

# North Vancouver School District Grade 8 Quebec Trip

2121 Lonsdale Ave, North Vancouver, B.C., V7M2K6

Ph: 604.904.3444

www.sd44.ca

## North Vancouver School District Field Trip

### Informed Consent

### Multi-Day and Out of Province Field Trip

**For: District Grade 8 Quebec Trip – May 25<sup>th</sup>-May 31<sup>st</sup>, 2025**

One Day Field Trip

Multi-Day Field Trip

Dear Parents/Guardians,

The written, informed consent of parents/guardians is required for participation of students in all One-Day field trips in North Vancouver School District No. 44. The purpose of the Informed Consent document is to provide students and parents/guardians with information that is related specifically to the field trip. The parent/guardian consenting signatures on this document indicate acknowledgement and acceptance of the information contained herein inclusive of risks and potential consequences. **NOTE: This school field trip is optional.**

The legal requirement of implementing the Informed Consent document is the direct result of a number of tragic outcomes that have occurred on school field trips in other school district jurisdictions. The intent here is to prevent the occurrence of tragedy, to attempt to ensure safety, to inform students and parents/guardians of the field trip itinerary and purpose(s), and to brief students and parents/guardians on the inherent risks of travel.

Within this package, you will find information relating to:

- Description of how the field trip supplements the educational program
- Notice that the field trip is optional, and that arrangements will be made for students who are not participating
- Notification of student/parent Pre-Trip meeting. A Pre-Trip meeting is required for all Multiple-Day and/or Out-of-Province field trips.
- Description of supervisors: teachers, employees of the Board and other adult volunteers, along with contact information
- Transportation and accommodation arrangements
- Itinerary consisting of date(s), departure and return times, and schedule of planned activities
- Description of planned activities and levels of direct and indirect supervision
- Description of inherent risks and potential consequences
- Assessment of student skills and abilities as pertaining to the field trip activities (*if applicable*)

- *Student Awareness of Risk and Responsibility Form* completed by student (if applicable)
- Behavioural expectations of students plus rules and regulations
- Emergency Planning/Cancellation of Trip information, including cancellation provisions, collection/disclosure of student medical and personal information, first-aid arrangements, and the Emergency Communication and Return Plan
- Description of budget consisting of revenue (cost to student) and expenditures (cost of trip) (*optional trips only*)
- Parent/guardian responsibility to arrange student accident or liability insurance
- Parent/guardian responsibility to determine whether the student may participate in the field trip
- 

## PURPOSE(S):

The North Vancouver School District is offering grade 8 French Immersion students from across the district the opportunity to travel to Quebec City for a unique educational experience. This trip, arranged in collaboration with Auberge du Mont (<https://www.aubergedumont.qc.ca/>) an organization specializing in educational programs for French Immersion students, is rich in linguistic, historical and cultural experiences. The District French Immersion trip next year will take place from May 25th to May 31st, 2025.

This trip will provide students with the opportunity to develop increased proficiency in French while experiencing a culturally rich, authentic and vibrant environment. Students will be able to deepen their understanding of Canadian diversity and culture, and build social connections with other French Immersion students enrolled in grade 8 at a school in the North Vancouver School District.

The 2025 District Quebec Trip will take Grade 8 French Immersion students enrolled in the North Vancouver School District to the heart of French-Canadian culture. Students will be accommodated in a mountain resort just a short drive from Old Quebec, and supervised by North Vancouver School District employees and Auberge du Mont staff members. There will be French Canadian guides for all planned activities who will converse with students exclusively in French.

Please note: The District Quebec Trip is not required as part of the mandated French Immersion program but is a valuable optional enrichment opportunity.

By virtue of being out of the school setting, students on a field trip learn to be ambassadors for their school, their community and even their country. They learn the realities of travel, the responsibilities and independence of self-governance, the communication skills and leadership skills necessary for teamwork, and the social skills necessary for a variety of circumstances.

## PRE-TRIP MEETING:

As per the District Field Trip Policy, a Pre-Trip meeting for parents/guardians and students is required for all Multiple-Day and/or Out-of-Province field trips. The purpose of the Pre-Trip meeting is to provide an opportunity for the dissemination of information; discussion of risks, consequences and precautions taken; and review of the Emergency Communication and Return Plan.

**The student/parent Pre-Trip meeting for this field trip is scheduled for May 14<sup>th</sup> 2025.**

## SPONSORS:

Name:	Position	Phone Number	E-mail
Tracy Langer	District French Facilitator	604.903.3444	tlanger@sd44.ca
Greg Hockley	District Principal	604.903.3444	ghockley@sd44.ca

\*French Immersion Teacher(s) from Argyle, Handsworth and Windsor will be accompanying students to Quebec. Names will be communicated to families once student numbers are confirmed.

## LEVELS OF SUPERVISION:

The level of supervision is divided into direct and indirect. Direct supervision is the time students spend with the trip sponsor(s) and/or chaperone(s) participating in the trip's planned activities. Indirect supervision is the time students may spend as "free time" in between scheduled group activities. Under indirect supervision, the students may not necessarily be in the company of a sponsor or chaperone. It is expected that students, while under indirect supervision, will act with common sense in accordance with school and field trip behaviour expectations, stay within the articulated geographical boundaries, and act with the best interests of all students and staff in their minds and actions. Sponsors and chaperones will determine "free time", check-in times and methods, and clearly articulate them to students. Students, when under indirect supervision, will be informed of how to reach a sponsor or chaperone in the case of an emergency.

School district supervisors (chaperones) will accompany students to all venues included in the itinerary and will assume responsibility for the safety and security of the students. The school district supervisors will carry cell phones and will be able to communicate with North Vancouver School District staff, and/or parents/caregivers if necessary. A First Aid kit will be available. There will be 4-6 employees of the Board accompanying students on this trip (Final number will be dependent on final number of students attending trip). Both male and female chaperones will accompany the group on this co-educational trip. Students will spend most of the week in the large group; however, students will also be permitted to travel in small groups or partners for brief periods of time.

## TRANSPORTATION:

Field trip sponsors will arrange for transportation that best meets the needs of the trip in question. Transportation of students by private vehicles shall be in accordance with Board Policy 607: Transportation of Students and School District transportation procedures. All field trip transportation is subject to the regulation and law of the relevant municipal, provincial, federal or international jurisdiction. Students must use the transportation method arranged by the trip sponsors to ensure safety, timely arrival, and reasonable accident liability. Following are the specific details for the trip your child is attending:

Students will be transported via chartered bus from Argyle Secondary to Vancouver International Airport. They will then travel by airplane to Quebec. Transportation in Quebec will be done by coach bus booked prior to travel. Travel in Quebec will be organized by Auber du Mont.

Parents will be required to pick up their children from the Vancouver International airport upon return.

## ITINERARY:

Departure Date: Sunday, May 25<sup>th</sup>, 2025 (Exact flight details and times to be determined).

The events and activities connected with the Auberge are weather-dependent and subject to change, but will include some of the following:

- Quebec Circus School
- Outdoor survival activities - Old Quebec visit
- Musée de la civilisation
- Plaines d'Abraham
- Tour Martello
- Chutes Montmorency

A daily events schedule will be provided as we get closer to the departure date.

