



Manulife Financial Travel Insurance Confirmation

PERSONAL INFORMATION

Insured: Mrs. Christine Buczkowski
Address: 307-162 Martindale Rd , St. Catharines, ON L2S 3S4
Primary Phone Number: (905)684-7967
E-mail Address: jxb@tiac.net

POLICY

Policy Number: MFTI102786020 Effective Date: Dec 11, 2025 Arrival date: Dec 11, 2025 Expiry Date: Dec 17, 2025 Country or District of Residence: CANADA Policy Status: Issued Policy Issue Date: Dec 10, 2025 Purchase Date: Dec 10, 2025	Type of Coverage: Single Total Number of Coverage Days: 7 Coverage: \$150,000 Deductible Amount: \$0 Date of Birth: Aug 14, 1962 (Age: 63) Sex: Male
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YOUR PREMIUM

- Single Trip Emergency Medical - Plan A	
Base Premium:	\$53.34
Deductible:	\$2.67
	\$56.01
Sub-Total Premium:	\$56.01
Total Amount Paid:	\$56.01

PAYMENT METHOD

Credit Card	
Card Type:	MasterCard
Card Number:	*****7692
Expiry Date:	****
Cardholder's Name:	John Buczkowski

Please Note: 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.

Please Note: In an emergency, please call The Assistance Centre at 1-877-878-0142 from the USA or Canada OR 1-519-251-5166 collect from anywhere in the world before seeking medical attention. This policy may limit benefits should you fail to do so. **A pre-existing medical condition exclusion applies to your policy. Please refer to your policy for the one that applies to you.**

MEDICAL QUESTIONNAIRE

Medical Questionnaire

1. **Have you** had heart bypass or valve surgery more than ten (10) years ago?
No
2. **Do you** have BOTH diabetes (for which you require the use of medication) AND a heart condition?
No
3. **Have you ever** received an organ transplant?
No
4. **In the past 2 years, have you:**
 - a) been prescribed or taken Lasix or furosemide for any condition; and/or
 - b) had congestive heart failure; and/or
 - c) required treatment with oxygen or prednisone (or other oral steroid medication, not including puffers) for a lung condition?**No**
5. **In the past 12 months, have you:**
 - a) started treatment for and/or been diagnosed with a heart attack; stroke; transient ischemic attack (TIA); mini-stroke; or internal bleeding; and/or
 - b) been diagnosed with cancer, or received chemotherapy or radiotherapy or any other treatment of cancer; and/or
 - c) been hospitalized for 24 hours or more for a gastrointestinal disease or disorder?**No**

Pre-Existing Medical Condition Exclusion

We will not pay any expenses relating to:

- any medical condition, diagnosed or undiagnosed, which existed or for which you sought or received medical advice, consultation, investigation, or for which treatment was required or recommended by a physician, within the 180 days prior to the effective date;
- any heart condition if, in the 180 days before the effective date, you required any form of nitroglycerine for the relief of angina pain; and/or
- any lung condition, if in the 180 days before the effective date, you required treatment with oxygen or prednisone for a lung condition.

TERMS AND CONDITIONS

Important. You have applied for travel insurance offered by The Manufacturers Life Insurance Company (Manulife). If you were asked medical questions when you applied for coverage, the questions 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 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.

Notice on Privacy and Confidentiality. The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife 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 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, Manulife, P.O. Box 1602, Del. Stn. 500-4-A,

INFORMATION VERIFICATION

By purchasing this Policy, you indicate your agreement with the following terms and conditions:

☒ 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.

☒ 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.