

# Scotia Travel Insurance

Out-of-Province  
Travel Insurance  
Distribution Guide

# Distribution Guide for Quebec Residents Only



**Name of Insurance Product**  
**Scotia Travel Insurance™ –  
Out of Province**

**Type of Insurance Product**  
Group Travel Insurance

**Insurers' Contact Information**

The Manufacturers Life Insurance Company  
and its wholly-owned subsidiary,  
First North American Insurance Company  
200 Bloor St East  
Toronto, Ontario M5W 1E5  
Phone: 1-877-421-0157  
(hereafter called 'Manulife')

Manulife has underwritten  
Group Policy number S989072013 for  
the benefit of The Bank of Nova Scotia.

**Distributor's Contact Information**



## TABLE OF CONTENTS

INTRODUCTION .....	7
DEFINITIONS .....	8
I. DESCRIPTION OF PRODUCTS OFFERED...	15
A. TYPE OF COVERAGES .....	15
B. TYPES OF RATE CATEGORIES .....	17
Choosing <i>your</i> plan: Plans-At-A-Glance ..	18
C. ELIGIBILITY .....	20
D. TERMS OF COVERAGE .....	22
When <i>Your</i> Coverage Starts .....	22
When <i>Your</i> Coverage Ends .....	22
Automatic Extension .....	23
To Stay Longer Than Planned .....	23
Refund of Premiums .....	24
Medical Concierge Services .....	24
E. EMERGENCY MEDICAL INSURANCE	26
What Should <i>You</i> Do In A Medical <i>Emergency?</i> .....	27
Eligible <i>Covered Expenses</i> Under Emergency Medical Insurance .....	27
What is Not Covered by Emergency Medical Insurance? .....	32
What Are The Other Conditions That Apply To Emergency Medical Insurance? .....	37
F. TRIP CANCELLATION / INTERRUPTION INSURANCE .....	37
What Does Trip Cancellation / Interruption Insurance Cover? .....	38
What is Not Covered By Trip Cancellation / Interruption Insurance? .....	42
What Are The Other Conditions That Apply To Trip Cancellation / Interruption Insurance? .....	44
G. BAGGAGE LOSS, DAMAGE & DELAY INSURANCE .....	45
Benefits – What Does Baggage Loss, Damage & Delay Insurance Cover? .....	45
What is Not Covered by Baggage Loss, Damage & Delay Insurance? .....	46

H.	FLIGHT & TRAVEL ACCIDENT INSURANCE . . . . .	47	To Whom Will We Pay <i>Your</i> Benefits, if <i>You</i> Have A Claim? . . . . .	61
	What Does Flight & Travel Accident Insurance Cover? . . . . .	47	Insurer's Response . . . . .	61
	What is Not Covered by Flight & Travel Accident Insurance? . . . . .	48	What <i>You</i> Should Know If <i>You</i> Are Making A Claim . . . . .	61
I.	BOUNCEBACK BENEFIT . . . . .	50	Address For Written Correspondence And Other Information . . . . .	62
	What Does The Bounceback Benefit Cover? . . . . .	50	Notice On Privacy . . . . .	63
	What is Not Covered Under Bounceback Benefit? . . . . .	51	IV. ADDITIONAL INFORMATION . . . . .	64
J.	TERRORISM COVERAGE . . . . .	52	To Contact The Insurer . . . . .	64
	What is Covered Under Terrorism Coverage? . . . . .	52	V. SIMILAR PRODUCTS . . . . .	64
	What is Not Covered Under Terrorism Coverage? . . . . .	53	VI. AUTORITÉ DES MARCHÉS FINANCIERS ('THE AUTHORITY') . . . . .	65
II.	WHAT ELSE DO <i>YOU</i> NEED TO KNOW ABOUT THIS PRODUCT? . . . . .	54	NOTICE OF RESCISSION OF AN INSURANCE CONTRACT . . . . .	66
	Premium . . . . .	54	NOTICE OF CANCELLATION OF INSURANCE CONTRACT . . . . .	69
	How Does <i>Your</i> Coverage Work With Other Coverages <i>You</i> May Have? . . . . .	55		
	Second Payor Coverages . . . . .	55		
	Coordination Of Benefits Clause . . . . .	55		
	Subrogation Rights . . . . .	55		
	Overlapping Insurance . . . . .	56		
III.	HOW TO MAKE A CLAIM. . . . .	57		
	How to Make a Claim Under Emergency Medical Insurance . . . . .	58		
	How to Make a Claim Under Trip Cancellation / Interruption Insurance . . . . .	58		
	How to Make a Claim Under Baggage Loss, Damage & Delay Insurance . . . . .	59		
	How to Make a Claim Under Flight & Travel Accident Insurance . . . . .	60		
	How to Make a Claim Under Bounceback Benefit . . . . .	60		

## INTRODUCTION

Scotia Travel Insurance is underwritten by The Manufacturers Life Insurance Company (Manulife) and by First North American Insurance Company (FNA), a wholly-owned subsidiary of Manulife. Manulife has entrusted Active Claims Management Inc. (operating as Active Care Management) as the provider of all assistance and claims services.

This Distribution Guide was prepared to help *you* better understand the insurance coverage options that are available to *you*. It will help *you* determine if the insurance described fits *your* needs. This document contains the terms and conditions of coverage under the Group Policy number S989072013, issued by *us* to The Bank of Nova Scotia.

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* insurance contract before *you* travel as *your* coverage may be subject to certain limitations and exclusions.

Certain words have a specific meaning which is specified in the following section, titled **Definitions**. If *you* wish to review a copy of the Travel Insurance *policy*, simply call 1-877-421-0157.

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*"The Autorité des marchés financiers does not express an opinion on the quality of the product offered in this Distribution Guide. The insurer alone is responsible for any discrepancies between the wording of the Distribution Guide and the policy."*

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The distributor may receive a remuneration of up to 30% of the premium you pay for the sale of the travel insurance.

## DEFINITIONS

When italicized in this Distribution Guide, the term:

**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 of, 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 with 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 its policies; or
- intimidate, coerce or instill fear in the civilian population or any segment thereof; or
- 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 age* at *your* application date.

**Change in medication** means the medication dosage or frequency has been reduced, increased, stopped, and/or new medication(s) has/have been prescribed.

Exceptions: the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in *your medical condition*; and, a change from a brand name medication to a generic brand medication of the same dosage.

**Child, Children** means an unmarried, dependent son or daughter or *your* grandchild(ren) under the *age* of twenty-one (21) or, if a full-time student, under the *age* of twenty-six (26); also, an unmarried dependent son or daughter of any *age* if mentally or physically handicapped. In addition, the *child* must be a minimum *age* of thirty (30) days to be covered.

**Common carrier** means a conveyance, (bus, taxi, train, boat, *plane* or other vehicle) which is licensed, intended and used to transport paying passengers.

**Confirmation of Coverage** means the document or set of documents confirming *your* coverage and, where applicable, *your trip* arrangements. It includes the *medical questionnaire* and the application form, once *you* have completed, signed and submitted them with the required premium to *us*. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom *you* made arrangements for *your trip*.

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

**Deductible amount** means the amount of *covered expenses* that you are responsible for paying per person per Emergency Medical claim. *Your deductible amount* in U.S. dollars applies to the amount remaining after any *covered expenses* are paid by *your government health insurance plan*. The *deductible amount* applies to each claim.

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

**Effective date** means the date on which *your* coverage starts.

- For Trip Cancellation also included in All Inclusive plans, coverage starts at the date and time you pay the premium for that coverage, indicated as the purchase date on *your Confirmation of Coverage*.
- Multi Trip coverage starts on the *effective date* as shown on *your Confirmation of Coverage* and each date you leave *home*.
- All other coverages start on the latest of:
  - o *your departure date*; or
  - o the *effective date* as shown on *your Confirmation of Coverage*.

**Emergency** means a sudden and unforeseen occurrence of a *medical condition* that begins during the period of coverage, and requires immediate *treatment*. An *emergency* no longer exists when the Assistance Centre determines that you are able to continue *your trip* or return *home*.

