

## MedipacPLUS Endorsement (If purchased)

If purchased, this Endorsement forms part of *Your* policy and is subject to **ALL** of the terms and conditions, including definitions, of *Your* Medipac Travel Emergency Medical Insurance Policy.

### CLAIM FORGIVENESS

If *You* are entitled to a Medipac Claim Free Discount for *Your* next policy purchase, and *You* add this Endorsement, the claim that causes *You* to exceed *Your* deductible is forgiven and not considered a claim for the purpose of calculating *Your* Medipac Claim Free Discount. However, any subsequent claims will not be forgiven for this purpose.

### MEDICAL EVACUATION BENEFIT

The Medical Evacuation Benefit pays *You* \$100 CAD per day to a maximum of 10 days if Medipac Assist returns *You* to Canada for medical reasons and *You* are *Hospitalized* within 3 days of *Your* return. *Hospitalization* must be for consecutive days and *You* must provide medical records of *Your* Canadian *Hospital* stay when making a claim under this benefit.

### RETURN TO CANADA BENEFIT

The Return to Canada Benefit covers the cost of a return economy class airfare to a maximum of \$2,000 to fly *You* from *Your* vacation destination to *Your* Home and back to *Your* vacation destination. This benefit is payable in the event a member of *Your* Immediate Family, who is not travelling with *You*, dies after *You* leave Home; or a natural disaster causes *Your* Principal Residence to become uninhabitable after *You* leave Home\* (provided *Your* home insurance policy pays for the damage in part or in full). This benefit must be approved in advance by Medipac Assist. Any flight outside *Your* Period of Coverage is not eligible for reimbursement.

\* Coverage underwritten by FNA.

### Additional Definitions under MedipacPLUS

**“Company”**, under MedipacPLUS, refers to The Manufacturers Life Insurance Company (Manulife Financial) or to First North American Insurance Company (FNA).

**“Home”** means *Your* Canadian province or territory of residence.

**“Immediate Family”** means Spouse, Mother, Father, Mother-in-law, Father-in-law, Son, Daughter, Son-in-law, Daughter-in-law, Grandson or Granddaughter.

**“Principal Residence”** means the dwelling located at the Canadian address indicated in *Your* application for the Medipac Travel Emergency Medical Insurance Policy under which this Endorsement was purchased.

### EXCLUSION FOR RETURN TO CANADA BENEFIT

No benefits are payable if:

1. The deceased *Immediate Family* member was *Hospitalized* within 90 days prior to the *Effective Date of Insurance* or *Your* Trip Start Date.
2. At the time *You* applied for coverage, a reasonable person would have expected that an event payable under the Return To Canada benefit would occur prior to *Your* scheduled return date.

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### POLICY MAXIMUM

Policy Page 8 under “IS THERE ANYTHING ELSE I NEED TO KNOW?” Point A. has been modified as follows:

A. This policy will reimburse *You* for *Covered Expenses* up to a maximum of \$5,000,000 USD per *Insured*.

### ACCIDENTAL DEATH BENEFIT

#### Insured Risk

*You* are covered for \$5,000 if *You* die as a result of an accident which occurred while *You* are outside *Your* province of residence and while *Your* Medipac Travel Emergency Medical Insurance policy is in force.

This benefit is payable to *Your* estate for the loss of *Your* life resulting within 12 months from the date of the accident described as an insured risk.

This benefit will begin on *Your* Effective Date of insurance and will remain in effect during the *Period of Coverage* as defined on page 1 of *Your* Medipac Travel Emergency Medical Insurance policy.

#### EXCLUSION FOR ACCIDENTAL DEATH BENEFIT

The *Company* will not pay any claim under the Accidental Death Benefit resulting directly or indirectly from:

1. Training, serving or taking part in any capacity in armed forces (land, sea or air) or their operations in any country or international authority.
2. While serving as a pilot or crew member of any aircraft or while as a passenger in an aircraft which is being used for a purpose other than transportation.
3. While making a parachute jump for any purposes other than to save *Your* life.

#### Claims Procedures

To make a claim under this benefit, written notice of the accident must be given to the *Company* within 30 days of the date of the accident and written proof must be submitted within 90 days of the date of the accident. The *Company* provides the necessary claim forms as well as instructions covering other requirements that may aid in a prompt handling of the claim.

If the *Company* does not receive the required notice and proof of loss, the claim may not be considered after the 90 day period has expired, unless there is a good reason for the delay. In no event is a claim considered after one year from the date of the accident if the *Company* was not notified and the necessary forms not completed and submitted to the *Company*.