

Confirmation of coverage

Insured coverage summary

Insured name	Date of birth/Age	Insured relationship	Optional add-on rider(s) (Y/N)	Deductible (Y/N)
Mortimer, Danielle	Nov 01, 1963 (61)	Primary insured	N	Y

Address

Primary phone number

Email address

89 Kenilworth Street, Ottawa, ON, K1Y 3Y6, CANADA	(613) 908-9608	andy.hollbach@gmail.com
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Policy details

Plan details

Policy number:	CMX441809908	Plan purchased:	Single-trip Emergency Medical plan
Policy status:	ACTIVE	Coverage type:	SINGLE
Effective date:	Nov 18, 2025	Rate category:	A
Departure date:	Nov 18, 2025	Total number of days covered:	25 days
Expiry date:	Dec 12, 2025	Travelling in Canada only (Y/N):	N
Purchase date:	Oct 28, 2025	Travelling with companion (Y/N):	Y
Destination:	International Chile and Argentina	Smoker surcharge (Y/N):	N
		Deductible:	\$5,000.00

Benefits

Maximums

Emergency Medical

Maximum \$10,000,000

Premium details

Base premium:	\$144.75
Deductible savings:	-\$43.43
Companion savings:	-\$7.24
Total premium:	<u>\$94.08</u>
Total amount due:	<u>\$94.08</u>
Total amount paid:	\$94.08

Payment details

Date	Total	Transaction type	Payment method
Oct 28, 2025	\$94.08	Purchase	MASTER

Note: The coverage will not take effect if the premium isn't received or honoured for any reason, if your credit card charges are invalid, or if no proof of payment exists.

Assistance and claims

In the event of an emergency after your departure, you must contact the Assistance Centre immediately. The Assistance Centre is available to support you 24 hours a day, every day of the year. You can contact the Assistance Centre:



- **With the TravelAid app**
- **From Canada or the USA at 1-888-881-8010**
- **Collect where available at 1-519-945-8346**

Before you travel, download the Manulife TravelAid mobile app. TravelAid offers immediate access to healthcare provider information, directions to the nearest medical facility, international 911 lookup, pre- and post-departure travel tips, and claim submission support to out-of-province and out-of-country travellers.

To download the app, visit



Please keep this information with you during your trip

Manulife Travel Insurance

Policy CMX441809908

**In case of a medical emergency,
you must call our Assistance Centre:**

1-888-881-8010

Toll-free from the USA and
Canada

1-519-945-8346

Collect to Canada from anywhere
else in the world

If you need medical attention or if you need to make a claim during your trip, call us first. The Assistance Centre is open 24 hours a day, every day of the year.

Before you travel, download the Manulife TravelAid™ mobile app, available in Google Play™ store or the Apple App Store®.

Important: If your plan includes Emergency Medical coverage, you must call the Assistance Centre in an emergency and before you receive any treatment. Otherwise, you will have to pay 25% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf.



Medical questionnaire

Declaration

I declare that all information I provide in this application for insurance is true and complete.

I understand that "treatment" and "treated" as used in the questionnaire 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.

I understand that this coverage is subject to terms, conditions, limitations, and exclusions, including any applicable pre-existing condition exclusions, and this policy may exclude or limit an amount payable if I have a claim. I understand that if I misrepresent any material information provided in this application, Manulife will void my policy and I will not be covered for any benefits under this policy.

I authorize any hospital, physician, medical service provider, any organization, or person that holds my records or has knowledge of me and my health to release this information to the Assistance Centre and/or Manulife and its reinsurers for the purpose of this application, contract, and any subsequent claims.

You must answer all of the following questions to determine your eligibility for this plan. You may be eligible for our Individual Medical Underwriting plan.

If you are unsure of any information or need help with any medical questions, consult your doctor before you complete this application for insurance.

1. Have you had a heart bypass, coronary angioplasty or heart valve surgery more than ten (10) years ago?

No

2. In the last 3 years, have you been diagnosed with, taken or been prescribed medication, or been treated for any 2 of the following?

If you only have 1 of the following conditions, answer No.

a) Heart condition;

b) Lung condition, except unrepeated prescription medications used for a single episode (medication includes any puffers/inhalers);

c) Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition);

d) Diabetes (treated with medication and/or insulin);

e) Narrowed or blocked artery in the legs (also called peripheral vascular disease).

No

3. In the last 2 years, have you:

a) Been diagnosed with, taken or been prescribed medication, or been treated for heart failure or congestive heart failure; and/or

b) Been prescribed or taken Lasix or furosemide or a water pill for ankle or leg swelling or water on the lungs?

