

Don't forget your  
Wallet Card

NAME:	
POLICY #:	
PLAN TYPE:	
START DATE:	
EXPIRY DATE:	



## CAA | Travel Insurance

### TYPE OF COVERAGE PURCHASED:

- Multi-Trip Plan
  - 4 Day
  - 8 Day
  - 15 Day
  - 30 Day
- Multi-Trip Vacation Package Plan
  - 15 Day
  - 30 Day
- Canada Plan
- Emergency Medical Insurance
- Non-Medical Vacation Package Plan
- Trip Cancellation & Interruption Insurance
- Vacation Package Insurance
- Visitors to Canada Insurance
- Rental Vehicle Damage Insurance

### Questions about your policy?

Visit your nearest CAA Service Centre  
Call us at **1-800-561-8807**  
Visit us online at **atlantic.caa.ca**

CAA Travel Insurance  
24/7 CAA Assistance

**1-866-288-2161** In Canada and Mainland US  
**+1-519-988-7040** Collect from anywhere else

Please contact CAA Assistance for emergency assistance, medical management, coordination of benefits and to arrange direct billing with a healthcare provider.  
Aetna participating providers may file directly: Provider Service 1-800-414-0596.

# aetna<sup>SM</sup> PPO

Payor ID: 60054  
Group #: 863962-41-100  
Address: P.O. Box 30259, Tampa, FL 33630-3259

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# CAA Travel Insurance



## Policy

Effective April 8, 2018



## Travel Insurance

Auto Club | Travel | Insurance | Rewards

ATL-01 (04/18)

# aetna<sup>SM</sup> PPO

Payor ID: 60054

Group #: 863962-41-100

Address: P.O. Box 30259, Tampa, FL 33630-3259

CAA Customer Assistance (24/7): 1-866-288-2161 (from Canada & Mainland US)

Medical Providers: 1-800-414-0596  
Aetna Participating Providers: File Directly

**ORION**  
TRAVEL INSURANCE COMPANY

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## ELIGIBILITY

**You are not eligible for any coverage under this policy if:**

- a. **you have been diagnosed with a *terminal illness* for which a *physician* has estimated you have less than six months to live;**
- b. **you have been advised by a *physician* against travel at this time;**
- c. **you require kidney dialysis;**
- d. **you have ever had a bone marrow or organ transplant (except cornea transplant);**
- e. **you have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last five years;**
- f. **you have been prescribed or taken home oxygen for a lung condition in the last 12 months.**

## IN THE EVENT OF AN EMERGENCY, PLEASE CALL *CAA ASSISTANCE* IMMEDIATELY:

At first onset of symptoms of a *medical emergency* and before you seek *medical treatment*, please contact *CAA Assistance*, however, if you are unable to do so because you are medically incapacitated, you or someone else must contact *CAA Assistance* as soon as is reasonably possible.

<b>COUNTRY</b>	<b>TOLL-FREE NUMBER</b>
<b>in CANADA &amp; mainland U.S.</b>	<b>1-866-288-2161</b>
Australia	0011-800-8877-9000
Costa Rica	00 800-8877-9000
Dominican Republic	1-800-203-9591
Jamaica	1-800-204-0004
Mexico	001-800-248-8561
New Zealand	00 800-8877-9000
South Africa	00 800-8877-9000
Thailand	001-800-8877-9000
UK	00 800-8877-9000
<b>Call Collect From Anywhere Else</b>	<b>+1-519-988-7040</b>
<b>Email if Calling is Not Possible</b>	<b>orionassistance@acmtravel.ca</b>

If you do not notify *CAA Assistance*, benefits payable under this *policy* will be limited to:

- a. in the event of *hospitalization*, 80% of eligible expenses based on *reasonable and customary costs* to a maximum of \$25,000 CAD; and
- b. in the event of out-patient medical consultation, a maximum of one (1) visit per *sickness* or *injury*.

You will be responsible for the payment of any remaining charges.

## 10 DAY RIGHT TO EXAMINE

Please take the time to read your *policy* and review all of your coverage(s). If you have any questions, you may contact us at 1-800-561-8807. You may cancel this *policy* within 10 days of purchase if you have not departed on your *trip* and there is no claim in progress.

## Toll-free 24/7 CAA Assistance Canada & mainland U.S. 1-866-288-2161

Australia	Jamaica	South Africa
0011 800-8877-9000	1-800-204-0004	00 800-8877-9000
Costa Rica	Mexico	Thailand
00 800-8877-9000	001-800-248-8561	001 800-8877-9000
Dominican Republic	New Zealand	United Kingdom
1-800-203-9591	00 800-8877-9000	00 800-8877-9000

Call collect from anywhere else **+1-519-988-7040**  
Email if calling is not possible **orionassistance@acmtravel.ca**

Please contact CAA Assistance for emergency assistance, medical management, co-ordination of benefits and to arrange direct billing (where possible) with a health care provider.

**In the event of a claim, please contact CAA Assistance immediately or your benefits under your policy may be limited.**

**Extensions or Top-Ups must be requested before policy expires, provided there are no claims. Please call 1-800-561-8807 to request an Extension or Top-Up.**

CAA Travel Insurance is underwritten by Orion Travel Insurance Company. Certain exclusions, limitations and restrictions apply. Subject to change without notice.  
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# Table of Contents

Summary of Plans Available.....	2
Family Coverage .....	3
Important Information About This <i>Policy</i> .....	4
General Conditions.....	5
General Exclusions.....	5
Emergency Medical Insurance .....	6
Visitors to Canada Insurance.....	16
Package Plans .....	22
<i>Trip</i> Cancellation & Interruption Insurance .....	24
Travel Accident Insurance .....	33
Baggage Insurance .....	36
Rental Vehicle Damage Insurance .....	38
Extensions and <i>Top-Ups</i> .....	41
Refunds.....	42
<i>CAA Assistance</i> .....	43
How to File a Claim.....	45
Definitions .....	47
General Terms of Agreement.....	51
Statutory Conditions .....	54

# Summary of Plans Available

**Summary of Plans Available** – This is a summary only – for complete details, please refer to the applicable section of the *policy*.

PLAN TYPE	INSURANCE COVERAGE											
<b>MEDICAL PLANS</b>	<b>COVERAGE MAXIMUM</b>	<b>FAMILY COVERAGE</b>	<b>MAXIMUM AGE AT APPLICATION</b>	<b>PRE-EXISTING MEDICAL EXCLUSION</b>	<b>MAXIMUM TRIP DAYS</b>	<b>EMERGENCY MEDICAL</b>	<b>VISITORS TO CANADA</b>	<b>/INFANT PROTECTION</b>	<b>HOLIDAY PROTECTION</b>	<b>TRIP CANCELLATION &amp; INTERRUPTION</b>	<b>TRAVEL ACCIDENT</b>	<b>BAGGAGE</b>
Single Trip, Canada, Multi-Trip and Top-Up	Up to \$5 Million*	✓	All Ages	✓	**	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Visitors to Canada	Up to \$25,000	✓	85	✓	365	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	Up to \$50,000	✓	85	✓	365	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	Up to \$100,000	✓	85	✓	365	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
NON-MEDICAL PLANS	Up to \$150,000	✓	69	✓	365	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	<b>COVERAGE MAXIMUM</b>	<b>FAMILY COVERAGE</b>	<b>MAXIMUM AGE AT APPLICATION</b>	<b>PRE-EXISTING MEDICAL EXCLUSION</b>	<b>MAXIMUM TRIP DAYS</b>	<b>EMERGENCY MEDICAL</b>	<b>VISITORS TO CANADA</b>	<b>/INFANT PROTECTION</b>	<b>HOLIDAY PROTECTION</b>	<b>TRIP CANCELLATION &amp; INTERRUPTION</b>	<b>TRAVEL ACCIDENT</b>	<b>BAGGAGE</b>
Trip Cancellation & Interruption	Up to <i>Sum Insured</i>	Not Available	All Ages	No Pre-Existing Medical Exclusion	365	Not Covered	Not Covered	Not Covered	Not Covered	✓	Not Covered	Not Covered

# Summary of Plans Available

PACKAGE PLANS	COVERAGE MAXIMUM	FAMILY COVERAGE	MAXIMUM AGE AT APPLICATION	PRE-EXISTING MEDICAL EXCLUSION	MAXIMUM TRIP DAYS	EMERGENCY MEDICAL	VISITORS TO CANADA	INFANT PROTECTION	HOLIDAY PROTECTION	TRIP CANCELLATION & INTERRUPTION	TRAVEL ACCIDENT	BAGGAGE
Multi-Trip Vacation Package and Top-Up	Up to Sum Insured	✓	59	✓	**	Up to \$5 Million*	Not Covered	✓	\$750	\$5,000/ Trip To Maximum \$7,000/Year	✓	Up to \$1,000 / Trip To Maximum of \$3,000/Year
		✓	60 to 84	✓	63	Up to \$5 Million*	Not Covered	✓	\$750	\$5,000/ Trip To Maximum \$7,000/Year	✓	Up to \$1,000 / Trip To Maximum of \$3,000/Year
Single Trip Vacation Package	Up to Sum Insured	✓	59	✓	**	Up to \$5 Million*	Not Covered	✓	\$750	Up to Sum Insured	✓	Up to \$1,000
		✓	60 to 84	✓	63	Up to \$5 Million*	Not Covered	✓	\$750	Up to Sum Insured	✓	Up to \$1,000
Non-Medical Vacation Package	Up to Sum Insured	✓	All Ages	No Pre-Existing Medical Exclusion	365	Not Covered	Not Covered	Not Covered	\$750	Up to Sum Insured	✓	Up to \$1,000

## FAMILY COVERAGE

Family coverage, for three or more family members, is available to you if all family members to be insured under one policy are listed on your Declaration Page and you have purchased and paid for family coverage. The family coverage insures you, your spouse, your child(ren) and grandchild(ren) for the plan purchased. Please refer to Family Definition on page 48 for family member eligibility.

- \* Maximum \$25,000 if at time of claim: a) your GHIP coverage has lapsed; and/or b) you did not have GHIP authorization to cover your trip days exceeding the days GHIP covers outside your province or territory of residence.

\*\* Maximum trip days may not exceed the period for which your GHIP covers you or 365 days, whichever is the lesser. Coverage may never extend beyond 365 days from departure date or effective date.

## Pre-Existing Medical Condition Exclusion

Please refer to the following pages for complete details on the Pre-Existing Medical Condition Exclusion applicable:

- Emergency Medical - page 13 and 14
- Vacation Packages - page 14
- Visitors To Canada - page 20

## Important Information About This Policy

### Canadian Life and Health Insurance Association

#### Important Notice - Please Read Carefully

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your policy* before *you* travel as *your* coverage may be subject to certain limitations and exclusions.
- A pre-existing exclusion may apply to medical conditions and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your policy* and how it relates to *your departure date*, date of purchase or *effective date*.
- In the event of an accident, *injury* or *sickness*, *your* prior medical history may be reviewed when a claim is reported.
- If *your policy* provides travel assistance, *you* will be required to notify the designated assistance company prior to treatment. *Your policy* may limit benefits should *you* not contact the assistance company within a specific time period.

**Please read this *policy* carefully before you travel.**

This *policy* contains a provision removing or restricting the right of the *Insured* to designate persons to whom or for whose benefit insurance money is to be payable.

**This *policy* covers losses resulting from unforeseen and emergent circumstances only. It contains terms, limitations, conditions and exclusions, general and specific, that may restrict benefits payable.**

#### **PLEASE READ THIS POLICY**

**It is *your* responsibility to read this *policy* carefully before you travel, particularly the sections relating to the insurance coverage(s) *you* have purchased. Some of the terms may limit the benefits payable to *you*.**

Check *your Declaration Page* for the insurance coverage(s) *you* have purchased, then refer to the coverage description(s) using the Table of Contents at the beginning of this *policy*.

By following the instructions in the section How to File a Claim beginning on page 45, *you* can speed up the assessment and, where applicable, payment of *your* covered eligible expenses.

Throughout this *policy* *you* will notice that certain terms are brought to *your* attention with italics. These terms are explained in the Definitions section beginning on page 47. Pay particular attention to these definitions as the *Insurer* has given a very specific meaning to these terms.

#### **CARRY THE INSURANCE CARD AND THIS *POLICY* WITH YOU**

*You* will be provided with a wallet-size insurance card that provides important emergency telephone numbers that ***you must call*** in the event of a claim and ***before receiving medical treatment***. Carry this card with *you* at all times and bring this *policy* with *you* when travelling.

## General Conditions

These general conditions apply to all insurance coverages under this *policy*.

1. Premium rates and *policy* terms and conditions are subject to change without prior notice.
2. The *Insurer* reserves the right to decline an application for insurance or an extension or *Top-Up*.
3. This insurance must be issued in Canada and must be purchased prior to the *departure date* or *effective date*.
4. Coverage may never extend beyond 365 *days* from the *departure date* or *effective date*.
5. If insurance coverage is purchased in a manner other than as stated in this *policy*, this *policy* shall be null and void and the *Insurer's* sole liability will be limited to the refund of the premium paid.
6. If any benefit is duplicated under a similar benefit, another insurance coverage in this *policy* or another of *our* policies, or under similar coverage with another insurer, the maximum *you* are entitled to is the largest amount specified under any one benefit or insurance coverage. The total amount paid to *you* from all sources cannot exceed the actual expense *you* incur.
7. Where not specified, airfares are one-way and economy class.

## General Exclusions

These general exclusions apply to all insurance coverages under this *policy*.

No coverage shall be provided under this *policy* and no payment shall be made for any claim resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following:

1. Any loss resulting when *you* are a driver, the operator, a co-driver, a crew member or any other passenger on a commercial vehicle used for the purpose of delivering goods or carrying a load. This exclusion is not applicable when the commercial vehicle is used during *your trip* solely for pleasure purposes and not used for delivering goods or carrying a load.
2. Noncompliance with prescribed *medical treatment* or therapy.
3. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
4. Commission or attempted commission of a criminal, criminal-like, illegal or negligent act by *you*. This exclusion is not applicable to Insured Risk #30, BounceBack, under Trip Cancellation & Interruption Insurance.
5. Expenses for which no charge would normally be made in the absence of insurance.
6. *Any act of war*.
7. Any loss resulting from a specific or related medical condition which *you* contracted in a country during *your trip* when, before *your effective date*, a Travel Advisory Notice was issued by Global Affairs Canada advising Canadian residents to avoid all non-*essential travel* or to avoid all travel to that country, region or city
8. Despite any provision to the contrary within this *policy* or any amendment thereto, this *policy* does not cover any liability, loss, cost or expense whatsoever which is directly or indirectly caused by, resulting from, arising out of or in connection with any *acts of terrorism* perpetrated by biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.

# Emergency Medical Insurance

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• May be purchased separately or as part of a Package Plan.</li> <li>• Purchase is subject to Eligibility on the inside front cover.</li> <li>• Applicants <i>age</i> 60 and over must complete a <i>Medical Questionnaire</i>, no longer than six months before the <i>departure date</i> or <i>effective date</i> to determine eligibility. A <i>Medical Questionnaire</i> is not required for Single Trip Vacation Package with a <i>Sum Insured</i> up to \$20,000 per <i>Insured</i>. For Single Trip Vacation Package with a <i>Sum Insured</i> exceeding \$20,000 per <i>Insured</i> a <i>Medical Questionnaire</i> is required, regardless of <i>age</i>.</li> <li>• You must be a Canadian resident covered by a government health insurance plan (<i>GHIP</i>) for the full duration of the <i>trip</i>.</li> </ul>
<b>Coverage Starts</b>	<b>The latest of:</b> <ul style="list-style-type: none"> <li>• The date <i>you</i> leave <i>your</i> Canadian province or territory of residence; or</li> <li>• The <i>departure date</i>, start date or <i>effective date</i> shown on <i>your Declaration Page</i>.</li> </ul>
<b>Coverage Ends</b>	<b>The earliest of:</b> <ul style="list-style-type: none"> <li>• The date <i>you</i> return to <i>your</i> Canadian province or territory of residence; or</li> <li>• The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	<ul style="list-style-type: none"> <li>• <b>No maximum age</b> if purchased separately.</li> <li>• <b>Age 84</b> if purchased as part of Single Trip Vacation Package, Multi-Trip Vacation Package, <i>Top-Up</i> to Multi-Trip Vacation Package.</li> </ul>
<b>Maximum Benefit</b>	<p>Up to \$5 million. Maximum \$25,000 for all Emergency Medical Insurance benefits if at time of claim:</p> <ol style="list-style-type: none"> <li><i>your GHIP</i> coverage was lapsed; and/or</li> <li><i>you</i> did not have <i>GHIP</i> authorization to cover <i>your trip days</i> exceeding the <i>days GHIP</i> covers outside <i>your</i> province or territory of residence.</li> </ol>
<b>Maximum Trip Days Including Extension or Top-Up</b>	<ul style="list-style-type: none"> <li>• <b>365 Days with GHIP approval</b> – Single Trip, Canada, Multi-Trip, Vacation Package <u>Under Age 60</u> and Multi-Trip Vacation Package <u>Under Age 60</u>.</li> <li>• <b>63 Days</b> – Single Trip Vacation Package <u>Age 60 to 84</u> and Multi-Trip Vacation Package <u>Age 60 to 84</u>.</li> </ul>

## PLANS AVAILABLE

**SINGLE TRIP PLAN** - Provides coverage for travel outside *your* Canadian province or territory of residence.

**CANADA PLAN** - Provides coverage **within Canada only**, for travel outside *your* Canadian province or territory of residence.

**MULTI-TRIP PLAN** - Provides coverage for multiple individual *trips* outside *your* Canadian province or territory of residence for up to 4, 8, 15 or 30 *days* each *trip*, based on the Multi-Trip Plan duration *you* have purchased. An individual *trip* begins when *you* leave *your* province or territory of residence and ends when *you* return to *your* province or territory of residence.

