

**OUT-OF-PROVINCE AND/OR
OUT-OF-CANADA EMERGENCY
MEDICAL INSURANCE PLAN**

Certificate of Insurance

Manulife Financial

Administered by:

Johnson Inc.
Suite 301,
12220 Stony Plain Road
Edmonton, AB
T5N 3Y4

CERTIFICATE OF INSURANCE

OUT-OF-PROVINCE AND / OR OUT-OF CANADA EMERGENCY MEDICAL INSURANCE PLAN

insuring Members of the

THE RETIRED TEACHERS' ASSOCIATION OF MANITOBA (called the Policyholder)

Group Master Policy No. 982001 has been issued to the **Retired Teachers' Association of Manitoba** hereinafter called the Policyholder. An Insured Member of the Policyholder is referred to as the "Member." Manulife Financial is referred to as "Manulife."

The Group Policy is administered on behalf of Manulife by the "Administrator" Johnson Inc. All transactions between the Policyholder, Member and Manulife will be made through the Administrator.

The Group Policy was delivered in the province of Manitoba, Canada, and is governed by the laws thereof.

The Group Policy Year is September 1 through August 31. The Group Policy is renewable on each anniversary of the Policy Effective Date, subject to the policy terms and conditions.

This Certificate is issued as evidence of a Member's personal insurance under the Group Policy and is subject to the terms, conditions, limitations of liability and exclusions stated in the Group Policy. If for any reason there is a discrepancy between this certificate and the Group Policy, the provisions of the Group Policy shall prevail. The Group Policy is on file with the Policyholder, and upon request, it may be examined by the Member or the Member's personal representative at any reasonable time.

Only Manulife is authorized to make changes to the Group Policy or this Certificate. Any changes to these documents will be made in writing over the signature of an executive officer of Manulife.

This Certificate becomes effective on the later of September 1, 2005 or the effective date of the Member's insurance. It replaces all other Certificates and Certificate Riders, if any, previously issued to the Member under the Group Policy.

Manulife Financial

PLEASE READ YOUR CERTIFICATE CAREFULLY.

TABLE OF CONTENTS

	Page
Definitions	1
Description of Benefits	5
1. Plan Design.....	6
2. Benefits	6
3. Emergency Medical Expenses	6
4. Air Emergency Transportation and Evacuation.....	6
5. Incidental Hospital Expenses.....	7
6. Private Nursing Expenses	7
7. Physiotherapy and Other Professional Services	7
8. Emergency Dental Services	7
9. Emergency Relief of Dental Pain	7
10. Transportation to Bedside.....	8
11. Return of Minor Dependent Child with Escort.....	8
12. Repatriation or Burial	8
13. Vehicle Return	8
14. Pet Return Benefit.....	9
15. Trip Interruption or Trip Cancellation Benefits.....	9
16. Additional Hotel and Meal Expenses	11
World Access Travel Assist Services	
1. Medical Assistance and Consultation.....	12
2. Up Front Payment.....	12
3. Emergency Message Centre.....	12
4. Lost Document and Ticket Replacement.....	12
5. Legal Assistance	12
6. Pre-trip Planning Assistance.....	12
Exclusions and Limitations of Coverage	13
General Provisions	15
1. Persons Who Are Eligible.....	15
2. Enrollment.....	15
3. Premium Refunds.....	15
4. Premium Payments	16
5. Automatic Renewal.....	17
6. Premium Level.....	17
7. Automatic Extension of Travel Coverage	17
8. Trip Termination Date	17
9. Incontestability.....	18
10. Applicable Law.....	18
11. Non-Waiver Provisions.....	18
12. Limitation of Liability	18
13. Right of Examination of Master Policy	18
14. Termination of Master Policy	18

TABLE OF CONTENTS

15.	Termination of an Insured Person's Insurance	19
Claims		
1.	Notice of Claim.....	20
2.	Co-ordination of Benefits with Other Plans	20
3.	Right to Recover Payments.....	20
4.	Authorization	21
5.	Assignment of Benefits.....	21
6.	Limitation of Action	21
7.	Proof of Day of Departure	21
8.	Returning a Patient to Their Province of Residence.....	21

DEFINITIONS

The following terms shall mean:

“Administrator” Means Johnson Inc. All transactions between the Policyholder and the Insured and/or a provider of service must be made through the Administrator.

“Applicant” Any person who has made application for coverage under this plan. To apply, the Applicant must be a Canadian resident, permanently residing in Canada and insured under his / her province or territory’s Government Health Insurance Plan.

“Calendar Year” Means the period between January 1 and December 31.

“Close Business Associate” A person whose absence requires the Insured Person to return to the workplace to ensure no business or material deterioration in customer service or products, or impairment in the services provided.

“Common Carrier” Is any land, air or water conveyance which is licensed to carry passengers for compensation or hire.

“Company” Means The Manulife Financial.

“Currency” All dollar amounts shown in this policy are in Canadian currency unless otherwise stated.

“Day of Departure / Return” Day of Departure means the calendar day that the Insured Person exits his / her province or territory of residence in Canada. Day of Return means the calendar day the Insured Person actually returns to his / her province or territory of residence in Canada.

“Dentist / Dental Surgeon” A person who is legally qualified and licensed to practice as a Dentist or Dental Surgeon in the jurisdiction where the services are rendered.

“Effective Date”

For the Base Plan: The date the Administrator receives the Applicant’s completed, signed enrollment form and pre-authorized chequing authorization.