**Expiry date** means the date *your* coverage ends.

- For Trip Cancellation, *your* coverage ends on *your departure date* or *expiry date*, whichever is first and is shown on *your Confirmation of Coverage*.
- All other coverages end on the earliest of these dates:
  - o the date you return *home*;
  - o on the *expiry date*, as shown on *your Confirmation of Coverage*; or
  - o when the number of days of coverage you purchased expires.

**Government health insurance plan** means the health insurance coverage that the Régie de l'assurance maladie (RAMQ) provides to Quebec residents.

**Home** means the province of Quebec where you reside. If you requested coverage to start when you leave Canada, *home* means Canada. In the case of Trip Interruption, Flight and Travel Accident, and Baggage Insurance, it means the place you leave from on the first day of coverage and are scheduled or ticketed to return to on the last day of coverage.

**Hospital** means a facility that is licensed as a *hospital* where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered nurses.

**NOTE:** 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*.

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

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

**Key-person** means someone to whom a dependant's full-time care is entrusted and who cannot reasonably be replaced; or a business partner or an employee who is critical to the ongoing affairs of *your* business during the *trip*.

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

**Medical condition** means *injury*, illness, disease or symptom; complication of pregnancy within the first thirty-one (31) weeks of pregnancy; a mental or emotional disorder that requires admission to a *hospital* or acute psychosis.

**Medical questionnaire** means all the medical questions that are included in *your* application for coverage.

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

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or primarily investigative in nature;
- could not be omitted without adversely affecting *your* condition or quality of medical care;
- could not be delayed until *your* return to Quebec; and

- is delivered in the most cost-effective manner possible, at the most appropriate level of care and not primarily for reason of convenience.

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

**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.

**NOTE: A *physician* must be a person other than *you* or a member of *your immediate family*.**

**Plane** means a multi-engine aircraft operated by and licensed to a regularly scheduled airline on a regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board license, Charter Air Carrier license, or its foreign equivalent, and operated by a certified pilot.

**Policy** means the document, which contains, along with *your Confirmation of Coverage*, the terms and conditions of coverage under the Group Policy number S989072013, issued by *us* to The Bank of Nova Scotia.

**Pre-existing condition** means a *medical condition* that existed 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 sickness or *injury*.

**Spouse** means someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the *effective date* of this coverage.

**Stable** means that all the following apply:

- *you* have not had a new symptom(s); and
- existing symptom(s) have not become more frequent or severe; and
- *your physician* has not found that *your medical condition* has become worse; and
- no test findings have shown that *your medical condition* may be getting worse; and
- *you* have not received, been prescribed, taken or had a *physician* recommend any new medication, or *any change in medication*; and
- *you* have not received, been prescribed, or had a *physician* recommend any new *treatment* or any change in *treatment*; and
- *you* have not been hospitalized or referred to a specialist or specialty clinic; and
- *your physician* has not advised *you* to see a specialist or to have further tests, and *you* have not undergone testing for which *you* have not yet received the results.

**Travel companion** means someone who shares *trip* arrangements and accommodations with *you*.

**NOTE: No more than three (3) individuals (including the insured) will be considered a *travel companion* on any one *trip*.**

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

**Trip** means the period of time between *your effective date* of coverage and the *expiry date* shown on *your Confirmation of Coverage*.

**Vehicle** includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

**We, us, our** means First North American Insurance Company (FNA) in connection with risk identified in Trip Cancellation/Interruption Insurance and Baggage Insurance and The Manufacturers Life Insurance Company (Manulife) in connection with all other coverages under this Distribution Guide. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

**You, your** means the person(s) named as the insured(s) on the *Confirmation of Coverage*, and the appropriate premium has been received by *us*.

## I. DESCRIPTION OF PRODUCTS OFFERED

### A. TYPE OF COVERAGES

The Scotia Travel Insurance coverages available are the following:

- Emergency Medical Insurance
- Trip Cancellation Insurance
- Trip Interruption Insurance
- Baggage Loss, Damage & Delay Insurance
- Flight Accident Insurance
- Travel Accident Insurance
- BounceBack Benefit

These benefits are available under the following plans:

### Single Trip Plans:

- Emergency Medical Plan<sup>†</sup>
- Canadian Travel Emergency Medical Plan<sup>†</sup>
- All Inclusive Plan
- Quick Trip Plan
- Trip Cancellation/Interruption Plan

### Multi Trip Plans:

- Emergency Medical Plan<sup>†</sup>
- All Inclusive Plan

<sup>†</sup> Family Coverage is available for the plans identified by the dagger symbol (†). Family Coverage extends *your* Emergency Medical Plan to cover family members accompanying *you* on *your trip*, including *you*, *your spouse* and *your children* who are named on *your Confirmation of Coverage*. To qualify for Family Coverage, all applicants must be under fifty-five (55) years of *age* and over thirty (30) days old.

Only if *you* are under fifty-five (55) years of *age*, can *you* purchase the following coverages at the branch:

- Single Trip Emergency Medical Plan,
- Single Trip Canadian Travel Emergency Medical Plan,
- Single Trip All Inclusive Plan,
- Multi Trip Emergency Medical Plan,
- Multi Trip All Inclusive Plan.

If *you* are fifty-five (55) years of *age* or older, the branch employee will provide *you* with the toll free number, 1-877-421-0157, so that *you* can speak with a licensed advisor, if *you* are purchasing:

- Single Trip Emergency Medical Plan,
- Single Trip Canadian Travel Emergency Plan,
- Single Trip All Inclusive Plan,
- Multi Trip Emergency Medical Plan,
- Multi Trip All Inclusive Plan.

Quick Trip and Trip Cancellation/Interruption Plans are available online or by calling a licensed advisor.

All plans are available with the assistance of a licensed advisor by calling 1-877-421-0157.

Plans purchased at the branch are limited to Rate Category A

## B. TYPES OF RATE CATEGORIES

For products that include Emergency Medical Insurance, a Rate Category will be determined based on *your age*, the product being purchased, and *your health history*.

The Rate Category applied to *you* during the application process determines which *pre-existing condition* exclusion that applies to *you*.

If *you* are under fifty-five (55) years of *age*, *your* Rate Category is A.

If *you* are fifty-five (55) years of *age* or older, *you* will be asked a series of medical questions to determine *your* Rate Category. Depending on *your health history you* may be a Rate Category A+, A, B or C.

If *you* are purchasing a Quick Trip Product, *your* rate category is D.

## CHOOSING YOUR PLAN: PLANS-AT-A-GLANCE

Benefits & Features	SINGLE TRIP PLANS				MULTI TRIP PLANS		
	Emergency Medical	Canadian Travel Emergency Medical**	All Inclusive	Quick Trip	Trip Cancellation/ Interruption	Emergency Medical	All Inclusive
Eligible Age*	No Limit	No Limit	No Limit	55 to 74	No Limit	No Limit	No Limit
Emergency Medical	◆	◆	◆	◆		◆	◆
Trip Cancellation/Interruption			◆		◆		◆
Baggage Loss, Damage & Delay			◆				◆
Flight & Travel Accident			◆				◆
<b>Features &amp; Options Available</b>							
Top-Ups						◆	◆
Deductible Savings Deductible Savings is available for online purchases or with the assistance of a licensed advisor by calling 1-877-421-0157. Deductible Savings are not available in branch.	◆			◆		◆	
Family Coverage (under the age of 55)	◆	◆				◆	

\* Minimum age is 30 days old.

\*\* All travel must be within Canada.