If *you* leave Canada several times during an individual *trip* (without returning to *your* province or territory of residence) *your* Multi-Trip Plan *days* start again each time *you* leave Canada.

When *you* are outside Canada for any period of time that exceeds the Multi-Trip Plan *days* *you* have purchased, a *Top-Up* will be required.



## Emergency Medical Insurance

If *your* individual trip days are entirely within Canada, but outside *your* province or territory of residence, a *Top-Up* is not required. See Automatic Extension of Coverage on page 41, item 2.

*You* are not required to provide advance notice of the *departure date* and *return date* of each individual *trip*. However, *you* will be required to provide evidence of *your departure date* and *return date* when filing a claim (for example, airline ticket, customs or immigration stamp or other receipt).

For an individual *trip* to be covered under the benefits of the Multi-Trip Plan, it must start and end within the period of coverage.

If an individual *trip* begins during the period of coverage but extends beyond the expiry date, *you* can purchase:

- *Top-Up* coverage for any travel *days* that fall after the expiry date; or
- a new Multi-Trip Plan for the next 365 *day* period

The total duration of *your* individual *trip* cannot exceed the maximum *trip* length of the coverage duration *you* have purchased for *your* Multi-Trip Plan, unless it is topped up.

**TOP-UP** - A *Top-Up* can be added to *your* Multi-Trip Plan to extend the total individual *trip days* outside Canada that exceed the Multi-Trip Plan duration *you* have purchased, or to *Top-Up* another insurer's policy.

If *you* are topping up another insurer's policy, it is *your* responsibility to confirm with that insurer that a *Top-Up* is permitted on *your* existing policy with no loss of coverage.

Please note that the benefits, terms, conditions and exclusions of that other insurer's policy may not be the same as this *policy*.

### CANADIAN PROVINCIAL OR TERRITORIAL GOVERNMENT HEALTH INSURANCE PLAN (GHIP) LONG STAY REQUIREMENT.

Canadian provincial and territorial government health insurance plans limit the maximum *days* *you* can travel outside Canada and remain covered by *your* GHIP. Please review *your* GHIP for details.

For *trips* exceeding the maximum *days* covered by *your* GHIP, *you* must obtain written authorization from *your* GHIP that *your* GHIP coverage will remain in effect for *your* entire *trip* duration. If *you* do not obtain GHIP authorization, then any *trip days* exceeding *your* GHIP maximum number of allowable *days* are subject to a maximum total benefit of \$25,000 for all Emergency Medical Insurance benefits.

### MEDICAL QUESTIONNAIRE

The completed *Medical Questionnaire* (if applicable) is the basis of and forms part of this insurance *policy*. In the event of an accident, *injury* or *sickness*, *your* prior medical history will be reviewed as part of the claim process.

It is important that *you* immediately notify *your* CAA Travel Professional at 1-800-561-8807, or if *you* purchased coverage online, the *Insurer* at [info@atlantic.caa.ca](mailto:info@atlantic.caa.ca) if any inaccuracy exists so that *you* can take immediate action to complete a new and accurate *Medical Questionnaire*.

If it is found that *you* have not answered any question asked in the *Medical Questionnaire* truthfully and accurately at time of application, *you* will be responsible for the first \$5,000 of any claim, in addition to any Deductible applicable to *your* *policy*. *You* will also be required to pay the additional premium necessary based on true and accurate answers to the *Medical Questionnaire*, otherwise no future coverage will be provided under this *policy*.

# Emergency Medical Insurance

## TEMPORARY RETURN TO *YOUR* CANADIAN PROVINCE OR TERRITORY OF RESIDENCE

Emergency Medical Insurance is not in effect while *you* are in *your* Canadian province or territory of residence. However, if *you* choose to return to *your* Canadian province or territory of residence for a short stay within *your* period of coverage, five *days* or less, *you* may do so without terminating *your* original *policy* and requiring a new *policy*. The pre-existing medical condition exclusion stability requirement will be effective as outlined in this *policy* for the insurance coverage described on *your Declaration Page*. No refund of premium is available for the *days* while *you* are in *your* Canadian province or territory of residence.

## INSURED RISKS

This insurance provides payment for the *reasonable and customary costs* incurred by *you* for emergency *medical treatment* for a *medical emergency* occurring outside *your* Canadian province or territory of residence during the *trip*. Such expenses must be in excess of those reimbursable by *your GHIP* and by any other insurance policy or health plan (group or individual) under which *you* are entitled to benefits.

## DEDUCTIBLE

The *Insurer* will pay eligible expenses for losses incurred in excess of the Deductible amount, as shown on *your Declaration Page*, per *Insured*, per covered condition or event.

## BENEFITS

The following benefits are payable as part of a covered *medical emergency* to a maximum of \$5 million per *Insured* insofar as such services are emergent, unforeseen and *medically necessary* as per the terms and conditions of this *policy*:

### 1. **Emergency Medical Treatment:**

- a. *Hospital* accommodation up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*). If coverage expires during *your hospitalization*, benefits continue to a maximum of 365 *days* from *your departure date* or *effective date*, or until *you* are deemed medically able to travel in the opinion of the Medical Director of *CAA Assistance*, whichever is earlier;
- b. *Physicians' fees*;
- c. Laboratory tests and X-rays prescribed by the attending *physician* and approved in advance by *CAA Assistance*. Note: This *policy* does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by *CAA Assistance*;
- d. Private duty nursing (other than by an *immediate family member*) during *hospitalization* when ordered by the attending *physician* and approved in advance by *CAA Assistance*;
- e. Local licensed ground ambulance service to the nearest *hospital, physician* or medical service provider in the event of a *medical emergency* (also covers local taxi fare in lieu of local ground ambulance service where an ambulance is *medically necessary*);
- f. Drugs requiring a prescription by a *physician*, excluding those necessary for the continued stabilization of a chronic medical condition;
- g. Casts, splints, trusses, braces, crutches, rental of wheelchair or other minor medical appliances when prescribed by a *physician* and approved in advance by *CAA Assistance*; and
- h. Treatment by a chiropodist, chiropractor, osteopath, physiotherapist, or podiatrist (other than an *immediate family member*), including X-rays, when approved in advance by *CAA Assistance*.

# Emergency Medical Insurance

## 2. Emergency Dental Expenses:

### Reimbursement of:

- a. emergency dental treatment (other than by an *immediate family member*) at *trip* destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided *you* consult a *physician* or dentist immediately following the *injury*;
- b. necessary emergency dental treatment (other than by an *immediate family member*), described in a. above, that must be continued upon return to *your* Canadian province or territory of residence, provided treatment is completed within 180 *days* from the date of the accident, to a maximum of \$2,000; and
- c. other emergency dental treatment (other than by an *immediate family member*) at *trip* destination (excluding root canal treatment), to a maximum of \$500.

## 3. Hospital Allowance:

*You* are entitled to a *hospital* allowance of up to \$50 per *day* to a maximum of \$2,000 for *your* incidental expenses (for example, long distance calls, television rental) while *hospitalized* for at least 48 hours. This benefit will be paid as a lump sum after *your* release from *hospital* and upon approval of *your* claim.

## 4. Return of Vehicle :

When approved in advance by *CAA Assistance*:

- a. reasonable expenses for the return of *your* private or rental *vehicle* in the event of *your* medical incapacitation, *hospitalization*, death on a *trip* following *your* *hospitalization* or accidental death; or
- b. repatriation of the *Insured* if private *vehicle* is stolen or inoperative due to an accident.

## 5. Family Transportation:

When approved in advance by *CAA Assistance*, a return economy airfare for an *immediate family member* or a close friend to attend *your* bedside (upon the recommendation of the attending *physician*) provided the *hospitalization* lasts at least three consecutive *days*. This benefit is provided immediately if *you* are mentally or physically handicapped, or under 26 years of *age* and dependent for support on the visiting *immediate family member*.

The person attending *your* bedside will be covered under the same terms and conditions of *your* CAA Emergency Medical Insurance. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be **reimbursed** to a maximum of \$1,500, subject to a limit of \$300 per *day*.

## 6. Subsistence Allowance:

When approved in advance by *CAA Assistance* and in the event that:

- a. *your return date* is delayed due to *sickness* or *injury* of an accompanying *family member* or *travel companion*, or *yourself*; or
- b. an accompanying *family member* or *travel companion* or *you* must be relocated for the purpose of obtaining treatment for a *medical emergency*, *you* are eligible for a subsistence allowance of \$350 per *day* after the *return date* or relocation date to a maximum of \$3,500 for commercial accommodation and meals, laundry, essential taxis and telephone calls. If *sickness* or *injury* delays *your* return more than 10 *days* beyond the *return date*, the subsistence allowance will only be paid upon submission of proof that *you* or the accompanying *family member* or *travel companion* was admitted and confined to a *hospital* for at least 72 hours within the 10 *day* period.

# Emergency Medical Insurance

## 7. Medical Repatriation:

When approved in advance and arranged by *CAA Assistance*:

- up to the cost of a one-way economy airfare to *your* Canadian province or territory of residence; or
- the fare for additional airline seats to accommodate a stretcher to return *you* to *your* Canadian province or territory of residence; or
- where *medically necessary*, air ambulance (paid in advance) to the nearest appropriate *hospital* or to a *hospital* in *your* Canadian province or territory of residence for the purpose of obtaining immediate *medical treatment*; or
- repatriation to the point of departure in economy class of one *travel companion* or one *family* member in the event of *your* medical repatriation; and
- up to \$900 subsistence allowance, subject to a limit of \$300 per *day*, will also be provided for commercial accommodation and meals, essential taxis and telephone calls for one *travel companion* or one *family* member if *you* are relocated to a place other than *your* point of departure; and
- fees for a qualified medical attendant (other than an *immediate family member*) to accompany *you* to your Canadian province or territory of residence when recommended by the attending *physician* and approved in advance and arranged by *CAA Assistance*. This includes return economy airfare and overnight lodging and meals (where necessary).

## 8. Return Excess Baggage:

When approved in advance by *CAA Assistance*, up to \$500 for the return of *your* excess baggage. This benefit is payable if *you* are returned to *your* departure point by *us* by any medical repatriation or in the event of *your* death on a *trip* following *your* *hospitalization* or accidental death.

## 9. Domestic Services:

When *you* have been repatriated under Benefit #7, page 10 and when approved in advance by *CAA Assistance*, **reimbursement** up to a maximum of \$250 per *policy* for domestic services such as housekeeping to *your* principal residence.

## 10. Medical Follow-up in Canada:

When *you* have been repatriated under Benefit #7, page 10 after being *hospitalized* during *your* *trip*, the following is covered in *your* Canadian province or territory of residence within 15 *days* of the repatriation:

- semi-private room in a *hospital* or rehabilitation centre or convalescent home up to \$1,000;
- home nursing care when medically required up to \$50 per *day* for up to 10 *days*;
- up to \$150 for the rental of crutches, standard walker, canes, trusses, orthopaedic corset, oxygen; and
- up to \$250 for ambulance or taxi services to receive medical care.

## 11. Escort of Insured Child(ren):

When approved in advance by *CAA Assistance* in the event an *Insured* parent or legal guardian (on the *trip*) must be medically repatriated or *hospitalized*:

- organization, escort and payment up to the cost of a one-way economy airfare for the return of *Insured child(ren)* or grandchild(ren). This benefit is limited to *child(ren)* or grandchild(ren) under the *age* of 19 unless the *child(ren)* or grandchild(ren) is mentally or physically handicapped; or
- reimbursement** for services of a *caregiver* (other than an *immediate family member*) contracted by *you* for *your* *Insured child(ren)* or grandchild(ren). This benefit is limited to *child(ren)* or grandchild(ren) under the *age* of 19 unless

## Emergency Medical Insurance

the *child(ren)* or grandchild(ren) is mentally or physically handicapped.

Provision of an attendant will be arranged by *CAA Assistance*.

### 12. Child Care:

When approved in advance by *CAA Assistance* in the event their parent or legal guardian is attending the bedside of an *Insured* who is *hospitalized* at their *trip* destination, **reimbursement** of up to \$1,000 for child care provided in *your* Canadian province or territory of residence by someone other than an *immediate family member*. This benefit is limited to child(ren) or grandchild(ren) under the age of 19 unless the child(ren) or grandchild(ren) is mentally or physically handicapped.

### 13. Non-Medical Emergency Evacuation:

Emergency mountain, sea or other remote location evacuation of *you* to the nearest accessible point by professional services up to \$5,000.

### 14. Return to Trip Destination:

When approved in advance by the Medical Director of *CAA Assistance*, a one-way economy airfare for *you* to be returned to *your trip* destination, within *your* period of coverage, after *you* are returned to *your* Canadian province or territory of residence for immediate *medical treatment* provided *your* attending *physician* determines that *you* require no further treatment for *your medical emergency*. Once *you* return to *your trip* destination, a recurrence of the *sickness* or *injury* which caused the initial *medical emergency*, or any problems or complications related thereto, will not be covered under this *policy*.

### 15. Return of Remains:

Subject to prior approval by *CAA Assistance* in the event of *your* death on a *trip* following *your hospitalization* or accidental death, **reimbursement** of:

a. the actual cost incurred for:

i. preparation of the deceased *Insured*; and

ii. return of the deceased *Insured* in the *common carrier's* standard transportation container to the scheduled point of departure; or

b. up to \$5,000 for burial or cremation at the place of death.

No benefit is payable for the cost of a headstone, casket, urn and/or funeral services expenses.

In addition, and subject to prior approval of *CAA Assistance*, return transportation for an *immediate family member* or close friend to identify the deceased *Insured*. The person identifying the deceased *Insured* will be covered under the same terms and conditions of *your* CAA Emergency Medical Insurance, but for no longer than three *days*. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be **reimbursed** to a maximum of \$300 per *day* to a maximum of three *days*.

### 16. Pet Return:

When approved in advance by *CAA Assistance*, **reimbursement** up to a maximum of \$500 for one-way transportation of *your* pet(s) (domestic dog(s), *service animal(s)* and/or cat(s) only) to *your* Canadian province or territory of residence in the event *you* are *hospitalized* at *your trip* destination and cannot return on *your return date* or *you* are returned to *your* Canadian province or territory of residence by any repatriation or death benefit provided by this *policy*.

### 17. Pet Care:

When approved in advance by *CAA Assistance*, **reimbursement** up to a maximum of \$300 for emergency veterinary services in the event *your* pet(s) (domestic dog(s), *service animal(s)* and/or cat(s) only) suffers an accidental bodily injury while accompanying *you* during *your trip*.

# Emergency Medical Insurance

## 18. Commercial Kennel Costs:

When approved in advance by *CAA Assistance*, **reimbursement** to a maximum of \$100 per *policy* for commercial kennel costs for *your* pet(s) (domestic dog(s), *service animal(s)* and/or cat(s) only) when *you* are not able to return on *your* return date.

## 19. Prescription Assistance:

Assistance to co-ordinate replacement at *your trip* destination of lost or stolen essential prescription medication (excluding birth control pills or other non-vital prescription medication). Costs of replacement will be *your* responsibility.

## 20. Vision Care:

**Reimbursement** up to \$300 for the replacement at *your trip* destination of prescription eyeglasses due to theft, loss or breakage during *your trip* and assistance to co-ordinate the replacement.

## 21. Hearing Aid:

**Reimbursement** up to \$200 for the replacement at *your trip* destination of a hearing aid due to theft, loss or breakage during *your trip* and assistance to co-ordinate the replacement. Does not include batteries or ear molds.

## 22. Terrorism Coverage:

*You* are entitled to **reimbursement** of covered expenses when an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this *policy*.

## 23. Message Centre:

Leave urgent messages with *CAA Assistance* in the event that awkward time zones or telephone difficulties prevent *you* from contacting home. Leave urgent messages as a contact point for *travel companions* if *you* lose touch with one another. Phone numbers are located on the inside front cover and page 43.

## 24. Urgent Messages:

Transmission of urgent messages to family and/or employer by multilingual *CAA Assistance* co-ordinators.

## CONDITIONS

In addition to the General Conditions described on page 5, Emergency Medical Insurance is subject to the following conditions:

1. In the event of a *medical emergency*, please call *CAA Assistance* immediately or *your* benefits under this *policy* may be limited. Phone numbers are located on the inside front cover and page 43.
2. In the event of an *injury* or *sickness*, *your* prior medical history will be reviewed as part of the claim process.
3. A new *Medical Questionnaire* is required for an extension or *Top-Up* to determine eligibility and premium. Application for an extension or *Top-Up* must be made prior to the expiry date of *your policy*.
4. If the *Insurer* pays *your* health care provider or reimburses *you* for covered expenses, it will seek reimbursement from *your GHIP* and from any other medical reimbursement plan under which *you* may have coverage. *You* may not claim or receive in total more than 100% of *your* total covered expenses.
5. *CAA Assistance* must approve in advance any surgery or invasive procedure (including, but not limited to, cardiac catheterization), prior to the *Insured* undergoing such procedure. It remains *your* responsibility to inform *your* attending *physician* to call *CAA Assistance* for approval

# Emergency Medical Insurance

in advance, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

6. During a *medical emergency* (whether prior to admission or during a covered *hospitalization*), the *Insurer* reserves the right to:
  - a. transfer *you* to one of *our* preferred health care providers; and/or
  - b. return *you* to *your* Canadian province or territory of residence, for the *medical treatment of your sickness or injury*. If *you* choose to decline the transfer or return when declared medically able by the Medical Director of *CAA Assistance*, the *Insurer* will be released from any liability for expenses incurred for such *sickness or injury* after the proposed date of transfer or return.
7. The *Insurer* is not responsible for the availability, quality or results of any *medical treatment* or transportation, or the *Insured's* failure to obtain *medical treatment or hospitalization*.
8. Once *you* are deemed medically able to return to *your* Canadian province or territory of residence (with or without a medical escort) either in the opinion of the Medical Director of *CAA Assistance* or by virtue of discharge from *hospital*, *your medical emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the *medical emergency* will no longer be eligible for coverage under this *policy*.
9. Any benefits payable for *acts of terrorism* are excess to all other recovery sources including, but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers* and other insurance coverage (even when such coverage is described as excess) and are payable only after *you* have exhausted all such other recovery sources.

