



Policy Number:	CCM104176-1	Coverage Type:	Single Trip
Purchase Date (d/m/y):	18/07/23	Policy Type:	Individually Underwritten
Effective Date (d/m/y):	04/08/23	Coverage Amount:	\$10,000,000
Expiry Date (d/m/y):	26/08/23	Policy Premium:	\$345.35
Date of Birth (d/m/y):	07/08/47	Tax:	\$0.00
Rate Category:	Clear Compare	Total Premium:	\$345.35
Plan Name:	Manulife Select		

Mr. Andre Luiten
 1-4750 228 St
 Langley, British Columbia, V2Z 0A9

RE: Individually Underwritten Plan

Dear : Mr. Andre Luiten

Thank you for purchasing our Emergency Medical Travel Insurance underwritten by The Manufacturers Life Insurance Company. This is your confirmation which includes your personalized policy cards. Please detach and keep with your other important travel documents. Your coverage is based on the details provided by you; therefore it is important that you review the enclosed information very carefully:

Your insurance policy.

Please review the policy terms, conditions, limitations and exclusions that apply to your coverage as outlined in this booklet.

Your application and medical questionnaire (if applicable).

Please review your responses to ensure that they are accurate and true, as any misrepresentation or nondisclosure of your medical status may render your coverage null and void and will result in non-payment of any claims.

Please contact (416) 814-5591 immediately if:

- any of the details do not appear accurate
- you have any questions regarding your policy
- you wish to extend your coverage
- you have changes to your trip plans
- you have had a change in your medical condition or a change in medication

In the event of an emergency you must immediately call the assistance number. Failure to do so may result in reduced benefit coverage amounts. Our emergency assistance number is 1-877-884-8189 (toll-free from the United States and Canada) or +1 (519) 251-7416 (collect to Canada where available). We are available 24 hours a day, each day of the year to offer you assistance. **Download TravelAid by ACM, a free assistance app at www.active-care.ca/travelaid.**

We appreciate your business. Travel safely!

The top portion of this page is your receipt for income tax purposes. GST/HST Registration N° 89406 3643 RT0001

Detach the cards below and carry them with you at all times.

Your Travel Insurance Card Worldwide Coverage	Your Travel Insurance Card Worldwide Coverage
Mr. Andre Luiten 1-4750 228 St Langley, British Columbia, V2Z 0A9	Mr. Andre Luiten 1-4750 228 St Langley, British Columbia, V2Z 0A9
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Policy Number: CCM104176-1	Policy Number: CCM104176-1
Emergency Assistance (ACM): 1-877-884-8189 from Canada and the US. Elsewhere, call collect +1 (519) 251-7416	Emergency Assistance (ACM): 1-877-884-8189 from Canada and the US. Elsewhere, call collect +1 (519) 251-7416
ATTENTION MEDICAL PROVIDER: This is a Direct Bill Policy – please contact our assistance centre to arrange billing.	ATTENTION MEDICAL PROVIDER: This is a Direct Bill Policy – please contact our assistance centre to arrange billing.



MEDICAL UNDERWRITING AGREEMENT

Mr. Andre Luiten
1-4750 228 St
Langley, British Columbia, V2Z 0A9

Dear : Mr. Andre Luiten

Based on the information provided by telephone or on the online application, your existing medical conditions and your responses to the medical underwriting questions about your medical conditions, as recorded by our Customer Service Representative or on the online application, are shown on the following page(s). Please review your responses for accuracy. If there are any inaccuracies in this information, you must contact us before your departure date at 04/08/2023. Any failure to fully disclose medical conditions or changes in medical conditions or changes in medication prior to your departure will render coverage null and void.

Your pre-existing condition(s) that you have disclosed and listed on the following page(s), will be covered subject to the terms and conditions of your Emergency Medical Travel Insurance policy and only when your premium is paid in full prior to your departure.

When you applied and purchased coverage you declared your understanding that all the information you provided together with your responses to the medical questions as cited on the following page(s), must be true and complete and that if you misrepresent any material information provided or exclude any material information in this application, your policy will be voided and you will not be covered for any benefits under this policy. If your health status or medication changes between the date that you complete this application and any departure date or effective date, you must notify us at (416) 814-5591. Otherwise, any material change in your health status or medication that might lead to a change in the underwriting decision may result in an amendment of your coverage or may render coverage null and void.

When your premium has been paid in full, this Medical Underwriting Agreement becomes part of your Emergency Medical Travel insurance policy. Please take this Agreement and the policy with you when you travel.

This policy is underwritten by The Manufacturers Life Insurance Company (Manulife).

Manulife and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence.