For the Supplemental Plan: Provided the plan administrator receives the Applicant’s completed signed enrollment form, including the necessary pre-authorized chequing authorization prior to the Day of Departure, the later of:

1. the date shown on the completed, signed enrollment form, or
2. the Insured Person’s Day of Departure.

“Emergency” Any sudden and unexpected Sickness and / or Injury which takes place during an insured Trip and which requires immediate medical treatment by a licensed Physician, Dentist or Dental Surgeon.

DEFINITIONS

Medical Emergency means an emergency service rendered to the insured, immediate family of the insured, or travelling companion of the insured, for the sudden onset of a medical condition, manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could result in:

- permanently placing the individual's health in jeopardy;
- serious impairment and dysfunction of any bodily organ part; or
- other serious medical consequence.

An Emergency ends when the Sickness and / or Injury has been treated such that the Insured Person's condition has stabilized or he / she is able to return to Canada with or without assistance. If the Insured Person opts not to return to Canada, further treatment for that Sickness or Injury or any complication arising from Sickness or Injury will not be covered.

INJURY: Any bodily injury caused by an accident which occurs during a Trip and which results in a covered loss while this insurance is in force and which is serious enough to seek the attention of a licensed Physician, Dentist or Dental Surgeon (other than an Immediate Family Member).

SICKNESS: Any sudden and unforeseen illness or disease which occurs during a Trip and while this insurance is in force and which is serious enough to seek the attention of a licensed Physician, Dentist, or Dental Surgeon (other than an Immediate Family Member).

“Extended Family Member” (UNINSURED) Means the Insured Person's spouse, parent, child, guardian, step-parent, grandparent, grandchild, parent-in-law, daughter-in-law, son-in-law, step-child, brother, sister, step-brother, step-sister, aunt, uncle, nephew, niece, brother-in-law or sister-in-law.

“Hospital” An institution which has been licensed to treat patients on an in-patient, out-patient and emergency basis, which has an operating room, and which is operated under the supervision of a staff of Physicians.

“Immediate Family Member” (INSURED)

DEPENDENT Means unmarried child of the Insured Person (natural, foster child, legally adopted or living with the adopting parents during period of probation, step-child related by marriage or provided the Insured Person is the legal guardian) under the age of 21, or between 21 and 25 years of age if in full-time attendance at college or university, who is dependent on the Insured Person for their sole means of support, or who is residing with the Insured Person while the coverage is in force. If attending a college or university outside Canada or outside his / her province or territory of residence, a dependent is covered while travelling 500 kilometres or more away from his / her college or university residence. Coverage for an unmarried dependent child who is incapable of self support due to mental or physical handicap shall continue beyond the limiting age stated above.

This definition shall extend to and include a grandchild, niece or nephew of the Insured Person for the purpose of the Return of Dependent Child Benefit.

DEFINITIONS

“Spouse”

Means a person who is travelling with, or is residing with, the Insured Person during the Period of Coverage and (a) is married to the Insured Person, or (b) if not legally married to the Insured Person, cohabits with the Insured Person in a continuing conjugal (including same sex) relationship for a continuous period of at least 1 year and resides in the same household in which the Insured Person resides.

Any familial relationships to the Insured Person that are relevant for determining eligibility for benefits or coverage shall be determined on the basis, where applicable, of this definition of spouse.

“Insured Person” Applicant or a Spouse or Dependent who is insured under this plan and for whom premium has been paid.

“Period of Coverage”

Base Plan: Coverage starts the date the Insured Person leaves his / her province or territory of residence and ends the earlier of the date the Insured Person returns to his / her province or territory of residence or the 30th day of their Trip.

Supplemental Plan: Coverage starts on the Effective Date and ends on the Trip Termination Date, as per your Insured Trip.

“Pet Return” Covers the cost to return your pet (dog or cat, only) when arranged by World Access up to a maximum of \$ 500.

“Physician” A person other than a family member who is legally qualified and licensed to practice medicine and / or surgery in the jurisdiction where the services are rendered. Where permitted by law, the Travel Assistance Provider may approve the services of a Nurse Practitioner in substitution for appropriate and corresponding Physician services.

“Policy Year” September 1 to August 31.

“Renewal Date” September 1.

“Terrorism” A violent act done in order to intimidate or terrorize the general public in the course of their daily lives, for political ends, and does not include any act of war, civil commotion or civil unrest.

“Travel Supplier” Means a licensed company in the business of providing transportation and / or accommodation to the public. This does not include a travel agent, agency, or broker.

“Travelling Companion” A person who accompanies an Insured Person on an insured Trip and has prepaid accommodations and / or transportation arrangements with the Insured Person for the same insured Trip but is not an Insured Person under the policy.

DEFINITIONS

“Trip Termination Date” The earlier of:

- 1) the date the Insured person returns to his / her province or territory of residence; or
- 2) the date of return shown on the Insured Person's completed, signed enrolment form or the confirmation of coverage document; or
- 3) the 182nd day after the Day of Departure (applies to the Supplemental Plan only).

“Trip(s)” A defined Period of Travel outside your province or territory of residence during which this insurance is in effect. **Exception:** The Trip Cancellation or Interruption Benefit becomes effective on the later of the date the completed and signed enrollment form is received by Johnson Inc., or the date the Insured Person makes a deposit or full payment for a trip booked in Canada.

“Vehicle” (As mentioned in the Vehicle Return Benefit) means a private automobile, motorcycle, van, trailer, or motor home either owned or rented by the Insured Person.

