

Section E - Declaration / Authorization / Signature

- This Authorization will permit Manulife and/or Global Excel Management ("Global Excel") to use the disclosed information for the purpose of determining my eligibility for coverage under my travel insurance policy and discuss any aspect of the adjudication of my claim with Manulife and its affiliates.
- I hereby authorize any doctor, hospital or facility providing medical or health-related services (any of which is a "Provider"), and any other insurer to release and exchange with Manulife and/or Global Excel or its representative, any information that is required to process this claim.
- **Attention to Travel Service Providers:** I hereby authorize and direct that you release to Manulife or its representative any and all information you have regarding my travel or use of your travel services for the purpose of determining my eligibility for coverage under my travel insurance policy.
- **Notice:** The provincial legislation in some provinces requires us to inform you that the time limit for taking legal action is set out in the Insurance Act or other legislation that applies to your claim.
- I assign to Manulife any benefits payable from any other sources for losses covered under this policy, and I authorize and direct such payors to forward payment directly to Manulife and/or Global Excel.
- A photocopy of this authorization shall be considered as effective and valid as the original for the purpose of obtaining further information to process this claim.
- I authorize Global Excel to deposit all personal claim payments directly to the account indicated on this form.
- **I certify that the statements and particulars given herein together with those on any accompanying documents or telephone interviews relating to my claim are complete, true and correct to the best of my knowledge.**

Manulife and Global Excel are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information will be used for the purpose of providing you with the requested insurance services. Your personal information may also be used to contact you about your customer experience and/or to participate in market research. For a copy of the privacy policies, please visit: www.manulife.ca and www.globalexcelservices.com.

Insured Name: _____	
Insured Signature: _____	Date ____ / ____ / ____ (M/D/Y)

If I am not the Insured Person:

- **Use this section if you are completing the claim form on behalf of someone else.**
- In providing this authorization to collect personal information about the Insured Person relating to this claim, I the undersigned do hereby certify that I have appropriate permission from the Insured Person to authorize the collection, use and disclosure of their personal information as authorized above and that the Insurer and its agents and reinsurers may rely and act upon my authorization.
- In the event that the person receiving medical services is an unemancipated child, as defined by the laws of the province of my permanent residence, I hereby state that I am the parent/legal guardian and that the authorization described above applies to his/her medical records.

Authorized Person's Name: _____	
Relationship to the Insured Person: _____	
Authorized Person's Address: _____	
Authorized Person's Signature: _____	Date ____ / ____ / ____ (M/D/Y)



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THiA) want you to know your rights.

THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden Rules of travel insurance:

- Know your health • Know your trip • Know your policy • Know your rights

For more information, go to www.thiaonline.com/Travel_Insurance_Bill_of_Rights_and_Responsibilities.html