INSURANCE OFFERED <sup>1</sup>	COVERAGE AMOUNTS PER INSURED
Emergency Medical	Up to \$5,000,000 CDN per plan.
Trip Cancellation / Interruption	For Single Trip stand-alone plan – up to the covered amount purchased (not to exceed \$12,000) as indicated on <i>your Confirmation of Coverage</i> , for eligible expenses incurred before <i>your departure date</i> ; actual costs of eligible expenses incurred on or after <i>your departure date</i> . For Single Trip All Inclusive plan – up to \$3,500 for eligible expenses; For Multi Trip All Inclusive plan – up to \$5,000 per <i>trip</i> and \$7,000 for the duration of <i>your protection</i> for eligible expenses.
Baggage Loss or Damage	Up to \$1,000 per <i>trip</i> . Up to \$3,000 per Multi Trip All Inclusive plan.
Baggage Delay	Up to \$500 per <i>trip</i> . Up to \$1,500 per Multi Trip All Inclusive plan.
Flight Accident	\$100,000 for death or double dismemberment or \$50,000 for single dismemberment.
Travel Accident	\$50,000 for death or double dismemberment or \$25,000 for single dismemberment.
BounceBack Benefit	Up to \$2,000.

NOTE: For all plans, if *your covered expenses* were incurred as a result of an *act of terrorism*, the maximum amounts of all benefits stated in this Distribution Guide may be reduced pursuant to the Terrorism Coverage benefit contained herein.

## C. ELIGIBILITY

### To be eligible for Emergency Medical coverage, you must:

- be a resident of Canada and covered under a *government health insurance plan* for the entire duration of *your trip*.
- have paid the appropriate payment in full and be travelling outside Quebec.

### To be eligible for a stand-alone Trip Cancellation / Interruption plan you must:

- be living in Canada or travelling through Canada; and
- have paid the appropriate premium and purchased this insurance within seven (7) days of booking *your trip* or before any cancellation penalties are chargeable for that *trip*.

Under Trip Cancellation/Interruption plan, coverage will include travel within Quebec.

### General information about your travel insurance

#### Multi Trip Plans:

- Provide coverage for an unlimited number of *trips* taken within one (1) year, commencing with the *effective date* as shown on *your Confirmation of Coverage*.
- Each *trip* taken can be up to the maximum days you selected when you purchased your Multi Trip plan.
- Top-Up coverage can be purchased for *trips* that are longer than the maximum *trip* length selected.
- For a *trip* to be covered under the benefits of Scotia Travel Insurance, it must start on or after the *effective date* and end prior to or on the *expiry date* as shown on *your Confirmation of Coverage*.

**NOTE:** If a *trip* begins during the coverage period but will extend beyond the *expiry date*, you can purchase Top-Up coverage for any travel days that fall after the *expiry date* or you can purchase a new Scotia Travel Insurance Multi Trip plan for the next 365-day period as long as the total duration of the *trip* does not exceed the maximum *trip* length you chose when you purchased the Multi Trip plan.

All Multi Trip plans provide you with Emergency Medical coverage for unlimited travel within Canada but outside Quebec.

In the event of a claim, you will be required to provide proof of *your departure date* and *your return date*. Proof can include *your plane* ticket, train ticket, a stamped passport, and/or credit card or bank statement showing purchases in Canada just prior to *your departure date*.

#### Top-Ups:

To Top-Up your Multi Trip plan for *trips* longer than the maximum number of days of coverage you have, simply call the Customer Service Centre indicated on *your Confirmation of Coverage* for the additional days of coverage required. Top-Ups must be purchased prior to the *expiry date* of coverage. The Single Trip Emergency Medical plan can be used to Top-Up our Multi Trip plans or another insurer's plan. If your Multi Trip plan is not underwritten by Manulife, it is your responsibility to confirm that a Top-Up is permitted on your existing plan with no loss of coverage.

The Quick Trip plan cannot Top-Up any Multi Trip plan.

When you apply for Top-Up coverage, you may be required to answer questions about your health status.

### **If you have purchased Family Coverage**

for any Emergency Medical plan, all family members including *you, your spouse, and children* travelling with *you* must be named on *your Confirmation of Coverage* and must be under *age* fifty-five (55) and a minimum of thirty (30) days of *age*. Family Coverage is not available for Quick Trip, All Inclusive, Trip Cancellation/Interruption plans or BounceBack Benefit.

## **D. TERMS OF COVERAGE**

### **When Your Coverage Starts**

Trip Cancellation coverage included in Trip Cancellation/Interruption and Single Trip All Inclusive plans starts on the date *you* pay the premium for that coverage, shown as the purchase date on *your Confirmation of Coverage*. Trip Cancellation coverage included in the Multi Trip All Inclusive Plan starts on the latest of:

- the *effective date*, as shown on *your Confirmation of Coverage*; or
- the date *you* purchased *your trip*.

For all other plans, coverage starts on the latest of:

- *your departure date*; or
- the *effective date*, as shown on *your Confirmation of Coverage*.

### **When Your Coverage Ends**

Trip Cancellation coverage included in Trip Cancellation/Interruption and All Inclusive Plans ends on the earlier of:

- *your departure date*; or
- the date *you* cancel *your trip*.

For all other plans, *your* coverage ends on the earliest of:

- the date *you* return *home*;
- when the number of days of coverage *you* purchased (as shown on *your Confirmation of Coverage*) expires; or

- the *expiry date*, as stated on *your Confirmation of Coverage*.

### **Automatic Extension**

Automatic Extension of *your* Emergency Medical coverage is provided beyond *your expiry date* on *your Confirmation of Coverage* if:

- *your common carrier* or *vehicle* is delayed. In this case, we will extend *your* coverage for up to seventy-two (72) hours; or
- *you* or *your travel companion* are hospitalized on *your expiry date*. In this case, we will extend *your* coverage during the hospitalization and for up to five (5) days after discharge from the *hospital*; or
- *you* or *your travel companion* have a medical *emergency* that does not require hospitalization but prevents travel on *your expiry date*, as confirmed by a *physician*. In this case, we will extend *your* coverage for up to five (5) days.

**NOTE: In any case, we will not extend any coverage beyond twelve (12) months after your effective date of coverage.**

### **To Stay Longer Than Planned**

If *you* are already *on your trip* and need to apply for an extension of *your* coverage, before the *expiry date* of *your* existing coverage, simply call the Assistance Centre. *You* may be able to extend *your* coverage, as long as:

- the total length of *your trip* outside of Canada, including the extension, does not exceed the maximum allowed by *your government health insurance plan*;
- *you* pay the additional premium (minimum \$25); and
- there has been no event that has resulted or may result in a claim and there has been no change in *your* health status.

Any extension is subject to approval by the Assistance Centre.

### Refund of Premiums

- You may cancel *your* coverage prior to *your departure date* (*your effective date* if you have purchased a Multi Trip Emergency Medical plan).
- If you return *home* early, you may request a refund of premium (minimum \$25) for the unused days of coverage of *your trip* providing there has been or will be no claim reported or initiated, that you have not been provided with any assistance services and that you have mailed *us* your written request with proof of the date you actually returned *home*.

**NOTE:** All family members travelling together must return together for a refund to be possible.

No refunds are available on the BounceBack Benefit, Trip Cancellation/ Interruption, and the All Inclusive and Multi Trip plans.

### MEDICAL CONCIERGE SERVICES

#### Medical Concierge Services Provided by StandbyMD

Scotia Travel Insurance is pleased to provide you with value added medical concierge services when you have Emergency Medical Insurance coverage.

What services are available? StandbyMD offers you:

- Anywhere you travel, telephone access to a qualified *physician* who can assess *your* symptoms and provide *treatment* options;
- In 86 countries and over 4000 cities, access to *physician* house call visits.

In addition, when you travel to the United States, StandbyMD offers the following services:

- Same-day co-ordination and delivery of lost/forgotten prescription maintenance medication, eye glasses or contact lenses and medical supplies;
- Referral to medical specialists, chiropractors, dentists, walk-in clinics, urgent care centres or more than 50,000 *hospitals* for evaluation and *treatment*;
- *Physician* co-ordination to an Emergency Room and, whenever possible in select cities, will “fast track” you through the Emergency Room.

How does this service work? The StandbyMD program will assist with co-ordinating payment of eligible expenses subject to the terms and conditions of the product. To access this service, simply call the Assistance Centre using the phone numbers indicated on the wallet card.

Medical Concierge Services are provided by StandbyMD.