“World Access” Means World Access Canada.

DESCRIPTION OF BENEFITS

To be insured, the Applicant and his / her Immediate Family Member(s) must be Canadian residents and must be insured by a provincial or territorial Government Health Insurance Plan. The plan covers the Insured Person for expenses arising from a medical Emergency, incurred while on an insured Trip outside the province or territory of residence.

This plan is administered by Johnson Inc. (Johnson). It is underwritten by Manulife Financial (Manulife), which has appointed World Access Canada Inc. (World Access) as the sole provider of all assistance and claims services under this policy.

Immediate contact to World Access is necessary to ensure expenses are covered. At first onset of symptoms of a medical emergency and before the Insured Person seeks medical attention, he / she should contact the 24-hour World Access Assistance Centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact World Access as soon as is reasonably possible. Otherwise eligible expenses will be limited to \$2,000.

IMPORTANT: Benefits and services eligible for payment under this policy must be pre-approved and arranged in advance by World Access. *Please read this certificate of insurance carefully.*

Plan Design

Base Plan	The Base Plan is a continuous plan that provides Emergency medical travel coverage for an unlimited number of Trips, up to a maximum of 30 days duration for each Trip. Proof of Departure from your province or territory of residence is required if a claim occurs.
Supplemental Plan	<p>The Insured Person may elect coverage under the Supplemental Plan for trips of longer than 30 days. This plan provides coverage for a single Trip occurring between the Effective Date and the Trip Termination Date as noted on the enrolment form or as subsequently advised to, and confirmed by the plan administrator.</p> <p>The Insured Person must purchase a Supplemental policy in addition to the Base Plan to cover the entire length of his / her trip.</p>

DESCRIPTION OF BENEFITS

The choice of Plan is stated in the Confirmation Letter which is sent to an Insured on enrolment.

Benefits

This policy of insurance, issued by Manulife, covers reasonable and customary expenses incurred for medical treatment of a medical Emergency occurring during the Period of Coverage, and while the Insured Person is on an insured Trip. All dollar amounts stated herein are in Canadian currency unless otherwise stated.

Manulife pays the Insured Person's health care provider or reimburses the Insured Person for covered expenses. Manulife will in turn seek reimbursement from the Insured Person's Government Health Insurance Plan and will co-ordinate coverage with other policies under which the Insured Person is covered according to the Co-ordinating Coverage Guidelines for Out-of-Province / Country Health Care Expenses.

This policy covers the following eligible expenses, and are subject to an overall lifetime maximum of \$ 1,000,000 per person.

Emergency Medical Expenses

This benefit covers the cost of Emergency Hospital, surgical and medical treatment for the following:

- 1) Semi-Private hospital room and board, or private room charges when a private room is certified as medically necessary by the attending Physician;
- 2) other Hospital services and supplies;
- 3) medical, surgical or anaesthetic treatment by a licensed Physician;
- 4) x-rays, lab charges and other diagnostic tests;
- 5) use of an operating room, anaesthetic and surgical dressings;
- 6) the cost of licensed ambulance service;
- 7) outpatient emergency room charges;
- 8) drugs and medications legally requiring a Physician's written prescription; and
- 9) the rental cost of a wheelchair, or the rental or purchase of minor medical appliances such as crutches, braces and other necessary medical appliances.

Air Emergency Transportation or Evacuation

When medically required covers the following expenses:

- 1) Air ambulance to the nearest appropriate medical facility or to a Canadian Hospital.
- 2) transport on a licensed airline for Emergency return to the Insured Person's province or territory of residence.
- 3) round trip fare for a medical attendant to accompany the Insured Person on the flight back to his / her province or territory of residence.
- 4) expenses for (a) an economy seat, or (b) the number of economy seats required to accommodate a stretcher to transport the Insured Person back to their province or territory of residence following hospitalization as a result of an Emergency.

All air transportation expenses must be approved and arranged in advance by World Access.

DESCRIPTION OF BENEFITS

Incidental Hospital Expenses

Eligible expenses up to a maximum of \$ 100 per Insured Person per Hospital stay to cover incidental expenses for television rental and / or telephone rental provided the Insured Person has been hospitalized for 48 hours or more.

Private Duty Nursing Expenses

Coverage will be provided to a maximum of \$ 10,000 per Insured Person for professional private duty nursing services (in Hospital only) by a registered graduate nurse (not related to the Insured Person by blood or marriage) when medically necessary and pre-approved by World Access.

Physiotherapy and Other Professional Services

When the professional services of a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist are medically necessary and the Insured Person's attending Physician verifies in writing that the treatment is necessary as a result of an Emergency, coverage will be provided for up to a maximum of \$ 2,000 per Insured Person for all services combined. Charges for these services will only be reimbursed after the Government Health Insurance Plan annual maximum has been reached for the corresponding type of professional service, where such legislation exists. Approval must be arranged in advance by World Access.

Emergency Dental Expenses

This benefit covers the reasonable and customary cost, up to a maximum benefit of \$2,000 per Insured Person per incident, for repair or replacement of natural teeth (including capped or crowned teeth) or permanently attached artificial teeth (required as the result of an accidental Injury to the mouth caused by an external accidental blow to the mouth). Chewing accidents are not covered. Services must be performed by a licensed Dentist or Dental Surgeon.

To be eligible for payment for emergency dental services,

- 1) expenses must commence within 30 days after the date of the Injury (unless the treatment cannot be rendered due to the nature of the Emergency), and the charges must be incurred within 365 days after such date;
- 2) the claim must be accompanied by one or more of the following: (i) an official police or accident report, (ii) a licensed Dentist, Dental surgeon or a Physician report, and / or (iii) an emergency Hospital or medical facility report.

