

**New Immigrants' / Visitors' Medical Insurance
21 st Century Travel Insurance Plan
(Frequently Asked Questions)
(Updated May 16, 2011)**

WHO?

Question: Who is the insurance company?

Answer: It is The Manufacturers Life Insurance Company (“Manulife Financial”), a leading Canadian-based financial services company operating in 19 countries and territories worldwide. It is the largest public company and largest insurance company in Canada, the second largest in North America and the fifth largest in the world based on market capitalization as at April 27, 2004. Pro forma funds under management by Manulife Financial (Manulife Financial Corporation and its affiliated companies) were Cdn. \$355.90 billion as at March 31, 2004. You may visit www.manulife.ca for details.

Question: Who is the plan administrator?

Answer: It is 21st Century Travel Insurance Ltd., a specialist in travel health insurance with its head office in Cobourg, Ontario.

Question: Who are you?

Answer: We are Fok’s Insurance Agency, a division of 1216251 Ontario Inc., an authorized broker for the 21st Century Travel Insurance Plan since 1989. We are located at Unit 25-145 Royal Crest Court, Markham, Ontario, Canada, at the North East corner of Warden Ave. and 14th Ave. (For our other services, please click to HomePage).

Question: Who is **not eligible for the coverage**?

Answer: Applicants who have any of the following conditions are not eligible for the coverage:

- (1) A “Physician” has advised “You” not to travel;
- (2) Have been diagnosed with a terminal illness with less than 2 years to live;
- (3) Have a Kidney condition requiring dialysis; and/or
- (4) Have used home oxygen during the 12 months prior to the date of application.

HOW?

Question: Do I need to go to your office to purchase the insurance?

Answer: No, to save you a trip, you may just click here: “**I want to buy the insurance**”, or

- Call us at 905-480-9993, or 416-229-9076 or 1-800-811-9988. It just takes about 5 minutes to process your insurance.
- Fax us your instruction at 905-480-9939, or
- Email us at admin@fok.ca

Of course, you are most welcome to come to our office. Your insurance policy will be issued immediately.

WHAT?

Question: What is covered under this insurance?

Answer: In general, it covers doctor's consultation fees, prescription medicine up to \$500 for outpatients, X-rays, ultrasounds and laboratory tests requested by a "Physician" up to a maximum of \$1,000 for out-patients, ambulance expenses in case of accident or emergency, hospitalization, emergency treatment to natural teeth to a maximum of \$300 in one year (For details please click "Brochures – Sample of Policy")

Question: Any deductible?

Answer: Yes, there is a \$50 deductible **per policy** for insured who are under age 85; \$500 deductible for an insured person who is age 86 and over. Another option, you may choose "\$0" deductible, with additional 5% per person premium surcharge; or choose \$250 deductible option with 10% reduction to the base rate. The "\$0" deductible option and the \$250 deductible option apply to insured persons who are under age 85 only.

Question: What is "Disappearing Deductible"?

Answer: There is a new option since May 16, 2011. This disappearing deductible option is available to any applicant, of any age, ***who purchases the coverage limit of \$25,000 or \$50,000.*** All other deductibles are waived (including the \$500 for age 86+) and replaced with a \$2,500 deductible that applies to each sickness-related claim when eligible expenses are \$2,500 or less. When eligible expenses for a sickness-related claim exceed \$2,500, the deductible is waived ("disappears") and eligible expenses will be reimbursed from the first dollar, i.e. \$0 deductible become applicable. For injury-related claims, the deductible is waived. Applicants who select the "Disappearing Deductible" option receive a premium discount of 30% when \$25,000 policy limit is purchased or 25% discount if \$50,000 policy limited purchased.

Question: What is not covered under this insurance?

Answer: In general, the insurance does not cover the recurrence of any sickness or injury that has occurred during the 180 days prior to the effective date of each insurance policy, including a renewal policy. There are some other exclusions such as regular check up, routine pre-natal care, routine childbirth, war, self inflicted injury, mental or emotional disorder, children 30 days of age or younger, acquire or repair eyeglasses or hearing aids, etc. (For details please click "Brochures – Sample of Policy")

Question: What if the insured has high blood pressure or diabetes?
Answer: Please click “Brochures, under Exclusion No. 1, **STABLE Chronic Condition.**

For **age 60 to 85** on the policy “effective date”, the insured can choose to be covered under Premium Rate Table (1), which means **ANY Pre-existing Conditions will be excluded.** Or, he / she can choose to complete a “**Medical Declaration**” to determine eligibility for coverage on “**Stable Chronic Condition**” under Premium Rate Table (1). If all answers on the “Medical Declaration” are “NO”, then the insured person is eligible, for an extra premium, Premium Rate Table (1) will apply. If not eligible to cover the **STABLE Chronic Condition**, then Premium Rate Table (2) – Standard Coverage will apply.