Return Date: Saturday, May 31<sup>st</sup>, 2025.

**A detailed itinerary will be provided at the May 2025 pre-trip meeting.**

## ACCOMMODATION

Field trip sponsors have arranged for accommodation that best meets the needs of the trip. Students must use the accommodation arranged by the trip sponsors to ensure safety, efficiency and reasonable accident liability. Students will be staying at the Auberge du Mont. Students will be staying in groups of 2-3 per room. Each student will have their own bed.

Here is the contact information for Auberge du mont:

200, boul. Saint-Sacrement  
Saint-Gabriel-de-Valcartier  
(Québec) Canada | G0A 4S0

(418) 844-3771 extension 1012

Toll free : 1-833-777-3771  
[info@aubergedumont.qc.ca](mailto:info@aubergedumont.qc.ca)

## RISKS AND CONSEQUENCES:

There is a degree of risk in all daily activities. The risk is increased to varying degrees when students are away from the safety and supervision of the school setting. It is impossible to itemize every possible element of risk associated with a field trip. This field trip may include, but not be limited to, the following inherent risks and all risks associated with:

A. Travel Risks:

*Circumstances can change due to unpredictable natural disasters, medical emergencies or human conflict. Parents should familiarize themselves with current information regarding travel risks by visiting Foreign Affairs and International Trade Canada's website at [www.voyage.gc.ca](http://www.voyage.gc.ca) prior to the date of travel.*

*In the event a significant security, safety or health issue arises before the field trip commences, or while the field trip is in progress, the field trip will be cancelled. If the field trip has commenced, students and supervisors will return as soon as possible, unless the Superintendent or his designate determines there are no significant security, safety or health risks, or that remaining out of the province is a safer option than immediate return to North Vancouver.*

B. Activity Risks:

Sponsors, chaperones, and students will do all they can to ensure a safe and controlled experience to reduce inherent risk. The consequences of risk are, again, myriad and dependent on the situation. Students and parents/guardians need to be aware that injury can occur from risk, and that injury can range from minor to fatal. Again, sponsors, chaperones, and students will do all they can to ensure a safe and controlled experience. By virtue of signing this *Informed Consent* form, you are acknowledging your understanding and acceptance of the inherent risks and possible consequences associated with this field trip. Please note a more detailed itinerary will be shared at the mandatory family meeting on **May 14<sup>th</sup>**. Students will always have the option to opt if they feel uncomfortable with an activity.

## ASSESSMENT OF STUDENT SKILLS AND ABILITIES:

Before students may participate in any planned experience while on a field trip, they must assure the field trip sponsor(s) and chaperone(s) that they have the necessary and required skills, training and common sense to participate in the experience. Again, there is a range of skill level dependent on the activity. For example, during free time students may have access to an activity that may have certain risks. For example, students who do not possess swimming skills should not attempt any activity in or around water that may result in or require swimming. Common sense must prevail.

Students are solely responsible for being forthright and honest in declaring their level of skills in the "self-assessment" section of the *Student Awareness of Risk and Responsibility Form* entitled "My level of skills and abilities".

To comply with these expectations, for trips that involve international travel and/or a relatively high level of risk, students must complete the *Student Awareness of Risk and Responsibility Form*.

## BEHAVIOURAL EXPECTATIONS, SAFETY RULES AND REGULATIONS:

While on any North Vancouver School District field trip, it is important that students remember that they are on a school outing and behavioral expectations are consistent with all school rules. As such, students come under the jurisdiction of the School District Student Conduct Policy and their respective school's Code of Conduct for the full duration of the field trip. It is very important for students to remember that when they are on a field trip, they are representatives of the North Vancouver School District and are expected to behave accordingly.

1. The safety of the group must be of utmost priority. Students must always be concerned about the welfare of all members of the field trip.
2. Students who commit a criminal offence or who are found with or under the influence of substances may be subject to the demands of the local law enforcement agency involved. This may result in serious consequences that may include, but not be limited to, being sent home with a chaperone at the parent/guardian(s) expense.
3. The purchase or consumption of alcoholic beverages is not allowed at any time, regardless of the age of the student, or the legal drinking age of the location that is being visited. Failure to comply will result in serious consequences that may include, but not be limited to, being sent home with a chaperone at the parent/guardian(s) expense.
4. Smoking and vaping is not permitted on field trips.
5. Students must abide by all restrictions set by supervisor(s)/chaperone(s) with respect to "off-limits" areas and activities.
6. Approved transportation or chartered vehicles must be used at all times.
7. Written, parent/guardian permission must be given to the head chaperone, in advance, if a student wishes to visit specified relatives or friends. These specified people must come to collect the student and identify themselves to the head chaperone.
8. If applicable, students must register on the sign in/sign out sheets in the lobby of the hotel when leaving and returning to the hotel during "free time".
9. All "free time" activities are secondary to the planned activity and travel schedule. Students must be available for all scheduled activities unless they are ill. Illness caused by lack of sleep or any other preventable cause will result in a restriction of privileges as deemed suitable by the chaperones.
10. If applicable, all students are required to help load and unload the bus. No one will be dismissed until all duties are completed. This means carrying more than just one's own luggage and gear.
11. If applicable, uniforms must be kept clean and pressed. When not being worn, uniforms should be hung up.
12. All students must be in their own rooms at times specified by the chaperones. Curfew will be set daily based on the schedule and student behaviour.
13. Students are not to have anyone other than authorized field trip participants in their room. After curfew, only one's roommates are to be in one's room. If a roommate leaves, students are expected to notify a chaperone.
14. Students are not to disturb other hotel guests. This is particularly important in the halls. Students are to be quiet in the halls and reasonably quiet in the rooms.
15. For an Out-of-Province trip, students are required to travel with photo identification. For an Out-of-Country trip, students are required to travel with a valid passport.
16. Students whose behaviour is deemed inappropriate and/or in contravention of these rules will be subject to disciplinary action on the trip as determined by the chaperones, and upon return, as determined by the administration.

## EMERGENCY PLANNING/CANCELLATION OF TRIP:

### A. Cancellation of Trip

In the event a significant security, safety or health issue arises before the field trip commences, or while the field trip is in progress, the field trip will be cancelled. If the field trip has commenced, students and supervisors will return as soon as possible, unless the Superintendent or his delegate determines there are no significant security, safety or health risks or that remaining out of the province is a safer option than immediate return to North Vancouver.

If a field trip requires the payment of a deposit and/or monies either in advance of the field trip or during the field trip and the field trip is cancelled either in part or in whole, or the itinerary altered, neither the school nor the Board shall be liable for any refund either in part, or in whole.

### B. Medical Information

All students must submit a completed medical form with parent/guardian signature in order to participate in a multiple-day field trip. Parents/guardians are required to fill in the separate medical/emergency contact information form.

The information provided on the medical/emergency contact information form is critical for guiding appropriate medical responses if needed.

A "basic needs" first aid kit will travel with the group. Student Emergency Procedure Plans/medical supplies will be brought for participating students with life-threatening medical conditions (e.g., anaphylaxis). Students with specialized medication(s) or conditions must be able to responsibly look after their regular, daily medical needs without specialized assistance. Where regular urban emergency medical assistance is available, it will be used when necessary. Where regular urban emergency medical assistance is not available, special provisions for emergencies will be addressed by available staff.