Any benefits payable are subject to an overall aggregate maximum limit relating to all in-force travel policies issued by *us*, including this *policy*. Coverage is available for up to two *acts of terrorism* within a calendar year and the maximum payable for each *act of terrorism* is \$8 million.

If total claims resulting from one or more *acts of terrorism* exceed the applicable aggregate maximum limit stated above, then each *Insured* is entitled to his/her pro rata share of such aggregate maximum limit. If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable aggregate maximum limit, *your* prorated claim will be paid after the end of the calendar year in which *you* qualify for benefits.

## EXCLUSIONS

In addition to the General Exclusions described on page 5, no coverage shall be provided under Emergency Medical Insurance and no payment shall be made for any claim resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following:

### 1. PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

#### CANADA PLAN

No pre-existing medical condition exclusion applies to Canada Plan.

#### SINGLE TRIP PLAN, MULTI-TRIP PLAN, MULTI-TRIP VACATION PACKAGE PLAN AND TOP-UP(S)

#### UNDER AGE 60

Any *sickness, injury* or medical condition that is **not stable in the three months prior to each departure date**.

# Emergency Medical Insurance

A lung condition if, **during the three months prior to each *departure date***, you required treatment with Prednisone.

## **AGE 60 TO 69**

Any *sickness, injury* or medical condition that is **not *stable* in the three months prior to each *departure date***.

## **AGE 70 and Over**

Any *sickness, injury* or medical condition that is **not *stable* in the six months prior to each *departure date***.

## **VACATION PACKAGE PLAN**

### **UNDER AGE 60**

Any *sickness, injury* or medical condition that is **not *stable* in the three months prior to each *departure date***.

A lung condition if, **during the three months prior to each *departure date***, you required treatment with Prednisone.

### **AGE 60 TO 84**

Any *sickness, injury* or medical condition that is **not *stable* in the six months prior to each *departure date***.

A lung condition if, **during the six months prior to each *departure date***, you required treatment with Prednisone.

A heart condition if *you* had heart bypass or valve surgery **more than eight years prior to the *departure date***. This applies prior to each *departure date*.

A heart condition if, **during the six months prior to each *departure date***:

- *you* were prescribed or taking **THREE OR MORE** medications for *your* heart (other than aspirin/entrophen and cholesterol medication);
- *you* were diagnosed or *treated* for **ALL THREE** of the following: any heart condition, diabetes (*treated* with oral medication or insulin) and high blood pressure; or
- *you* were prescribed or taking medication for **HEART FAILURE** (causing water on *your* lungs or swelling in *your* legs).

2. Any *hospital/medical* expenses exceeding a maximum of \$25,000 if at time of claim:
  - a) *your GHIP* coverage has lapsed; and/or
  - b) *you* did not have *GHIP* authorization to cover *your trip days* exceeding the *days GHIP* covers outside *your* province or territory of residence.
3. For ***Insured child(ren)*** under two years of *age*: Any *sickness* or medical condition related to a birth defect.
4. Alcohol related *sickness, death* or *injury* or the abuse of medication, drugs, alcohol or any other toxic substance. Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 millilitres of blood.
5. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless same results in *hospitalization* and this fact is substantiated by *hospital* records.
6. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges.



## Emergency Medical Insurance

7. A *sickness, injury* or related condition during a *trip* undertaken:
  - a. with the knowledge that *you* will require or seek treatment or surgery for that *sickness, injury* or related condition; or
  - b. for the purpose of obtaining treatment or surgery.
8. A *sickness, injury* or related condition for which:
  - a. future investigation or treatment (except routine monitoring) is planned before *your trip*; or
  - b. it was reasonable to expect treatment or *hospitalization* during *your trip*.
9.
  - a. *Your* routine prenatal care or childbirth at any time during *your trip*;
  - b. Any costs for *your* child(ren) born during *your trip*;
  - c. Complications, conditions or symptoms of pregnancy during the nine weeks prior to or after and including the expected delivery date.
10. Death or *injury* sustained:
  - a. while performing as a pilot or crew member of, or travelling as a passenger on, any aircraft: flying machines or flying devices that are supported chiefly by their buoyancy in air, and includes, but is not limited to, any airplane, balloon, kite balloon, airship, glider, hang glider, paraglider, parasail, parachute, kite and wingsuit. Travelling as a passenger on a *common carrier* is not subject to this exclusion;
  - b. while participating in any maneuvers or training exercises of the armed forces;
  - c. during *your professional* participation in any sport; or
  - d. during *your* participation in any motorized or mechanically assisted *speed contests*.
11. Treatment, surgery, medication, services or supplies that are not *medically necessary*, or that *you* elect to have provided outside *your* Canadian province or territory of residence when medical evidence indicates that *you* could return to *your* Canadian province or territory of residence to receive such treatment. The delay to receive treatment in *your* Canadian province or territory of residence has no bearing on the application of this exclusion.
12. For *policy extensions* and *Top-Ups*: *sickness* or *injury* which first appeared, was diagnosed or received *medical treatment* after the *departure date* and prior to the *effective date* of the insurance extension or *Top-Up*.
13. The replacement cost of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada. *CAA Assistance* will assist *you* with replacement (see Benefit #19, page 12).
14.
  - a. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by *CAA Assistance* prior to being performed, except in extreme circumstances where such surgery is performed as a *medical emergency* immediately upon admission to *hospital*; and/or
  - b. Magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by *CAA Assistance*.
15. Services in connection with alternative *medical treatments* or general health examinations, regular care of a chronic condition, the continuing care and/or *medical treatment* of an acute *sickness* or *injury* after the initial *medical emergency* has ended (as determined by the Medical

## Emergency Medical Insurance

Director of *CAA Assistance*) or a medical consultation where the *physician* observes no *change* in a previously noted condition, symptom or problem.

16. Medical care or surgery that is cosmetic in nature.
17. Cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa, excluding Benefit #10, page 10.
18. Air ambulance services unless approved in advance and arranged by *CAA Assistance*.
19. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *CAA Assistance*.
20. Damage to or loss of sunglasses (non-prescription), contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.
21. Emergency Medical Insurance benefits in *your* Canadian province or territory of residence except for Benefits #9 and #10, page 10.
22. Any loss resulting from an *act of terrorism* when, before *your effective date*, a Travel Advisory Notice was issued by Global Affairs Canada, advising Canadian residents to avoid all non-*essential travel* or to avoid all travel to that country, region or city.

## Visitors to Canada Insurance

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• May be purchased by:             <ol style="list-style-type: none"> <li>a. a visitor to Canada;</li> <li>b. the holder of a Canadian work visa or student visa;</li> <li>c. an immigrant to Canada; or</li> <li>d. a Canadian not covered by a government health insurance plan (<i>GHIP</i>).</li> </ol> </li> <li>• Purchase is subject to Eligibility on inside front cover.</li> <li>• Must be purchased prior to or within <i>7 days</i> of arrival in Canada.</li> <li>• Applications made after arrival in Canada are subject to Exclusion #2 on page 20.</li> </ul>
<b>Coverage Starts</b>	<b>The latest of:</b> <ul style="list-style-type: none"> <li>• <i>Your</i> arrival date in Canada; or</li> <li>• The <i>departure date</i>, start date or <i>effective date</i> shown on <i>your Declaration Page</i>.</li> </ul>
<b>Coverage Ends</b>	<b>The earliest of:</b> <ul style="list-style-type: none"> <li>• For <u>non-Canadian residents</u>: the date <i>you</i> leave Canada to return to <i>your</i> country of permanent residence.</li> <li>• The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	<b>Age 85</b> for <i>Sums Insured</i> \$25,000, \$50,000 or \$100,000. <b>Age 69</b> for <i>Sum Insured</i> \$150,000.
<b>Maximum Benefit</b>	Up to <i>Sum Insured</i> chosen - \$25,000, \$50,000, \$100,000 or \$150,000.
<b>Maximum Trip Days</b>	365 <i>Days</i> .

# Visitors to Canada Insurance

## INSURED RISKS

This insurance provides payment for the *reasonable and customary costs* incurred by *you* for emergency *medical treatment* of an unforeseen and emergent *sickness* or *injury* while in Canada or during a temporary visit to another country (excluding *your* country of permanent residence) as part of *your trip*. Such expenses must be in excess of those reimbursable by any other insurance policy or health plan (group, individual or government) under which *you* are entitled to benefits.

## DEDUCTIBLE

The *Insurer* will pay eligible expenses for losses incurred in excess of the Deductible amount, as shown on *your Declaration Page*, per *Insured*, per covered condition or event.

## BENEFITS

The following benefits are payable as part of a covered *medical emergency* to a maximum of the *Sum Insured* insofar as such services are unforeseen, emergent and *medically necessary*, as per the terms and conditions of this *policy*.

### 1. **Emergency Medical Treatment:**

- a. *Hospital* accommodation up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*). If coverage expires during *your hospitalization*, benefits continue to a maximum of 365 *days* from *your departure date* or *effective date* or until *you* are medically able for discharge in the opinion of the Medical Director of *CAA Assistance*, whichever is earlier;
- b. *Physicians' fees*;
- c. Laboratory tests and X-rays prescribed by the attending *physician* and approved in advance by *CAA Assistance*. Note: This *policy* does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by *CAA Assistance*;
- d. Private duty nursing (other than by an *immediate family member*) during *hospitalization* when ordered by the attending *physician* and approved in advance by *CAA Assistance*;
- e. Local licensed ground ambulance service to the nearest *hospital, physician* or medical service provider in the event of a *medical emergency* (also covers local taxi fare in lieu of local ground ambulance service where an ambulance is *medically necessary*);
- f. Drugs requiring a prescription by a *physician*, limited to a 30 *day* supply per prescription unless *you* are *hospitalized*, excluding those necessary for the continued stabilization of a chronic medical condition;
- g. Casts, splints, trusses, braces, crutches, rental of wheelchair or other minor medical appliances when prescribed by a *physician* and approved in advance by *CAA Assistance*; and
- h. Treatment by a chiropodist, chiropractor, osteopath, physiotherapist, or podiatrist, (other than an *immediate family member*) to a maximum of \$300 per profession listed, when approved in advance by *CAA Assistance*.

### 2. **Emergency Dental Expenses:**

#### Reimbursement of:

- a. emergency dental treatment (other than by an *immediate family member*) at *trip* destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, to a maximum of \$2,000, provided *you* consult a *physician* or dentist immediately following the *injury*; and

## Visitors to Canada Insurance

- b. other emergency dental treatment (other than by an *immediate family member*) for the relief of acute pain (excluding root canal treatment and dental conditions for which *you* previously received treatment or advice), to a maximum of \$200.

### 3. **Family Transportation:**

When approved in advance by *CAA Assistance*, a return economy airfare for an *immediate family member* or a close friend to attend *your* bedside (upon the recommendation of the attending *physician*) provided the *hospitalization* lasts at least five consecutive *days*. This benefit is provided immediately if *you* are mentally or physically handicapped, or under 26 years of *age* and dependent for support on the visiting *immediate family member*.

The person attending *your* bedside will be covered under the same terms and conditions of *your* CAA Visitors to Canada Insurance. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be **reimbursed** to a maximum of \$450, subject to a limit of \$150 per *day*.

### 4. **Subsistence Allowance:**

When approved in advance by *CAA Assistance* and in the event that:

- a. *your return date* is delayed due to *sickness* or *injury* of an accompanying *family member* or *travel companion*, or *yourself*; or
- b. an accompanying *family member* or *travel companion* or *you* must be relocated for the purpose of obtaining treatment for a *medical emergency*, *you* are eligible for a subsistence allowance of \$350 per *day* after the original *return date* or relocation date to a maximum of \$3,500 for commercial accommodation and meals. If *sickness* or *injury* delays *your* return more than 10 *days* beyond the *return date*, the subsistence allowance will only be paid upon submission of proof that *you* or the accompanying *family member* or *travel companion* was admitted and confined to a *hospital* for at least 72 hours within the 10 *day* period.

### 5. **Medical Repatriation:**

When approved in advance and arranged by *CAA Assistance*:

- a. up to the cost of a one-way economy airfare to *your* country of permanent residence; or
- b. the fare for additional airline seats to accommodate a stretcher to return *you* to *your* country of permanent residence; or
- c. where *medically necessary*, air ambulance (paid in advance) to the nearest appropriate *hospital* or to a *hospital* in *your* country of permanent residence for the purpose of obtaining immediate *medical treatment*. If *you* are a Canadian resident without *GHIP*, *your* country of permanent residence will be deemed as Canada under this Medical Repatriation benefit and if *you* must be medically repatriated during a temporary visit to another country, *you* will be returned to *your* Canadian province or territory of residence if approved in advance and arranged by *CAA Assistance*.

### 6. **Return of Remains:**

Subject to prior approval by *CAA Assistance*, in the event of *your* death on a *trip* following *your hospitalization* or accidental death, **reimbursement** of:

- a. the actual cost incurred for:
  - i. preparation of the deceased *Insured*; and
  - ii. return of the deceased *Insured* in the *common carrier's* standard transportation container to the scheduled point of departure; or
- b. up to \$5,000 for burial or cremation at the place of death.

## Visitors to Canada Insurance

No benefit is payable for the cost of a headstone, casket, urn and/or funeral services expenses.

In addition, and subject to prior approval of *CAA Assistance*, return transportation for an *immediate family member* or close friend to identify the deceased *Insured*. The person identifying the deceased *Insured* will be covered under the same terms and conditions of *your* CAA Visitors to Canada Insurance, but for no longer than three *days*. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be **reimbursed** to a maximum of \$150 per *day* to a maximum of \$450.

### CONDITIONS

In addition to the General Conditions described on page 5, Visitors to Canada Insurance is subject to the following conditions:

1. In the event of a *medical emergency*, please call *CAA Assistance* immediately or *your* benefits under this *policy* may be limited. Phone numbers are located on the inside front cover and page 43.
2. A temporary visit to another country is permitted (excluding *your* country of permanent residence) as part of *your trip* however, this temporary visit must not exceed 49% of the *trip's* total duration.
3. It is a condition precedent to receiving payment under this *policy* that, at the time of application, *you* know of no reason that may require *you* to seek medical attention.
4. During a *medical emergency* (whether prior to admission or during a covered *hospitalization*), the *Insurer* reserves the right to:
  - a. transfer *you* to one of *our* preferred health care providers; and/or
  - b. return *you* to *your* country of permanent residence, (if *you* are a Canadian resident without *GHIP*, *your* country of permanent residence will be deemed as Canada)

for the *medical treatment* of *your sickness* or *injury*. If *you* choose to decline the transfer or return when declared medically able by the Medical Director of *CAA Assistance*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return.

5. Once *you* are deemed medically able to return to *your* country of permanent residence (with or without a medical escort) either in the opinion of the Medical Director of *CAA Assistance* or by virtue of discharge from *hospital*, *your medical emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the *medical emergency* will no longer be eligible for coverage under this *policy*.
6. The *Insurer* is not responsible for the availability, quality or results of any *medical treatment* or transportation, or the *Insured's* failure to obtain *medical treatment* or *hospitalization*.
7. *CAA Assistance* must approve in advance any surgery or invasive procedure (including, but not limited to, cardiac catheterization), prior to the *Insured* undergoing such procedure. It remains *your* responsibility to inform *your* attending *physician* to call *CAA Assistance* for approval in advance, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

# Visitors to Canada Insurance

## EXCLUSIONS

In addition to the General Exclusions described on page 5, no coverage shall be provided under Visitors to Canada Insurance and no payment shall be made for any claim resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following:

### 1. PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

#### UNDER AGE 60

Any *sickness* or *injury* for which *you* experienced symptoms, were diagnosed, were *treated*, required *hospitalization* or for which *you* were prescribed or took medication **during the three months prior to the effective date.**

#### AGE 60 TO 85

Any *sickness* or *injury* for which *you* experienced symptoms, were diagnosed, were *treated*, required *hospitalization* or for which *you* were prescribed or *you* took medication **during the 12 months prior to the effective date.**

2. Any *sickness* or onset of new symptoms that occur during the first 48 hours following the *effective date* if *you* purchase this *policy* after *your* arrival in Canada.
3. For ***Insured child(ren)*** under ***two years of age***: Any *sickness* or medical condition related to a birth defect.
4. Alcohol related *sickness*, death or *injury* or the abuse of medication, drugs, alcohol or any other toxic substance. Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 millilitres of blood.
5. A disorder, disease, condition or symptom that is emotional, mental or psychological in nature unless same results in *hospitalization* and this fact is substantiated by *hospital* records.
6. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges.
7. A *sickness*, *injury* or related condition during a *trip* undertaken:
  - a. with the knowledge that *you* will require or seek treatment or surgery for that *sickness*, *injury* or related condition; or
  - b. for the purpose of obtaining treatment or surgery.
8. A *sickness*, *injury* or related condition for which:
  - a. future investigation or treatment (except routine monitoring) is planned before *your trip*; or
  - b. it was reasonable to expect treatment or *hospitalization* during *your trip*.
9.
  - a. *Your* routine prenatal care or childbirth at any time during *your trip*;
  - b. Any costs for *your child(ren)* born during *your trip*.
  - c. Complications, conditions or symptoms of pregnancy during the nine weeks prior to or after and including the expected delivery date.
10. Death or *injury* sustained:
  - a. while performing as a pilot or crew member of, or travelling as a passenger on, any aircraft: flying machines or flying devices that are supported chiefly by their buoyancy in air, and includes, but is not limited to, any airplane, balloon, kite balloon, airship, glider, hang glider, paraglider, parasail, parachute, kite and wingsuit. Travelling as a passenger on a *common carrier* is not subject to this exclusion;

## Visitors to Canada Insurance

- b. while participating in any maneuvers or training exercises of the armed forces;
  - c. during *your professional* participation in any sport; or
  - d. during *your* participation in any motorized or mechanically assisted *speed contests*.
11. Treatment, surgery, medication, services or supplies that are not *medically necessary*, or that *you* elect to have provided outside *your* country of permanent residence when medical evidence indicates that *you* could return to *your* country of permanent residence to receive such treatment. The delay to receive treatment in *your* country of permanent residence has no bearing on the application of this exclusion.
  12. For *policy extensions*: *Sickness* or *injury* which first appeared, was diagnosed or received *medical treatment* after the *departure date* and prior to the *effective date* of the insurance extension. No extension is permitted if *you* have not been continuously insured under a CAA Visitors to Canada Insurance *policy* with no gap in coverage.
  13. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada.
  14. a. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by *CAA Assistance* prior to being performed, except in extreme circumstances where such surgery is performed as a *medical emergency* immediately upon admission to *hospital*; and/or
  - b. Magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by *CAA Assistance*.
  15. Services in connection with alternative *medical treatments* or general health examinations, regular care of a chronic condition, the continuing care and/or *medical treatment* of an acute *sickness* or *injury* after the initial *medical emergency* has ended (as determined by the Medical Director of *CAA Assistance*) or a medical consultation where the *physician* observes no *change* in a previously noted condition, symptom or problem.
  16. Medical care or surgery that is cosmetic in nature.
  17. Cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa.
  18. Medical repatriation unless approved in advance and arranged by *CAA Assistance*.
  19. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *CAA Assistance*.
  20. Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.
  21. Medical services in *your* country of permanent residence.
  22. Any *act of terrorism*.