Emergency Relief of Dental Pain

This benefit covers the cost of Emergency palliative treatment to relieve dental pain, up to a maximum of \$ 200 per Insured Person.

This benefit does not cover charges for routine dental care or treatment, root canal and other procedures which are not approved by World Access. Services must be performed by a licensed Dentist / Dental Surgeon.

DESCRIPTION OF BENEFITS

Transportation to the Bedside

Round trip economy fare by the most direct route (air, bus or train) from Canada will be reimbursed for one of an Insured Person's Extended Family Members to:

- 1) be with an Insured Person who has been confined in a Hospital. In order to be payable, this benefit requires that the Insured Person's attending Physician verifies in writing that the medical situation is serious enough to warrant the visit;
- 2) identify a deceased Insured Person prior to release of the body, where necessary.

Transportation to the bedside must be approved and arranged in advance by World Access.

Return of Minor Dependent Child with Escort

If a Dependent (as defined under Immediate Family Member) under the age of sixteen (16) who travels with the Insured Person on the same Trip is left unattended because the Insured Person is hospitalized for a period of 48 hours or more, or because the Insured Person must return to Canada because of a medical Emergency, this benefit will arrange for and cover the extra cost of one-way economy transportation by the most direct route to return the Dependent to their home in their province or territory of residence. Coverage also provides for the cost of return economy transportation for an escort, when such escort is deemed necessary by the Insurer.

Benefits are only payable if this service is approved and arranged in advance by World Access.

Repatriation or Burial

If the Insured Person dies while on an insured Trip, this benefit will pay the cost of preparation (including cremation) and transportation of the deceased's remains to his / her province or territory of residence, or the cost of burial at the place of death up to a maximum of \$ 5,000 per person. The cost of a burial coffin or urn is not a covered expense.

Vehicle Return

If neither the Insured Person nor a Travelling Companion is able to operate the Insured Person's owned or rental Vehicle due to Sickness, Injury or Death while travelling outside the Insured Person's province or territory of residence, this plan will reimburse a maximum of \$ 2,000 for the return of the Vehicle. Eligible for reimbursement is the cost of the return performed by a professional agency; or the following necessary and reasonable expenses incurred by an individual returning the vehicle on behalf of the Insured Person: fuel, meals, overnight accommodation, one-way economy airfare. **To receive reimbursement, original receipts must be submitted.** Any other expenses are not covered.

Expenses incurred by anyone travelling with the person returning the vehicle are not covered.

Benefits will only be payable for return of the Vehicle when the service is pre-approved and / or arranged by World Access and the vehicle is returned to the Insured Person's normal place of residence or the nearest appropriate rental agency within 30 days of the Insured Person's return to Canada.

DESCRIPTION OF BENEFITS

Pet Return Benefit

In the event that an Insured Person must interrupt their Trip and is eligible for Post Departure Trip Interruption and Delay benefits as defined in this policy, any extra cost for one-way transportation for the return of the Insured Person's Pet (dog or cat, only) to his / her province or territory of residence will be reimbursed to a maximum of \$ 500. Any other charges related to the return of the Pet are the Insured Person's responsibility.

The above benefit is also available if the Insured Person is returned to Canada as described under the air Emergency Transportation or Evacuation benefit.

Benefits are only payable if this service is approved and arranged in advance by World Access.

Trip Interruption or Trip Cancellation Benefits

Trip Cancellation—Prior to Departure

This insurance does not cover trips within the Insured Person's province or territory of residence and must be in effect prior to the event which necessitates a claim. When the reason for cancellation occurs prior to departure of an insured Trip, the Insured Person must cancel his / her Trip with the travel agency or Travel Supplier and notify World Access Canada within 48 hours following the event forcing cancellation. Any issued ticket(s) must be surrendered to World Access Canada.

In the event the Insured Person must cancel his / her Trip, the Insured Person will be reimbursed the non-refundable portion of the pre-paid travel arrangements up to a maximum of \$ 6,000 per Insured Person.

Trip Interruption and Delay—Post Departure

In the event the Insured Person must curtail his / her Trip or delay his / her Day of Return, the Insured Person must contact World Access Canada within 48 hours of the event forcing interruption / delay. The Insured Person will be reimbursed for the extra cost of a one-way economy airfare to the departure point or to the destination point and any unused non-refundable land arrangements up to a maximum \$ 6,000 per Insured Person.

Trip Cancellation and Trip Interruption and Delay benefits are covered where applicable upon the occurrence of any of the following events:

- 1) Death, Injury or Sickness of an Insured Person, an Extended Family Member, a Close Business Associate, or a Travelling Companion.
- 2) Insured Person being called unexpectedly for jury duty or being subpoenaed as a witness in a case being heard during the Trip.
- 3) A transfer by employer of the Insured Person or his / her Spouse for which notice was received from the employer subsequent to the booking and prior to scheduled Day of Departure, if the date of transfer is coincident with or prior to the scheduled Day of Departure, and requires a move to a new principal residence.
- 4) Damage to the Insured Person's principal residence by a disaster making it uninhabitable.

