip* was to seek medical *treatment* for that *medical condition*; and/or
    - that had caused *your physician* to advise *you* not to travel; and/or
    - related to a prior elective or non-emergent *medical condition* except as specifically stated as a benefit in this policy; and/or
    - when *you* did not comply or *you* failed to carry out a *physician*'s instructions or *you* were negligent.
15. Dental surgery, cosmetic or plastic surgery unless such surgery is an *emergency* and necessary as a result of an *injury* incurred while this policy is in force.
16. Any dental crowns or root canals except as specified under benefit #11.
17. Any loss as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Conditions (ARC) or the presence of HIV, including any associated diagnostic tests or changes.
18. *Your* self-inflicted injury unless medical evidence establishes that the injuries are related to a mental health illness.

WHAT IS NOT COVERED

19. An *emergency* resulting from: hang-gliding, rock-climbing, mountaineering, parachuting or skydiving; participating in a motorized speed contest; or *your* professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving, is *your* principal paid occupation.
20. *Treatment* or services that contravene any government *hospital* or medical care plan in Canada.
21. Piloting or learning to pilot, or acting as a crew member of any type of aircraft; or travelling as a passenger on any non-commercial flight, operating any form of motorized transport on land or water without a license valid for the area where operating.
22. An *act of war* or *act of terrorism*. For Canadians travelling out of Canada, limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage.
23. Any loss resulting from an *act of war* or an *act of terrorism* when, before *your departure date*, a Travel Advisory was issued by the Government of Canada, advising Canadian residents to avoid all or non-essential travel to that specific country, region or city.
24. Any medical condition *you* suffer or contract in a specific country, region or city for which the Government of Canada has issued a formal Travel Advisory, before *you* left Canada, advising Canadian residents to avoid all or non-essential travel to that specific country, region or city. In this exclusion, "medical condition" is limited to the reason for which the Travel Advisory was issued and includes complications arising from such medical condition.
25. Any services or supplies provided by *you* or a member of *your immediate family*.
26. Any *treatment* that is not for an *emergency*, except as identified in non-*emergency* eligible *covered expenses* in this policy.
27. Any benefit that must be authorized or arranged in advance by the Assistance Centre when it has given no authorization or made no arrangement for that benefit.
28. Medical examinations and tests required for immigration purposes or by a third party and/or consultation with a *physician* by telephone or e-mail.
29. Committing or attempting to commit an illegal or a criminal act.
30. Renal dialysis or organ transplantation of any nature.
31. Rehabilitation and convalescent facilities and services; or holidays for recuperative purposes.
32. For policy extensions only, any *medical condition* which first appeared, whether diagnosed or not, or for which *treatment* may or may not have been received prior to the *effective date* of the extension of coverage under this policy.
33. If *you* are *inbound*, any follow-up visits outside of Canada when the *emergency* occurred in Canada.
34. Any claim for an *illness* sustained during the *waiting period*.
35. Any interest, finance, administrative or late payment charge.
36. For *inbound trips*, any medical expenses incurred outside of Canada when more than thirty (30) consecutive days or more than 49% of *your* period of coverage were spent outside of Canada.

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

TERRORISM COVERAGE

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

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

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

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

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

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

EXCLUSION TO THIS TERRORISM COVERAGE PROVISION

Notwithstanding any provision to the contrary within this policy or any endorsement thereto, this policy does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, resulting from, arising out

of or in connection with any *Acts of Terrorism* perpetrated by or involving the utilization of biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

WHAT ELSE DO *YOU* NEED TO KNOW?

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

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

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

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

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

PREMIUM

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

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

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

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

The insurance outlined in this policy are second payor coverages. If there are other third party liability, group or individual, basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage or any other third party liability insurance in force concurrently herewith, amounts payable hereunder are limited to that portion of *your* eligible *covered expenses* that are in excess of the amounts for which *you* are insured under such Coverage.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this policy, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this policy. *You* will execute and deliver such documents as are necessary and cooperate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights.

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy. If the total amount of all accident insurance *you* have under policies issued by *us* is more than $100,000, *our* aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

HOW TO MAKE A CLAIM

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

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

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

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

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

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

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

CampusCare International Student Health Insurance Plan
c/o Active Care Management
P.O.Box 1237, Stn A,
Windsor, ON N9A 6P8

YOU MAY CALL THE CLAIMS CENTRE DIRECTLY FOR SPECIFIC INFORMATION ON HOW TO MAKE A CLAIM OR TO INQUIRE ABOUT _YOUR_ CLAIM STATUS AT:
Call 1-866-595-7172 in Canada and United States and Everywhere Else Call Collect at +1-519-251-5177

IF _YOU_ ARE MAKING A CLAIM,

We will need:

a) original itemized receipts for all bills and invoices;

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

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

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

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

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

IF _YOU_ ARE MAKING AN ACCIDENTAL DEATH AND DISMEMBERMENT CLAIM,

1. *We* will need:
   a) police, autopsy or coroner's report;
   b) medical records; and
   c) death certificate, as applicable.
2. If *your* body is not found within twelve (12) months of the accident, *we* will presume that *you* died as a result of *your* injuries.

WHO WILL _WE_ PAY _YOUR_ BENEFITS TO IF _YOU_ HAVE A CLAIM?

Except in the case of *your* death, *we* will pay the benefits and *covered expenses* under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate. *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if *we* determine that the amount is not payable under *your* policy. All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, *we* will use *our* exchange rate on the date *you* received the service outlined in *your* claim. *We* will not pay for any interest under this insurance.

IS THERE ANYTHING ELSE I SHOULD KNOW IF I HAVE A CLAIM?

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

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, or other applicable legislation or in the Limitations Act, 2002 in Ontario.

Limitation of Liability.

Our liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither *we*, upon making payment under this policy, nor our agents or administrators assume any responsibility for the availability, quality, results or outcome of any *treatment* or service, or *your* failure to obtain any *treatment* or service covered under the terms of this policy. The participation of the insurers is several and not joint and none of them will under any circumstance participate in the interest and liabilities of any of the others.

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

DEFINITIONS

Act of terrorism means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems. The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a government (whether that government is legal or illegal); and/or
- promote political, social, religious or economic objectives

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

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

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

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

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

Departure Date means the date *you* leave *home*.

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

Effective date means the date identified on *your confirmation*.

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

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

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

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

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

Illness means sickness or disease.

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

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

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

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

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

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

Physician means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *you* or a member of *your immediate family*.

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

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

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

DEFINITIONS

Stable means all of the following apply:

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

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

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

Waiting period means:

a) the 48-hour period following *your effective date* of insurance if *you* purchase this insurance within 30 days after *your* arrival at *your* destination;

b) the 8-day period following *your effective date* of insurance if *you* purchase this insurance more than 30 days after *your* arrival at *your* destination.

A *waiting period* is applicable to all claims if *you* purchased insurance after *your* arrival at *your* destination.

The *waiting period* will be waived:

- in the case of *injury*; or
- if *you* purchased this policy prior to the expiry date of *your* existing policy already issued, to become effective on the day following such expiry date.

We, us, our means Manulife.

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

NOTICE ON PRIVACY

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

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