## Package Plans

### SINGLE TRIP VACATION PACKAGE, MULTI-TRIP VACATION PACKAGE, *TOP-UP* TO MULTI-TRIP VACATION PACKAGE AND NON-MEDICAL VACATION PACKAGE PLANS

Insurance Coverage	Single Trip and Multi-Trip Vacation Package	Non-Medical Vacation Package	Benefit Maximum
Emergency Medical Insurance	•		Up to <b>\$5 million</b>
<i>Trip</i> Cancellation & Interruption Insurance	•	•	<b>Prior to departure:</b> Up to the <i>Sum Insured</i> <b>After departure:</b> Unlimited
Travel Accident Insurance	•	•	Up to <b>\$100,000</b> Flight Accident Up to <b>\$10,000</b> <i>Common Carrier</i> Up to <b>\$5,000</b> 24-Hour Accident
Baggage & Personal Effects Insurance	•	•	Up to <b>\$1,000</b>
• Baggage Delay	•	•	Up to <b>\$500</b>
• Lost Documents	•	•	Up to <b>\$50</b> ( <b>\$200 for passport</b> )
<i>Infant</i> Protection	•		Up to <b>\$5 million</b>
Holiday Protection	•	•	Up to <b>\$750</b>

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• Subject to Eligibility and Purchase Conditions of individual insurance coverages.</li> <li>• Must be purchased for the full duration of the <i>trip</i>.</li> <li>• Purchase is subject to Eligibility on inside front cover.</li> <li>• Applicants <i>age</i> 60 and over purchasing a Multi-Trip Vacation Package and/or <i>Top-Up</i> must complete a <i>Medical Questionnaire</i>, no longer than six months before the <i>departure date</i> or <i>effective date</i>. Not applicable to Single Trip Vacation Package and Non-Medical Vacation Package with <i>Sum Insured</i> up to \$20,000 per <i>Insured</i>.</li> <li>• Applicants purchasing a <i>Sum Insured</i> exceeding \$20,000 per <i>Insured</i> must complete a <i>Medical Questionnaire</i> (see page 7), regardless of <i>age</i>, to determine eligibility and premium.</li> </ul>
<b>Coverage Starts</b>	• <b>Please refer to individual insurance coverages.</b>
<b>Coverage Ends</b>	• <b>Please refer to individual insurance coverages.</b>
<b>Maximum Age</b>	<ul style="list-style-type: none"> <li>• <b>Age 84</b> for Single Trip Vacation Package, Multi-Trip Vacation Package or <i>Top-Up</i> to Multi-Trip Vacation Package.</li> <li>• <b>No maximum age</b> for Non-Medical Vacation Package.</li> </ul>
<b>Maximum Benefit</b>	• <b>Please refer to individual insurance coverages.</b>
<b>Maximum Trip Days Including Extension or Top-Up</b>	<ul style="list-style-type: none"> <li>• <b>365 Days with GHIP approval</b> for Single Trip Vacation Package <u>Under Age 60</u> and Multi-Trip Vacation Package <u>Under Age 60</u>.</li> <li>• <b>365 Days</b> for Non-Medical Vacation Package.</li> <li>• <b>63 Days</b> for Single Trip Vacation Package <u>Age 60-84</u> and Multi-Trip Vacation Package <u>Age 60-84</u>.</li> </ul>

### DEDUCTIBLE

No Deductible applies if *you* have purchased as part of a Non-Medical Vacation Package.

If *you* have purchased as part of a Vacation Package or Multi-Trip Vacation Package Plan or *Top-Up* to the Multi-Trip Vacation Package Plan, the *Insurer* will pay eligible expenses for losses incurred in excess of the Deductible amount, as shown on *your Declaration Page*, per *Insured*, per covered condition or event.

The Deductible selected will apply to each coverage included in the Package Plan.



# Package Plans

## MULTI-TRIP VACATION PACKAGE PLAN

Provides coverage for multiple individual *trips* outside *your* Canadian province or territory of residence for up to 15 or 30 *days*, based on the Multi-Trip Vacation Package Plan duration *you* have purchased. An individual *trip* begins on the date *you* leave *your* province or territory of residence and ends when *you* return to *your* province or territory of residence.

If *you* leave Canada several times during an individual *trip* (without returning to *your* province or territory of residence) *your* Multi-Trip Plan *days* start again each time *you* leave Canada.

When *you* are outside Canada for any period of time that exceeds the Multi-Trip Plan *days* *you* have purchased, a *Top-Up* will be required.

If *your* individual trip days are entirely within Canada, but outside *your* province or territory of residence, a *Top-Up* is not required. See Automatic Extension of Coverage on page 41, item 2.

*You* are not required to provide advance notice of the *departure date* and *return date* of each individual *trip*. However, *you* will be required to provide evidence of *your departure date* and *return date* when filing a claim (for example, airline ticket, customs or immigration stamp or other receipt).

The Multi-Trip Vacation Package Plan includes all the benefits included with the Single Trip Vacation Package Plan, however benefit maximum amounts payable per *policy* apply to the *Trip Cancellation* and *Baggage* benefits. The combined benefit maximum total payable for *Trip Cancellation* expenses is \$5,000 per *trip* and \$7,000 per *policy* year. *Baggage* delay benefits, available after 10 hours of *your* checked baggage being delayed, are payable up to a benefit maximum total of \$500 per *trip* and \$1,500 per *policy* year and *baggage* damage or loss is payable up to a benefit maximum total of \$1,000 per *trip* and \$3,000 per *policy* year.

If *your* prepaid *travel arrangements* for *your* *trip* exceed the maximums stated above, *you* must purchase a separate *Trip Cancellation & Interruption Insurance* *policy* to cover the difference between the amount covered under the Multi-Trip Vacation Package Plan and the total amount of *your* prepaid *travel arrangements*.

For an individual *trip* to be covered under the benefits of the Multi-Trip Vacation Package, it must start and end within the period of coverage.

If an individual *trip* begins during the period of coverage but extends beyond the expiry date, *you* can purchase:

- *Top-Up* coverage for any travel *days* that fall after the expiry date; or
- a new Multi-Trip Vacation Package Plan for the next 365 *day* period

The total duration of *your* individual *trip* cannot exceed the maximum *trip* length of the coverage duration *you* have purchased for *your* Multi-Trip Vacation Package unless it is topped up.

## TOP-UP TO MULTI-TRIP VACATION PACKAGE PLAN

A *Top-Up* must be added to *your* Multi-Trip Vacation Package Plan for the total individual *trip* *days* outside Canada that exceed either 15 or 30 *days*, based on the Multi-Trip Vacation Package Plan duration *you* have purchased.

## CONDITIONS

In addition to the General Conditions described on page 5, Package Plans are subject to the following condition:

1. Single Trip Vacation Package, Multi-Trip Vacation Package, *Top-Up* to Multi-Trip Vacation Package and Non-Medical Vacation Package are subject to the terms, insured risks, benefits, conditions, exclusions, limitations and definitions specified in this *policy* for each of the insurance coverages listed in the chart on page 22, in addition to the General Terms of Agreement and the Statutory Conditions.

## Package Plans

### EXCLUSIONS

In addition to the General Exclusions described on page 5, Package Plans are subject to the exclusions described within each applicable insurance coverage.

### INFANT PROTECTION

Provides automatically, at no extra charge, Emergency Medical Insurance to *infants* who:

- a. do not occupy a seat on the airplane; and
- b. are travelling with a parent or legal guardian who has purchased the Single Trip Vacation Package Plan, Multi-Trip Vacation Package Plan or *Top-Up* to Multi-Trip Vacation Package Plan.

For more information about the benefits, conditions and exclusions of *Infant Protection*, refer to the terms of Emergency Medical Insurance beginning on page 6.

### HOLIDAY PROTECTION

If the death or *hospitalization* of an *immediate family member*, close friend, business associate or *key employee*, who has not accompanied *you* on the *trip*, prompts *you* to return earlier than *your return date* and *you* consequently miss at least 70% of *your* scheduled package tour, the *Insurer* will issue a redeemable certificate to a maximum of \$750.

#### Holiday Protection Limitations

1. Eligibility to receive the benefit under Holiday Protection is dependent upon approval and payment of a valid *trip* interruption claim under the *Trip Cancellation & Interruption Insurance* of this *policy*.
2. The redeemable certificate is:
  - a. payable only to *you*;
  - b. valid until the expiry date indicated on the redeemable certificate (for example, a period of 180 *days* from the date of *your* early return from *your* interrupted *trip*);
  - c. nontransferrable; and
  - d. not redeemable in cash.
3. The replacement *trip* must:
  - a. begin before the expiry date on the redeemable certificate; and
  - b. be purchased through a CAA Travel Agency.

## Trip Cancellation & Interruption Insurance

#### Eligibility and Purchase Conditions

- May be purchased by Canadian residents separately or as part of a Package Plan.
- May be purchased by non-Canadian residents separately or as part of Non-Medical Vacation Package Plan provided that *you* are living in, travelling through or visiting Canada during *your trip*. Some insured risks are limited to Canadian residents only.
- Purchase is subject to Eligibility on inside front cover.
- Applicants purchasing a *Sum Insured* exceeding \$20,000 per *Insured* must complete a *Medical Questionnaire* (see page 7), regardless of *age*, to determine eligibility and premium.

# Trip Cancellation & Interruption Insurance

<b>Coverage Starts</b>	<ul style="list-style-type: none"> <li>• Cancellation benefits start on the date and time of purchase of this coverage;</li> <li>• Interruption benefits start on the <i>departure date</i>.</li> </ul>
<b>Coverage Ends</b>	<p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>• The date on which there was cause for cancellation prior to departure; or</li> <li>• The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	<ul style="list-style-type: none"> <li>• <b>No maximum age</b> if purchased separately or as part of Non-Medical Vacation Package.</li> <li>• <b>Age 84</b> for Single Trip Vacation Package, Multi-Trip Vacation Package or <i>Top-Up</i> to Multi-Trip Vacation Package.</li> </ul>
<b>Maximum Benefit</b>	Up to <i>Sum Insured</i> .
<b>Maximum Trip Days Including Extension or Top-Up</b>	<ul style="list-style-type: none"> <li>• <b>365 Days</b> – if purchased separately or as part of Single Trip Vacation Package <u>Under Age 60</u>, Multi-Trip Vacation Package <u>Under Age 60</u> or Non-Medical Vacation Package.</li> <li>• <b>63 Days</b> - Single Trip Vacation Package <u>Age 60 to 84</u> and Multi-Trip Vacation Package <u>Age 60 to 84</u>.</li> </ul>

## DEDUCTIBLE

No Deductible applies if *you* have purchased separately or as part of a Non-Medical Vacation Package.

If *you* have purchased as part of a Vacation Package or Multi-Trip Vacation Package Plan, the *Insurer* will pay eligible expenses for losses incurred in excess of the Deductible amount, as shown on *your Declaration Page*, per *Insured*, per covered condition or event.

## INSURED RISKS

Any of the following occurrences that prevents *you* from departing or returning on *your return date*:

1. Death, *sickness, injury*, or quarantine of *you, your travel companion, immediate family member, business partner, key employee or caregiver or your travel companion's immediate family member, business partner, key employee or caregiver*.
2. Death or emergency *hospitalization* of a close friend during the 10 *days* prior to the *departure date* or during the *trip*.
3. A pregnancy diagnosed after booking the *trip* if the attending *physician* advises *you, your spouse, your travel companion or a travel companion's spouse* not to travel.
4. Complications of *your pregnancy* or that of *your spouse, your travel companion or your travel companion's spouse* within the first 31 weeks of pregnancy or complications following the full-term birth of a child by the aforementioned.
5. Side effects and/or adverse reactions experienced by *you or your travel companion* to vaccinations required for *your trip*.
6. Death, *hospitalization* or quarantine of the host at *your principal trip destination*.
7. Based on *your or your travel companion's* medical history, *you or your travel companion* are unable to be immunized or take preventative medication that is required for entry into a country or region that is on *your travel itinerary* (provided the requirement became effective after the purchase of the *travel arrangements* and this insurance).
8. The legal adoption of a child(ren) by *you or your travel companion*, when the actual date of adoption is scheduled to take place during *your trip*.
9. Cancellation of a planned *business meeting, conference or convention* when the sole purpose of the *trip* was to attend the meeting, conference or

## Trip Cancellation & Interruption Insurance

convention and the cancellation of the meeting is beyond the control of the *Insured* or the *Insured's* employer, and the meeting is between companies with unrelated ownership, and in the case of a conference or convention, *you* must be a registered delegate. Benefits are only payable to the *Insured(s)* who are attending the *business meeting*, conference or convention.

10. *You* or *your travel companion's* passport is not issued within the time confirmed in writing by Passport Canada.
11. *Your*, or *your travel companion's*, post-secondary school exam has been unexpectedly rescheduled after the purchase of this insurance whereby the date of the exam conflicts with *your trip*.
12. *Your* principal residence or that of a *travel companion* is rendered uninhabitable, or *your* place of business or that of a *travel companion* is rendered inoperative as the result of a disaster or event independent of any intentional act or negligence on *your/their* part.
13. *You* or *your travel companion's* principal residence or place of business is burglarized within seven *days* prior to *your departure date* or during *your trip*.
14. *You*, *your travel companion* or the *spouse* or *child(ren)* of either are selected for jury duty, subpoenaed to appear as a witness in court or required to appear as a defendant in a civil suit, whereby the date of the hearing conflicts with the *trip*.
15. The relocation of *your* principal residence or that of a *travel companion* by reason of an unforeseen transfer initiated by the employer with whom *you*, *your spouse*, a *travel companion* or a *travel companion's spouse* are employed at the beginning of the *trip*. This risk does not apply to self-employed persons or contractual employees.
16. *You* or *your travel companion* are summoned to police, fire or military (whether active or reserve) service.
17. *You* or *your travel companion's* passport and/or visa is lost or stolen en route to or from *your trip* destination or at *your trip* destination.
18. Refusal of *your* visa application or that of a *travel companion* for the destination country provided that documentation shows eligibility to apply, the refusal is not due to late application, and that the application is not a subsequent attempt for a visa that had been previously refused. This risk applies to Canadian residents only.
19. Involuntary loss of permanent employment by *you*, *your spouse*, a *travel companion*, a *travel companion's spouse*, *your parent* or legal guardian (if *you* are under 19 years of *age* or are mentally or physically handicapped of any *age*), due to lay off or dismissal without just cause provided *you* had no knowledge of such loss when this insurance was purchased. This risk does not apply to self-employed persons or contractual employees.
20. Seizure or destruction by terrorists at the airport, *common carrier* or hotel forming part of *your* and *your travel companion's trip* and resulting in a Travel Advisory Notice issued by Global Affairs Canada notifying Canadian residents to avoid all non-*essential travel* or to avoid all travel to such destination when the Travel Advisory Notice corresponds to the scheduled date and destination of *your trip*.
21. A hijacking in which *you*, *your travel companion* or the *spouse* or *child(ren)* of either are a victim.
22. A direct, violent attack perpetrated against *you*, an *immediate family member* or a *travel companion*.
23. A new and unexpected Travel Advisory, issued by Global Affairs Canada, after the purchase of this insurance and prior to the departure of *your trip*, or during *your trip*, that warns Canadian residents to avoid all non-*essential travel* or avoid all travel to a specific region of any country included in *your trip*. This risk applies to Canadian residents only.
24. An involuntary change in the schedule of an airline flight, tour or cruise ship that is providing transportation for a portion of *your trip*, which causes *you* to miss a connection or to interrupt *your trip*.