DESCRIPTION OF BENEFITS

- 5) Hijack of a Common Carrier in which an Insured Person is travelling.
- 6) Terrorism in a country that an Insured Person is scheduled to visit, which leads to a recommendation by the Government of Canada that Canadians should not travel to that area due to Terrorist incidents for a period which includes the Day of Departure.
- 7) Death, quarantine or hospitalization for at least 48 hours, of host at destination.
- 8) A natural disaster at the place of destination.
- 9) Medical quarantine of an Insured Person for a communicable disease diagnosed by a Physician.
- 10) If an Insured Person is involuntarily dismissed or laid-off from his / her principal employment within 30 days of the scheduled Day of Departure, provided a letter of termination is produced, and provided the Insured Person had no knowledge of this loss on the date of application for insurance.
- 11) Refusal of an Insured Person's visa, provided that documentation shows he or she was eligible to apply, that refusal is not due to a late application, and that the application is not a subsequent attempt for a visa that had been previously refused.
- 12) If the Insured Person misses the originating flight from the scheduled departure point or cruise due to delay of the Insured Person's connecting carrier (plane, ship, bus, limo, taxi, train, auto) resulting from inclement weather conditions, mechanical failure, traffic accident, police-directed road closure or flight delay.
- 13) Cancellation of a planned business meeting due to death or hospitalization of the person with whom the Insured Person is to meet, or cancellation of a conference (for which the Insured Person has paid registration fees) due to circumstances beyond the control of the Insured Person. Benefits are only payable to the Insured Person who is attending the meeting. Proof of registration will be required in the event of a claim.
- 14) A call to service of the Insured Person by Government with respect to reservists, military, police or fire personnel.

Expenses will be reimbursed when the Insured Person provides, at Manulife's discretion, any of the following when applicable:

- 1) a statement completed by the Physician in personal attendance in the locality where the Sickness or Injury occurred stating the diagnosis and the complete reason for the necessity of delay or cancellation of the Insured Person's Trip;
- 2) documentary evidence of the Emergency situation which caused the delay;
- 3) proof that a portion of the travel arrangement costs are non-refundable;
- 4) any unused transportation tickets;
- 5) any receipts for land arrangements and out-of-pocket expenses,
- 6) any tickets or receipts for any extra transportation cost incurred.

DESCRIPTION OF BENEFITS

Exclusion: Trip Interruption and Delay

Benefits will not be payable for an early or late return (a return Trip delayed more than 10 days beyond the scheduled Day of Return) unless recommended by the attending Physician; or the Insured Person was incapacitated, or the Immediate Family Member, Travelling Companion, or Close Business Associate of an Insured Person was confined to a Hospital for at least 72 consecutive hours within the 10-day period.

Additional Hotel and Meal Expenses

This benefit covers the cost of necessary meals and hotel accommodation up to \$ 150 per day and up to a maximum of \$ 1, 500 per person for the following:

- 1) Transportation to the Bedside, and
- 2) Trip Interruption and Delay, and
- 3) Return of Minor Dependent Child (under the age of 16) with Escort.

WORLD ACCESS TRAVEL ASSIST SERVICE

In an Emergency, the Insured Person or someone on their behalf must contact World Access to ensure the Insured Person's expenses are covered. At the first onset of symptoms of an Emergency, and before the Insured Person seeks medical attention, he / she must contact the 24-hour World Access Assistance Centre. If the Insured Person is unable to do so, because he / she is medically incapacitated, someone else must contact World Access as soon as is reasonably possible.

This call to the World Access Emergency Assistance Helpline will entitle the Insured Person to receive the following services:

- 1) Medical Assistance and Consultation**
The Insured Person will be directed to the nearest appropriate medical facility. World Access will verify coverage to ensure there are no delays in treatment.
- 2) Up Front Payment**
For eligible medical expenses, World Access will guarantee coverage and arrange direct payment to the medical providers and the Hospital, wherever possible.
- 3) Emergency Message Centre**
In case of an Emergency, World Access can help to relay important messages to or from the Insured Person's family, business or Physician.
- 4) Lost Document and Ticket Replacement**
World Access will help the Insured Person replace lost or stolen travel documents. The cost of obtaining replacement documents is the Insured Person's responsibility.
- 5) Legal Assistance**
World Access can direct the Insured Person to a local lawyer or assist the Insured Person to arrange for bail or for payment of legal fees. The cost of these services is the Insured Person's responsibility.
- 6) Pre-Trip Planning Assistance**
If the Insured Person calls **1-800-249-6556** World Access can provide information on inoculation and visa requirements.

PRE-EXISTING CONDITIONS

Pre-existing conditions are not a limitation under this policy, in which case, any eligible expenses related to a pre-existing condition will be reimbursed at 100 %.

EXCLUSIONS & LIMITATIONS OF COVERAGE

This policy does not cover, provide services, or pay claims for expenses related to:

- 1) A medical Emergency which no longer exists and medical evidence indicates that the Insured Person is able to return to his/her province of residence or territory of residence. *Once a medical Emergency ends, no further benefits are payable for the continuing treatment, recurrence or complication arising directly or indirectly from the condition which caused the medical emergency.* World Access may advise the Insured Person that if he / she does not elect to return to Canada, no further benefits will be payable relating to that medical emergency.
- 2) eye glasses, contact lenses, hearing aids or prescriptions for the same;
- 3) air travel, other than as a passenger in a commercial aircraft licensed to carry passengers for hire;
- 4) preventive, experimental or patented medicines or vaccines;
- 5) non-Emergency medical or elective treatment, regular care for a chronic condition, check-ups or treatment for cosmetic purposes;
- 6) any treatment or surgery that can reasonably be delayed until the Insured Person returns to Canada for such treatment;
- 7) pregnancy, childbirth or miscarriage, or any complications arising from pregnancy within 8 weeks of the expected delivery date;
- 8) mental or emotional disorders that do not require hospitalization;
- 9) abuse of medication, drugs or alcohol, intentional self-injury, suicide or attempt thereat, whether sane or insane. (This exclusion does not apply to Trip Cancellation or Trip Interruption and Delay claims);
- 10) voluntary participation in war or act of war; or the commission of a criminal act;
- 11) voluntary participation in a riot or civil disorder;
- 12) willful exposure to peril except in an attempt to save human life;
- 13) expenses covered by any Provincial or Federal Act or Acts;
- 14) any Emergency transplants including but not limited to organ transplants and bone marrow transplants;
- 15) cardiac procedures, including cardiac catheterization, angioplasty, angiograms, angiographs or surgery, including any associated diagnostic charges, **unless approved by World Access prior to being performed**, except in extreme circumstances where surgery is performed on an Emergency basis immediately following admission to Hospital;
- 16) expenses incurred where it is determined this coverage was purchased specifically to obtain Hospital and / or medical treatment outside the Insured Person's province of residence whether or not recommended by your physician;
- 17) diagnostic procedures such as surgery, Magnetic Resonance Imaging (MRI) and Computerized Axial Tomography (CAT) scans, sonograms, ultrasounds and biopsies, including any associated charges, **unless specifically approved by World Access prior to the procedure being performed.**
- 18) any expenses (including diversion charges) related to the operation of a Common Carrier, regardless if the Common Carrier is licensed for the transportation of passengers for compensation or hire.

EXCLUSIONS & LIMITATIONS OF COVERAGE

- 19) injuries sustained by the individual while operating a motor vehicle, either while under the influence of any intoxicant or if his/her blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury.
- 20) an Emergency which occurs while the coverage is not in force as per the Insured Person's Trip.
- 21) medical treatment and expenses incurred to refill ongoing medication.

GENERAL PROVISIONS

1) Persons Who Are Eligible

To be eligible for insurance under this policy, a person must satisfy all of the following requirements:

- i) be a Member, (or an Immediate Family Member, if Family Coverage is selected) in good standing of the Retired Teachers' Association of Manitoba;
- ii) Must be Canadian residents and be insured under the Government Health Insurance Plan in the province or territory of residence;
- iii) application must be made.

2) Enrollment

You become enrolled by completing the Enrollment Form. The Effective Date of coverage is the date Johnson Inc. receives the completed and signed enrollment form.

Premiums are paid by regular, interest-free monthly deductions, which you authorize on your application. If you are in receipt of a TRAF Pension, the Teachers' Retirement Allowances Fund (TRAF) deducts premiums from your pension payment. If you are not in receipt of a TRAF Pension, Johnson Inc., the Plan Administrator, deducts premiums from your bank account on the 5th day of each month, one month in advance.

In the first year of coverage, the Base Plan premium is pro-rated from the Effective Date to the Renewal Date. If premium payments are not made due to non-sufficient funds (NSF), the missed deduction, plus a surcharge, will be added to the next monthly deduction.

Enrollment must be completed prior to departure from the province or territory of residence.

3) Premium Refunds

There are no refunds available under the Base Plan, and the Base Plan cannot be cancelled until the end of the Policy Year.

In the event that a covered situation occurs which necessitates Trip Cancellation prior to departure or a return to Canada during the first 30 days of Coverage under the Base Plan, the Insured Person may request a refund of any premium paid for the Supplemental Plan, or alternatively the Insured Person may request a change in your Supplemental Trip dates by submitting a written request to Johnson Inc.

GENERAL PROVISIONS

A request for a refund of the Supplemental Plan premium must be made in writing, identifying the Insured Person's certificate number, and should be mailed or delivered to Johnson Inc. at:

Johnson Inc.
West Chambers Building
12220 Stony Plain Road
Suite #301
Edmonton, Alberta T5N 3Y4
or
FAX TO: (780) 420-6082

If the Supplemental Plan coverage is terminated prior to the Day of Departure, the Supplemental Plan premium will be refunded or the monthly premium will be adjusted accordingly for the remainder of the Policy Year (providing no claims have been made or are pending).

If the Supplemental Plan is reduced to a Supplemental Plan with a shorter trip option prior to the Day of Departure, the difference in premium will be refunded or the monthly premium will be reduced accordingly for the remainder of this policy year (provided no claims have been made or are pending).

In the event of an early return from a Supplemental Trip, provided written proof of early return is provided, the difference in premium between plan options (15 day options) will be refunded or the monthly premiums will be reduced if applicable (provided no claims have been made or are pending). Proof of early return can include: a stamped passport, airline ticket or boarding pass, credit card receipt, border crossing slip, or any signed and dated document that proves the Insured Person has returned to their province of residence.

No downgrade in coverage or refund of premium is permitted if a claim is incurred.

4) Premium Payments

The premiums applicable to this insurance are payable monthly, by pre-authorized chequing bank deduction or by pension deduction through the pension administrator TRAF.

The Base Plan provides for continuous year round coverage and the premium is charged on a monthly basis through pre-authorized chequing or by pension deduction through the pension administrator TRAF. In the first year of coverage, the Base Plan premium is pro-rated from the Effective Date to the Renewal Date. If premium payments are not made due to non-sufficient funds (NSF), the missed deduction, plus a surcharge, will be added to the next monthly deduction. The premium stated for the Supplemental Trip Option Plan is the extra premium required for the specific trip option chosen in excess of the 30-Day Base Plan. This premium is then divided into equal monthly payments, from the first premium deduction date following the purchase of the Supplemental Trip Option to the last premium deduction date in the policy year.