The **STABLE chronic illness** is covered if it is under treatment and has been controlled by diet or consistent use of medication prescribed by a physician, and,

- there have been no new symptoms or change in symptoms; and/or
- there has been no hospitalization or change in treatment, medication or dosage in the 180 days prior to the effective date of this policy. (Please view “Brochures – Definitions” for details).

For **age 86 and over**, the applicant must complete the “Medical Declaration” to determine eligibility for coverage. Chronic illness is **NOT** covered, and Premium Rate Table (2) will apply.

Question: How do you know that the present illness is not a chronic illness?
Answer: At the time of a claim, your doctor will be requested to fill out an “Attending Physician’s Statement” (Please click at “Forms” to obtain a copy).

Question: What if the insured has a toothache?
Answer: Emergency treatment to natural teeth (excluding fillings) and repairs to dentures or other dental devices, are covered up to a maximum of \$300 during any 12-month period. For unexpected direct external accidental blow to the face, the insurance will cover up to a maximum of \$1,000.

Question: The insured is now pregnant, is there any coverage for her?
Answer: It only covers some complications of pregnancy that happens outside the 9-week period before or after the expected date of delivery. Pregnancy must start after effective date of policy. For details, please refer to the General Exclusion and Limitations – No.6 in the policy sample).

Question: The insured person is 83 years of age, do you insure her at this age?

Answer: Yes. Insured persons who are under 85 years old are insured under Table 1 which covers “Stable Chronic Condition” or Table 2 which DO NOT INCLUDE CHRONIC CONDITIONS. If insured cover under Table 1, he / she must complete a “Medical Declaration” to determine eligibility for coverage. (Please click “Forms” to obtain the “Medical Declaration”).

For age up to 85, maximum coverage period per policy is up to 365 days (extendable).

For age 86 and older, maximum coverage period is the first 180 days after the insured’s arrival date.

Question: If the insured travels to other country outside Canada, will he/she be covered under this insurance?

Answer: Yes, side trips to other countries before, during or after the visit to Canada are covered. You are covered up to 15 days at the beginning and 15 days at the end, subject to the overall 30-day maximum, and at least 51% of the overall time insured with us must be spent in Canada.

Question: What is the minimum coverage period?

Answer: One day. The premium of the insurance is calculated on a daily basis. You can choose to cover for whatever number of days you need. The minimum charge is \$25 per policy.

Question: Can I just purchase the insurance for a couple of days?

Answer: Yes. You may even purchase the insurance for 1 day, but there is a minimum charge of \$25 per policy. So even if your daily premium is \$1.61, you are required to pay \$25.

Question: Are there any other hidden charges and taxes?

Answer: No. There are no other charges and no taxes for this insurance.

Question: What kind of information do you need if I decided to purchase the insurance?

Answer: We need: (1) The insured’s name; (2) Date of birth; (3) Date of entry to Canada; (4) Status in Canada, e.g. Visitor / New Immigrant / Return Canadian / Student / Work etc. (5) Country of Origin; (6) Address and contact telephone number in Canada; (7) Coverage amount (Aggregate Coverage Limit); (8) Effective and expiry dates of the insurance; (9) The name of a contact person in Canada.

Question: Do I get an insurance card?

Answer: Yes. In the confirmation package that we send to you by mail, there is an insurance card with emergency contact telephone numbers.

Question: Any additional benefit?

Answer: Yes. You are covered for \$10,000 of Accidental Death and Dismemberment (some conditions apply) at no extra charge.

WHEN?

Question: What is the best time to purchase the insurance?

Answer: You may purchase at any time before or after the arrival of the insured person.

Question: What is the difference between “before” and “after” the arrival?