### C. Emergency Communication and Return Plan

An Emergency Communication and Return Plan will be developed for this field trip. The Plan will include an Emergency Communication Information Sheet which identifies communication procedures in the event of an emergency, and names a primary Board Employee sponsor/supervisor contact in attendance on the field trip, and one primary school district staff contact on location in North Vancouver. The Emergency Communication Information Sheet will also include contact information for hotels/hosts. A copy of the Emergency Communication Information Sheet will be provided to all parents/guardians, students and chaperones in advance of the trip departure.

The master Emergency Communication Information Sheet, as well as the following supplementary listings, will be maintained at the school, with copies provided to the participating primary Board Employee sponsor/supervisor:

- Current phone number(s) for a minimum of one emergency contact person for each student. At least one named contact must be present in North Vancouver for the duration of the trip. Final re-confirmation of emergency contacts and contact numbers will be required within one week of trip departure.
- Contact details for travel agent/travel agency/tour operator.
- A final listing of all students, their birthdates and any pertinent medical information, and, in the case of

- Out-of-Country trips, their passport numbers.
- A copy of the signed Informed Consent Approval for each student.
- At least one supervising adult will have a cell phone.

In the event of student injury, parents/guardians will be notified. For all incidents involving injury, supervising school personnel will record details of the incident and, as soon as practicable, complete an *Incident Report* submission.

**D. Consent for Disclosure of Personal Information**

By signing the Informed Consent, each parent and/or guardian consents to the disclosure of their child's personal information, including medical information, by the sponsor or chaperone to third parties in the event the sponsor or chaperone consider such disclosure necessary. Examples of third parties include travel agents, law enforcement officers, physicians, the Canadian Embassy or Foreign Affairs staff.

**E. Medical/Travel/Cancellation Insurance**

Group medical/travel/cancellation insurance has been obtained for all Out-of-Province field trips. *Please see the **Manulife Premium Protection Plan** that will be purchased for all students for specific details regarding coverage. It will be up to each family to decide if they wish to purchase additional medical, accident, cancellation and/or liability insurance.*

**BUDGET:**

Total trip costs include transportation (including air and coach fare), accommodations, most meals\*\*, tours and activities, guides, entrance to sites and activities, supervisor travel costs.

\*\* Meals en route during travel days will be at the students' expense (usually 3-4 meals).

Total estimated cost per student for the trip: Approximately \$3100/student.

\*\*\*Actual trip fees will be dependent on the number of students participating and flight costs.

Fund-raising activities may be organized by individual students/parents. The School District is not responsible for fund-raising or individual financial assistance.



**This is an important notice.  
Please have it translated.**

Please note the District Quebec trip is based on group travel discounts and is designed to be "all-inclusive"; therefore, students will not be permitted to book independent travel using air miles, employee discounts or other arrangements. Students are expected to participate in all aspects of the trip from departure in Vancouver to return/arrival in Vancouver. No individual travel arrangements or personal excursions away from the group will be accommodated. **TIMELINE AND PAYMENT REQUIREMENTS:**

October 9 <sup>th</sup> , 2024	Family Information Meeting.
October 18 <sup>th</sup> , 2024	Informed Consent Approval Form, Student Medical Form, Application/Registration Form due to the Education Services Centre (2 <sup>nd</sup> floor, reception desk, 2121 Lonsdale Ave) by 3:30pm. Applications received after this time will not be included in the lottery and names will be added to the end of the waitlist in the order received.
Week of October 21 <sup>st</sup> , 2024	Families will be informed if their child has been selected for the District Quebec Trip.
October 30 <sup>th</sup> , 2024	Payment \$1500 due via School Cash Online.
December 1 <sup>st</sup> , 2024	Balance of payment due (approximately \$1600) via School Cash Online.
February 2025	Meeting with students and chaperones 3:45 – 4:45pm.
April 2025	Meeting with students and chaperones 3:45 – 4:45pm.
May 14 <sup>th</sup> 2025 at 6:00pm	Mandatory Student and Parent/guardian meeting 6:00pm.
May 25 <sup>th</sup> 2025	Departure to Quebec.
May 31 <sup>st</sup> 2025	Return to Vancouver.

Sincerely,

---

*Tracy Langer*  
**District French Facilitator**



# PREMIUM PROTECTION PLAN

*Travel insurance simplified with more coverage and less restrictions.*

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

**NOTICE REQUIRED BY PROVINCIAL LEGISLATION – This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.**

### Important Notice - Read Carefully Before You Travel

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

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, you must meet all of the eligibility requirements (Plan Parameters).
- This insurance contains limitations and exclusions.
- Contact the Assistance Centre before seeking treatment or your benefits may be limited.
- In the event of a claim your prior medical history may be reviewed.

**It is your responsibility to understand your coverage. If you have questions, call 1 866 298-2722.**

## MANULIFE PREMIUM PROTECTION PLAN POLICY PARAMETERS

The **Manulife Premium Protection Plan** is designed for residents of Canada who:

- are covered with a *government health insurance plan* for the policy duration;
- are **age 74 or younger** (at the time of purchasing the policy);
- are travelling for a maximum of 30 days inclusive of any extension (including the date you leave on your *trip* and including the date you return home);
- purchased the plan within 72 hours of making an initial payment on the *trip* travel arrangements; and
- are listed as Insured Person(s) on the confirmation of coverage (for ease of reference, these persons may also be referred to as 'you' or 'your' throughout this policy).

## WHAT DOES THIS POLICY COVER?

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

### IMPORTANT INFORMATION ABOUT YOUR INSURANCE

Claim payment and administrative services are provided by the administrator, Active Claims Management Inc. Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM" "Global Excel Management" and/or "Global Excel" as the provider of all assistance and claims services and is referred to as the 'Assistance Centre' throughout this policy. For greater clarity, the terms 'we', 'us', 'our' used in this policy means FNAIC in connection with benefits identified with ‡ throughout this document; and Manulife in connection with all other coverages under this policy.

### WHAT'S INSIDE?

WHAT DOES THIS POLICY COVER? .....	1	FLIGHT & TRAVEL ACCIDENT INSURANCE .....	11
WHAT DOES THIS POLICY NOT COVER? .....	2	GENERAL INFORMATION .....	11
TRAVEL BENEFITS AT-A-GLANCE .....	3	MEDICAL CONCIERGE SERVICES .....	13
TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE .....	4	3 STEP CLAIM PROCESS .....	13
TRAVEL DISRUPTION INSURANCE .....	6	WHAT ELSE DO YOU NEED TO KNOW? .....	14
MANULIFE FLIGHT ASSISTANCE .....	7	DEFINITIONS .....	14
EMERGENCY MEDICAL INSURANCE .....	8	NOTICE ON PRIVACY .....	15
BAGGAGE LOSS, DAMAGE & DELAY INSURANCE .....	10		

**10 DAY RIGHT TO EXAMINE:** You may cancel this policy within 10 days of purchase or before any cancellation penalties become applicable on your non-refundable prepaid travel arrangements and we will refund you your full premium if you have not departed on your *trip* and there is no claim in process.

