

## AHS Board and Executive Expense Report

**Name** Dr. Blair O'Neill  
**Title** ACMO Strategic Clinical Networks  
**Location** Edmonton

Expenses submitted during the month of April 2016

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-16	Expense Claim	Meetings				255	255			
Apr-16	Direct Billing	Meetings	852				852			
<b>Total</b>			\$ 852	\$ -	\$ -	\$ 255	\$ 1,107	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,107

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ -  
 Non economy air travel in the month \$ -

### 1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

### 2) Professional Development

Includes conference, seminar and course registration fees and material

### 3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
O'NEILL, BLAIR	ACMO, Strategic Clinical Networks	Edmonton	254.74

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/16/2016	To and From Airport		Mileage	43.68	Edmonton	Edmonton	To and from airport. Flight to Calgary to Chair the SMDs and SDs Dinner	1			84
4/12/2016	AIHS SPOR Meeting	AB - Local	Parking - Lot or Parkade	18.00			Parking to attend the AIHS SPOR Meeting at Bell Tower	1			
4/14/2016	Provincial Tumour Council Meeting	AB - Other Zones	Taxi	9.43			travelled to Calgary the night before to attend/present the Provincial Tumour Group Council meeting April	1			
4/15/2016	Provincial Tumour Council Meeting	AB - Other Zones	Taxi	53.76			Taxi from Sheldon M Chumir Health Centre, Calgary to Calgary Airport. Attended and presented at the Provincial Tumour Group Council Meeting	1			
4/20/2016	Alberta Health Advisory Committee Meeting	AB - Local	Parking - Lot or Parkade	40.00			Attend in person Alberta Health Advisory Committee Meeting and Robotic Assisted Surgery Meeting at ATB Place	1			
4/21/2016	Department of Surgery Retreat	AB - Other Zones	Car Rental	89.87			Rental Car to Drive to Banff to attend and present at the Department of Surgery Retreat in Banff, AB.	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
BELANGER, FRANCOIS		Approve		7-Jun-16							

Taxi to Dinner

(1)

CHECKER/YELLOW CAB  
316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

Merchant ID: 432765VN

Driver ID: 2053

Record Num.: 0002

Sale

Application Label: SCOTIABANK VISA

[Redacted]

AID: A0000000031010

VISA Entry Method: Chip

Amount: \$ 8.20

Tip: \$ 2.00

Total: CAD\$ ~~10.20~~

2016/04/14 20:31:40

Resp Code: 00

TVR: 0000000000  
TSI: F000

Inv# [Redacted]

Appr Code: [Redacted]

Apprvd: Online

Batch#: [Redacted]

TRN Ref #:

306106091007611

Validation Code:

SFSV

\$9.43

Taxi to Airport (2)

ALLIED/ASSOCIATED CAB  
307 41 AVENUE NE T2E2N4  
CALGARY AB  
21640631

iiii PURCHASE iiii

04-15-2016 13:13:09

Acct # [Redacted] C

Exp Date [Redacted] Card Type VI

Name: DR BLAIR J OHEILL

A0000000031010 SCOTIABANK VISA

Trace # [Redacted]

Inv. # [Redacted]

Auth # [Redacted] KRN 001003054

Purchase \$46.75

Tip \$7.01

Total \$53.76

(00) APPROVED-THANK YOU

Retain this copy for your records  
Customer copy

403-299-9555  
www.calgarylimo.com

Provincial Tumour Council Mtg  
April 15/16

ALHS-Sparky

Welcome to Lot 493  
BELL TOWER PARKADE

MANAGED BY  
IMPARK  
RECEIPT C2

3

ENTRY TIME:  
04/12/16 14:09  
EXIT TIME:  
04/12/16 16:16  
PARK-DUR.: HRS:MIN  
0:02:07  
AMOUNT:  
\$ 18.00

KIND OF PAYMENT:  
VISA

[REDACTED]

REF. 49  
GST No. 887315638RT  
0006

THANK YOU FOR  
PARKING WITH US

AACNT-4

ATB PLACE  
GST: 887315638RT001  
RECEIPT C1

IN: 20.04.16 07:22  
PAY: 20.04.16 14:25  
AMOUNT: \$ 40.00

----- TRANSACTION  
RECORD -----

Card # [REDACTED]

Card Entry: CHIP  
Account: VISA  
Trans: PURCHASE  
Amount: \$40.00

Auth # [REDACTED]  
Sequence #: 000027

Term ID: 002  
Date: 16/04/20  
Time: 14:24:46

APPROVED

BY ENTERING A VERIFIED  
PIN, CARDHOLDER  
AGREES TO PAY ISSUER  
SUCH TOTAL IN  
ACCORDANCE WITH ISSUERS  
AGREEMENT WITH  
CARDHOLDER

Application Label:  
SCOTIABANK VISA  
TVR: 0080008000  
AID: A0000000031010  
TSI: F800  
TC: F528894AA0637092

\*\*\* CUSTOMER  
COPY \*\*\*

-----  
Thank you for  
Visiting!