## Trip Cancellation & Interruption Insurance

25. A missed departure or connection resulting from:
- weather (including road closure resulting from weather); or
  - volcanic eruption; or
  - earthquake; or
  - delay of a connecting *common carrier* due to weather or mechanical failure; or
  - delay of a vehicle aboard which *you* are a passenger due to an emergency road closure by the police; or
  - an accident involving a vehicle or a *common carrier* aboard which *you* are a passenger on *your* way to the scheduled point of departure or return; or
  - an unannounced strike by *your common carrier* for which *you* hold a valid ticket on,
- provided that the *common carrier* or vehicle mentioned above was scheduled to arrive at the scheduled point of departure or return at least two hours in advance of the scheduled time of departure or return.
26. When *your* primary reason for the *trip* is to attend a wedding, funeral or school graduation ceremony, or other commercial entertainment event for which *you* have purchased tickets, and the scheduled time of arrival is delayed for a reason beyond *your* control.
27. Undelivered *travel services* due to the *default* of a *travel supplier* with whom *you* have booked *your travel arrangements*. Under *Trip Cancellation*, only Benefit #1.g applies. Under *Trip Interruption*, Benefits #2.d and #2.g apply.
28. *Your* commercial accommodation at *your trip* destination is rendered uninhabitable due to a disaster or event independent of any intentional act or negligence, after *your trip* is booked.
29. If a cruise or a tour that is included in *your trip* and insured under *your* CAA Travel Insurance policy is cancelled for any reason except default, and the cancellation occurs:
- Before *you* leave home**, we will **reimburse *you*** for *your* non-refundable prepaid airfare that is not part of *your* cruise or tour up to \$2,500.
  - After *you* leave home**, but prior to the cruise or tour departure, we will **reimburse *you*** up to \$2,500 for the lesser of:
    - the change fee charged by the airline carrier(s) to return *you* home, if such an option is available to *you*; or
    - the extra cost of a one-way fare via the most cost effective itinerary to return *you* home.

### 30. **BounceBack**

In the event *you* have to return to *your* Canadian province or territory of residence from *your trip* destination before *your return date* because of one of the following reasons:

- an *immediate family member*, who is not travelling with *you*, is admitted to a *hospital* due to an emergency or dies after *you* leave *your* Canadian province or territory of residence; or
- a disaster or event independent of any intentional act or negligence on *your* part which causes *your* principal residence to become uninhabitable after *you* leave *your* Canadian province or territory of residence,

we will reimburse *you* up to a maximum of \$2,000 for the cost of *your* round-trip economy class transportation expenses to return *you* to *your* Canadian province or territory of residence from *your trip* destination and, within *your* period of coverage, return *you* back to that *trip* destination.

In the case of a death of an *immediate family member*, we will pay the lesser amount of the cost of *your* round-trip economy class transportation expenses to return to *your* Canadian province or territory of residence or the place of residence of the deceased.

This benefit applies to Canadian residents only.

# Trip Cancellation & Interruption Insurance

## BENEFITS

### 1. TRIP CANCELLATION (before departure)

In the event of a *Trip Cancellation* please advise *your CAA Travel Professional (if travel arrangements were booked through CAA) or your travel agent or your travel supplier on the day the insured risk occurs or on the next business day after the insured risk occurs prior to the departure date. Only the sums that are nonrefundable on the day the insured risk occurs shall be considered for the purpose of the claim.*

In the event *you* must cancel *your trip*, the following benefits will apply to *you* and to *your travel companion(s)* named as *Insured(s)*, subject to the *Sum Insured* and to all terms and conditions of this *policy*.

#### Important Restriction to *Trip Cancellation* benefits a. and b.:

**Cancel for Any Reason benefit(s) a. and b. are covered only if *you* purchase *your policy* within 72 hours of booking *your travel arrangements* or before cancellation penalties come into effect.**

- a. **reimbursement** of 75% of the nonrefundable portion of *your* fully prepaid *travel arrangements* booked through CAA (Canadian Automobile Association), if *you* elect to cancel *your trip* 3 hours or more prior to the scheduled *departure date* and time for any reason whatsoever; or
- b. **reimbursement** of 50% of the nonrefundable portion of *your* fully prepaid *travel arrangements*, if *you* elect to cancel *your trip* 3 hours or more prior to the scheduled *departure date* and time for any reason whatsoever; or
- c. **reimbursement** of the nonrefundable portion of the fully prepaid *travel arrangements* up to the maximum amount indicated as the *Sum Insured* on *your Declaration Page* if *your trip* is cancelled due to an insured risk. **This benefit does not apply to Insured Risk #24;** or
- d. **reimbursement** of expenses to cover the upgrade occupancy charges if *your travel companion(s)* cancels prior to departure due to an insured risk and *you* elect to continue with the *trip* as ticketed; or
- e. **reimbursement** of reasonable transportation costs for *you* to travel to *your trip* destination by the most direct route if *you* miss the contracted departure due to the occurrence of an insured risk. **This benefit does not apply to Insured Risk #24;** or
- f. **reimbursement** up to \$1,000 for the extra cost of a one-way economy airfare via the most cost effective route to *your next trip* destination or a change fee charged by the airline involved when such an option is available to *you* in the event of a schedule change covered under Insured Risk #24; or
- g. **reimbursement** of the nonrefundable portion of the amount *you* have prepaid for undelivered *travel services*, up to a maximum of \$4,000 per *Insured*, in the event of the *default* of the *travel supplier* with whom *you* have booked *your travel arrangements*.
- h. **reimbursement** of covered expenses when an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this *policy*.
- i. **reimbursement** of up to \$2,500 for *your* nonrefundable prepaid airfare when it is not part of *your* cruise or tour package, or up to \$2,500 for the airline's change fee if the cruise line or tour operator cancels *your* cruise or tour package for any reason except *default*. *Your* entire prepaid *travel arrangements* (cruise or tour package and airfare) must be insured.
- j. **reimbursement** of up to \$800 for alternate *travel arrangements* on a scheduled *common carrier* to the planned *trip* destination to allow arrival in time for the event under Insured Risk #26.

# Trip Cancellation & Interruption Insurance

## 2. TRIP INTERRUPTION OR DELAY (after departure)

**In the event of a *Trip* Interruption or Delay, please call *CAA Assistance* immediately to ensure that *you* do not incur expenses which are not covered. Phone numbers are located on the inside front cover and page 41.**

In the event *you* must interrupt or delay *your trip*, the following benefits will apply to *you* and to *your travel companion(s)* named as *Insured(s)*, subject to the *Sum Insured* and to all terms and conditions of this *policy*:

- a. **reimbursement** of the extra cost of a one-way economy fare to the departure point or to the *trip* destination point. Unused nonrefundable prepaid *travel arrangements* excluding the cost of the original ticket (arranged at the time of application for insurance) will be refunded up to a maximum amount indicated as the *Sum Insured* on *your Declaration Page*. **This benefit does not apply to Insured Risk #24**; or
- b. **reimbursement** up to \$1,000 for the extra cost of a one-way economy airfare via the most cost effective route to *your next trip* destination or a change fee charged by the airline involved, when such an option is available to *you*, in the event of a schedule change covered under Insured Risk #24; or
- c. **reimbursement** of any additional fees incurred to change the dates of *your* original return ticket; or
- d. **reimbursement** to a maximum of \$3,500, subject to a limit of \$350 per *day*, for reasonable and necessary commercial lodging and meals, commercial vehicle rental, essential telephone calls and taxi transportation when, due to the occurrence of an insured risk:
  - i. *you* miss part of a *trip*;
  - ii. *your*, or *your travel companion's*, return to the point of departure is delayed beyond the *return date*;
  - iii. *you* must return earlier than the *return date*; or
  - iv. *your* commercial accommodation is closed due to a *default*.

**This benefit does not apply to Insured Risk #24.**

- e. **reimbursement** to a maximum of \$800, subject to a limit of \$400 per *day*, for unforeseen, reasonable and necessary commercial lodging and meals, essential telephone calls and taxi transportation when a schedule change covered under Insured Risk #24 causes *you* to miss a connection or interrupt *your trip*.
- f. **reimbursement**, subject to prior approval by *CAA Assistance*, in the event of *your* death on a *trip* following *your hospitalization* or accidental death of:
  - a. the actual cost incurred for:
    - i. preparation of the deceased *Insured*, and
    - ii. return of the deceased *Insured* in the *common carrier's* standard transportation container to the scheduled point of departure; or
  - b. up to \$5,000 for burial or cremation at the place of death.

No benefit is payable for the cost of a headstone, casket, urn and/or funeral service expenses.

In addition, and subject to prior approval of *CAA Assistance*, return transportation for an *immediate family member* or close friend to identify the deceased *Insured*. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be **reimbursed** to a maximum of \$300 per *day* to a maximum of three *days*.

- g. **reimbursement** of the nonrefundable portion of the amount *you* have prepaid for undelivered *travel services* plus reimbursement of the extra cost of a one-way economy fare to the departure point or the *trip* destination point up to a maximum of \$4,000 per *Insured*, in the event of the *default* of the *travel supplier* with whom *you* have booked *your travel arrangements*.

## Trip Cancellation & Interruption Insurance

- h. **reimbursement** to a maximum of \$100 per *policy* for commercial kennel costs for *your* pet(s) (domestic dog(s), *service animal(s)* and/or cat(s) only) when *you* are not able to return on *your return date*.
- i. Return of *Vehicle*:  
When approved in advance by *CAA Assistance*:
  - i. reasonable expenses for the return of *your* private or rental *vehicle* due to an insured risk; or
  - ii. repatriation of the *Insured* if private *vehicle* is stolen or inoperative due to an accident.
- j. **reimbursement** of covered expenses when an *act of terrorism* directly or indirectly causes *you* a loss for which benefits would otherwise be payable in accordance with the terms and conditions of this *policy*.
- k. **reimbursement**, under Insured Risk #29, of up to \$2,500 for:
  - i. the change fee charged by the airline carrier(s) to return *you* home, if such an option is available to you; or
  - ii. the extra cost of a one-way air fare via the most cost effective itinerary to return *you* home if the cruise line or tour operator cancels *your* cruise or tour after *you* leave home but prior to the cruise or tour departure for any reason except *default*. *Your* entire prepaid *travel arrangements* (cruise or tour and airfare) must be insured.
- l. **reimbursement** of up to a maximum of \$2,000, under Insured Risk 30.a. and b. BounceBack, for the cost of *your* round-trip economy class transportation to return *you* to *your* Canadian province or territory of residence from *your trip* destination and, within *your* period of coverage, return *you* back to that *trip* destination.

In the case of death of an *immediate family member*, we will pay the lesser amount of the cost of *your* one-way economy fare to return *you* to *your* Canadian province or territory of residence or the place of residence of the deceased.

**BounceBack benefits 30.a and b. apply to Canadian residents only.**

### CONDITIONS

In addition to the General Conditions described on page 5, *Trip Cancellation & Interruption Insurance* is subject to the following conditions:

1. *You* must not know (nor be aware of) any reason, circumstance, event, activity or medical condition affecting *you*, an *immediate family member*, a *travel companion* or an *immediate family member* of a *travel companion* which may eventually prevent *you* from starting and/or completing *your* covered *trip* as booked at the time of purchase of this insurance.
2. If *sickness* or *injury* delays *your* return more than 10 *days* beyond the *return date*, the benefit for the extra cost of a one-way ticket home will only be paid upon submission of proof that *you* were admitted and confined to a *hospital* for at least 72 hours within the 10 *day* period.
3. If a disaster or event independent of any intentional act or negligence renders *your* commercial accommodation uninhabitable, this benefit is only applicable if *your* commercial accommodation arrangements are not eligible for reimbursement by the *travel supplier*.
4. The *physician* recommending cancellation, interruption or delay of the *trip* must be actively and personally attending to *your* care.
5. Benefits in the event of *default* are payable provided that:
  - a. *you* have contracted with a *travel supplier* who *defaults*;
  - b. as a result of the *default*, *you* do not receive part or all of the *travel services* for which *you* have contracted; and



## Trip Cancellation & Interruption Insurance

- c. *you* cannot recover all of the cost of such undelivered *travel services* either from the *travel supplier*, any federal, provincial or other compensation fund, or from any other source that is legally responsible or under contract to reimburse *you* for the cost of such undelivered *travel services*.

Any benefits payable are subject to an overall aggregate maximum limit relating to all in-force travel policies issued by *us*, including this *policy*, as follows:

- \$1 million maximum with respect to the *default* of any one *travel supplier* occurring in a calendar year;
- \$3 million maximum with respect to *defaults* of all *travel suppliers* occurring in a calendar year.

If total claims resulting from the *default* of one or more *travel suppliers* exceed, in *our* judgment, the applicable aggregate maximum limit, then each *Insured* is entitled to his/her pro rata share of such aggregate maximum limit.

6. Any benefits payable for *acts of terrorism* are excess to all other recovery sources including, but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers* and other insurance coverage (even when such coverage is described as excess) and are payable only after *you* have exhausted all such other recovery sources.

Any benefits payable are subject to an overall aggregate maximum limit relating to all in-force travel policies issued by *us*, including this *policy*. Coverage is available for up to two *acts of terrorism* within a calendar year and the maximum payable for each *act of terrorism* is \$2.5 million.

If total claims resulting from one or more *acts of terrorism* exceed the applicable aggregate maximum limit stated above, then each *Insured* is entitled to his/her pro rata share of such aggregate maximum limit.

If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable aggregate maximum limit, *your* prorated claim will be paid after the end of the calendar year in which *you* qualify for benefits.

### EXCLUSIONS

In addition to the General Exclusions described on page 5, no coverage shall be provided under *Trip Cancellation & Interruption Insurance* and no payment shall be made for claims resulting in whole or in part from, or contributed to by, or as natural and probable consequence of any of the following:

1. A *trip* undertaken for the purpose of visiting a sick or injured person when the *trip* is cancelled, interrupted or delayed due to such person's medical condition or death.
2. Alcohol related *sickness*, death or *injury* or the abuse of medication, drugs, alcohol or any other toxic substance. Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 millilitres of blood.
3. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless same results in *hospitalization* and this fact is substantiated by *hospital* records.
4. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges.

## Trip Cancellation & Interruption Insurance

5. A *sickness, injury* or related condition during a *trip* undertaken:
  - a. with the knowledge that *you* will require or seek treatment or surgery for that *sickness, injury* or related condition; or
  - b. for the purpose of obtaining treatment or surgery.
6. A *sickness, injury* or related condition for which:
  - a. future investigation or treatment (except routine monitoring) is planned before *your trip*; or
  - b. it was reasonable to expect treatment or *hospitalization* during *your trip*.
7. a. a pregnancy diagnosed after *your departure date* unless *your attending physician* advises *you* that *you* cannot travel during the *trip*;
  - b. routine prenatal care or childbirth at any time during *your trip*;
  - c. any costs for *your child(ren)* born during *your trip*.
  - d. complications, conditions or symptoms of pregnancy during the nine weeks prior to or after and including the expected delivery date.
8. Failure or neglect to obtain required vaccinations or inoculations, excluding Insured Risk #7, page 25.
9. Non-presentation of required travel documents, (for example, visa, passport, inoculation/vaccination reports), excluding Insured Risks #7, page 25, #10 and #17, page 26.
10. A return earlier or later than the *return date* unless recommended by the attending *physician*.
11. Payment for repatriation when the original ticket may be used. Original tickets will become the property of CAA Travel Insurance in the event of a repatriation.
12. Reimbursement of the cost of the original ticket is not covered when refunding unused prepaid *travel arrangements* and/or when reimbursing the extra cost of a one-way economy airfare back to the departure point.
13. In the event of *default*, any loss or expense, incurred by *you*:
  - a. which is recovered or recoverable from any other source, including any federal, provincial or other compensation fund, or from any other source that is legally responsible or under contract to reimburse *you*;
  - b. if at the time of booking, the *travel supplier* is bankrupt, insolvent or in receivership or has sought protection from creditors under any bankruptcy, insolvency or similar legislation;
  - c. arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker;
  - d. arising as a result of the *default* of a foreign *travel supplier* if the *travel services* to be provided by such foreign *travel supplier* are not part of a package travel arrangement;
  - e. if *you* have not purchased CAA *Trip Cancellation & Interruption Insurance* in connection with *your travel arrangements*; and
  - f. for *travel services* that were actually provided.
14. Expenses relating to death or *injury* sustained:
  - a. while performing as a pilot or crew member of, or travelling as a passenger on, any aircraft: flying machines or flying devices that are supported chiefly by their buoyancy in air, and includes, but is not limited to, any airplane, balloon, kite balloon, airship, glider, hang

## Trip Cancellation & Interruption Insurance

- glider, paraglider, parasail, parachute, kite and wingsuit. Travelling as a passenger on a *common carrier* is not subject to this exclusion;
- b. while participating in any maneuvers or training exercises of the armed forces;
  - c. during *your professional* participation in any sport; or
  - d. during *your* participation in any motorized or mechanically assisted *speed contests*.
15. Any loss resulting from an *act of terrorism* when, before *your effective date*, a Travel Advisory Notice was issued by Global Affairs Canada, advising Canadian residents to avoid all non-*essential travel* or to avoid all travel to that country, region or city.
16. Any nonrefundable pre-paid *travel services* when the *trip* was paid for through a points or rewards program.
17. Additional Exclusions to Insured Risk 30, BounceBack:
- a. A pre-existing medical condition of an *immediate family member* for which treatment was received in the three months before the purchase of this insurance, resulting in *hospitalization* or death of the *immediate family member* while you are on *your trip*.
  - b. A reason that *you* could reasonably have expected would require *you* to return to *your* Canadian province or territory of residence prior to *your return date* at the time *you* purchased this insurance.
  - c. *Your* return back to *your trip* destination after the *return date* indicated on *your Declaration Page*.