## **INTRODUCTION – POLICY CONTRACT**

This is your insurance policy, a contract detailing terms and conditions of the insurance coverage you purchased. Coverage under this policy is issued on the basis of information provided in your application. Your entire contract with us consists of: this policy, your application for this policy, the confirmation of coverage issued in respect of that application and any other amendments or endorsements (such as resulting from extensions of coverage or increased coverage for added prepaid travel arrangements).

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

## **WHAT DOES THIS POLICY NOT COVER?**

### **TRIP CANCELLATION OR TRIP INTERRUPTION INSURANCE**

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

1. Any reason, circumstance or event that was known, or should have been known by you, at the time of purchasing this insurance, as being likely to affect your travel arrangements as booked.
2. A *medical condition* for which, at the time of purchasing this insurance, one or more of the following conditions applies:
  - a) a *physician* advised you NOT to travel;
  - b) you received a notice of terminal prognosis (which means that a *physician* told you that you have less than 6 months to live);
  - c) you had been prescribed kidney dialysis;
  - d) you had been prescribed home oxygen.
3. Expenses or losses you incur or suffer in a foreign country, region or city during your *trip*, when, before the departure date stated on your confirmation, the Government of Canada issues an 'Avoid Non-Essential Travel' or an 'Avoid All Travel' Travel Advisory, advising Canadians not to travel to that specific country, region or city. This exclusion will not apply if you can demonstrate that the expenses or losses were not caused, related or due to the reason for the travel advisory.
4. Default of *travel supplier* except as otherwise specifically provided under the limited Supplier Default coverage (see page 5).

### **EMERGENCY MEDICAL INSURANCE**

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

1. A *medical condition* when you knew or for which it was reasonable to expect, before you left home, that you would need medical *treatment* (except the unchanged use of prescribed medication or routine monitoring) for that *medical condition* during your *trip*.
2. A *medical condition* for which future investigation or future *treatment* was planned before you left home.
3. Any and all medical *treatment* or services received for any *medical condition* whatsoever if, before you left home:
  - a) a *physician* advised you against travel;
  - b) you received a notice of terminal prognosis (which means that a *physician* had told you that you have less than 6 months to live);
  - c) you had been prescribed kidney dialysis;
  - d) you had been prescribed home oxygen.
4. Any *treatment* that is not for an *emergency*.
5. Participation in the following activities:
  - a) mountain-climbing using ropes and specialized equipment, rock-climbing or hang-gliding, unless accompanied by a qualified instructor;
  - b) your professional participation in a sport when that sport is your principal paid occupation;
  - c) any motorized speed contest or race;
  - d) any underwater activity deeper than 10 metres involving the use of a self-contained underwater breathing apparatus (unless you hold an open water diving certificate or are accompanied by a qualified instructor).
6.
  - a) your self inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness;
  - b) your abuse of alcohol, drugs, or other intoxicants.
7.
  - a) your routine pre-natal or post-natal care;
  - b) your pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after;
  - c) your child born during your *trip*.
8. Any loss or any *medical condition* you suffer or contract in a foreign country, region or city during your *trip*, when, before the departure date stated on your confirmation, the Government of Canada issues an 'Avoid Non-Essential Travel' or an 'Avoid All Travel' Travel Advisory, advising Canadians not to travel to that specific country, region or city. This exclusion will not apply if you can demonstrate that the expenses or losses were not caused, related or due to the reason for the travel advisory.

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

**FOR Baggage Loss, Baggage Damage or Baggage Delay insurance, WE WILL NOT COVER BENEFITS OR EXPENSES RELATING TO :**

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

**FLIGHT OR TRAVEL ACCIDENT INSURANCE**

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

1. Your participation in the following activities a) mountain-climbing using ropes and specialized equipment, rock-climbing, hang-gliding, parachuting or sky-diving; b) your professional participation in a sport when that sport is your principal paid occupation; c) any motorized speed contest or race.
2. a) your self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness; b) your abuse of alcohol, drugs, or other intoxicants.
3. Any accidental *injury* you suffer in a foreign country, region or city during your *trip*, when, before the departure date stated on your confirmation, the Government of Canada issues an 'Avoid Non-Essential Travel' or an 'Avoid All Travel' Travel Advisory, advising Canadians not to travel to that specific country, region or city. This exclusion will not apply if you can demonstrate that the expenses or losses were not caused, related or due to the reason for the travel advisory.
4. The commission of or attempt to commit any criminal offence or illegal act by you or your beneficiary.

**TRAVEL BENEFITS AT-A-GLANCE**

Your claim will be paid in accordance with the benefits applicable to your loss as set forth under the following Schedule of Benefits:

<b>Trip Cancellation &amp; Trip Interruption Insurance</b>	
Trip Cancellation – Non-refundable prepaid travel arrangements	Up to Covered Amount (Maximum Covered Amount available : \$30,000)
Trip Interruption – Unused non-refundable prepaid travel arrangements	Covers unused non-refundable prepaid travel arrangements
Trip Interruption Transportation	Same class transportation to return home
Meals & Accommodations & Other Covered Expenses due to interruption (early or delayed return)	\$350 per day / Maximum 10 days (\$3,500)
Cancel For Any Reason (CFAR) coverage	(See page 5)
Default Supplier Protection Coverage	(See page 5)
<b>Travel Disruption Insurance</b>	
Transportation	Same class transportation to next destination or to return home
Accommodations, Meals & Other Covered Expenses	\$350 per day / Maximum 2 days (\$700)
Additional Overnight Accommodation	\$200 Maximum
Unused non-refundable prepaid travel arrangements	\$300 per day / Maximum 3 days (\$900)
OVERALL TRIP MAXIMUM: \$1,500	
<b>Manulife Flight Assistance</b>	
Payments for delayed or cancelled flights Important: You must register your cell/mobile phone number and the flight information for each flight in your journey at <a href="http://flightassistancemanulife.com">flightassistancemanulife.com</a> at least one hour before the original scheduled departure time of your flight.	Maximum \$140 (See page 7)
<b>Emergency Medical Insurance: Up to \$10,000,000</b>	
Expenses to receive Emergency Medical Attention	Up to policy maximum
Expenses related to your death	Repatriation of Remains: Included in policy maximum
	Cremation or Burial at Destination: Up to \$10,000
Expenses for Emergency Medical Evacuation – Return to your Province or Territory of Residence	Included in policy maximum
Extra Expenses for meals, hotels, communication & local transportation	\$500 per day / Maximum 10 days (\$5,000)
Expenses to bring someone to your bedside	Unlimited Round-Trip Economy Transportation to Bedside + \$1,000 for Accommodation & Meals

**TRAVEL BENEFITS AT-A-GLANCE cont'd**

<b>Baggage Loss, Damage &amp; Delay Insurance</b>	
Lost/Stolen or Damaged Baggage	\$750 per item/ up to a maximum of \$1,500
Lost/Stolen Passport or Travel Visa	Up to \$500
Common Carrier Delay of Baggage	Up to \$750
Common Carrier Delay of Sporting Equipment	Up to \$500
<b>Travel Accident Insurance</b>	
Air Flight Accident	Up to \$250,000
Travel Accident	Up to \$50,000

Please review pages 4 – 15 for full coverage details and benefit limits.

**TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE**

**Trip Cancellation Insurance coverage:**

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

**Trip Interruption Insurance coverage:**

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

**What is covered under Trip Cancellation and Trip Interruption Insurance?**

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

**PLEASE NOTE:** You must notify us that you intend to submit a claim for Trip Cancellation or Trip Interruption **as soon as you are aware** that an event has occurred that will require you to cancel or interrupt your *trip*.  
 To cancel a *trip* before your departure date, you must cancel your *trip* with your travel agent or *travel supplier* on the day the cause of cancellation occurs or on the next business day at the latest. This is important as reimbursement for non-refundable prepaid travel arrangements are based upon the cancellation penalties in place at the time of the cause of cancellation (or the next business day). As these penalties increase as you approach your departure date, your reimbursement may be reduced if there is a difference in the *travel supplier* imposed penalties that existed at the time of the cause of cancellation as opposed to those in place when you actually cancelled your *trip*.

**What are the benefits under Trip Cancellation and Trip Interruption Insurance?**

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

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

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

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

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

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

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

#### **Vacation Voucher Limitations**

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

#### **LIMITATIONS OF COVERAGE FOR TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE**

1. **Cancel For Any Reason (CFAR) Coverage** - if your reason for cancellation is not covered under this policy:
  - You may cancel your *trip* 7 days or more before the scheduled departure date stated on your confirmation of coverage and we will pay up to 80% of the covered amount for the non-refundable prepaid travel arrangement costs.
  - You may also cancel your *trip* 6 days to 24 hours immediately before your scheduled departure date (and time) stated on your confirmation of coverage and we will pay up to 80% of the covered amount for the non-refundable prepaid travel arrangement costs **up to \$2,500**.
2. **Specific Protection for Unexpected Events Causing Travel Delays** - If prior to your departure date or while travelling to get to your destination, an unexpected event causes you to miss more than 25% of your total *trip*, you may cancel or interrupt your *trip* and claim the full cancellation or interruption benefits. If you experience a delay which causes you to miss less than 25% of your total *trip*, you may have coverage under Travel Disruption Insurance (refer to page 6, Travel Disruption Insurance). PLEASE NOTE: You may claim for the same event either under Trip Cancellation & Trip Interruption Insurance or Travel Disruption Insurance **but not both**.
3. **Default Supplier Protection Coverage** - If you:
  - a) have contracted with a *travel supplier* in good standing<sup>1</sup> for *travel services* (including *travel services* provided by a foreign *travel supplier* in good standing<sup>1</sup> if such *travel services* are part of an inclusive package); and  
<sup>1</sup>The *travel supplier* will be considered in good standing if, at the time of booking the travel arrangements, the *travel supplier* WAS NOT bankrupt, NOT insolvent, NOR in receivership, NOR had sought protection from creditors under any bankruptcy, insolvency or similar legislation;
  - b) do not receive part or all of the *travel services* included in your prepaid travel arrangements due to the contracted *travel supplier's* complete or substantial complete cessation of business subsequent to their filing for bankruptcy or bankruptcy protection from creditors under any bankruptcy, insolvency or similar legislation; and
  - c) cannot recover all of the cost of such undelivered *travel services* either from the *travel supplier*, from any federal, provincial or other compensation fund, or from any other source that is legally responsible or under contract to reimburse you for the cost of such undelivered *travel services*;

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

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

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

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

#### **BENEFIT LIMITS**

The amount payable to you in respect of any one trip will not exceed \$3,500 CDN; and will not exceed \$7,500 CDN for all persons who are covered under the same Manulife Premium Protection Plan policy. Any benefits payable shall also be subject to an overall maximum aggregate payable limit specified below relating to all in-force travel policies issued by Manulife, including this policy. If total claims otherwise payable for this type of coverage under all travel policies issued by Manulife, resulting from the default of one or more *travel suppliers* occurring within an applicable time period, exceeds the maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a pro-rata basis so that the total amount paid in respect of all such claims shall be the maximum aggregate payable limit.

The maximum aggregate limits are:

- a) \$1,000,000 CDN with respect to the default of any one (1) *travel supplier*; and
- b) \$3,000,000 CDN with respect to all defaults of all *travel suppliers* occurring in the same calendar year.

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

## **TRAVEL DISRUPTION INSURANCE**

#### **Travel Disruption Insurance coverage:**

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

#### **What is covered under Travel Disruption Insurance?**

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

1. You are unable to use any portion of your travel arrangements as originally booked; or
2. Although able to use your travel arrangements as originally booked, you experience a delay of 6 hours or more in arriving at your destination or in returning home.

This coverage is secondary to any coverage provided by the *common carrier* or any other source and applies only if your affected travel arrangements included sufficient connection times to meet the *travel supplier's* check-in procedure. This means that any expense claimed under this section will be reduced by any amount that is recoverable from or paid by another source.

#### **Benefits – What are the Benefits under Travel Disruption Insurance? If you experience Travel Disruptions as outlined above, we will pay:**

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

#### **Benefit Limit for Travel Disruption Insurance**

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

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

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

## MANULIFE FLIGHT ASSISTANCE

This Premium Protection Plan includes Manulife Flight Assistance, with payments administered using Blink's technology, when you register your flight(s) with Blink. If the airline delays and/or cancels your flight, Blink arranges payment of the covered benefits. In the event that your flight is delayed and/or cancelled, Blink will communicate with you through your smart (mobile) phone registered with Blink.

These services are available for flights worldwide, 24 hours a day, 7 days a week.

If you happen to be travelling via a chartered flight or airline, these flights may not always appear in Blink's system and therefore may not be able to be tracked. Blink will make every attempt to monitor these flights and notify you if there is an eligible delay or cancellation. If you happen to experience an eligible delay or cancellation and you do not receive a notification from Blink, please contact Customer Service.

If you have any questions, contact Customer Service at:

Email: [manulifeglobal@manulife.ca](mailto:manulifeglobal@manulife.ca)

Toll-free: 1 866 298-2722

### START & DURATION OF COVERAGE

Your coverage starts on the date and time your flight on your airline booking receipt is registered, by you, for all insured persons, on [www.flightassistancemanulife.com](http://www.flightassistancemanulife.com). Your flight must be registered at least one hour before the original scheduled departure time of your flight.

### BENEFITS

Manulife Flight Assistance offers the following benefits, **up to an overall maximum of \$140**, for each registered insured person:

1. a) If the flight is delayed three (3) hours or more, each registered insured person receives \$40; then  
b) If the flight is delayed a total of six (6) hours or more, each registered insured person receives an additional \$100 for a total of \$140;  
OR
2. If the flight is totally cancelled, each registered insured person receives \$140.

### GENERAL CONDITIONS

These conditions apply to services offered by Manulife Flight Assistance.