No

4. In the last 12 months, have you had:

a) A new heart condition, or had an existing heart condition for which you had a change in medication or were hospitalized (as an inpatient or seen in the emergency department); and/or

No

b) Shortness of breath or chest pain for which you sought treatment; and/or

No

c) Cancer or received chemotherapy and/or radiotherapy and/or other treatment, other than routine follow-up, for cancer (except basal cell and squamous cell skin cancer, and breast cancer treated only with hormonal therapy)?

No

d) A lung condition for which you were hospitalized (as an inpatient or seen in the emergency department) or for which you have been prescribed or taken prednisone?

No

5. In the last 4 months, have you been prescribed or taken 6 or more prescription medications? Do not count the following medications: hormone replacement therapy (thyroid or menopausal); drugs used for osteoporosis or traveller's diarrhea; or any form of immunization. Do not count topical medications that go in your nose, ears or eyes or on your scalp or skin except any form of nitroglycerine or any drug(s) for angina.

No

Smoking Status

1. In the last 2 years, have you smoked cigarettes and/or used vaping products or e-cigarettes?

No

Rate category qualification

1. Have you ever been diagnosed with or treated for:

a) A heart condition; and/or

No

b) Any of the following conditions?

- Aortic aneurysm (including thoracic or abdominal aneurysm)

- Cirrhosis of the liver

- Parkinson's disease

- Alzheimer's disease or other form of dementia

No

2. In the last 3 months, have you been prescribed or taken a total of 3 or more medications for high blood pressure (hypertension)?

No

3. In the last 5 years, have you been diagnosed with, taken or been prescribed medication for, or been treated for any of the following?

a) Lung condition, except unrepeated prescription medications used for single episode (medication includes any puffers/inhalers)

No

b) Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition)

No

c) Diabetes (if treated with medication and/or insulin)

No

d) Narrowed or blocked artery in the legs or in the neck

No

Additional information required

1. In the last 2 years, have you been diagnosed with, taken or been prescribed medication for, or been treated for any of the following conditions?

a) Gastrointestinal bleeding or bowel obstruction or have had bowel surgery

No

b) Chronic bowel disorder, such as but not limited to Crohn's disease, or ulcerative colitis

No

c) Kidney disorder, including kidney stones

Liver disorder or pancreatitis

No

d) Gallbladder disorder (including stones); not applicable if gallbladder has been removed.

No

2. In the last 2 years, have you been diagnosed with and/or treated by a hematologist or an internist for a blood disorder?

No

3. Are you age 71 or older and in the last 6 months, have you had a fall for which you sought medical attention?

No

4. In the last 6 months, have you received advice or treatment in the emergency room of a hospital 3 or more times?

No

Exclusions

Emergency Medical

- Any pre-existing condition that was not stable in the 3 months before your effective date
- A heart condition that was not stable or that required any form of nitroglycerine to relieve angina pain in the 3 months before your effective date
- A lung condition that was not stable or that required treatment with oxygen or prednisone in the 3 months before your effective date

Important terms and conditions

If you need to update or correct any information, contact Manulife immediately at 1-800-COVER ME® (268-3763).

This travel insurance is underwritten by the Manufacturers Life Insurance Company (Manulife). Some portions may be underwritten by First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife.

If you were asked any medical questions when you applied for coverage, the questions and your responses are listed in the previous section. Please review your response to each question. It is your responsibility to ensure that your answers are true and that you understand the benefits, limitations, and exclusions of your Manulife Travel Insurance policy and whose terms will prevail. This includes any information and exclusions for pre-existing medical conditions. If, at the time of claim, we determine that a question was not answered truthfully and accurately, and/or if there is any material misrepresentation, we will not pay any claims. Your policy will be null and void and we will return any premiums.

Notice on privacy and confidentiality The specific and detailed information requested on your application is required to process the application. More information about our privacy practices and policies can be found at [Manulife Canadian Division privacy principles and practices | Manulife](#).

Information verification

By purchasing this policy, you agree with the following terms and conditions:

- ☒ You understand that it is your responsibility to be aware of all your medication conditions.
 - ☒ You must answer all of the questions in this application truthfully and accurately. The answers must be true up to and including the time of your application.
 - ☒ If, at the time of claim, we determine that a question was not answered truthfully and accurately, we will not pay any claims. Your policy will be null and void and we will return any premiums.
 - ☒ You represent that the answers to the medical questions are accurate.
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All amounts in this confirmation are shown in Canadian dollars.

Underwritten by **The Manufacturers Life Insurance Company (Manulife)**. Some portions may be underwritten by First North American Insurance Company (FNAIC), a wholly owned subsidiary of Manulife.

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Google Play is a trademark of Google LLC.

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Website: [Manulife.ca](https://www.manulife.ca)

Telephone: [1-888-220-5212](tel:1-888-220-5212)

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