Please note the Base Plan will only be pro-rated the first time the member enrolls. Any subsequent enrolments, the full yearly base plan premium will be charged.

GENERAL PROVISIONS

5) **Automatic Renewal**

The coverage automatically renews each year on September 1. You will receive written notification of the renewal in advance. Coverage will continue at renewal for the next Policy Year, unless written notice of termination is provided to Johnson Inc. within 60 days of the Renewal Date.

Travel dates and coverage options can be changed at the Renewal Date or at any time prior to the Day of Departure by notifying Johnson Inc.

6) **Premium Level**

The initial premium payable shall be determined according to the most current Premium Rate Table published by the Company. Premiums are subject to change (i) upon renewal or (ii) if there is any change to the coverage under the Government Health Insurance Plan. Manulife reserves the right to alter premiums, and the right to alter future coverage with 60 days advance notification.

7) **Automatic Extension of Travel Plan Coverage**

Coverage will be automatically extended beyond the Day of Return if the Insured Person, a Travelling Companion, or an Immediate Family Member travelling with the Insured Person, is confined to a Hospital on his / her Date of Return due to an Emergency. Coverage will remain in force for as long as the Insured Person, his / her Travelling Companion, or Immediate Family Member is hospitalized plus an additional period of 72 hours following discharge from Hospital.

The period of insurance coverage will also be automatically extended for 72 hours when:

- 1) the delay of a plane, bus, ship or train in which the Insured Person is a passenger causes him / her to miss his / her scheduled return to his / her province or territory;
- 2) the personal means of transportation in which the Insured Person is travelling is involved in an accident or mechanical breakdown that prevents him / her from returning to his / her province or territory of residence on or before the scheduled Day of Return; or
- 3) the Insured Person must delay his / her scheduled return to his / her province or territory of residence by the personal means of transportation in which the Insured Person is travelling, due to extreme weather conditions.

8) **Trip Termination Date**

The earlier of:

- i) the date the Insured person returns to his / her province or territory of residence; or
- ii) the date of return shown on the Insured Person's completed, signed enrolment form or the confirmation of coverage document; or
- iii) the 182nd day of the Trip including the Day of Departure (applies to the Supplemental Plan only).

The Company will not be required to refund premiums prior to the date written termination from the Insured Person is received by the Plan Administrator.

GENERAL PROVISIONS

9) Incontestability

No statement made by a person in their application for insurance, except for fraudulent statements and omissions, shall be used by the Company to contest a claim after the Insured Person's insurance has been in force for 24 months following the Insured Person's policy issue date.

10) Applicable Law

Any provision of this policy which is in conflict with any federal, provincial or territorial law of the Insured Person's place of residence is amended to comply with the minimum requirements of that law. All other provisions shall remain in full force and effect.

11) Non-waiver Provisions

Failure by the Company or the Plan Administrator to enforce any provision of this policy in a given circumstance shall not constitute a waiver of the right to enforce the provision at any other time. No one other than the Company has the authority to change or waive any provision of this policy.

12) Limitation of Liability

The Company, the Plan Administrator or World Access Canada are not responsible for the availability, quality or results of any medical treatment or transportation, or the failure of an Insured Person to obtain medical treatment.

13) Right of Examination of the Master Policy

An Insured Person and / or his or her personal representative shall, upon request, be permitted to examine this Master Policy, at the Plan Administrator's place of business or the head office of the Policyholder, for the purpose of ascertaining the benefits, terms and provisions of this agreement; provided that, any such examination takes place during normal business hours.

14) Termination of Master Policy

The Policyholder may terminate this policy at any time by giving written notice of termination to the Insurer. The date of termination shall not be less than 31 days after the Insurer receives such notice, unless an earlier date is mutually agreeable to the Insurer and the Policyholder.

By giving 31 days notice, the Insurer may terminate, as of the last day of any month,

- 1) this entire policy on the Renewal Date, if the insurer determines that participation is not maintained at a level agreed to by the Insurer and the Plan Administrator;
- 2) this entire policy if the Plan Administrator does not perform in good faith its obligations under this policy;
- 3) this entire policy for any other reason as of any policy anniversary.

Termination of this policy shall not require the consent or notice to any Insured Person or other person having a beneficial interest in this policy.

15) Termination of an Insured Person's Insurance

The Plan Administrator reserves the right to terminate the Insured Person's insurance if:

GENERAL PROVISIONS

- 1) two or more monthly premium payments are in default in a twelve month period because of insufficient funds or other cause;
- 2) pre-authorized payments have been declined for any reason; or
- 3) proof of payment cannot be established to the satisfaction of the Plan Administrator.

CLAIMS

1) **Notice of Claim**

To make a claim for benefits under this policy, notice of the claim must be submitted to World Access within thirty (30) days after the medical Emergency occurs, or as soon as is reasonably possible thereafter. A phone call to World Access to report the claim will be considered "Notice of Claim" under the terms of the policy.

Written proof of claim must be submitted within 90 days after the date of the medical Emergency, but not more than 12 months after the date of the medical Emergency. Written proof of claim will include the completion of any claim forms furnished by World Access, supported by original receipts, the attending Physician's report or statement, and any other form of documented evidence requested by World Access. In the event that the claim is reported to World Access by phone, and the provider of the treatment agrees to bill World Access directly for the eligible expenses, World Access will, where possible, obtain the documentation necessary to process the claim. If the Insured Person arranges treatment and pays the eligible expenses, they must provide the documentation indicated.