## Travel Accident Insurance

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• May be purchased by Canadian residents <u>only</u> as part of a Package Plan. May not be purchased separately.</li> <li>• May be purchased by non-Canadian residents <u>only</u> as part of Non-Medical Vacation Package Plan provided that <i>you</i> are living in, travelling through or visiting Canada during <i>your trip</i>. May not be purchased separately.</li> <li>• Purchase is subject to Eligibility on the inside front cover.</li> </ul>
<b>Coverage Starts</b>	<b>The latest of:</b> <ul style="list-style-type: none"> <li>• The date <i>you</i> leave <i>your</i> Canadian province or territory of residence; or</li> <li>• The <i>departure date</i>, start date or <i>effective date</i> shown on <i>your Declaration Page</i>.</li> </ul>
<b>Coverage Ends</b>	<b>The earliest of:</b> <ul style="list-style-type: none"> <li>• The date on which there was cause for cancellation prior to departure; or</li> <li>• <u>For non-Canadian residents</u>: the date <i>you</i> leave Canada to return to <i>your</i> country of permanent residence; or</li> <li>• The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	<b>No maximum age</b> if purchased as part of Non-Medical Vacation Package. <b>Age 84</b> for Single Trip Vacation Package, Multi-Trip Vacation Package or <i>Top-Up</i> to Multi-Trip Vacation Package.

# Travel Accident Insurance

<b>Maximum Benefit</b>	Up to <b>\$100,000</b> Flight Accident Insurance Up to <b>\$10,000</b> <i>Common Carrier</i> Accident Insurance Up to <b>5,000</b> 24-Hour Accident Insurance
<b>Maximum Trip Days</b>	<ul style="list-style-type: none"> <li>• <b>365 Days</b> – If purchased as part of Single Trip Vacation Package <u>Under Age 60</u> or Multi-Trip Vacation Package <u>Under Age 60</u> or Non-Medical Vacation Package.</li> <li>• <b>63 Days</b> - Single Trip Vacation Package <u>Age 60 to 84</u> and Multi-Trip Vacation Package <u>Age 60 to 84</u>.</li> </ul>

## DEDUCTIBLE

No Deductible applies if *you* have purchased as part of a Non-Medical Vacation Package.

If *you* have purchased as part of a Vacation Package or Multi-Trip Vacation Package Plan, the *Insurer* will pay eligible expenses for losses incurred in excess of the Deductible amount, as shown on *your Declaration Page*, per *Insured*, per covered condition or event.

## INSURED RISKS

### A. Flight Accident Insurance - maximum benefit up to \$100,000

Death or dismemberment as a result of *injury* sustained during the *trip* while *you* are:

1. Travelling as a passenger, not as pilot or crew member, aboard a fixed wing multi-engined transport aircraft with an authorized take-off weight greater than 35,000 lbs. (15,900 kg) operated between licensed airports by a scheduled or charter airline of Canadian or foreign registry holding a valid National Transportation Agency License, Regular Specific Point or Charter Air Carrier License or its foreign equivalent, insofar as the aircraft is being used at the time as a conveyance in the capacity authorized by the airline's Scheduled, Regular Specific Point or Charter Air Carrier License.
2. Travelling as a passenger, not as pilot or crew member, aboard a fixed wing multi-engined aircraft operated by the Canadian Armed Forces or its British or American counterparts.

### B. *Common Carrier* Accident Insurance - maximum benefit up to \$10,000

Death or dismemberment as a result of *injury* sustained during the *trip* while *you* are:

1. On airport premises immediately prior to boarding or after disembarking from an aircraft described in section A. Flight Accident Insurance above, or while travelling as a passenger in an airport limousine, bus or other ground vehicle provided or arranged for by the airline or airport authority for the purpose of boarding or disembarking from an aircraft described in section A. Flight Accident Insurance above.
2. Travelling as a passenger, not as pilot, driver or crew member, aboard a *common carrier* which is involved in an accident.

### C. 24-Hour Accident Insurance - maximum benefit up to \$5,000

Death or dismemberment as a result of *injury* sustained during the *trip* while *you* are in any situation other than those listed in sections A. Flight Accident Insurance and B. *Common Carrier* Accident Insurance above and not otherwise excluded from coverage under this *policy*.

## BENEFITS

Subject to all terms and conditions of this *policy*, the greatest of the following benefits is payable for all losses resulting within 100 *days* from the date of a single accident described as an insured risk and as a direct result thereof:

1. 100% of the *Sum Insured* for loss of life, dismemberment of two limbs or loss of sight in both eyes;
2. 50% of the *Sum Insured* for dismemberment of one limb or loss of sight in one eye.

# Travel Accident Insurance

Loss in reference to dismemberment means the actual, complete severance at or above the wrist or ankle joint. Loss of sight means the complete and irrecoverable loss of eyesight, which loss cannot be substantially corrected or remedied through simple *medical treatment* or corrective lenses.

## Exposure and Disappearance

If *you* are unavoidably exposed to the elements due to an accident resulting in the disappearance, sinking or damaging of a *common carrier* aboard which *you* are a passenger and if, as a result of such exposure, *you* sustain a loss for which benefits would otherwise be payable, such loss will be covered by this *policy*.

If *you* disappear due to an accident resulting in the disappearance, sinking or damaging of a *common carrier* aboard which *you* are a passenger and if *your* body is not found within 52 weeks of such accident, the *Insurer* shall presume that *you* sustained loss of life as a result of *injury* covered by this *policy*, subject to there being no evidence to the contrary.

## CONDITIONS

In addition to the General Conditions described on page 5, Travel Accident Insurance is subject to the following conditions:

1. If other accidental death, dismemberment or loss of sight policies which *we* have previously issued to *you* are concurrently in-force with this *policy*, making the aggregate indemnity in excess of \$100,000, the present insurance shall be void and all premiums shall be returned to the *Insured* or to his or her estate. If *you* are entitled to similar benefits through any other insurance plan, the benefits payable under this *policy* will be prorated.
2. Death or dismemberment must occur within 100 *days* from the date of the accident in order for benefits to be payable.
3. Should more than one loss be sustained from an insured risk as the direct result of a single accident, only the largest of the benefits is payable.
4. The benefit for dismemberment of two limbs is payable only if such dismemberment results directly from a single accident.
5. The total benefits payable for one or more accidents occurring during the same *trip* shall not exceed the *Sum Insured*.

## EXCLUSIONS

In addition to the General Exclusions described on page 5, no coverage shall be provided under Travel Accident Insurance and no payment shall be made for any claim resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following:

1. Alcohol related *sickness*, death or *injury* or the abuse of medication, drugs, alcohol or any other toxic substance. Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 millilitres of blood.
2. Commission or attempted commission of a criminal, criminal-like or illegal act by *you*, an *immediate family member*, a *travel companion* or *your* beneficiary.
3. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature.
4.
  - a. *Your* routine prenatal care or childbirth at any time during *your trip*;
  - b. Any costs for *your* child(ren) born during *your trip*.
  - c. Complications, conditions or symptoms of pregnancy during the nine weeks prior to or after and including the expected delivery date.

## Travel Accident Insurance

5. Death or *injury* sustained:
  - a. while performing as a pilot or crew member of, or travelling as a passenger on, any aircraft: flying machines or flying devices that are supported chiefly by their buoyancy in air, and includes, but is not limited to, any airplane, balloon, kite balloon, airship, glider, hang glider, paraglider, parasail, parachute, kite and wingsuit. Travelling as a passenger on a common carrier is not subject to this exclusion;
  - b. while participating in any maneuvers or training exercises of the armed forces;
  - c. during *your professional* participation in any sport; or
  - d. during *your* participation in any motorized or mechanically assisted *speed contests*; or
  - d. while making a parachute jump for any purpose other than to save *your* life.
6. Any *act of terrorism*.

## Baggage Insurance

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• May be purchased <u>only</u> as part of a Package Plan. May not be purchased separately.</li> <li>• May be purchased by non-Canadian residents <u>only</u> as part of Non-Medical Vacation Package Plan provided that <i>you</i> are living in, travelling through or visiting Canada during <i>your trip</i>. May not be purchased separately.</li> <li>• Purchase is subject to Eligibility on the inside front cover.</li> </ul>
<b>Coverage Starts</b>	<p><b>The latest of:</b></p> <ul style="list-style-type: none"> <li>• The date <i>you</i> leave <i>your</i> Canadian province or territory of residence; or</li> <li>• The <i>departure date</i>, start date or <i>effective date</i> shown on <i>your Declaration Page</i>.</li> </ul>
<b>Coverage Ends</b>	<p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>• The date on which there was cause for cancellation prior to departure; or</li> <li>• For <u>non-Canadian residents</u>: the date <i>you</i> leave Canada to return to <i>your</i> country of permanent residence; or</li> <li>• The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	<p>No maximum <i>age</i> if purchased as part of Non-Medical Vacation Package.</p> <p><b>Age 84</b> for Single Trip Vacation Package, Multi-Trip Vacation Package or <i>Top-Up</i> to Multi-Trip Vacation Package.</p>
<b>Maximum Benefit</b>	Up to \$1,000.
<b>Maximum Trip Days</b>	<ul style="list-style-type: none"> <li>• <b>365 Days</b> – If purchased as part of Single Trip Vacation Package <u>Under Age 60</u>, Multi-Trip Vacation Package <u>Under Age 60</u> or Non-Medical Vacation Package.</li> <li>• <b>63 Days</b> - Single Trip Vacation Package <u>Age 60 to 84</u> and Multi-Trip Vacation Package <u>Age 60 to 84</u>.</li> </ul>

# Baggage Insurance

## DEDUCTIBLE

No Deductible applies if *you* have purchased as part of a Non-Medical Vacation Package.

If *you* have purchased as part of a Vacation Package or Multi-Trip Vacation Package Plan, the *Insurer* will pay eligible expenses for losses incurred in excess of the Deductible amount, as shown on *your Declaration Page*, per *Insured*, per covered condition or event.

## INSURED RISKS

Loss of, or damage to the baggage and personal effects *you* own and/or use during the *trip* by reason of theft, burglary, fire or transportation hazards during the *trip*.

## BENEFITS

Subject to all terms and conditions of this *policy*, the following benefits are payable to a maximum of the *Sum Insured*:

1. The actual cash value or \$500, whichever is less, in respect of any one item or set of items. Jewellery or cameras (including camera equipment) are respectively considered a single item.
2. **Reimbursement** of the cost of replacing one or more of the following documents, to a maximum of \$50, in the event of loss or theft: driver's license, birth certificate or travel visa, plus a maximum of \$200 in the event of loss or theft of a passport.
3. **Reimbursement** up to \$500 to purchase essential necessities in the event that *your* checked baggage is delayed by the *common carrier* for more than 10 hours while en route or before returning to *your* scheduled point of departure.
4. **Reimbursement** up to \$100 per day, to a maximum of \$500 for the commercial rental of golf clubs or ski equipment or for the purchase of reasonable golf accessories or ski accessories in the event *your* checked golf clubs or ski equipment are delayed by the common carrier for more than 10 hours while *you* are en route before returning to *your* scheduled point of departure.

## CONDITIONS

In addition to the General Conditions described on page 5, Baggage Insurance is subject to the following conditions:

1. In the event of loss due to theft, burglary, robbery or malicious mischief, *you* must promptly notify and obtain supporting documentary evidence from the police, or if the police are unavailable, the hotel manager, tour guide or transportation authority immediately upon discovery. Failure to report the loss as stated above shall invalidate any claim under this insurance for such loss.
2. *You* must notify *CAA Assistance* of a loss within 24 hours of the loss occurrence.
3. In the event of loss *you* must take all precautions to protect, save or recover the property immediately.
4. The *Insurer* reserves the right to repair or replace damaged or lost property with other property of like quality and value and shall not be liable beyond the actual cash value of such property at the time of loss or damage.
5. The maximum *Sum Insured per Insured* shall in no event exceed \$1,000 in the aggregate of all coverages in this and other Baggage Insurance policies issued by the *Insurer*, regardless of actual loss or damage.
6. In the event of loss of an article which is part of a pair or set, the measure of loss shall be at a reasonable and fair proportion of the total value of the pair or set, giving consideration to the importance of such

## Baggage Insurance

article and with the understanding that such loss shall not be construed to mean total loss of the pair or set.

- When, after a reasonable period of time, lost property is not found, any claim therefore will be adjusted and paid.

### EXCLUSIONS

In addition to the General Exclusions described on page 5, no coverage shall be provided under Baggage Insurance and no payment shall be made for any claim resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following:

- Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.
- Normal wear and tear, gradual deterioration, vermin, defect or mechanical breakdown.
- Animals, perishables, bicycles except while checked as baggage with a *common carrier*, household effects and furnishings, money, tickets, securities and documents (unless stated otherwise in this *policy*), *professional* or occupational items, antiques and collector items, breakage of brittle or fragile articles, property illegally acquired, kept, stored or transported.
- Damage to or loss of covered items sustained due to any process or while being worked upon; radiation; or confiscation by any government authority.
- Unaccompanied baggage or personal effects; baggage or personal effects left unattended or in an unlocked vehicle; or baggage or personal effects shipped under a freight contract.
- Any *act of terrorism*.

## Rental Vehicle Damage Insurance

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• May be purchased by Canadian residents only.</li> <li>• Purchase is subject to Eligibility on inside front cover.</li> <li>• Must be purchased for the total duration <i>you</i> are in possession of the rental <i>vehicle</i>.</li> </ul>
<b>Coverage Starts</b>	<b>The latest of:</b> <ul style="list-style-type: none"> <li>• The time <i>you</i> take control of the rental <i>vehicle</i>; or</li> <li>• The <i>departure date</i> or <i>effective date</i> shown on <i>your Declaration Page</i>.</li> </ul>
<b>Coverage Ends</b>	<b>The earliest of:</b> <ul style="list-style-type: none"> <li>• The time the <i>commercial rental agency</i> assumes control of the rental <i>vehicle</i> at their place of business or elsewhere; or</li> <li>• The expiry of the rental agreement or the time when such agreement is terminated; or</li> <li>• The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	<b>No maximum age</b>
<b>Maximum Benefit</b>	Up to \$60,000
<b>Maximum Trip Days</b>	50 Days



# Rental Vehicle Damage Insurance

## DEDUCTIBLE

No *Deductible* applies to Rental Vehicle Damage Insurance.

## INSURED RISKS

This coverage provides insurance protection against *physical damage or loss* of a *vehicle* rented by *you* from a *commercial rental agency*.

## BENEFITS

Subject to all terms and conditions of the policy, *you* will be indemnified up to a maximum of \$60,000 for:

1. *Physical damage or loss* of a *vehicle* rented by *you* and operated by *you* or by a person otherwise permitted to operate such a rental *vehicle* under the rental agreement, while covered under this *policy*, but limited to the amount of loss which would have been waived had *you* purchased a collision damage waiver from the *commercial rental agency*, less any amount:
  - a. assumed, waived or paid by the *commercial rental agency* or its insurer; and
  - b. payable by *your* personal or business vehicle insurance policy or other insurance policy.
2. Reasonable costs of towing expenses, general average salvage, fire department charges, customs duties and loss of use of the rental *vehicle*.
3. Unused *days* under *your* rental agreement if the rental *vehicle* is damaged and deemed inoperable during the term of *your* rental agreement.
4. *Our* defending in *your* name, on *your* behalf and at *our* cost, any civil action brought against *you* on account of the loss or damage to the rental *vehicle*.
5. *Our* payment of all costs assessed against *you* in any civil action *we* defend and any interest accruing after the judgment upon that part of the judgment that is within the limit of *our* liability.

## CONDITIONS

**In addition to the General Conditions described on page 5, Rental Vehicle Damage Insurance is subject to the following Conditions:**

1. *You* must hold a valid driver's license and must meet the age requirements of the rental agreement.
2. Prior to accepting the rental *vehicle*, *you* shall examine it and file a written report of existing damages with the *commercial rental agency*.
3. *You* must take all reasonable and necessary steps to protect the rental *vehicle* and prevent damage to it.
4. Prior to or upon returning the rental *vehicle* to the *commercial rental agency*, *you* shall file a written report with such agency detailing all *physical damage or loss* which has occurred during the term of the rental agreement.
5. *You* shall immediately file a report of *physical damage or loss* for which *you* may be liable with *CAA Assistance*.
6. No evidence of *physical damage or loss* shall be removed and no repairs other than those necessary to protect the rental *vehicle* from further damage or loss shall be undertaken without the prior consent of *CAA Assistance*.

# Rental Vehicle Damage Insurance

## EXCLUSIONS

In addition to the General Exclusions described on page 5, no coverage shall be provided under Rental Vehicle Damage Insurance and no payment shall be made for any claim in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following:

1. *Physical damage or loss* of the rental *vehicle* when:
  - a. the driver is under the influence due to abuse of medication, drugs, alcohol or any other toxic substance. Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 millilitres of blood;
  - b. *you* are engaged in the business of renting *vehicles* in any manner whatsoever;
  - c. a collision damage waiver is purchased from the *commercial rental agency*;
  - d. any term or condition of the rental agreement is not met or a restriction thereof is violated;
  - e. such rental *vehicle* is used to transport passengers for compensation or hire or for commercial delivery, transporting contraband or illegal trade; and
  - f. such rental *vehicle* is rented from an organization other than a duly authorized *commercial rental agency*; or more than one such rental *vehicle* is in *your* care, custody or control at any one time (if the *Insured* is a corporation or a company: when more than one such rental *vehicle* is in the care, custody or control of an individual authorized by the *Insured*).
2. Any form of third-party vehicle liability or personal accidental *injury*.
3. A loss in any jurisdiction where such insurance coverage is prohibited by law.
4. *Your* failure to preserve or protect the rental *vehicle* or *your* neglect or abuse of the rental *vehicle*.
5.
  - a. mechanical failure or breakdown of any part of the rental *vehicle*, rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing;
  - b. the conversion or a dishonest act committed by *you* or any other party of interest, *your* employees or agents, or any person to whom the rental *vehicle* may be entrusted (bailees for hire excepted).
6. *Physical damage or loss* sustained during *your* participation in a speed test or *speed contest*.
7. *Physical damage or loss* which is covered under *your* personal or business vehicle insurance policy.
8. Any *act of terrorism*.