Answer: If you purchase **BEFORE** the arrival:

- both accident and sickness benefits will become effective immediately upon his/her arrival.

- coverage will also be provided during any period in transit from the time of departure from the insured’s country of origin for his/her uninterrupted trip directly to Canada. An uninterrupted flight shall include a stop-over provided that the insured has not left the airport.

If you purchase **AFTER** the arrival:

- there will be a waiting period for the sickness benefits.

Question: How long is the waiting period for the sickness benefits?

Answer: If you purchase **WITHIN 30 DAYS** upon arrival: the waiting period is 72 hours.

If you purchase **31 OR MORE DAYS** after the insured’s arrival: the waiting period is 7 days. The “Waiting Period” means you will only be entitled to receive reimbursement for the cost of “insured services” incurred 72 hours or 7 days or more following the “Effective Date” of the policy.

If the insured person is 86 years old and over, the waiting period for sickness benefits is 15 days, following the effective date of the policy.

Question: Do I need to pay the premium during the waiting period?

Answer: Yes. The insured has accident medical benefits during the waiting period. The waiting period only temporarily excludes coverage for sickness.

Question: Why should I pay for something for which I do not have coverage?

Answer: There is no sickness coverage during the waiting period, but the accident coverage starts immediately at the effective time of the insurance.

Question: What if I have coverage from other insurer in the first part of my trip in Canada, and I want to change to your plan?

Answer: If you have coverage with another insurer during the first part of your trip in

Canada, if you are purchasing this insurance after your arrival in Canada and there is no gap in your coverage, you are required to complete a “Special Consideration Form” (Please click to “Form” to obtain this form) to declare and prove that you have other coverage in force prior to the purchasing of our plan, and apply to have the waiting period waived. It takes 2 - 3 business days to approve. Upon approval, both the sickness and accident coverage will start immediately on the effective date of our plan.

Question: The insured has not decided how long he/she will stay in Canada, what is your suggestion?

Answer: You may initially purchase this insurance for the expected number of days that the insured intends to stay in Canada and extend it before the insurance expires. If you purchase for a longer period and the insured decides to leave Canada earlier, you may apply for the early cancellation of the policy, but some conditions will apply.

Question: What are the early cancellation conditions that I need to know?

Answer: (1) There will be a \$25 administrative charge for the early cancellation; (2) There must be no claim on the insurance or no intention to submit a claim; (3) Copy of return flight ticket together with the insurance policy must be returned to us; (4) A written confirmation stating that there is no claim, signed by either the sponsor or the insured is required. (You may fax the written confirmation and the copy of return flight ticket to us at our fax no. 905-480-9939). Refund of unused premium will apply starting from the following day upon our receipt of your written confirmation. No refund will be made following the expiry date of the policy.

Question: How will it affect the coverage if I renew the insurance on a monthly basis in order to avoid the early cancellation?

Answer: It is up to you to decide on the number of days you require for the insurance, but we suggest that you purchase the insurance for as long as you need it, because the 180 days preexisting condition exclusion will apply to each renewed policy.

Question: Is there any administration fee for policy renewal?

Answer: No.

Question: Can I still apply for a renewal after I have submitted a claim?

Answer: Yes, but the pre-existing conditions in the previous policy will not be covered under the renewed insurance because it falls under the 180 days preexisting condition exclusion.

Question: Will the premium be raised because I have submitted a claim?

Answer: No, there is no increase of premium after claims.

Question: What coverage amount should I choose?

Answer: There are several options that you can choose from, but we suggest that you

purchase the maximum coverage available.

Question: What is the advantage of choosing the highest coverage?

Answer: The advantages are: (1) In case the insured is admitted to a hospital, the hospital room rate ranges from \$2,000 to \$3,500 per day. This rate does not include medication or doctors' fees. (2) You will enjoy peace of mind, because you are protected from falling into heavy debts because of an unexpected event. (3) If you choose to purchase the \$100,000 coverage, you will automatically get insured for an additional \$50,000, of up to a total of \$150,000 for covered expenses as a result of an accidental bodily injury.

Question: Do you offer family rate?

Answer: Yes, children are covered for free. **All family members must be under age 60.** The premium is calculated at twice the oldest applicant's total premium and you must list all "family" applicants in the application. A "family" is defined as 3 or more parent(s) or legal guardian(s) and their unmarried children under age 21 who are visiting Canada with them and re dependent on them for their sole means of support.