1. Coverage is only available for flights within, to, or from Canada, including connection to such flights, when registered by you with Manulife Flight Assistance.
2. You must ensure that your mobile device is registered with Blink and has a suitable level of battery life and cellular and data/ Wi-Fi service.
3. You will need to have your mobile phone that you have registered with Blink to enable Blink to communicate with you during your journey. Cellular and data/Wi-Fi service is required to receive SMS (text) messages and emails to your mobile phone. The same mobile device will be used when applicable benefits are paid to you during your journey.
4. If you, or anyone on your behalf, tries to deceive Blink by deliberately giving Blink false information or making a fraudulent claim under this coverage section, Blink will treat this coverage as if it never existed.
5. Blink will not be responsible or make any payments for any data or roaming charges related to your mobile phone.
6. You must be on the airline's boarding list to be eligible to receive Manulife Flight Assistance benefits if your flight experiences an eligible delay or cancellation.
7. All amounts listed are in Canadian dollars.

In order to receive payment of the covered benefits by either direct deposit or Interac transfer, you must also have a bank account with a financial institution legally operating in Canada.

Payments are sent in real time via PayPal, or by Interac transfer or direct deposit to your bank account, depending on the option selected when you registered. A text message (SMS) and an email will be sent to you when the transfer is made.

Blink will try to ensure that you are notified of any flight delay or cancellation and are sent the transfer of funds for the applicable benefit; but Blink will not be held accountable if you cannot receive, for any reason, Blink's message or transfer of funds on your mobile device.

Manulife Flight Assistance benefits are payable only to the named individual on the policy who has registered the flight with [www.flightassistancemanulife.com](http://www.flightassistancemanulife.com).



## EMERGENCY MEDICAL INSURANCE

### Emergency Medical Insurance coverage:

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

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

**In the event of an *emergency*, you must call the Assistance Centre immediately: 1 855 856-7569** toll-free from the USA and Canada or +1 (519) 251-4058 collect to Canada, where available, from anywhere else in the world.

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

If you choose to pay eligible expenses directly to a health service provider without prior approval by the Assistance Centre, these services will be reimbursed to you on the basis of the *reasonable and customary charges* that we would have paid directly to such provider.

### ELIGIBLE EXPENSES include:

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

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

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

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

3. **Emergency Medical Evacuation** – If our medical advisers and/or the Assistance Centre in consultation with the attending *physician*, determine that you should be transported to another *hospital* or back to your province or territory of residence in Canada for continuing *treatment*, the Assistance Centre will arrange for transportation and we will pay expenses for the following:
  - the extra cost of same class transportation via the most cost-effective itinerary; or
  - a stretcher fare on a commercial flight via the most cost-effective itinerary, if a stretcher is *medically necessary*; and
  - the return cost of an economy class transportation via the most cost-effective itinerary for a qualified medical attendant to accompany you, and the attendant's reasonable fees and expenses, if this is *medically necessary* or required by the airline; or
  - the cost of air ambulance transportation if this is *medically necessary*.

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

4. **Expenses to receive professional services** – Care received from a licensed chiropractor, osteopath, physiotherapist, chiroprapist or podiatrist, up to \$500 per profession.
5. **Expenses for ambulance transportation** – *Reasonable and customary charges* for local licensed ambulance service to transport you to the nearest qualified medical service provider in an *emergency*.
6. **Expenses related to your death** – If you should die during your *trip* from an *emergency* covered under this insurance, we will reimburse your estate for:
  - the return home of your body (in the standard transportation container normally used by the airline) plus the *reasonable and customary charges* to have your body prepared where you die and the cost of the standard casket or urn; or
  - the return home of your ashes, plus *the reasonable and customary charges* to cremate your body where you die including the cost of a standard urn; or

- up to overall maximum of \$10,000, that is \$5,000 to have your body prepared and the cost of a standard casket or urn, plus up to \$5,000 for your burial where you die.
- In addition, if someone is required to identify your body and must travel to the place of your death, we will pay the economy class fare via the most cost-effective itinerary for that person plus up to \$500 for that person's hotel and meal expenses. We will also provide that person with Emergency Medical Insurance under the same terms and limitations of this policy for up to seventy-two (72) hours.
7. **Extra expenses for meals, hotel, communication & local transportation** – If a medical *emergency* prevents you, your *travel companion* or your accompanying *immediate family* member from returning home as originally planned, or if your *emergency medical treatment* or that of your *travel companion* or your accompanying *immediate family* member requires your transfer to a location that is different from your original destination, we will reimburse you up to \$500 per day to a maximum of \$5,000 for your extra meals, hotel, essential phone calls, internet usage fees and roaming expenses, text messages and transportation expenses. We will only reimburse you for these expenses if you have actually paid for them.
  8. **Expenses for emergency dental treatment** –
    - If you need *emergency dental treatment*, we will pay, up to \$300 for the relief of dental pain; and/or
    - If you suffer an accidental blow to the mouth, we will pay up to \$3,000 to repair or replace your natural or permanently attached artificial teeth (up to \$2,000 during your *trip* and up to \$1,000 after your return home, to continue *medically necessary treatment*, provided *treatment* is completed in the ninety (90) days after the accident).
  9. **Expenses to return children under your care** – In the event of your death at destination or if you are admitted to *hospital* for more than 24 hours or must return home because of an *emergency*, we will pay for the extra cost of one-way economy class fare to return your children or grandchildren to their home via the most cost effective itinerary and the return economy class fare via the most cost-effective itinerary for a qualified escort when the transportation provider requires it plus the cost of overnight accommodation up to \$500. We will cover him/her under the Emergency Medical Insurance, under the same terms and limitations of this policy. The children or grandchildren must have been under your care during your *trip*.
  10. **Expenses for Child Care** – If you are admitted to *hospital*, we will cover the expenses for an attendant to provide childcare services when such service is required. The attendant must be a person other than the child's parent, an *immediate family* member, your *travel companion*, or the person whose guests you will be during your *trip*. We will reimburse you up to \$100 per day to a maximum of \$300 per *trip*. The children or grandchildren must have been under your care during your *trip*.
  11. **Expenses to return your travel companion** – We will pay the extra cost of one-way economy transportation via the most cost-effective itinerary, to return your *travel companion* home, if you return home under Benefit #3 (**Emergency Medical Evacuation**) or Benefit #6 (**Expenses related to your death**). Alternatively, if you travelled with your domestic dog and or cat, we will cover for temporary kennel accommodations (with a licensed boarding kennel) and for your additional transportation expenses for the return home of your domestic dog and or cat, up to the cost of one-way economy transportation to your home.
  12. **Expenses to return your vehicle home** – If, because of a medical *emergency*, hospitalization, death or medical evacuation, you are unable to drive home the vehicle you used during your *trip*, we will cover the reasonable cost charged by a commercial agency to bring your vehicle home. If you rented a vehicle during your *trip*, we will cover its return to the rental agency. For the purposes of this benefit, 'Vehicle' includes any private or rental passenger automobile, boat, mobile home, camper truck or trailer home which you use during your *trip* exclusively for the transportation of passengers (other than for hire).
  13. **Hospital Allowance** – If you are hospitalized for 48 hours or more, we will reimburse you \$50 per day up to \$500 for your incidental out-of-pocket expenses (telephone, television rentals, parking, etc.).
  14. **Baggage Return** – If you return home under Benefit #3 (**Emergency Medical Evacuation**) or Benefit #6 (**Expenses related to your death**), we will pay up to \$300 to cover the extra costs of shipping your baggage to your home address.
  15. **Expenses to replace prescription drugs** – We will pay up to \$50 if you have misplaced or have forgotten your prescription medication during your *trip* and it is necessary for you to continue taking the prescribed medication. Charges for vitamins, vitamin preparations, over-the-counter drugs, contraceptives or birth control are not covered.
  16. **Hearing Aid** – Up to \$200 for the replacement of a hearing aid due to theft, loss or breakage during your *trip* and assistance to co-ordinate the replacement.
  17. **Vision Care** – Up to \$200 for the replacement of prescription eyeglasses due to theft, loss or breakage during your *trip* and assistance to co-ordinate the replacement.
  18. **Phone call expenses** – We will pay for phone calls to or from our Assistance Centre regarding your medical *emergency*. You must provide receipts or other reasonable evidence to show the cost of these calls and the numbers phoned or received during your *trip*.