# Extensions and Top-Ups

## AUTOMATIC EXTENSION OF COVERAGE

Coverage will be extended automatically without additional premium if:

1. *Your* return to the point of departure is delayed beyond *your return date* solely because of the following reasons:
  - a. delay of the means of transportation provided the scheduled carrier was due to arrive at the departure point by the *return date*, and provided that the journey is completed in a reasonable amount of time; or
  - b. if driving, delay due to inclement weather provided the return journey commences prior to the *return date*; or
  - c. the personal means of transportation in which *you* are travelling is involved in an accident or mechanical breakdown that prevents *you* from returning to *your* Canadian province or territory of residence or *your* country of permanent residence on or before the *return date* provided *your* return journey commences prior to the *return date*; or
  - d. delay due to a sudden, unforeseen and emergent *sickness* or *injury* of *you*, *your* accompanying *family* member or *travel companion*.

**You must notify CAA Assistance** of the delay prior to the *return date*.

*You* will be required to provide proof of the reason for *your* delay in the event that *you* have to file a claim.

Coverage is extended for a period of five *days*, or for the period of *hospitalization* plus five *days* after discharge from the *hospital* or until deemed medically able to travel by the Medical Director of CAA Assistance. This benefit does not include any costs associated with flight change arrangements, with the exception of emergency repatriation that is approved in advance by the Medical Director of CAA Assistance.

2. *You* have a Multi-Trip Plan or Multi-Trip Vacation Package Plan Under Age 60 and *your trip days* are entirely within Canada. The Multi-Trip Vacation Package Plan Age 60-84 provides coverage for up to 63 *trip days* entirely within Canada.

Coverage may never extend beyond 365 *days* from the *departure date* or the *effective date*.

## VOLUNTARY EXTENSION OR TOP-UP OF COVERAGE

We will extend or *Top-Up* the number of *trip days* on *your* coverage beyond *your return date*, provided that:

1. *You* make application for the extension or *Top-Up* prior to the *expiry date* of *your policy* AND complete a new *Medical Questionnaire* to determine eligibility and premium for the extension or *Top-Up*.
2. There is no cause for a claim against this *policy*. (If *you* have a medical claim on *your* Multi-Trip Plan or Multi-Trip Vacation Package Plan, *you* are still entitled to a *Top-Up* for subsequent *trips*, but the cause of the first claim will be deemed a pre-existing medical condition that must qualify for the stability requirements for *your age*).
3. The extension or *Top-Up* is requested, approved by *us* and *you* have paid any additional required premium for such extension or *Top-Up* prior to the *return date* or *effective date* of the *Top-Up* or extension.
4. If *you* are topping up another insurer's policy, *you* must confirm with that insurer that a *Top-Up* is permitted on *your* existing policy with no loss of coverage.
5. The total period of coverage for any single covered *trip*, including the extension or *Top-Up* requested, does not exceed the applicable periods for the insurance coverages indicated in the chart below.

## Extensions and *Top-Ups*

INSURANCE COVERAGE	MAXIMUM TRIP DAYS INCLUDING EXTENSION OR <i>TOP-UP</i>
<ul style="list-style-type: none"> <li>• <b>Emergency Medical Insurance:</b> <ul style="list-style-type: none"> <li>- Single Trip Plan</li> <li>- Canada Plan</li> <li>- Multi-Trip Plan</li> <li>- <i>Top-Up</i> to Multi-Trip Plan</li> </ul> </li> <li>• <b>Vacation Package Plans <u>Under Age 60</u>:</b> <ul style="list-style-type: none"> <li>- Single Trip Vacation Package</li> <li>- Multi-Trip Vacation Package</li> <li>- <i>Top-Up</i> to Multi-Trip Vacation Package</li> </ul> </li> </ul>	365 Days with <i>GHIP</i> approval.
<ul style="list-style-type: none"> <li>• <b>Vacation Package Plans <u>Age 60 to 84</u>:</b> <ul style="list-style-type: none"> <li>- Single Trip Vacation Package</li> <li>- Multi-Trip Vacation Package</li> <li>- <i>Top-Up</i> to Multi-Trip Vacation Package</li> </ul> </li> </ul>	63 Days.
<ul style="list-style-type: none"> <li>• <b>Non-Medical Vacation Package Plan</b></li> <li>• <b>Trip Cancellation &amp; Interruption Insurance</b></li> <li>• <b>Visitors to Canada Insurance*</b></li> </ul>	365 Days.

\* Visitors to Canada Insurance may only be extended if *you* have not experienced any *change* in *your* health and *you* have been continuously covered under a CAA Visitors to Canada Insurance *policy* with no gap in coverage.

## Refunds

A refund of premium may be available **provided no claim has been paid, incurred or reported under this *policy***. Please refer to the individual insurance coverages outlined below for the refund type(s) available for the coverage(s) *you* have purchased.

- **Full refunds** must be requested and approved prior to the *departure date* or *effective date* of the *trip*.
- **Partial refunds** must be requested and approved prior to the *return date* of the *trip*. Proof of early return (for example, customs or immigration stamp, gas receipts) or *trip* interruption is required. Any refund is calculated from the postmarked date of written request or the actual date *you* visited or called CAA to request the refund.

### Emergency Medical Insurance (Single Trip, *Top-Up*, Canada Plan)

Full or Partial refund.

### Visitors to Canada Insurance

Full Refund if:

- *you* request cancellation prior to the *effective date* and, if this *policy* was purchased as a requirement to obtain or maintain a Super Visa, *you* provide proof from Citizenship and Immigration Canada that *your* Super Visa was denied.

Partial Refund if:

- *you* become eligible and/or covered under a *GHIP* during *your policy* coverage period; or
- *you* return to *your* country of permanent residence prior to *your* scheduled *return date*,

and *you* provide:

- proof of the date *you* became eligible and/or covered under a *GHIP*, or

## Refunds

- proof of *your* departure from Canada and return to *your* country of permanent residence (airline ticket/boarding pass or customs/immigration entry stamp); or
- proof of *your* early return to *your* country of permanent residence from Citizenship and Immigration Canada if this *policy* was purchased for a Super Visa.

### **Multi-Trip Plan (Emergency Medical Insurance) and Multi-Trip Vacation Package Plan**

Non-refundable after the *effective date*.

### **Trip Cancellation & Interruption Insurance, Single Trip Vacation Package, Non-Medical Vacation Package**

Full refund if:

- a. *you* cancel *your trip* before any cancellation penalties are in effect; or
- b. the carrier/*travel supplier* cancels the entire *trip* and all penalties are waived; or
- c. the carrier/*travel supplier* changes *your trip* dates and *you* are not able to travel and all penalties are waived; or
- d. client financing through *travel supplier* is declined.

Partial refund is available only for Single Trip Vacation Package.

## CAA Assistance

CAA Assistance is available 24 hours per *day*, 365 *days* per year.

### **WHAT TO DO IF YOU NEED CAA ASSISTANCE**

Have *your policy* number or *Declaration Page* with *you* at all times and contact CAA Assistance at the telephone number(s) listed below.

<b><u>COUNTRY</u></b>	<b><u>TOLL-FREE NUMBER</u></b>
<b>in CANADA &amp; mainland U.S.</b>	<b>1-866-288-2161</b>
Australia	0011-800-8877-9000
Costa Rica	00 800-8877-9000
Dominican Republic	1-800-203-9591
Jamaica	1-800-204-0004
Mexico	001-800-248-8561
New Zealand	00 800-8877-9000
South Africa	00 800-8877-9000
Thailand	001-800-8877-9000
UK	00 800-8877-9000
<b>Call Collect From Anywhere Else</b>	<b>+1-519-988-7040</b>
<b>Email if Calling is Not Possible</b>	<b>orionassistance@acmtravel.ca</b>

When contacting CAA Assistance, please provide *your* name, *your policy* number, *your* location and the nature of *your* emergency.

### **WHAT HAPPENS WHEN YOU CALL CAA ASSISTANCE?**

**Prior to receiving all relevant medical information, we will handle *your* emergency assuming *you* are eligible for benefits under this *policy* and *you* will be reminded that any services rendered are subject to the terms and conditions of this *policy*. If it is later determined that a *policy* term, limitation, condition or exclusion, general and specific, applies to *your* claim, *you* will be required to reimburse *us* for any payments *we* have made on *your* behalf.**

## CAA Assistance

CAA Assistance will work closely with *you* to:

- direct *you* to an appropriate *physician* or *hospital* at *your trip* destination, wherever possible;
- provide multilingual interpreters to communicate with *physicians* and *hospitals*;
- monitor *your* care so that only appropriate, *medically necessary* treatment is given and to ensure that *your* medical needs are met;
- contact *your* family and *physician* on *your* behalf;
- pay *hospitals*, *physicians* and other medical providers directly, whenever possible;
- approve and arrange air ambulance transportation when *medically necessary*;
- inform *you* of any expenses not covered by this *policy* or to explain this *policy's* terms and provisions as they relate to *your medical emergency*.

Where a claim is payable *we* will arrange, wherever possible, to have any medical expenses billed directly to *us*.

### WHY ARE YOU REQUIRED TO CALL CAA ASSISTANCE?

1. If CAA Assistance is not notified, *you* may receive *medical treatment* or services which are not considered *medically necessary* as defined by this *policy* and benefits will be limited to:
  - a. in the event of *hospitalization*, 80% of eligible expenses based on *reasonable and customary costs* to a maximum of \$25,000; and
  - b. in the event of out-patient medical consultation, a maximum of one visit per *sickness* or *injury*.

*You* will be responsible for the payment of any remaining charges.
2. CAA Assistance must approve certain benefits in advance. Check the benefits section of *your* coverage(s) to see which benefit(s) this applies to.
3. *Trip* Cancellation claims must be reported within one business *day* of the event forcing cancellation. If *you* do not call, *you* may sustain reduced benefits due to cancellation penalties that are imposed by the *travel supplier*. Benefits payable apply to those charges which are in effect on the *day* of the loss.
4. *Trip* Interruption claims must be reported immediately to ensure that *you* do not incur expenses which are not covered benefits.
5. If *you* pay eligible expenses directly to a health service provider without prior approval by CAA Assistance, these services will be reimbursed to *you* on the basis of the *reasonable and customary costs* that would have been paid directly to such provider by the *Insurer*. Medical charges that *you* pay may be higher than this amount, therefore *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary costs* reimbursed by the *Insurer*.

### LIMITATION ON CAA ASSISTANCE SERVICES

CAA Assistance reserves the right to suspend, curtail or limit services in any area or country in the event that war, political instability or hostility renders the area inaccessible by CAA Assistance. CAA Assistance will use its best efforts to provide services during any such occurrence.

*You* may contact CAA Assistance prior to *your* departure to confirm coverage for *your trip* destination.

# How to File a Claim

## PAYMENT TO MEDICAL PROVIDERS

CAA Assistance will pay *hospitals, physicians* and other medical providers directly, whenever possible. While most medical providers will agree to accept direct payment from *us*, there are some providers who will require that *you* pay them directly.

Where direct payment cannot be arranged, *we* will **reimburse** eligible expenses on the basis of *reasonable and customary costs*.

Please note that some benefits are **reimbursable** on *your* return. Check the particular benefit section for the insurance coverage(s) *you* have purchased to see which benefit(s) this applies to.

## SUBMITTING YOUR CLAIM

*You* must substantiate *your* claim by providing the documents described in the applicable insurance coverage(s) below. (The *Insurer* is not responsible for charges levied in relation to any such documents).

Indicate *your policy* number on all correspondence and send the claim form and all required documents to:

### CAA Travel Insurance

Active Care Management Inc.

PO Box 308 Station A

Windsor, Ontario N9A 6K7

Email: [orionclaims@acmtravel.ca](mailto:orionclaims@acmtravel.ca)

Phone Numbers: Located on inside front cover and page 43

## EMERGENCY MEDICAL INSURANCE and VISITORS TO CANADA INSURANCE

1. A completed Medical Expenses Claim Form (provided by *CAA Assistance* upon notification of claim).
2. For accidental dental expenses *you* must provide an accident report from the *physician* or dentist.
3. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of treatment, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider. (For Canadians covered by *GHIP*, copies of itemized bills are accepted only if the *Insured* has already dealt directly with *GHIP*).
4. Original prescription drug receipts from the pharmacist, *physician* or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
5. For out of pocket expenses: an explanation of expenses accompanied by the original receipts.

## HOLIDAY PROTECTION

In addition to the items required under *Trip Cancellation & Interruption Insurance*, *you* must also submit:

1. Satisfactory evidence that *you* have booked and paid for a replacement *trip*.
2. An itemized CAA Travel Agency invoice, for the replacement *trip*, showing fares, deposits, travel dates, final payment and date thereof.
3. A copy of the CAA Travel Insurance *policy* for the replacement *trip* and the name of the CAA travel professional.

## TRIP CANCELLATION & INTERRUPTION INSURANCE

Benefits under this insurance coverage are payable to *you* unless *you* authorize and direct the *Insurer*, in writing, to pay the eligible claim amount to a third party.

1. A completed *Trip Cancellation & Interruption Claim Form* (available by contacting

## How to File a Claim

the *CAA Assistance* at the phone numbers on page 43). We need proof of the cause of the claim, including:

- a. if *your* claim is for medical reasons, a medical certificate completed by the attending *physician* stating why travel was not possible as booked and a copy of the entire medical file of any person whose health or medical condition is the reason for *your* claim; or
  - b. a report from the police or other responsible authority documenting the reason for the delay if *your* claim is due to misconnection.
2. Original invoices and receipts.
  3. Original tickets.
  4. Other supporting documentation as requested.

### **TRIP CANCELLATION**

1. For cancellation due to a disaster or event independent of any intentional act or negligence, accident on the way to departure, jury duty, subpoena, transfer or involuntary loss of employment: a legal certificate (police report, the summons and/or subpoena, record of employment) confirming the circumstances of the cancellation and a letter from *your* employer (if applicable).
2. For penalties: a copy of the *travel supplier's* or the airline's publication confirming the cancellation penalties imposed.
3. For default coverage: written notice of claim must be submitted within 60 *days* of the *day* on which the *travel supplier* announces that it is in *default* :
  - a. copies of receipts and proofs of payment to *travel suppliers*;
  - b. copies of unused transportation or accommodation documents; and
  - c. where appropriate, evidence of claim to or reimbursement from any federal, provincial or other compensation fund or any other source (including credit card companies) that is legally responsible or under contract to reimburse *you* for the cost of the undelivered *travel services*.

### **TRIP INTERRUPTION**

1. For out of pocket expenses: an explanation of expenses in the event of a late return, along with original receipts.
2. For death or repatriation: a death certificate accompanied by receipts from the funeral home, airline, etc.
3. For default coverage: written notice of claim must be submitted within 60 *days* of the *day* on which the *travel supplier* announces that it is in *default* :
  - a. copies of receipts and proofs of payment to *travel suppliers*;
  - b. copies of unused transportation or accommodation documents; and
  - c. where appropriate, evidence of claim to or reimbursement from any federal, provincial or other compensation fund or any other source (including credit card companies) that is legally responsible or under contract to reimburse *you* for the cost of the undelivered *travel services*.
4. Other supporting documentation as requested.

### **TRAVEL ACCIDENT INSURANCE**

For forms and instructions, contact *CAA Assistance* at the phone number(s) on page 43.

### **BAGGAGE INSURANCE**

1. A completed claim form available by contacting *CAA Assistance* at the phone number(s) on page 43.
2. For loss:
  - a. a report by the police or the hotel manager, tour guide or transportation



## How to File a Claim

- authorities in whose custody the insured property was at the time of loss;
- b. adequate proof of loss, (original purchase receipts, original replacement receipts or original replacement estimates on store stationery or letterhead) ownership and itemized value.
  - c. a Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or *common carrier*.
3. For baggage delay *you* must supply proof of delay of checked baggage from the *common carrier* and original receipts of purchase:
- a. original itemized receipts for expenses actually incurred;
  - b. a copy of the baggage claim ticket;
  - c. a copy of *your* airline or *common carrier* ticket;
  - d. verification of the delay of checked baggage from the airline or *common carrier* including the reason and the duration of the delay; and
  - e. a copy of the delivery receipt.

### BOUNCEBACK BENEFIT

For forms and instructions, contact *CAA Assistance* at the phone number(s) on page 43.

## Definitions

**ACM** or **Active Care Management Inc.** means the company appointed by the *Insurer* to provide the assistance and claims services under the *policy*.

**Act(s) of terrorism** means any activity occurring within a 72 hour period, save and except an *act of war*, against persons, organizations, property (whether tangible or intangible) or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:

- use, or a threat to use, force or violence; or
- commission, or a threat to commit, a dangerous act; or
- commission, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system;

and the effect or intention of the above is to:

- intimidate, coerce or overthrow a government (whether *de facto* or *de jure*) or to influence, affect or protest against its conduct or policies; or
- intimidate, coerce or put fear in the civilian population or any segment thereof; or
- disrupt any segment of the economy; or
- further political, ideological, religious, social or economic objectives to express (or express opposition to) a philosophy or ideology.

**Act(s) of war** means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

**Age** refers to *your age* on the date of insurance application. For *Top-Up*, *age* refers to *your age* on the date of *Top-Up* application.

**Business meeting** means a meeting between companies with unrelated ownership which has been arranged in advance, which is relevant to *your* full-time profession or occupation and which required the undertaking of the *trip*. *Business meeting* includes a conference for which *you* have paid registration fees when the cancellation is due to circumstances beyond *your* control. (Proof of registration will be required in the event of a claim.)

**CAA Assistance** means the claims and assistance provider, appointed by *us* from time to time to perform all assistance services and administer claims on *our* behalf under this *policy*.

## Definitions

**Caregiver** means a person *you* have entrusted with the care of *your* dependent(s) on a permanent, full-time basis and whose services cannot reasonably be replaced.

