



**Manulife Financial Travel Insurance Confirmation**

<p><b>Insured: Ian Macarthur</b>                  5 Amelia St #4                  St Thomas, ON                  N5R 2X5                  Home Phone Number: (226)919-7041                  Work Phone Number:                  E-mail Address: imacarthur@rogers.com</p>	<p>Policy Number: <b>1C8090M</b>                  Effective Date: <b>Mar 03, 2011</b>                  Departure Date: <b>Mar 03, 2011</b>                  Expiry Date: <b>Mar 05, 2011</b>                  City of Departure: <b>Buffalo Ny</b>                  City of Destination: <b>New York, New York</b></p>						
<p>Policy Status: <b>Issued</b>                  Policy Issue Date: <b>Mar 02, 2011</b></p>	<p>Purchase Date: <b>Mar 02, 2011</b></p>						
<p><b>Single-Trip Emergency Medical</b>                  Rate Category: <b>Rate Category A</b>                  Total Number of Coverage Days: <b>3</b>                  Deductible Amount: <b>\$0 U.S.</b>                  Date of Birth: <b>Nov 19, 1957</b> (Age: <b>53</b>)</p>	<p>Bounce Back Benefit: <b>No</b>                  Travel Companion Savings: <b>No</b>                  Type of Coverage: <b>Single</b></p>						
<p><b>Your Premium</b></p> <table border="1" data-bbox="167 772 800 871"> <tr> <td colspan="2"><b>Single-Trip Emergency Medical</b></td> </tr> <tr> <td>Sub-Total Premium:</td> <td style="text-align: right;">\$8.97</td> </tr> <tr> <td><b>Total Premium Due:</b></td> <td style="text-align: right;"><b>\$8.97</b></td> </tr> </table>	<b>Single-Trip Emergency Medical</b>		Sub-Total Premium:	\$8.97	<b>Total Premium Due:</b>	<b>\$8.97</b>	<p><b>Payment Method</b>  <b>By Credit Card</b>                  Card Type: <b>Master Card</b>                  Card Number: <b>*****9669</b>                  Expiry Date: <b>****</b>                  Cardholder's Name: <b>John Macarthur</b></p> <p><i>Please Note:</i> Coverage will not take effect if the premium is not received, not honoured for any reason or your credit card charges are invalid or if no proof of your payment exists.</p>
<b>Single-Trip Emergency Medical</b>							
Sub-Total Premium:	\$8.97						
<b>Total Premium Due:</b>	<b>\$8.97</b>						
<p><b>Please Note:</b> In an emergency, please call The Assistance Centre at 1-888-881-8010 from the USA or Canada OR 1-519-945-8346 collect from anywhere in the world before seeking medical attention. This policy may limit benefits should you fail to do so. <b>A pre-existing medical condition exclusion applies to your policy. Please refer to your policy booklet for the one that applies to your policy.</b></p>							
<p><b>Terms And Conditions</b></p> <p><b>Important.</b> You have applied for travel insurance offered by The Manufacturers Life Insurance Company (Manulife Financial). If you applied for the Visitors to Canada Plan, you must have been at least 18 years of age. If you have purchased a plan for travel outside of Canada and are at least 55 years of age, the medical questions that you were asked when you applied for coverage, as well as your responses, are listed above. Please review your response to each question. It is your responsibility to be aware of all your medical conditions, to ensure that your answer to each question is true, and to read and understand the benefits, limitations, conditions and exclusions (including those related to pre-existing medical conditions) of the Manulife Financial Travel Insurance policy that apply to your coverage and whose terms will prevail. If, at the time of claim, it is discovered that any question was not answered truthfully and accurately and there is material misrepresentation, it will result in the non-payment of any claim; your policy will be null and void; and your premium will be returned.</p> <p><b>Notice on Privacy and Confidentiality.</b> The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife Financial 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 Financial 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 the office of our administrator. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, PO Box 4262, Stn A, Toronto, ON M5W 5T4.</p> <p><b>Authorization and Revocation:</b> In order to service you better, we may review the Manulife Financial products and services you have used in order to tell you about other products and services through direct mail, telephone and other means. If you do not want us to do this, please advise us by emailing us at <a href="mailto:travel@manulife.com">travel@manulife.com</a> or writing to: Manulife Financial, Travel Insurance, P.O. Box 4262, Stn A, Toronto, ON M5W 5T4.</p>							
<p><b>Information Verification</b></p> <p>When you purchased this Policy, you indicated your agreement with the following terms and conditions:</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> You understand that in applying for coverage under this policy, it is your responsibility to be aware of all your medical conditions and that all your answers to all the questions in this application must be true up to and including the time of your application for this insurance. If, at the time of claim, it is discovered that any question is not answered truthfully and accurately, it will result in the non-payment of any claim; your policy will be null and void; and your premium will be refunded. You represent that the answers to the medical questions are accurate.</li> <li><input checked="" type="radio"/> You understand that coverage under this Policy is subject to certain limitations and exclusions and agree with the terms and conditions as detailed in the Policy.</li> </ul> <p style="text-align: right;">Policy Number: 1C8090M</p>							