## LIMITATIONS OF COVERAGE FOR EMERGENCY MEDICAL INSURANCE

1. You must contact the Assistance Centre immediately prior to seeking *treatment* or admission to a *hospital*. In the event of *treatment* for a life threatening *emergency*, you must contact the Assistance Centre within 24 hours of the initial *treatment* unless you are physically unable to do so. If faced with such inability, as an alternative, someone else (family member, *travel companion*, *hospital* or medical staff) must call on your behalf. If the Assistance Centre is not contacted immediately, benefits under this Emergency Medical coverage may be limited.
2. In the event that you are not covered under a *government health insurance plan* for the entire duration of the *trip*, reimbursement for benefits incurred under this Emergency Medical Insurance, your claim for Eligible Expenses will be limited to a maximum of \$25,000.

## ‡ BAGGAGE LOSS, DAMAGE & DELAY INSURANCE

### Baggage Loss, Damage & Delay Insurance coverage:

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

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

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

More specifically, we will cover the following:

#### 1. Lost/Stolen/Damage Baggage and Personal Effects

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

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

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

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

#### 3. Common Carrier Delay of Baggage and Personal Effects

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

#### 4. Common Carrier Delay of Sporting Equipment

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

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

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

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

## FLIGHT ACCIDENT INSURANCE & TRAVEL ACCIDENT INSURANCE

### Flight & Travel Accident Insurance coverage:

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

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

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

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

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

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

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

### Disappearance

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

### Benefit Limits for Flight and Travel Accident Coverage

If the total amount of all accident insurance you have under policies issued by us is more than \$250,000, our aggregate liability will not exceed that amount, and any excess insurance will be void and the premiums paid for such excess insurance will be refunded.

## GENERAL INFORMATION

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

### How to contact us

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

1-855-856-7569 toll-free from the USA and Canada

+1 (519) 251-4058 collect where available

For coverage information or general enquiries, please contact Manulife Travel Customer Service at 1-866-298-2722.

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

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

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

Please review your confirmation of coverage to ensure the details / itinerary is correct and take the time to read your policy and review all of your coverage. Except as allowed under the 10 Day Right to Examine (see page 1), there are no premium refunds under this policy.

**Family coverage** is available to you if all family members to be insured under one policy are named in your confirmation, are under age 60 and have purchased and paid for family coverage. The family coverage covers you, your *spouse* and *children* (includes grandchildren) while travelling together. To qualify, your children must be unmarried, be your dependent son or daughter or your grandchildren and must be either i) under the age of 21; or ii) under the age of 26 if a full-time student; or iii) your son, daughter or grandchildren of any age, if mentally or physically disabled. A maximum of 2 adults is permitted under family coverage.

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

#### **AUTOMATIC EXTENSION**

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

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

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

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

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

#### **EXTENSIONS**

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

- Your coverage is in force at the time you request the extension;
- The total length of your *trip* (including the extension) **does not exceed 30 days**;
- You pay the additional premium;
- You have had no event that has resulted or may result in a claim.

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

If you have not left home and wish to travel longer than 30 days, please contact your travel agent and based upon your revised travel dates, they will cancel this policy and issue a travel policy that allows coverage for the entire duration of your revised trip.

The Premium Protection Plan must be purchased for the entire duration of a *trip*, therefore a policy cannot be purchased to cover only a portion of a trip, such as purchasing the plan to cover additional days of a trip partially covered by another insurer, such as a credit card or employee plan. However, a Premium Protection Plan may be purchased to supplement coverage with another plan provided it is purchased respecting the Premium Protection Plan Parameters set forth on page 1.

## MEDICAL CONCIERGE SERVICES

The Premium Protection Plan includes value-added medical concierge services. These services are provided by StandbyMD and are aimed at providing you with the optimal medical care when faced with an unexpected medical emergency. To access the services provided by StandbyMD, simply call the Assistance Centre using the phone numbers indicated on the wallet card. To learn more visit [www.standbymd.com](http://www.standbymd.com).

### MEDICAL CONCIERGE SERVICES PROVIDED BY STANDBYMD

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

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

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

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

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

## 3 STEP CLAIM PROCESS

### 1. CONTACT THE ASSISTANCE CENTRE

From Canada and the USA, toll free at: 1 855 856-7569

From anywhere else in the world at: +1 (519) 251-4058 call collect where available

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit: <http://Active-Care.ca/TravelAid>.

### 2. SUBMITTING YOUR CLAIM - by Mail or Online

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

### 3. SUBMITTING TO US WRITTEN PROOF OF REASON FOR EXPENSES AND LOSSES

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

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

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

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

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

If you disagree with our claim decision, the matter may also be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where you reside at the time of application for this policy.

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

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

In addition, we have the right, and you shall afford us the opportunity, to have you medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If you die, we have the right to request an autopsy, if not prohibited by law.

## WHAT ELSE DO YOU NEED TO KNOW

This policy is non-participating. You are not entitled to share in our divisible surplus. Neither we nor our agents or administrators are responsible for the availability, quality or results of any *treatment* or transportation, or for your failure to obtain *treatment*.

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

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

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

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

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

Total benefits paid to you by all insurers cannot exceed your actual expenses. We will coordinate the payment of benefits with all insurers who provide you with benefits similar to those provided under this insurance (except if your current or former employer provides you with an extended health insurance plan with a lifetime maximum coverage of \$100,000 or less), to a maximum of the largest amount specified by any such insurer.

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

If you are insured under more than one insurance policy underwritten by us, the total amount we pay to you cannot exceed your actual expenses; and the maximum you are entitled to is the largest amount specified for the benefit in any one policy.

## DEFINITIONS

When italicized in this policy, the term:

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

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

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

**Hospital** means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction *treatment* centre, convalescent, rest or nursing home, home for the aged or health spa.

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

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

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

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

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

**Physician** means a person:

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

## DEFINITIONS

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

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

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

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

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

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

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

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

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

## NOTICE ON PRIVACY

**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, Ontario N2J 4C6.

For further details about our Privacy Policy, you may also visit Manulife at <https://www.manulife.ca/privacy-policies.html>.

**Accessible formats and communication supports are available upon request. Visit [Manulife.ca/accessibility](https://www.manulife.ca/accessibility) for more information.**

Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license. © 2022 The Manufacturers Life Insurance Company. All rights reserved.

Blink Innovations, a subsidiary of CPP Innovation Ltd. (CPPGroup plc), provides the technology, used and licensed by Manulife, behind the Manulife Flight Assistance program.