#### Disclaimer, Waiver, and Limitation of Liability:

StandbyMD is not a medical provider. Medical providers utilized by StandbyMD are not employees, agents, nor in any way affiliated with StandbyMD, beyond accepting StandbyMD’s referrals. StandbyMD does not have any control, real or implied, over the medical judgment of participating medical providers, nor their actions or inactions. StandbyMD, upon making referrals does not assume any responsibility for:

- the availability,
- their quality,
- the results or outcome of any *treatment* or service.

You hereby specifically waive any and all rights to proceed legally against StandbyMD or anyone related to StandbyMD\* in any and all claims, demands, actions, causes

of action, and suits of any kind, nature, or amount which relate to, or in any way directly or indirectly flow from the medical concierge services that StandbyMD is offering.

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

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

## E. EMERGENCY MEDICAL INSURANCE

This insurance is included in the following plans:

### Single Trip Plans:

- Emergency Medical Plan
- Canadian Travel Emergency Medical Plan
- All Inclusive Plan
- Quick Trip Plan

### Multi Trip Plans:

- Emergency Medical Plan
- All Inclusive Plan

### Benefits

Emergency Medical Insurance covers *you* up to \$5,000,000 CDN of *covered expenses* incurred by *you* as a result of *medical attention* required by *you* during *your trip* if a *medical emergency* begins unexpectedly after *you* leave *home*, but only if these *covered expenses* are in excess of any amount covered by *your government health insurance plan* or any other benefit plan. The *medical attention* must be required as part of *your emergency treatment*.

## What Should You Do In A Medical Emergency?

**In the event of an emergency, call the Assistance Centre immediately at 1-877-372-2988**, toll-free, from the USA and Canada, or call **1-519-251-7840** collect to Canada where available.

**NOTE:** Please note that if *you* do not call the Assistance Centre in an *emergency*, or prior to receiving *treatment*, *you* will have to pay 20% of the eligible medical expenses we would normally pay. If it is medically impossible for *you* to call, please have someone call on *your* behalf.

We will cover benefits #5 through #11, as listed below, only if they have been authorized and arranged by the Assistance Centre.

*Covered expenses* and benefits are subject to the product's maximums, exclusions, limitations and *your deductible amount*.

## Eligible Covered Expenses Under Emergency Medical Insurance

### 1. Expenses for *emergency medical attention* –

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

**2. Expenses for paramedical services –**  
Care received from a licensed chiropractor, osteopath, physiotherapist, chiropodist or podiatrist, up to \$300 per profession.

**3. Expenses for ambulance transportation –**  
*Reasonable and customary charges* for local licensed ambulance service to transport *you* to the nearest appropriate medical service provider in an *emergency*.

**4. Expenses for emergency dental treatment –**

- If *you* need *emergency* dental *treatment*, we will pay up to \$300 for the relief of dental pain; and/or
- If *you* suffer an accidental blow to the mouth, we will pay up to \$3,000 for the *reasonable and customary charges* to repair or replace *your* natural or permanently attached artificial teeth (up to \$1,500 during *your trip* and up to \$1,500 after *your return home*, to continue *medically necessary treatment* in the ninety (90) days after the accident).

**5. Expenses to bring someone to your bedside –**  
If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more because of a *medical emergency*, we will pay the return economy class airfare via the most cost-effective itinerary for someone to be with *you*. We will also pay up to \$500 for that person's hotel and meals and cover them with Emergency Medical Insurance until *you* are medically fit to return *home*. For an insured *child*, this benefit is available immediately upon their *hospital* admission.

**6. Extra expenses for meals, hotel, phone calls and taxis –**  
If a *medical emergency* prevents *you* or *your travel companion* from returning *home* as originally planned, or if *your* Emergency Medical *treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination, we will reimburse *you* up to \$200 per day to a maximum of \$2,000 for *your* extra meals, hotel, essential phone calls and taxi fares.

**NOTE:** We will only reimburse *you* for these expenses if *you* have actually paid for them.

**7. Expenses related to your death –**  
If *you* pass away during *your trip* from an *emergency* covered, we will reimburse *your* estate for:

- up to \$5,000 to have *your* body prepared where *you* pass away and the cost of the standard transportation container normally used by the airline, plus the cost for the return *home* of *your* body; or
- up to \$5,000 to have *your* body prepared and the cost of a standard burial container, plus up to \$5,000 for *your* burial where *you* pass away; or
- up to \$5,000 to cremate *your* body where *you* pass away, plus the cost for the return *home* of *your* ashes.

In addition, if someone is legally required to identify *your* body and must travel to the place of *your* death, we will pay the return economy class airfare via the most cost-effective itinerary for that person, and up to \$300 for that person's hotel and meal expenses. We will also provide that person with Emergency Medical Insurance for up to seventy-two (72) hours.

## 8. Expenses to bring *you home* –

If *your* treating *physician* recommends that *you* return *home* because of *your emergency* or if *our* medical advisors recommend that *you* return *home* after *your emergency*, we will pay for one or more of the following:

- the extra cost of economy class airfare via the most cost-effective itinerary; and/or
- a stretcher airfare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*; and/or
- 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 reasonable fees and expenses, if this is *medically necessary* or required by the airline; and/or
- the cost of air ambulance transportation if this is *medically necessary*.

## 9. Expenses to return *children under your care* –

If *you* are admitted to *hospital* for more than twenty-four (24) hours or must return *home* because of an *emergency*, we will pay for the extra cost of one-way economy class airfare to return the *children home* via the most cost-effective itinerary and the cost of the return economy class airfare via the most cost-effective itinerary for a qualified escort when the airline requires it.

**NOTE:** The *children* must have been under *your care* during *your trip* and named on the *Confirmation of Coverage*.

## 10. Expenses to return *your travel companion* –

We will cover the extra cost of one-way economy class airfare via the most cost-effective itinerary, to return *your travel companion home* (who is travelling with *you* at the time of *your emergency* and named on the *Confirmation of Coverage*) if *you* return *home* under benefit #8.

## 11. Expenses to return *your vehicle home* –

If, because of a medical *emergency*, *you* are unable to drive the *vehicle* *you* used during *your trip*, we will cover up to \$2,000 charged by a commercial agency to bring *your vehicle home*. If *you* rented a *vehicle* during *your trip*, we will cover its return to the rental agency.

## 12. Trip break –

For Single Trip plans: *You* may return *home* to Quebec without terminating *your coverage*. There is no coverage under this plan in Quebec. There will be no refund of premium for any of the days *you* spend in Quebec. If *you* experience any change in *your* health during the Trip Break, *you* must notify the Assistance Centre prior to leaving Quebec for confirmation of continued coverage.

**NOTE:** Emergency Medical Insurance is not in effect while *you* are in *your* resident province of Quebec.

## What is Not Covered by Emergency Medical Insurance?

### EXCLUSIONS & LIMITATIONS

#### NOTE

We will not pay any expenses or benefits relating to:

1. *A pre-existing condition.* The *pre-existing condition* exclusion that applies to you depends on the Rate Category you qualified for when you purchased this product. Please see the definition of “*pre-existing condition*” and “*stable*” at the beginning of this Distribution Guide.

Rate Categories A+ and A. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the three (3) months before *your effective date*; and/or
- *your heart condition* if, in the three (3) months before *your effective date*, it has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- *your lung condition* if, in the three (3) months before *your effective date*, it has not been *stable* or you required *treatment* with oxygen or Prednisone for *your lung condition*.

Rate Category B. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the six (6) months before *your effective date*; and/or
- *your heart condition* if, in the six (6) months before *your effective date*, it has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or

- *your lung condition* if, in the six (6) months before *your effective date*, it has not been *stable* or you required *treatment* with oxygen or Prednisone for *your lung condition*.

Rate Category C. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the twelve (12) months before *your effective date*; and/or
- *your heart condition* if, in the twelve (12) months before *your effective date*, it has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- *your lung condition* if, in the twelve (12) months before *your effective date*, it has not been *stable* or you required *treatment* with oxygen or Prednisone for *your lung condition*.