OWNER OF VEHICLE:  
BRANCH ADDRESS:

<b>YEAR</b> 2012	<b>RENTAL TYPE</b>	<b>SOURCE#</b>	<b>ID.#</b>	<b>RENTAL AGREEMENT NO</b> <b>D</b>
<b>YEAR</b> 2012	<b>RENTER</b>			
<b>START CHARGES IF DIFFERENT</b>				
<b>ORIGINAL VEHICLE</b>				
<b>COLOUR</b>	<b>LICENCE NO.</b>			
<b>MODEL</b>	<b>UNIT#</b>			
<b>KILOMETRES</b>	<b>IN</b>	<b>COMPANY</b>		<b>DATE</b>
<b>OUT</b>	<b>ATTN:</b>		<b>EXT.</b>	
<b>DRIVEN</b>				
<b>CONDITION AND FUEL LEVEL AGREED TO</b>				
<b>NO DAMAGE</b>				
<b>PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE PROVINCE OF RENTAL, AND THE FOLLOWING PROVINCE(S) OR STATES:</b>				
<b>OPERATION IN ANY OTHER PROVINCE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.</b>				
<b>RENTER DECLINES OPTIONAL DAMAGE WAIVER (DW) AND ASSUMES DAMAGE RESPONSIBILITY. SEE PARAGRAPH 9.</b>				
<b>RENTER REQUESTS OPTIONAL DAMAGE WAIVER (DW) AT DAILY FEE SHOWN IN COLUMN TO RIGHT. RENTER IS RELIEVED OF RESPONSIBILITY ACCORDING TO AMOUNT INSTALLED. SEE OPTIONAL PRODUCT NOTICE TO LEFT AND PARAGRAPH 16 FOR FURTHER DETAILS. DW IS NOT INSURANCE.</b>				
<b>RENTER: X Declines DW</b>				
<b>FRONT WINDSHIELD ONLY (16A)</b>				
<b>RENTER: X Accepts DW</b>				
<b>RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE/PERSONAL EFFECTS COVERAGE (PA/PEC). SEE PARAGRAPH 9 AND 10.</b>				
<b>RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE/PERSONAL EFFECTS COVERAGE (PA/PEC) AT DAILY FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 17.</b>				
<b>RENTER: X Declines PA/PEC</b>				
<b>RENTER: X Accepts PA/PEC</b>				
<b>RENTER DECLINES OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP).</b>				
<b>RENTER ACCEPTS OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT DAILY FEE SHOWN IN COLUMN TO LOWER RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 18.</b>				
<b>RENTER: X Declines RAP</b>				
<b>RENTER: X Accepts RAP</b>				
<b>OPTIONAL PRODUCTS NOTICE: OUR CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, AS OPTIONAL PRODUCTS: DAMAGE WAIVER, PERSONAL ACCIDENT INSURANCE, PERSONAL EFFECTS COVERAGE AND ROADSIDE ASSISTANCE PROTECTION. BEFORE DECIDING WHETHER TO PURCHASE ANY OF THESE PRODUCTS YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE OR CREDIT CARD PROVIDES YOU COVERAGE DURING THE RENTAL PERIOD. THE PURCHASE OF ANY OF THESE OPTIONAL PRODUCTS IS NOT REQUIRED TO RENT VEHICLE.</b>				
<b>LIABILITY FOR LOSS BY ACCIDENT: PRIORITY OF AUTOMOBILE INSURANCE COVERAGE IS SUBJECT TO PROVINCIAL LAW. IF APPLICABLE, OWNER'S COVERAGE IS SUBJECT TO LIMITATIONS AND RESTRICTIONS. SEE PARAGRAPHS 7 &amp; 8.</b>				
<b>ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, WHICH CONSISTS OF PAGES 1 THROUGH 4. I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE "RENTER" UNDER THIS AGREEMENT. BY SIGNING BELOW I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVER'S LICENCE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.</b>				
<b>REPLACEMENT VEHICLE</b>				
<b>JE RECONNAIS AVOIR RECU LA VERSION FRANCAISE DE CE CONTRAT. PAGES 1 A 4.</b>				
<b>RENTER: X</b>				
<b>DATE</b>				
<b>OWNER REP X</b>				
<b>EMPL#</b>				
<b>WILL RETURN CAR BY:</b>				
<b>DEPOSIT(S):</b>				
<b>DATE</b>	<b>TIME</b>	<b>AMOUNT</b>	<b>PAID BY</b>	<b>DATE PAID</b>
<b>RENTER IS RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH HIGHWAY TRAFFIC ACT VIOLATIONS, PARKING INFRACTIONS, TOLL FEES, RED LIGHT CAMERA VIOLATIONS, IMPOUND FEES, PLUS AN ADMINISTRATIVE FEE.</b>				
<b>TOTAL CHARGES</b>				
<b>DEPOSITS</b>				
<b>REFUNDS</b>				
<b>AMOUNT DUE</b>				
<b>CLOSED BY</b>				
<b>PAID BY</b>	<b>CASH</b>	<b>CHEQUE</b>	<b>CHARG</b>	
<b>RECEIPT OF CASH REFUND</b>	<b>DATE</b>	<b>AMOUNT</b>	<b>RECEIVED BY</b>	