Question: Do you offer any discount if I buy for a longer period?

Answer: No. The rates are flat for whatever period of coverage. It is **ILLEGAL** to offer rebate or discount according to The Insurance Act in Ontario and is prohibited by the Registered Insurance Brokers of Ontario (RIBO).

Premium Payment

Question: Do I need to pay the premium upfront?

Answer: Yes, the insurance will not be in force unless full premium is paid in advance.

Question: How do I pay the premium?

Answer: You may either pay by advising us your VisaCard or MasterCard number and the expiry date, or by depositing the premium into our account No. **233-5206192** with any TD Canada Trust Bank near you. After you have made the deposit, we request that you fax the deposit receipt to us for our records. Our fax No. is **905-480-9939**.

Question: How do you know that I have paid the premium?

Answer: The policy is issued online while the transaction on your credit card is processed at the same time the policy is issued. If you pay by direct deposit, you are requested to fax us a copy of the deposit receipt to our fax No. 905-480-9939.

Question: Do I get a receipt from the payment?

Answer: If you choose to pay by credit card, the authorization number for the transaction is shown on the policy confirmation. We will also provide you with a receipt upon request. If you choose to pay by direct deposit, the bank will give you a deposit receipt.

Question: Can I pay the premium by Electronic Transfer of Funds to your account?

Answer: Yes, after the transfer, please fax us the bank transaction confirmation to our fax number (905) 480-9939.

Premium Refunds

Question: If the insured decides to leave Canada earlier, can I cancel the policy and get a refund?

Answer: Yes, you will get a refund for the un-used premium by applying for an early cancellation of the policy. Some conditions apply: (1) There will be a \$25 administrative charge for the early cancellation; (2) There must be no claim on the insurance or no intention to submit a claim; (3) Copy of return flight ticket together with the insurance policy must be returned to us; (4) A written confirmation stating that there is no claim, signed by either the sponsor or the insured is required. (You may fax the written confirmation and the copy of return flight ticket to us at our fax no. 905-480-9939). Refund of unused premium will apply starting on the following day upon our receipt of your written confirmation. No refund will be made following the expiry date of the policy. (For details, please click “Brochures-Highlights”)

CLAIMS?

Question: Do I pay first when I go to see a doctor?

Answer: Yes, usually you pay first and collect official receipts to support your claims. Remember to bring the “Attending Physician Statement” for the doctor’s signature.

Question: What if I cannot afford to pay the hospital fees?

Answer: You may choose to arrange with the insurance company to settle directly with the hospital. (You may call us at 905-480-9993, or 416-229-9076, or 1-800-811-9988; or call the Emergency Claims at 1-877-882-2957).

Question: Should I send the claim documents to you?

Answer: Yes, you may send the claims documents to us so that we can forward them to the insurer. Alternatively, you may send them directly to 21st Century Visitor’s Claims, c/o Manulife Financial at P.O. Box 4262, Stn A, Toronto, Ontario M5W 5T4. The address also appears on the inside back cover of your insurance policy; and your wallet card.

Question: What documents are needed to support a claim?

Answer: There are 5 documents: (1) the completed Attending Physician's Statement, (2) the Claim Form, (Please click at "Forms" to view or print), (3) all the originals of the medical receipts, (4) a copy of the insured's passport or flight ticket showing the date of entry to Canada, and (5) copy of all your insurance policies.

Question: How soon do I expect to receive the reimbursement?

Answer: All claims have to be reported 30 days since initial doctor's consultation; and all documents should be arrived the Claims Department within 60 days of the initial consultation. The reimbursement usually takes about 4 to 6 weeks upon receipt of all necessary documents by the insurer.

*These “Frequently Asked Questions”
are provided to help you understand the important features of
the 21st Century Travel Insurance Visitors to Canada Medical Plan.*

*For a detailed description of this insurance,
please refer to “Brochures”.*

Any other questions?

Call us at 905-480-9993 (3 lines)

Toronto Line: 416-229-9076 or

Across Canada Toll-Free No.: 1-800-811-9988.

We shall be pleased to explain to you over the telephone.

Want to buy the insurance now?

Please visit: <http://fok.ca/english/buynow.php>!

Thank you!