Rate Category D. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the six (6) months before *your effective date*; and/or
- *your heart condition* if, in the six (6) months before *your effective date*, it has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- *your lung condition* if, in the six (6) months before *your effective date*, it has not been *stable* or you required *treatment* with oxygen or Prednisone for *your lung condition*.

2. *Covered expenses* that exceed the *reasonable and customary charges* where the medical *emergency* happens.

3. Any *emergency* when, prior to the purchase date, *you* had not met all of the eligibility requirements or truthfully and accurately answered all the questions in the *medical questionnaire* (if applicable).
4. Expenses that exceed \$25,000 if *you* do not have valid coverage under a *government health insurance plan* during *your trip*.
5. *Covered expenses* that exceed 80% of the cost *we* would normally have to pay 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 this case, this exclusion does not apply.
6. Non-emergency, investigative or elective *treatment* such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications.
7. The continued *treatment* of a *medical condition* when *you* have already received *emergency treatment* for that condition during *your trip* and *our* medical advisors determine that *your medical emergency* has ended.
8. A *medical condition*:
  - for which *you* were aware, or for which it was reasonable to expect before *you* left *home*, or before the *effective date* of coverage, that *you* would need or be required to seek *treatment* for that *medical condition*; and/or
  - for which future investigation or *treatment* was planned before *you* left *home*; and/or

- which produced symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before leaving *home*; and/or
  - that had caused a *physician* to advise *you* not to travel.
9. A death or an *injury* sustained while 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.
  10. *Treatment* if *you* specifically purchased this coverage to obtain such *treatment*, whether or not it was authorized by a *physician*.
  11. *Your* suicide, attempted suicide or *your* intentional self-inflicted *injury* whether or not *you* are sane or insane.
  12. *You* committing or attempting to commit a criminal act.
  13. *You* not following recommended or prescribed therapy or *treatment*.
  14. Any loss, *injury* or death related to *your* misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant, whether or not *you* are sane or insane.
  15. *Your* mental or emotional disorder (other than acute psychosis) that does not require *you* to be admitted to a *hospital*.
  16. A *child* who is born after *you* leave on *your trip*; routine pre-natal care; pregnancy or childbirth or complications thereof when they happen in the nine (9) weeks before or after the expected date of delivery.

17. For insured *children* under two (2) years of *age*, any *medical condition* related to a birth defect.
18. 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.
19. Any *emergency* that occurs or recurs after *our* medical advisors recommend that *you* return *home* following *your emergency treatment*, and *you* choose not to.
20. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
21. For coverage extensions or Top-Ups: any *medical condition* which first appeared, was diagnosed or was treated after the scheduled *departure date* and prior to the *effective date* of the coverage extension or Top-Up.
22. Any change in *your* health status or *medical condition* that occurred or that started or any *medical condition* that did not remain *stable* during *your* Trip Break (see Benefit #12).
23. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage on page 52.
24. Any loss resulting from an *act of war* or an *act of terrorism* when, before *your effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadians not to travel to that country, region or city.
25. Any *medical condition* you suffer from or contract in a specific country, region or city for which

the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, before *your departure date*, advising Canadians 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 formal Travel Advisory was issued and includes complications arising from such *medical condition*.

### **What Are the Other Conditions That Apply to Emergency Medical Insurance?**

If *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less, we will not coordinate payment with that coverage. If *your* lifetime maximum is more than \$50,000, we will coordinate payment.

We will pay Emergency Medical covered expenses in excess of the deductible amount that *you* may have selected.

### **F. TRIP CANCELLATION / INTERRUPTION INSURANCE**

Trip Cancellation/Interruption Insurance can be purchased separately as a stand-alone plan, or as part of the All Inclusive plans.

To be eligible to purchase a stand-alone Trip Cancellation plan, *you* must be living in Quebec or travelling through Canada and purchase this coverage within seven (7) days of booking *your trip* or before any cancellation penalties are chargeable for that *trip*.

## What Does Trip Cancellation / Interruption Insurance Cover?

**If you are unable to travel due to a covered event listed below that occurs before you leave home**, we will pay up to the covered amount for the prepaid unused portion of *your trip* that is non-refundable and non-transferable to another travel date. In addition, if *your travel companion* must cancel their *trip* due to a covered event applicable to them, and *you* decide to go on *your trip* as planned, we will cover the cost of the next occupancy charge up to the covered amount. To cancel a *trip* before *your* scheduled *departure date*, *you* must cancel *your trip* with the travel supplier and notify *us* at 1-877-372-2988 or 1-519-251-7840 immediately or, at the latest, within forty-eight (48) hours of the cause of cancellation.

**If your trip is interrupted due to a covered event listed below that occurs on or after the day you plan to leave home**, we will pay up to the covered amount for the prepaid portion of *your trip* that is non-refundable and non-transferable to another travel date except for prepaid unused transportation *home*. In addition, we will pay *your* additional and unplanned hotel and meal expenses, *your* essential phone calls and taxi fares to a maximum of \$300 per day for up to two (2) days when no earlier transportation arrangements are available; and/or we will pay *your* one-way economy class airfare via the most cost-effective itinerary to *your* or *your* group's next destination, or to return *home*. We will pay for the change fee charged by the airline for *your* missed connection if this option is available, or up to \$1,000 for the cost of *your* one-way economy fare to the next destination.

The maximum payable for Trip Cancellation/ Interruption expenses is:

- For Single Trip stand-alone plan – up to the covered amount purchased (not to exceed \$12,000) as indicated on *your Confirmation of Coverage*, for eligible expenses incurred before *your departure date*; actual costs of eligible expenses incurred on or *after your departure date*.
- For Single Trip All Inclusive plan – up to \$3,500 for eligible expenses.
- For Multi Trip All Inclusive plan, the maximum payable for *covered expenses* is: \$5,000 per *trip* and \$7,000 for the duration of *your* protection.

**Trip Cancellation/Trip Interruption Insurance** benefits are subject to the product's maximums, exclusions and limitations.

Benefits 1 – 3 are underwritten by Manulife. Benefits 4 – 14 are underwritten by First North American Insurance Company.

These benefits are payable if any of the following covered events happen:

1. *You* or *your travel companion* develop(s) a *medical condition* or pass(es) away.
2. A member of *your immediate family*, a member of *your travel companion's immediate family* or *your key-person* develops a sudden and unforeseen *medical condition* or passes away; or the person whose guest *you* will be during *your trip* is unexpectedly admitted to a *hospital* with an *emergency* or passes away.
3. *You* or *your spouse*: a) become pregnant after *you* book *your trip* and *your departure date* falls in the nine (9) weeks before or after the expected delivery date, or b) legally adopt a *child* and the notice of custody is received after the *effective date* and the date of custody is scheduled in the nine (9) weeks before or after *your departure date*.

4. *You or your travel companion's* travel visa is not issued for a reason beyond *your/* their control.
5. *You or your spouse* are called to service as a reservist, fire-fighter, military or police staff, or to jury duty or to be a defendant in a civil suit, during *your trip*; or *you* or *your spouse* are subpoenaed to be a witness during *your trip*.
6. *You, your spouse, your travel companion* or *your travel companion's spouse* are quarantined or hijacked.
7. *You or your travel companion* are unable to occupy *your/*their respective principal residence or to operate *your/*their respective business because of a natural disaster.
8. *You, your spouse, your travel companion* or *travel companion's spouse* lose a permanent job because of lay-off or dismissal without just cause.
9. *You or your travel companion* are transferred by the employer with whom *you* or *your travel companion* were employed at the time of application for this insurance, which requires a relocation of *your* or *your travel companion's* principal residence.
10. A business meeting that is the main intent of *your trip* and was scheduled before *you* or *you* and *your travel companion* purchased this product, is cancelled for a reason beyond *your* control or the control of *your* employer and the meeting is between companies with unrelated ownership.
11. The Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" travel advisory after *you* purchase this product, advising Canadian residents to avoid all or non-essential travel to a destination included in *your trip*.
12. Weather conditions, earthquakes or volcanic eruptions cause the scheduled *common carrier*, on which *you* are booked, to be delayed for a period of at least 30% of *your trip* and *you* choose not to travel.
13. *You* miss a connection or must interrupt *your trip* because of the delay of *your* connecting private passenger *vehicle* or *common carrier*, when the delay is caused by the mechanical failure of *your* connecting private passenger *vehicle* or *common carrier*, a traffic accident, an emergency police-directed road closure or weather conditions, earthquakes or volcanic eruptions. For benefits to be payable, *your* connecting private passenger *vehicle* or *common carrier* must have been scheduled to arrive at *your* point of boarding at least two (2) hours before the scheduled time of departure.
14. The *plane* *you* are ticketed to fly on leaves earlier or later than scheduled.  
**NOTE:** This benefit is only covered under Trip Interruption.