4

Received from  
[Signature]

DW OR RAP \$9.00/day

RAP \$4.00/day \$8.00/day

Fuel charge \$1.00/litre

\$25.00  
\$89.57

NO DAMAGE IS OCCURRED  
[Signature]

## Expense Report Direct Bill Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

### Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

<b>Name :</b> Dr. Blair O'Neill	<b>Reporting Period for the Month of :</b> Apr-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Mar-2016	Direct Billing	Airline Ticket	Travel to Calgary to Chair Senior Medical Directors & Scientific Directors Meetings. Invoice ██████ (Used credit we had - \$16 is additional fare and \$100 fee for rebooking)	Marlin Travel	116.92
14-Apr-2016	Direct Billing	Airline Ticket	Travel to Calgary to Present at Provincial Tumour Group Council Meeting. Invoice # ██████	Marlin Travel	353.78
21-Apr-2016	Direct Billing	Airline Ticket	Travel to Calgary to Present at the Department of Surgery Retreat in Banff, AB. Invoice # ██████	Marlin Travel	381.68
<b>Total Paid in the Month</b>					<b>\$ 852.38</b>

Calgary - for Senior Medical Directors  
and Scientific Directors

Mtg.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:


February 26, 2016

1/2

# INVOICE

For  
DR BLAIR ONEILL  
AC

Wednesday, March 16, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 16Mar16

Flight: 8147 G CLASS  
01:50 PM Equipment: DH4  
02:44 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION  
TICKET NUMBER  
SEAT 2C

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 16Mar16

Flight: 8160 G CLASS  
08:40 PM Equipment: DH4  
09:32 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION  
TICKET NUMBER  
SEAT 3D

Cost:

AIR CANADA WE		16.92
AIR CANADA WE		100.00

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: February 26, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	116.92
<b>Less Credit Card Payments:</b>	116.92
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



Travel to Calgary to attend  
Provincial Tumour Group  
Council Mtg.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 24, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For:  
DR BLAIR ONEILL  
AC [REDACTED]

Thursday, April 14, 2016

Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 14Apr16

Flight: 8153 G CLASS  
06:40 PM Equipment: D8 (300 SERIES)  
07:35 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3A

Friday, April 15, 2016

Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 15Apr16

Flight: 8156 G CLASS  
02:25 PM Equipment: DH4  
03:15 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3A

Cost:

AIR CANADA W [REDACTED] 278.82  
Tax: 74.96  
Ticket Total: 353.78

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 24, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	353.78
<b>Less Credit Card Payments:</b>	353.78
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Travel to Calgary to present  
@ Department of Surgery  
Retreat in Banff.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: April 18, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For  
DR BLAIR ONEILL  
AC [REDACTED]

Thursday, April 21, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 21Apr16

Flight: 8143 V CLASS  
12:40 PM Equipment: D8 (300 SERIES)  
01:35 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

[REDACTED]

you  
el + get  
receipt  
for this

per diem meal

Friday, April 22, 2016

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: April 18, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Friday, April 22, 2016

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 22Apr16  
AIR CANADA E  
AIR CANADA CONFIRMT [REDACTED]  
TICKET NUMBE [REDACTED]  
SEAT 6D

Flight: 8152 V CLASS  
04:35 PM Equipment: DH4  
05:25 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA [REDACTED]

306.72

Tax: 74.96

**Ticket Total: 381.68**

**Total:**

**Grand Total: 381.68**

**Less Credit Card Payments: 381.68**

**Credit / Balance Due To This Invoice: 0.00**

**Total Balance Due: 0.00**

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
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