All documents necessary to support a claim must be provided to Manulife and / or World Access Canada at the Insured Person's expense.

2) **Co-ordination of Benefits With Other Plans**

Benefits payable under this policy shall be co-ordinated with any other coverage(s) and are payable in excess of all other benefits in effect on the Insured Person's behalf, so that payment under this policy and any other plan, including but not limited to the Insured Person's Government Health Insurance Plan, individual or group policy, credit card coverage or other insurance, shall not exceed 100 % of the eligible charges incurred.

3) **Right to Recover Payments**

If any benefit paid to or on behalf of the Insured Person is in excess of the amount allowed under the provisions of this policy, or if payment is made due to a clerical or administrative error, Manulife and / or World Access reserve the right to recover the amount of such payment from any Insured Person, institution, insurer or organization to whom payment was made.

In the event of a payment under this policy, Manulife and / or World Access has the right to proceed in the name of any Insured Person against third parties who may be responsible for giving rise to a claim under this policy. Manulife and / or World Access have full rights of subrogation. The Insured Person will execute and deliver such documents, and fully co-operate with Manulife and / or World Access, so as to allow Manulife and / or World Access or its designate, to fully assert its rights to subrogation. The Insured Person will not do anything after the loss to prejudice such rights.

CLAIMS

4) Authorization

As a condition precedent to the payment of benefits, Manulife and / or World Access shall have the authority to obtain all pertinent records or information from any Physician, Dentist, Dental Surgeon, practitioner, Hospital, clinic, insurer, individual or institution to assess the validity of a claim submitted by or on behalf of any Insured Person.

In the event of death of the Insured Person, Manulife and / or World Access may request an examination of the body, for identification purposes, subject to any law of the applicable jurisdiction relating to such examinations.

5) Assignment of Benefits

Where Manulife / World Access pay medical and / or Hospital expenses directly, this policy allows Manulife / World Access to recover eligible benefits from the Insured Person's Provincial Government Health Insurance Plan, and any other coverage he / she may have, monies that Manulife / World Access have advanced to others on the Insured Person's behalf. This policy also allows Manulife / World Access to receive in the Insured Person's name, and endorse and negotiate on his / her behalf these eligible payments. When the provincial Government Health Insurance Plan and other insurer payments have been made, this releases the Provincial Government Health Insurance Plan and other insurers from any further liability in respect of that eligible claim.

6) Limitation of Action

In the event of a claims dispute, an Insured Person must begin any legal action or proceeding against Manulife within 24 months of the date on which he / she returns to his / her province or territory of residence. All legal actions or proceedings must be brought in the Canadian province or territory in which the Insured Person permanently resides.

7) Proof of Day of Departure

In the event of a claim, the Insured Person will be required to provide proof of the Day of Departure from his / her province or territory of residence.

Proof of Day of Departure includes: a border crossing receipt, duty free receipt, airplane ticket or boarding pass, stamped passport, credit card receipt, signed and dated bank or financial institution documents, or any signed and dated document that proves the Insured Person was in his / her province of residence the day before the schedule Day of Departure.

8) Returning a Patient to their Province of Residence

The Company, through World Access, in consultation with the attending physician, reserves the right to return the sick or injured Insured Person to his or her province or territory of residence. If an Insured Person is able to return to their province or territory of residence following the diagnosis of, or emergency medical treatment and / or diagnosis of a medical condition which requires continuing medical care, treatment

CLAIMS

or surgery, and the Insured Person elects to have the treatment or surgery performed outside their province of residence, no benefits shall be payable with respect to such continuing treatment or surgery. The immediate availability of treatment or surgery on return to the province of residence is not the responsibility of the Company, World Access or the Plan Administrator.

IN THE EVENT OF A MEDICAL EMERGENCY

The Insured person must contact World Access directly when a medical Emergency arises, at their 24-hour Emergency Helpline:

World Access Canada Inc.

In Canada / U.S.A. call: 1-800-249-6556

Elsewhere call collect (519) 742-6683

Fax: (519) 742-8553

World Access will direct the Insured Person to the nearest appropriate medical facility. World Access will pay Hospitals and other medical providers directly, wherever possible, except when the Insured Person chooses to pay the expenses or when the medical care provider refuses to accept payment directly from World Access.

IMPORTANT TO REMEMBER!

To benefit from the assistance services available, the Insured Person must notify World Access when he / she have an Emergency and preferably before hospitalization or within 24 hours after admission to a Hospital. If the Insured Person is unable to do so because he / she is medically incapacitated, someone else must do so as soon as is reasonably possible.

The Administrator

If you require additional information, or if you have any questions concerning this RTAM Plan, please contact the RTAM Program Administrator, Johnson Inc.

Johnson Inc.

Suite 301, 12220 Stony Plain Road

Edmonton, AB T5N 3Y4

Johnson Website: www.johnson.ca

Johnson Inc. Group Services Department

Telephone: (780) 413-6536

Toll Free in North America: 1-877-989-2600

Fax: (780) 420-6082

8:30 a.m. to 4:30 p.m. MST, Monday through Friday

edmonton@johnson.ca

The Plan was developed by RTAM and Johnson Inc.
It is administered by Johnson Inc. and is
underwritten by Manulife Financial.