## What is Not Covered by Trip Cancellation / Interruption Insurance?

### Exclusions & Limitations

#### NOTE

For Trip Cancellation/Interruption Insurance, we will not pay any expenses or benefits relating to:

1. A *pre-existing condition* that was not *stable* in the three (3) months before *your effective date*.
2. Any event or any reason that *you* or *your travel companion* were aware of on or before the *effective date* of this coverage that would prevent *you* from going on or completing *your trip* as booked.
3. The *medical condition* or death of a person who is ill when the purpose of *your trip* is to visit that person.
4. *Your* suicide, attempted suicide or *your* intentional self-inflicted *injury* whether or not *you* are sane or insane.
5. *You* committing or attempting to commit a criminal act.
6. *You* not following recommended or prescribed therapy or *treatment*.
7. Any loss, *injury* or death related to *your* misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant, whether or not *you* are sane or insane.
8. *Your* mental or emotional disorder (other than acute psychosis) that does not require *you* to be admitted to a *hospital*.

9. A *child* who is born during *your trip*; routine pre-natal care; pregnancy or childbirth or complications thereof when they happen in the nine (9) weeks before or after the expected date of delivery.
10. A *medical condition*:
  - when *you* knew or for which it was reasonable to expect, before the *effective date*, that *you* would need or be required to seek *treatment* for that *medical condition*;
  - for which future investigation or *treatment* was planned before *you* left *home*;
  - which caused symptoms that would have caused an ordinarily prudent person to seek *treatment* in the three (3) months before leaving *home*; and/or
  - that caused a *physician* to advise *you* not to go on *your trip*.
11. A travel visa that is not issued because of its late application.
12. Failure of any travel supplier which *you* contracted for services. No protection is provided for failure of any travel agent, agency or broker.
13. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage on page 52.
14. Any loss resulting from an *act of war* or an *act of terrorism* when, before *your effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadians to avoid all or non-essential travel to that country, region or city.

15. Any *medical condition* you suffer or contract in a specific country, region or city for which the Government of Canada issues an “Avoid Non-Essential Travel” or an “Avoid All Travel” Travel Advisory, before *your effective date*, advising Canadians 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 formal Travel Advisory was issued and includes complications arising from such *medical condition*.

### **What Are the Other Conditions That Apply to Trip Cancellation / Interruption Insurance?**

If you cancel *your trip* before *your* scheduled *departure date*, you must cancel *your trip* with the travel supplier and notify us at 1-877-372-2988 or 1-519-251-7840 immediately or, at the latest, within forty-eight (48) hours of cancellation. Only the insured amounts that are non-refundable and non-transferable on the date the covered event occurs shall be considered for the purposes of the claim.

**NOTE:** Any delays in notifying *us* will limit *your* benefit to the non-refundable amount that would have been payable on the date the cause for claim occurred.

## **G. BAGGAGE LOSS, DAMAGE & DELAY INSURANCE**

These insurance coverages are included in All Inclusive Plans.

Benefits 1 – 3 are underwritten by First North American Insurance Company.

### **Benefits – What Does Baggage Loss, Damage & Delay Insurance Cover?**

Baggage Loss, Damage & Delay Insurance covers the loss of, damage to, and delay of the baggage and effects that belong to *you* and that *you* use during *your trip*. More specifically, this coverage provides *you* with reimbursement for the following expenses:

1. Up to \$100 in total per *trip* for the replacement of a lost or stolen passport, driver’s licence, birth certificate or travel visa.
2. Up to \$500 in total per *trip* for necessary toiletries and clothing when *your* checked luggage is delayed during *your* insured *trip* by the carrier for at least ten (10) hours. The maximum payable for this benefit under the Multi Trip All Inclusive plan is \$1,500 for the duration of *your* protection.
3. Up to \$300 per *trip* for any item or set of items which is lost or damaged during *your trip* to a maximum of \$1,000. The maximum payable for this benefit under the Multi Trip All Inclusive plan is \$3,000 for the duration of *your* protection. Jewellery or cameras (including camera equipment) are, respectively, each considered a single item.

**NOTE:** Baggage Loss, Damage and Delay coverage is provided by First North American Insurance Company (FNA), a wholly-owned subsidiary of Manulife.

## What is Not Covered by Baggage Loss, Damage & Delay Insurance?

### Exclusions & Limitations

#### NOTE

For the Baggage Loss, Damage & Delay Insurance, we will not pay for expenses or benefits relating to:

1. Animals, perishable items, bikes that are not checked as baggage with the *common carrier*; household items and furniture; artificial teeth or limbs, hearing aids, eyeglasses of any type, contact lenses; money, tickets, securities, documents; items related to *your* occupation, antiques or collector items; items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, *your* imprudence or omission.
3. Unaccompanied baggage, personal property left in an unattended *vehicle*, unlocked trunk, and any jewellery or camera placed in the custody of a *common carrier*.
4. In instances of theft, losses unreported to authorities.
5. Any loss resulting from an *act of war* or an *act of terrorism* on a *trip* while *you* are at a destination when, prior to *your departure date* for that destination, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadians to avoid all or non-essential travel to that country, region or city anytime during *your* coverage period.

See other conditions under How to Make a Claim on page 57.

## H. FLIGHT & TRAVEL ACCIDENT INSURANCE

Included in All Inclusive Plans.

### What Does Flight & Travel Accident Insurance Cover?

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

1. If an *injury* causes *you* to pass away, to become completely and permanently blind in both eyes or to have two of *your* limbs fully severed above *your* wrist or ankle joints, in the twelve (12) months after the accident, we will pay: \$100,000 under Flight Accident Insurance; or \$50,000 under Travel Accident Insurance.
2. If an *injury* causes *you* to become completely and permanently blind in one eye or have one of *your* limbs fully severed above *your* wrist or ankle joint in the twelve (12) months after the accident, we will pay: \$50,000 under Flight Accident Insurance; or \$25,000 under Travel Accident Insurance.
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.

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

- a) while *you* are travelling on a commercial passenger *plane* from which a ticket was issued to *you* for *your* entire airline trip;
- b) while *you* are making a flight connection, and riding over land or water at the expense of the airline or riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports; or

- c) while *you* are at an airport for the departure or arrival of the flight covered by this product.

### What is Not Covered by Flight & Travel Accident Insurance?

#### Exclusions & Limitations

#### NOTE

For Flight & Travel Accident Insurance, we will not pay any expenses or benefits relating to:

1. A death or *injury* sustained while 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.
  2. Death or *injury* sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
  3. *Your* suicide, attempted suicide or *your* intentional self-inflicted *injury* whether or not *you* are sane or insane.
  4. A criminal act or an attempt to commit such an act by *you* or *your* beneficiary.
  5. *You* not following recommended or prescribed therapy or *treatment*.
  6. Any loss, *injury* or death related to *your* misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant, whether *you* are sane or insane.
7. *Your* mental or emotional disorder (other than acute psychosis) that does not require *you* to be admitted to a *hospital*.
  8. A loss caused directly or indirectly from an existing disease or bodily infirmity, even if the proximate cause of its activation or reactivation is the result of an *injury*.
  9. An *act of war* or *act of terrorism*.
  10. Any loss resulting from an *act of war* or an *act of terrorism* when, before *your effective date*, the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, advising Canadians to avoid all or non-essential travel to that country, region or city.
  11. Any *medical condition* you suffer or contract in a specific country, region or city for which the Government of Canada issues an "Avoid Non-Essential Travel" or an "Avoid All Travel" Travel Advisory, before *your effective date*, advising Canadians 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 formal Travel Advisory was issued and includes complications arising from such *medical condition*.