Client Name: Mr. Andre Luiten
 Policy Number: CCM104176-1

The following questions are the eligibility questions for this policy for which you have answered at the time of application, as follow:

Eligibility

Answers

- Are you travelling contrary to medical advice?
- Are you awaiting investigative testing or treatment of an unresolved condition?
- Do you require kidney dialysis?
- In the past 12 months, have you used or been prescribed home oxygen for a lung condition?
- Do you have a terminal illness for which a physician has estimated you have less than 6 months to live?
- Please confirm that every traveler can perform ALL the regular functions of daily living?

Health Assessment

Answers

- Have you ever had, or are you awaiting a stem cell, bone marrow, or organ transplant (except corneal transplant)?
- Do you have metastatic cancer?
- Have you had a medical check-up in the last 18 months?
- Have you used a tobacco product of any nature in the last two years?

If any of this information is incorrect or if there are any changes prior to your departure date, you must notify us immediately. Any misrepresentation or nondisclosure of your medical status may render your coverage null and void and will result in non-payment of any claims.

CONDITION	QUESTIONS	CUSTOMER RESPONSE
11880 Arrhythmia		
	Please indicate if you have ever been a smoker?	No
	Do you suffer regularly from dizziness or have you collapsed/fainted in the last 3 months?	No
	Are you currently taking prescribed medication to treat this condition?	No
	Have you undergone any of the following procedures for this condition?	Insertion of a pacemaker or internal defibrillator
	How long ago since the surgery?	More than 12 months ago
	Were there any complications with the surgery which required a follow-up procedure?	No
	How many emergency hospital admissions have you had in the last 12 months?	0
	Have you also been diagnosed with any of the following conditions?	None of these
14331 Cardiac valve disease		
	Please indicate if you have ever been a smoker?	No
	Have you undergone surgery for this condition?	Yes
	How long ago since the surgery?	More than 12 months ago
	Were there any complications with the surgery which required a follow-up procedure?	No
	How many different types of medication have you been prescribed for this condition?	0

	Do you become breathless or suffer chest pain or tightness with mild exertion?	No
	Do you become breathless at rest?	No
	Have you been diagnosed with any of the following medical conditions?	None of these
22620 High cholesterol		
	Please indicate if you have ever been a smoker?	No
	Is this related to a family history of high cholesterol?	No
	How many different types of medication have you been prescribed for this condition?	1
	Have you been diagnosed with any of the following medical conditions?	None
22740 Hypertension		
	Please indicate if you have ever been a smoker?	No
	What range did your blood pressure rating fall within last time it was tested by a medical practitioner?	Normal
	How many types of medication have you been prescribed for this condition?	1
	Has your doctor informed you of an increase to your blood pressure in the last 6 months?	No
	Have you been diagnosed with any of the following medical conditions?	High cholesterol
23490 Inguinal Hernia		
	Have you undergone surgery for this condition?	Yes
	How long ago since the surgery?	More than 12 months ago
	Were there any complications with the surgery which required a follow-up procedure?	No
	Has the hernia re-occurred since your last surgical procedure for this condition?	No
33592 Rosacea		
	Are you currently taking prescribed antibiotics for this condition?	Yes
	Has this condition affected your eyes?	No



Policy Number:	CCM104176-2	Coverage Type:	Single Trip Emergency Medical
Purchase Date (d/m/y):	18/07/23	Policy Type:	Individually Underwritten
Effective Date (d/m/y):	04/08/23	Coverage Amount:	\$10,000,000
Expiry Date (d/m/y):	26/08/23	Policy Premium:	\$225.94
Date of Birth (d/m/y):	21/09/49	Tax:	\$0.00
Rate Category:	Clear Compare	Total Premium:	\$225.94
Plan Name:	Manulife Select		

Mrs. Enid Luiten
 1-4750 228 St
 Langley, British Columbia, V2Z 0A9

RE: Individually Underwritten Plan

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Client Name: Mrs. Enid Luiten
 Policy Number: CCM104176-2

The following questions are the eligibility questions for this policy for which you have answered at the time of application, as follow:

Eligibility

Answers

- Are you travelling contrary to medical advice?
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- In the past 12 months, have you used or been prescribed home oxygen for a lung condition?
- Do you have a terminal illness for which a physician has estimated you have less than 6 months to live?
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- Have you used a tobacco product of any nature in the last two years?

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CONDITION	QUESTIONS	CUSTOMER RESPONSE
12081 Arthritis		
	What type of Arthritis have you been diagnosed with	Osteoarthritis / Psoriatic arthritis
29610 Osteoarthritis		
	Have you undergone surgery for this condition?	No
	Are you receiving any of the following treatment for this condition?	No prescribed treatment or medication
	Has this condition affected your mobility?	I do not require mobility aids
60058 Diabetes Type 2		
	Please indicate if you have ever been a smoker?	No
	How is your diabetes controlled?	Diet
	How many emergency hospital visits have you had in the last 12 months?	None
	How often do you test your blood sugar levels?	I don't regularly check my blood sugar
	Is this condition in relation to any of the following conditions?	None of these conditions