MPPPPOL522E

- 15 -

 **Don't forget your Wallet Card! Cut out this section and be sure to carry it with you at all times while travelling.**

### PREMIUM PROTECTION PLAN

**IN THE EVENT OF AN EMERGENCY, CALL:**

From Canada and the USA, toll free at:

**1 855 856-7569**

From anywhere else in the world at:

**+1 (519) 251-4058** call collect where available



**IF YOU NEED MEDICAL ATTENTION** or must make any other type of claim during your trip, please contact the Assistance Centre first. The Assistance Centre is open 24 hours a day each day of the year.

If you do not contact the Assistance Centre prior to seeking medical treatment, your coverage may be reduced.

Immediate access to the Assistance Centre is also available through its TravelAid mobile app. To download the app, visit: <http://Active-Care.ca/TravelAid>.

(We recommend you download the ACM's free assistance & claims app, ACM TravelAID™ before you travel to avoid incurring roaming charges that may apply at your destination.)

NAME \_\_\_\_\_

POLICY # \_\_\_\_\_





The previous forms are for your information.

Please only return the forms that follow this page if you wish for your child to be included in the Grade 8 District Quebec Trip Application process.

**District Grade 8 Quebec Trip**  
**FIELD TRIP**  
**INFORMED CONSENT APPROVAL**

For: Quebec City, May 25<sup>th</sup>-May 31<sup>st</sup>, 2025

Class or Division: Grade 8 French Immersion students in North Vancouver School District

***PARENT/GUARDIAN PERMISSION***

A student must have parent/guardian written and signed permission to participate in any field trip. Without this signed consent, students will not participate in this field trip.

***PARENT/GUARDIAN CONSENT***

I, \_\_\_\_\_, have read the full Informed Consent document that pertains to my  
Print Parent/Guardian's Name

child \_\_\_\_\_'s field trip to \_\_\_\_\_.  
Print Child's Name

My signature on this form indicates that my child has my informed consent to attend the field trip and confirms the following:

- I am aware of the behavioural expectations of my child while attending this field trip, and that there will be consequences for non-compliance, which may include, but not be limited to, being sent home with a chaperone escort at my/our expense.
- I am aware of the inherent risks and potential consequences that may occur on this field trip.
- I understand that the field trip may be cancelled for security, safety or health concerns.
- I agree it is my responsibility to ensure my child has the necessary medical, accident, cancellation and/or liability insurance.
- I consent to the disclosure of my child's personal information to third parties in the event the sponsor or chaperone considers such disclosure necessary.
- I agree to indemnify the District for any cancellation fees or other costs associated with the cancellation of my child's participation on this field trip and authorize the District to receive or recover any insurance monies paid in respect to such cancellation.
- I understand that my child's Principal has the right to remove my child from the trip at their discretion based on a significant breach of the school or district's code of conduct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Return this Field Trip Informed Consent Approval to the Education Services Centre (2121 Lonsdale Ave) by October 18<sup>th</sup> by 3:30pm.**

## District Quebec Trip Application/Registration Form

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent email: \_\_\_\_\_ Phone No: \_\_\_\_\_

Secondary School \_\_\_\_\_

Specific Dietary Requirements: \_\_\_\_\_

**\*Note: An email confirming successful applications will be sent out shortly after October 21st, 2024.**

---

**This opportunity is a significant field trip where students must be comfortable answering "yes" to the following statements:**

- I have a positive attitude and motivation to learn French as a second language.
- I speak French in class with my teacher and with other students.
- I have positive social responsibility skills and work cooperatively with others in all situations.
- I demonstrate respectful listening and communication skills with both children and adults.
- I follow directions and engage willingly in new learning experiences.
- I am enrolled in French Immersion as I understand the purpose of this trip is to be fully immersed in French while in Quebec. I understand that I will be required to speak exclusively in French at all pre-trip meetings and on the Quebec trip
- I understand that my Secondary Principal has the right to remove me from my trip at their discretion based on a significant breach of the school or district's code of conduct.
- I understand that I will not be permitted to use my cell phone after 10pm and will be required to give it to a staff each evening.

Please ensure that this form is signed by the following people:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Student Medical Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Care Card Personal Health No.: \_\_\_\_\_ Birth Day (d/m/y): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Please note any health condition or other factors that require support for participation in this program:

Has the student had a previous injury that would require special first aid treatment should another injury occur?

The student has received the regular immunization program administered in BC for: Diphtheria; Pertussis & Tetanus (DPT); Tetanus and Diphtheria (TD); Polio; Measles, Mumps and Rubella (MMR)

Yes  No If no, please explain: \_\_\_\_\_

Does the student wear Contact Lenses:  Yes  No

Student is subject to:

- |                                       |   |  |   |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Severe allergies/anaphylaxis<br>(*provide details below) |
| <input type="checkbox"/> Bronchitis   | <input type="checkbox"/> Eye infections         | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Sinus Problems   |
| <input type="checkbox"/> Concussion   | <input type="checkbox"/> Fainting               | <input type="checkbox"/> Muscle Pulls    | <input type="checkbox"/> Sleep walking  |
| <input type="checkbox"/> Dislocations | <input type="checkbox"/> Frequent Colds         | <input type="checkbox"/> Nose bleeds     | <input type="checkbox"/> Sprains  |
| <input type="checkbox"/> Dizziness    | <input type="checkbox"/> Headaches              | <input type="checkbox"/> Seizures        | <input type="checkbox"/> Tonsillitis  |
| <input type="checkbox"/> Ear ache     | <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> Sensitive Skin  |   |

Other conditions and/or \*further detail (describe below)

### Alternate Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, I hereby give permission to the physician selected by the supervisor(s) to provide necessary treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS INFORMATION WILL BE KEPT ON FILE**

## Student Model Release

*It is a proud tradition in our school district to allow staff or media to photograph/film students to commemorate activities and promote the School District. As you know, every September we ask you to complete a form to grant general permission for the possible appearance of your student in School District-related photographs. In addition, from time to time, we may have a specific photo event or filming project that may involve only a select group of students and requires a second permission.*

We hope it will be possible for your child to participate in this event. To facilitate this, please complete this form and return it to the designated coordinator.

I hereby grant the North Vancouver School District #44 (NVSD #44), and anyone the NVSD No 44 authorizes, the permission to use, or reproduce, any pictures/film of the student named below, or any in which they may appear, in whole or in part, taken on date \_\_\_\_\_ for publishing, advertising, art, trade or other lawful purpose.

I hereby waive any right to approve these pictures or any text that may be used with them, or to approve the use to which they may be applied.

This release grants sole rights to all pictures/video to NVSD No 44.

I also release the NVSD No 44 and any of its representatives from liability for any blurring or alteration, whether intentional or not, that may result in the final images.

Name of Student (please print): \_\_\_\_\_

School of Enrolment: \_\_\_\_\_

Home Address: \_\_\_\_\_

### FOR ANY MODEL UNDER EIGHTEEN YEARS OF AGE

I hereby certify that I am the parent or legal guardian of the above-named student, and I consent to all the foregoing on their behalf.

Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date (d-m-y): \_\_\_\_\_

Coordinator (please print): \_\_\_\_\_

School/Office: \_\_\_\_\_

Print Form