## I. BOUNCEBACK BENEFIT

Available for purchase with Single Trip plans (not applicable to Top-Ups). To purchase *your* Single Trip plan and BounceBack Benefit, please call 1-877-421-0157. The BounceBack Benefit must be purchased when *you* purchase *your* Single Trip plan.

### What Does the BounceBack Benefit Cover?

If *you* have purchased the BounceBack Benefit with *your* Single Trip Emergency Medical plan, Quick Trip plan or Single Trip All Inclusive plan and have to return *home* from *your trip* before *your* scheduled return date because:

- a member of *your immediate family*, who is not travelling with *you*, is admitted to a *hospital* due to an *emergency* or passes away after *you* leave *home*; or
- a natural disaster causes *your* principal residence to become uninhabitable after *you* leave *home*;

We will reimburse *your* actual expenses up to \$2,000 for *your* economy class airfare to return *home* from *your trip destination* via the most cost-effective itinerary and, within *your* period of coverage, return *you* back to that *trip* destination. In case of a death of an *immediate family* member, we will pay the lesser amount of the cost of *your* economy return transportation to return *home* or to the place of residence of the deceased.

Expenses and benefits are subject to the product's maximums, exclusions and limitations.

**NOTE:** To make a claim under the BounceBack Benefit, *you* must call 1-877-372-2988 toll-free from the USA and Canada or 1-519-251-7840 collect to Canada where available, within forty-eight (48) hours of the cause of claim.

This product may limit benefits should *you* not contact *us*.

## What is Not Covered Under the BounceBack Benefit?

### Exclusions & Limitations

#### NOTE

We will not pay any benefits or expenses relating to:

1. A reason that, at the time *you* purchased the BounceBack Benefit, *you* could reasonably have expected would require *you* to return *home* prior to *your* scheduled return date.
2. A *pre-existing condition* of an *immediate family* member for which *treatment* was received in the three (3) months before the purchase of this coverage, resulting in hospitalization or death of the *immediate family* member while *you* are on *your trip*.
3. *Your* return back to *your trip* destination after the planned date of return indicated on *your Confirmation of Coverage*.
4. An *act of war* or *act of terrorism*. Limited coverage applies with respect to an *act of terrorism*. See Terrorism Coverage.

## J. TERRORISM COVERAGE

### What is Covered Under 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 product, coverage will provide as follows:

- **For all Emergency Medical Insurance, Trip Cancellation / Interruption Insurance and BounceBack Benefit coverage,** *we* will provide benefits to *you* for *your covered expenses* subject to the maximums shown in the benefits section and this provision;
- The benefits payable, as described directly above, are in excess of all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance policies (even where such other coverage is described as excess) and will only become available after *you* have exhausted all such other sources.

**NOTE:** Any benefits payable pursuant to *our* Emergency Medical Insurance, Trip Cancellation/Interruption Insurance and BounceBack Benefit shall be subject to an overall maximum aggregate payable limit relating to all in-force travel *policies* issued by *us*. 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, exceed this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a prorated 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:

Type of Coverage	Maximum Aggregate for Each Act of Terrorism (CDNS)
Emergency Medical Plan	\$35,000,000
Trip Cancellation / Interruption	\$2,500,000

If, in *our* judgement, 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.

### What is Not Covered Under Terrorism Coverage?

#### Exclusions & Limitations

#### NOTE

This product does not cover any liability, loss, cost or expense of whatsoever nature which is directly or indirectly caused by, results from, arises out of, or is 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.

## II. WHAT ELSE DO YOU NEED TO KNOW ABOUT THIS PRODUCT?

The *Confirmation of Coverage* will be issued to *you* if *you* purchased this product through a licensed advisor or online. If *you* purchased this product through the branch, *your Confirmation of Coverage* will be the teller's stamped portion of *your* application.

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

The product is non-participating, meaning *you* are not entitled to share in *our* divisible surplus. Neither *we* nor *our* agents or administrators, or distributors are responsible for the availability, quality or results of any medical *treatment* or transportation, or for *your* failure to obtain medical *treatment*.

The right of any person to designate persons to whom or for whose benefit insurance money is payable is governed under the civil code of Quebec.

### Premium

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect. Prior to purchase or enrollment, as the case may be, *we* reserve the right to change premium rates and/or the product's terms and conditions.

Upon payment of premium, *we* will:

1. charge and collect any underpayment; or
2. shorten the coverage period by written endorsement if an underpayment in premium cannot be collected.

**NOTE:** Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

## How Does *Your* Coverage Work With Other Coverages That *You* May Have?

### Second Payor Coverages

The plans outlined in this Distribution Guide 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, provincial or territorial auto insurance plan providing *hospital*, medical or therapeutic coverage, or any other third-party liability insurance concurrently in force, amounts payable under these products are limited to that portion of *your* expenses, incurred outside the province of residence, that are in excess of the amounts for which *you* are insured under such other coverages.

### Coordination of Benefits Clause

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 these products (except if *your* current or former employer provides *you* with an extended health insurance plan with a lifetime maximum coverage of \$50,000 or less), to a maximum of the largest amount specified by each insurer.

### Subrogation Rights

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under these products, *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. *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.

### Overlapping Insurance

If *you* are insured under more than one product 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 product. If the total amount of all accident insurance *you* have under a product issued by *us* is more than \$100,000, *our* aggregate liability will not exceed \$100,000. Excess coverage will be null and void and the premiums paid for such excess insurance will be refunded.

### III. HOW TO MAKE A CLAIM

IN THE EVENT OF AN *EMERGENCY*,  
CALL THE ASSISTANCE CENTRE IMMEDIATELY

**1-877-372-2988**

toll-free from the USA and Canada

**1-519-251-7840**

collect to Canada where available.

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

Please note that **if *you* do not call** the Assistance Centre in an *emergency* and/ or prior to receiving *treatment*, ***you* will have to pay 20% of the eligible medical expenses.** If it is medically impossible for *you* to call, please have someone call on *your* behalf.

For all other coverage, *you* must call *our* Assistance Centre within forty-eight (48) hours of the cause of *your* claim. If it is medically impossible for *you* to call when the *emergency* occurs, *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, eligible expenses 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.

To make a claim due to illness or *injury* during *your trip*, *your* proof of claim must be sent to *us* within ninety (90) days of *your* loss.

### **How to Make a Claim Under Emergency Medical Insurance**

If *you* are making an Emergency Medical Insurance claim, *we* will need the following documents:

- original itemized receipts for all bills and invoices;
- proof of payment by *you* and by any other benefit plan;
- medical records including complete diagnosis by the attending *physician* or documentation by the *hospital*, which must support that the *treatment* was *medically necessary*;
- proof of the accident if *you* are submitting a claim for dental expenses resulting from an accident;
- proof of travel (including departure and return dates); and
- *your* historical medical records (if *we* determine applicable).

### **How to Make a Claim Under Trip Cancellation / Interruption Insurance**

If *you* are making a Trip Cancellation/ Interruption claim, *we* will need proof of the cause of the claim, including:

- a medical certificate completed by the attending *physician* and stating why travel was not possible as booked, if the claim is for medical reasons; or
- a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to a misconnection.

*We* will also need, as applicable:

- complete original unused transportation tickets and vouchers;
- original passenger receipts for the new tickets *you* had to purchase;
- original receipts for the travel arrangements *you* had paid in advance and for the extra hotel, meal, telephone and taxi expenses *you* may have had;
- the entire medical file of any person whose health or *medical condition* is the reason for *your* claim; and
- any other invoice or receipt supporting *your* claim.