**Change** means *you* have experienced an increase in symptoms, developed new symptoms, required investigation, required a *change* in frequency or dosage of medication, required a *change* in treatment, were *hospitalized*, required medical consultation (other than a routine examination) or had a deterioration of an existing condition.

**Change in medication** means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed. Exceptions:

- an adjustment to the insulin or Coumadin (Warfarin) dosage *you* are currently taking provided it is not newly prescribed or stopped and there has been no *change* to *your* medical condition; and
- a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified).

**Child(ren)** means unmarried, dependent persons under 26 years of *age* (under *age* 19 for Escort of *Insured Children* benefit), who reside with *you* OR who are full-time students in residence at a post-secondary institution OR mentally or physically handicapped persons of any *age* who reside with *you*, all of whom depend on *you* for support and whose name appears on *your Declaration Page* as *Insured(s)*.

**Common carrier** means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended and used to transport paying passengers.

**Day** means 24 consecutive hours beginning at 12:01 a.m.

**Declaration Page** means *your* most recent computer printout, printed form, electronic copy, invoice or *policy* document that sets out the insurance coverage(s) *you* have purchased.

**Default** means the complete or substantially complete cessation of business by a *travel supplier* as a direct or indirect result of bankruptcy or insolvency thereof.

**Departure date** means the *departure date*, start date or *effective date* shown on *your Declaration Page*.

**Effective date** means:

- a. for *Trip Cancellation Insurance* – the date of application;
- b. for *Visitors to Canada Insurance* – the latest of the following:
  - i. *your* arrival date in Canada; or
  - ii. the *departure date*, start date or *effective date* shown on *your Declaration Page*;
- c. for all other insurance coverages – the latest of the following:
  - i. the date *you* leave *your* Canadian province or territory of residence; or
  - ii. the *departure date*, start date or *effective date* shown on *your Declaration Page*.

**Essential travel** means *your* reason for travel is due to the death or terminal illness of an *immediate family member*.

**Family** means *you* and/or *your spouse* (legal or common-law, regardless of sex) and *your child(ren)*, step-*child(ren)* or grandchild(ren) (provided they are under 26 years of *age* OR of any *age* if mentally or physically handicapped), when *your* names appear on *your Declaration Page* respectively as the *Insured(s)*.

**GHIP** means a Canadian provincial or territorial government health insurance plan.

**Hospital** means a medical facility which is legally accredited to provide medical, diagnostic and surgical treatment to in-patients during the acute phase of their *sickness* or *injury*, which is primarily engaged in the aforesaid activities and which operates under the supervision of a staff of *physicians* and has a registered nurse continuously on duty. The *hospital* must not be licensed as a home for the aged, rest home, nursing home, convalescent *hospital*, health spa, rehabilitation centre or treatment facility for drug or alcohol abuse and/or addiction.

**Hospitalization** or **hospitalized** means *you* are admitted to a *hospital* and are receiving *medical treatment* on an in-patient basis.

## Definitions

**Immediate family member** means *spouse* (legal or common-law, regardless of sex), natural, adopted, foster or step-child(ren), brother, sister, step-brother, step-sister, parent, step-parent, grandparent, grandchild(ren), aunt, uncle, nephew, niece, son-in-law, daughter-in-law, parent-in-law, brother-in-law, sister-in-law, legal guardian, legal ward or *key employee* of the *Insured*.

**Infant** means a *child(ren)* under two years of *age*.

**Injury** means accidental bodily harm which results in loss unrelated to *sickness* or any other cause and which occurs while this coverage is in effect. The *injury* must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment* and for the *physician* to certify in writing the necessity of cancelling, interrupting or delaying the *trip*.

**Insured(s)** means the person(s) named on *your Declaration Page* upon which a CAA Travel Insurance *policy* number appears.

**Insurer** means Orion Travel Insurance Company.

**Key employee** means an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

**Medical emergency** means the unforeseen and emergent occurrence of symptoms for a *sickness* or *injury* which, unless *treated* immediately by a *physician*, may lead to death or to serious impairment of *your* health.

**Medical Questionnaire** (where applicable) means the form relating to *your* medical history which *you* must fill out correctly at the time of application for insurance and at the time of application for extension and *Top-Up* and which forms part of the insurance *policy*. The answers *you* provide on this form are material to the determination of the terms of coverage and/or the premium that applies to *you*.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. *Medical treatment* includes *hospitalization*, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness, injury* or symptom.

**Medically necessary** in reference to a given service or supply, means such service or supply:

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b. is not experimental or investigative in nature;
- c. cannot be omitted without adversely affecting *your* condition or quality of medical care;
- d. cannot be delayed until *your* return to *your* Canadian province or territory of residence or, for non-Canadian residents *your* country of permanent residence; and
- e. is delivered in the most cost effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

**Physician** means a medical practitioner licensed to prescribe and administer *medical treatment* or a surgeon licensed to perform surgery:

- a. who was thus licensed at the time of treatment and who remains so;
- b. whose legal and professional standing, within the jurisdiction where treatment was rendered, is equivalent to that of a doctor of medicine (M.D.) licenced to practise in any province or territory of Canada; and
- c. who is not an *immediate family member*.

**Policy** means this document, any riders or amendments to this document, the application, any *Medical Questionnaire(s)* (if applicable), and *your Declaration Page*, all of which form the entire *policy* and must be read as a whole.

**Professional** means a person who engages in a specific activity as his/her principal occupation and for which he/she receives remuneration.

**Reasonable and customary costs** means costs incurred for approved, eligible

## Definitions

medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar *sickness* or *injury*.

**Return date** means:

- a. for the **Multi-Trip Plan** and **Multi-Trip Vacation Package Plan** – the earliest of:
  - i) the date on which *you* are scheduled to return from any single covered *trip* (up to 4, 8, 15 or 30 *days*, depending on the duration of the plan *you* purchased) to *your* Canadian province or territory of residence;
  - ii) the date *you* actually return to *your* Canadian province or territory of residence;
  - iii) one year from the *departure date*, start date, or *effective date* as shown on *your Declaration Page*.
- b. for **Visitors to Canada Insurance** – the earliest of:
  - i) for non-Canadian residents: the actual date *you* leave Canada to return to *your* country of permanent residence;
  - ii) the date on which *you* are scheduled to return to *your* country of permanent residence as shown as the *return date* on *your* most recent *Declaration Page*.
- c. for **All Other Insurance Coverages** – the earliest of:
  - i) the date *you* actually return to *your* Canadian province or territory of residence;
  - ii) the *return date* on which *you* are scheduled to return to *your* Canadian province or territory as shown on *your* most recent *Declaration Page*;
  - iii) for non-Canadian residents: the date on which *you* are scheduled to return to *your* departure point as shown as the *return date* on *your* most recent *Declaration Page*.

**Service Animal(s)** means any dog(s) that is individually trained to do work or perform tasks for the benefit of an *Insured* with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. The work or tasks performed by a *service animal* must be directly related to the *Insured's* disability.

**Sickness** means a disease or disorder of the body which results in loss while this coverage is in effect. The *sickness* must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment* and for the *physician* to certify in writing the necessity of cancelling, interrupting or delaying the *trip*.

**Speed contest** means an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event.

**Spouse** means the person to whom *you* are legally married or with whom *you* have resided for at least 12 months and whom *you* present publicly as *your spouse* (regardless of sex).

**Stable** means that *you* have NOT experienced the following for any *sickness*, *injury* or medical condition before *your trip*: *hospitalization* AND/OR a medical procedure or intervention AND/OR a *change in medication* AND/OR a *change in medical treatment* AND/OR experienced new or more frequent symptoms AND/OR are requiring investigation (other than a routine check-up).

**Sum Insured** means the maximum amount payable, providing premium has been paid, as indicated on *your Declaration Page*.

**Terminal illness** means that *you* have a medical condition for which a *physician* has estimated that *you* have less than six months to live.

**Top-Up** means the coverage *you* purchase from *us* to extend *your trip days* beyond the duration covered under the Multi-Trip Plan, Multi-Trip Vacation Package Plan or another insurer's policy.

**Travel arrangements** mean *travel services* whose reservation and booking has been made by a CAA Travel Consultant, or a travel agent, or a *travel supplier* on *your* behalf prior to the *departure date* of *your trip*.

## Definitions

**Travel companion** means a person accompanying *you* on the *trip*, who shares accommodation or transportation with *you* and who has paid such accommodation or transportation in advance of departure. A maximum of six persons will be considered *travel companions* (including the *Insured*).

**Travel services** means transportation, sleeping accommodation or other services for the use of a traveller, tourist or sightseer provided by a *travel supplier* but does not include taxes or insurance.

**Travel supplier** means a licensed company in the business of providing transportation and/or accommodation to the public, and specifically excluding travel agents or professionals, agencies or brokers.

**Treated** means that *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken or are currently taking medication.

**Trip** for Canadian residents means travel outside *your* Canadian province or territory of residence; for non-Canadian residents *trip* means travel outside *your* country of permanent residence.

**Vehicle** means any private or rental automobile, motorcycle, mobile home or trailer.

**We, us or our** means Orion Travel Insurance Company.

**You, your and yourself** means the person(s) shown as the "*Insured(s)*" on *your Declaration Page* upon which a CAA Travel Insurance *policy* number appears.

## General Terms of Agreement

These general terms of agreement apply to all CAA Travel Insurance coverages described herein.

This *policy* is issued in consideration of *your* application, and the premium paid in advance of travel dates, for coverage(s) shown on *your Declaration Page* upon which a CAA Travel Insurance *policy* number appears.

*Active Care Management Inc.* has been appointed by the *Insurer* as provider of all assistance and claims services under this *policy*.

### Premium:

Once *you* pay *your* premium and a *policy* number is issued, this *policy* becomes a binding contract that determines what benefits are payable to *you* by the *Insurer*.

Enrollment and premium collection are handled by CAA and the *Insurer*. The required premium is due and payable at the time of application and will be determined according to the schedule of premium rates then in effect.

If the premium is incorrect for the period of coverage selected, *we* will:

- a. charge and collect any underpayment; or
- b. shorten the coverage period by written amendment if an underpayment in premium cannot be collected; or
- c. refund any overpayment of premium.

Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

By paying the premium for this insurance, *you* agree that *we* and *CAA Assistance* have:

- a. *your* consent to verify *your* Canadian government health insurance (*GHIP*) card number (where applicable) and other information required to process *your* claim, with the relevant government and other authorities;
- b. *your* authorization to *physicians, hospitals* and other medical providers (where applicable) to provide to *us* and *CAA Assistance* any and all information they have regarding *you* while under observation or treatment, including *your* medical history, diagnoses and test results;

## General Terms of Agreement

- c. *your* agreement to the collection, use, and if necessary disclosure of the information available under a. and b. above from and to other sources, as may be required for the consideration and, if applicable, processing of *your* claim for coordination of benefits obtainable from other sources; and
- d. the right to collect from *you* any amount *we* have paid on *your* behalf to medical providers or any other parties in the event that *you* are found to be ineligible for coverage or that *your* claim is invalid or benefits are reduced in accordance with any provisions of this *policy*.

### DEDUCTIBLE

The *Insurer* will pay eligible expenses for losses incurred in excess of the Deductible amount, as shown on *your Declaration Page*, per *Insured*, per covered condition or event.

If *you* have purchased a Vacation Package or Multi-Trip Vacation Package Plan, the Deductible will apply to each coverage included in the Package Plan.

No Deductible applies to the Non-Medical Vacation Package Plan or Trip Cancellation & Interruption Insurance if purchased separately.

**All Deductible amounts are stated in U.S. currency.**

### Where Coverage is applicable:

Coverage is applicable worldwide, except in countries at war or countries where political instability or hostility renders the area inaccessible by *CAA Assistance* services. *You* may contact *CAA Assistance* prior to *your* departure to confirm coverage for *your trip* destination. Phone numbers are located on the inside front cover.

### Payment of Benefits

All payments under this *policy* are payable to *you* or on *your* behalf. Benefits for loss of life are made to *your* estate.

*You* do not have the right to designate persons to whom for whose benefit insurance money is to be payable.

**Any benefits paid will be payable in Canadian funds.** Where benefits are payable in foreign currency, the rate of exchange is based on the rate effective on the date when the benefit is paid. No sum payable shall bear interest. **All benefit limits indicated are in Canadian currency.**

### Rights of Subrogation

*We* have the right to proceed at *our* own expense in *your* name against third parties who may be responsible for giving rise to a claim under this *policy* or who may be responsible for providing indemnity or benefits similar to this insurance. *We* have full rights of subrogation. *You* will co-operate fully with *us* and not do anything to prejudice such rights. If *you* institute a demand or action for a covered loss, *you* shall immediately notify the *Insurer* so that the *Insurer* may safeguard its rights.

### Co-ordination of Benefits

If, at the time of loss, *you* have insurance from another source, or if any other party is responsible for benefits also provided under this *policy*, the *Insurer* will pay eligible expenses only in excess of those covered by that other insurer or other responsible party, including credit cards, private or provincial auto plans or any other insurance, whether collectable or not. If, however, that other insurance is also "excess only", the *Insurer* will co-ordinate payment of all eligible claims with that other insurer. All co-ordination follows guidelines set by the Canadian Life and Health Insurance Association. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is **\$100,000** or less. If *your* lifetime maximum is greater than **\$100,000**, the *Insurer* will co-ordinate benefits only above this amount.

# General Terms of Agreement

## Misrepresentation and Non-disclosure

The entire coverage under this *policy* shall be voidable if the *Insurer* determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this *policy* or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *Insured* persons under this *policy* of insurance.

## Arbitration

The *Insured(s)* and *Insurer* hereto agree that any dispute, controversy or claim arising out of or relating to this *policy*, including any question regarding its existence, interpretation, validity, breach, termination or claim made pursuant to it, shall be submitted to an arbitrator in the Canadian province or territory in which this *policy* was issued. The laws of the Canadian province or territory in which the *policy* was issued shall apply in the determination of any such dispute, controversy or claim. The decision of the arbitrator shall be final and no party may appeal the decision to any court.

## Applicable Law

This *policy* of insurance is governed by the law of the Canadian province or territory of residence of the *Insured*. For Visitors to Canada Insurance, this *policy* of insurance will be governed by the law of the Canadian province or territory where this *policy* was issued.

## 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, Orion Travel Insurance Company will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims relative to the insurance applied for.

Access to this file will be restricted to those Orion Travel Insurance Company 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 those of *our* administrator or agent. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Orion Travel Insurance Company, 60 Commerce Valley Drive East, Thornhill, Ontario L3T 7P9, or by calling 1-800-268-3750 ext. 25043.

## Dispute Resolution

At Orion Travel Insurance Company (Orion), *we* have a very defined escalation process to ensure that *our* customers have every possible recourse should underwriting, pricing, sales, claims or service issues arise. *Our* Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

Orion is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with Orion before accessing the General Insurance Ombudservice.

*You* may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office  
Orion Travel Insurance Company  
60 Commerce Valley Drive East  
Thornhill, Ontario L3T 7P9

Phone: 905-747-4900

Toll Free: 1-855-674-6684

Fax: 905-771-3357

Email: [orioninfo@OrionTi.ca](mailto:orioninfo@OrionTi.ca)

# Statutory Conditions

## The Contract

The application, this *policy*, any document attached to this *policy* when issued, and any amendment to the contract agreed upon in writing after this *policy* is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

## Waiver

The *Insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing and signed by the *Insurer*.

## Copy of Application

The *Insurer* shall, upon request, furnish to the *Insured* or to a claimant under the contract a copy of the application/*Declaration Page*.

## Material Facts

No statement made by the *Insured* at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

## Notice and Proof of Claim

The *Insured*, or a beneficiary entitled to make a claim, or the agent of any of them shall:

- a. give written notice of claim to the *Insurer*:
  - i. by delivery thereof, or by sending it by registered mail to *CAA Assistance*; or
  - ii. by delivery thereof to an authorized agent of *CAA Assistance*, not later than 30 *days* from the date a claim arises under the contract on account of an accident, *sickness*, *injury* or insured risk;
- b. within 90 *days* from the date a claim arises under the contract on account of an insured risk, furnish to *CAA Assistance* such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the *sickness* or *injury*, and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary; and
- c. if so required by *CAA Assistance*, furnish a satisfactory certificate as to the cause or nature of the insured risk for accident, *sickness*, *injury* or insured risk for which the claim may be made under the contract and as to the duration and/or extent of loss.

## Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim, within the time prescribed by this statutory condition, does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and in no event later than one year from the date of the accident or the date the claim arises under the contract, on account of *sickness* or *injury* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

## Insurer to Furnish Forms Proof of Claim

*CAA Assistance*, shall furnish forms for proof of claim within 15 *days* after receiving notice of claim, but where the claimant has not received the forms within that time, the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, *sickness*, *injury* or insured risk giving rise to the claim and of the extent of the loss.

## Rights of Examination

As a condition precedent to recovery of insurance money under this contract:

- a. the claimant shall afford to the *Insurer* or *CAA Assistance*, as the case may be,



## Statutory Conditions

an opportunity to examine the person of the person *Insured* when and so often as it reasonably requires while the claim hereunder is pending; and

- b. in the case of death of the person *Insured*, the *Insurer* or *CAA Assistance*, as the case may be, may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

### When Money Payable

All money payable under this contract shall be paid by the *Insurer* within 60 *days* after it has received proof of claim and all required documentation.

### Limitation of Arbitration Proceedings

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, or other applicable legislation.

### Insurance Act Statutory Conditions

Despite any other provisions contained in the *policy*, this *policy* is subject to the applicable statutory conditions in the Insurance Act, as applicable in *your* province or territory of residence, respecting contracts of accident and sickness insurance.

This *policy* is effective April 8, 2018 and is underwritten by Orion Travel Insurance Company.

## Notes