### **How to Make a Claim Under Baggage Loss, Damage & Delay Insurance**

If *you* are making a Baggage Loss, Damage & Delay Insurance claim, the following conditions apply:

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item, *you* must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, *tour* guide or transportation authorities. *You* must also take all precautions to protect, save or recover the property immediately, and advise *us* as soon as *you* return *home*.

**NOTE: *Your* claim will not be valid if *you* do not comply with these conditions.**

2. If the property *you* have checked with a *common carrier* is delayed, *we* will continue to provide coverage until the property is delivered by the *common carrier*.

3. We cover the current actual cash value of *your* property when it is lost or damaged. We also reserve the option to repair or replace *your* property with one of a similar kind, quality and value. We may also ask *you* to submit damaged items for an appraisal of the damage. If a lost or damaged article is part of a set, we will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.
4. If *you* need to make a claim, we will need:
  - copies of reports from the authorities as proof of loss, damage or delay; and
  - *proof* that *you* owned the articles, and receipts for their replacement.

### **How to Make a Claim Under Flight & Travel Accident Insurance**

**If *you*, or someone on *your* behalf, are making a Flight & Travel Accident Insurance claim,** the following conditions apply:

1. We will need:
  - police, autopsy or coroner's report;
  - medical records; and
  - 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.

### **How to Make a Claim Under BounceBack Benefit**

If *you* are making a BounceBack Insurance claim, we will need proof of the cause of the claim, including:

- a copy of the death certificate if that is the reason for the claim;
- a medical certificate completed by the attending *physician*, if the claim is for medical reasons; or
- a property damage report.

We will also need, as applicable:

- original passenger receipts for the new tickets *you* had to purchase;
- original receipts for the travel arrangements *you* had paid in advance; and
- any other invoice or receipt supporting *your* claim.

### **To Whom Will We Pay Your Benefits, if You Have a Claim?**

Except in the case of *your* death, we will pay *covered expenses* 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. Except for the *deductible amount* (in U.S. dollars), all amounts shown throughout this Distribution Guide 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.

### **Insurer's Response**

We will let *you* know, within 30 days after we receive all the information requested, *our* decision regarding *your* claim. If *your* claim is payable, a cheque will be sent to *you* within this time. If *your* claim will not be paid, then we will supply *you* with the reasons why *your* claim was rejected.

### **What You Should Know if You Are Making a Claim**

If *you* disagree with *our* claim decision, *you* can take legal action to dispute *our* decision. However, it must be done according to the Quebec Civil Code provision regarding the limitation period.

For the purposes of determining the validity of a claim, 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. 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. If *you* pass away, *we* have the right to request an autopsy, if not prohibited by law.

### **Address For Written Correspondence and Other Information**

WRITTEN CORRESPONDENCE  
MUST BE SENT TO:  
**Scotia Travel Insurance**  
**c/o Active Care Management**  
**P.O. Box 1237, Station A**  
**Windsor, Ontario N9A 6P8**

For specific information on how to make a claim or to inquire about *your* claim status contact *us* at: **1-877-372-2989**.

For coverage information, general enquiries, or to apply for an extension or a refund of premium, please call the Customer Service Centre at the number provided on *your Confirmation of Coverage*.

### **NOTICE ON PRIVACY**

**Your privacy matters.** At Scotiabank and Manulife, an important part of our mutual commitment to *you* is to provide *you* with service excellence, which includes respect for *your* privacy. By applying for insurance under a Scotia Travel Insurance program, *you* agree to be bound by the terms of the Scotiabank Privacy Agreement. If *you* have enrolled for family coverage it is *your* responsibility to ensure that any other applicant who is not a minor has read, understood and agrees to the terms of the Scotiabank Privacy Agreement. *You* can review the Scotiabank Privacy Agreement by visiting [www.scotiabank.com/privacy](http://www.scotiabank.com/privacy).

*You* also agree to be bound by the terms of the Manulife Privacy Agreement. The following outlines Manulife's commitment to *your* privacy as the Scotia Travel Insurance underwriter.

#### **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 the offices of Manulife, or those of their administrator or agent. *You* may

request to review the personal information it contains and make corrections by writing to:

PRIVACY OFFICER, Manulife  
500 King St North  
Waterloo, ON N2J 4C6

#### IV. ADDITIONAL INFORMATION

##### **TO CONTACT THE INSURER**

For more information on the plans, please contact the insurer whose contact information appears below:

The Manufacturers Life Insurance Company

Affinity Markets

200 Bloor St East  
Toronto, Ontario M5W 1E5

Phone number: **1-877-421-0157**

Email: **scotiatravel@manulife.com**

#### V. SIMILAR PRODUCTS

Other insurance products offering the same coverages as those described in this Distribution Guide are available on the market.

#### VI. AUTORITÉ DES MARCHÉS FINANCIERS (‘THE AUTHORITY’)

Should *you* require more information on an insurer’s or a distributor’s obligations to *you*, please contact:

##### **In Québec:**

AUTORITÉ DES MARCHÉS FINANCIERS

Place de la Cité, tour Cominar  
2640 boulevard Laurier, Suite 400  
Sainte-Foy, Québec G1V 5C1

Québec City: 418-525-0337

Montreal: 514-395-0337

Elsewhere in Québec: 1-877-525-0337

Fax: 418-525-9512

Website: [www.lautorite.qc.ca](http://www.lautorite.qc.ca)

## NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: The Manufacturers Life Insurance Company and its wholly owned subsidiary, First North American Insurance Company

Date: \_\_\_\_\_  
(Date on which this notice was sent)

Pursuant to Section 441 of the Act respecting the distribution of financial products and services, I am hereby cancelling insurance policy no.: S989072013

Entered into on: \_\_\_\_\_  
(Date of sending of notice)

in: \_\_\_\_\_  
(City of contract signature)

\_\_\_\_\_  
(Client's name)

\_\_\_\_\_  
(Client's signature)

This document must be sent by registered mail.

## Sections of the Act Respecting the Distribution of Financial Products and Services

Sections 439 to 443 of Bill 188 – An Act respecting the distribution of financial products and services

- 439.** A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.
- The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.
- 440.** A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Bureau, stating that the client may cancel the insurance contract within 10 days of signing it.
- 441.** A client may cancel an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.
- Where such an insurance contract is cancelled, the first contract retains all its effects.
- 442.** No contract may contain provisions allowing its amendment in the event of cancellation or termination by the client of an insurance contract made at the same time.
- However, a contract may provide that the cancellation or termination of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

Sections 439 to 443 of the Act are included in this notice and appear on the following page.

**443.** A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation by the Bureau, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's right.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor cancels, terminates or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

## **NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT**

### **NOTICE GIVEN BY A DISTRIBUTOR**

Section 440 of the Act respecting the distribution of financial products and services

### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES *YOU* IMPORTANT RIGHTS.**

- The Act allows *you* to cancel an insurance contract *you* have just signed when signing another contract, **without penalty, within 10 days of its signature.** To do so, *you* must give the insurer notice by registered mail within that delay.
- Despite the cancellation of the insurance contract, the first contract entered into will remain in force. Caution: it is possible that *you* may lose advantageous conditions as a result of this insurance contract; contact *your* distributor or consult *your* contract.
- After the expiry of the 10-day delay, *you* may cancel the insurance at any time; however, penalties may apply.

For further information, contact the Bureau des services financiers at:

Québec City: 418-525-0337

Montreal: 514-395-0337

Elsewhere in Québec: 1-877-525-0337

# Take a Second Look at your Travel Insurance

We'll help you understand what  
you've got, what you really need,  
and where you can save.

To simplify your insurance,  
visit [scotiabank.com](http://scotiabank.com)

## NOTIFICATION – PLEASE READ CAREFULLY

Conditions, limitations and exclusions apply.

Scotia Travel Insurance is underwritten by The Manufacturers  
Life Insurance Company (Manulife) and by First North American  
Insurance Company (FNA), a wholly owned subsidiary of Manulife.

® Registered Trademark of The Bank of Nova Scotia,  
used under licence.

Accessible formats and communication supports are available upon  
request. Visit [manulife.com/accessibility](http://manulife.com/accessibility) for more information.