ORION
TRAVEL INSURANCE™



Policy

March 1, 2024

My
INSURANCE BROKER

ELIGIBILITY

You **are not eligible for any coverage under this *policy* except for Rental Vehicle Damage Insurance, 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 skin or 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 *ORION ASSISTANCE* IMMEDIATELY:

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

COUNTRY	**TOLL-FREE NUMBER**
in CANADA & mainland U.S.	**1-866-266-2770**
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
Call Collect From Anywhere Else	**+1-519-988-7047**
Email if Calling is Not Possible	**orionassistance@globalexcel.com**

You must call *Orion Assistance* before obtaining *emergency treatment*, so that *we* may:

- confirm coverage;
- provide pre-approval of *treatment.*

If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, *we* ask *you* to call as soon as possible or have someone call on *your* behalf. Otherwise, if *you* do not call *Orion Assistance* before *you* obtain *emergency treatment*:

a. *your* maximum benefit payable will be reduced to 80% of *your* medical expenses covered under this insurance, to a maximum of $25,000 CAD;

b. in the event of out-patient medical consultation, benefits paid will be limited to a maximum of one 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 the distributor from which the *policy* is purchased. The phone number is located on *your* Declaration Page. *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.

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Summary of Plans Available

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

MEDICAL PLANS	INSURANCE COVERAGE
Single Trip, Canada, Multi-Trip and *Top-Up*	• Coverage maximum: Emergency Medical $5 Million* • *Family* coverage • No maximum *age* • *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*.
Visitors to Canada	• Coverage maximum up to: $25,000, $50,000, $100,000 or $150,000 for Visitors to Canada Insurance • *Family* coverage • Maximum *age* is 85 (except for $150,000 coverage where the maximum *age* is 69) • Maximum duration: 365 *trip days*

NON-MEDICAL PLANS	INSURANCE COVERAGE
Trip Cancellation & Interruption	• Coverage maximum: Trip Cancellation: Up to the *sum insured* Trip Interruption: Up to unlimited • No maximum *age* • No *Pre-Existing Medical Condition* Exclusion • Maximum duration: 365 *trip days*

PACKAGE PLANS	INSURANCE COVERAGE
Multi-Trip Vacation Package and *Top-Up*	• Coverage maximum: Emergency Medical $5 Million* Trip Cancellation: $2,000, $3,000, $4,000 or $5,000 per *trip* to a maximum of $10,000 per year Trip Interruption: Up to unlimited Baggage Insurance: Up to $1,500 per *trip* to a maximum of $3,000 per year • *Family* coverage • Maximum *age* is 84 • *Maximum *trip days*: *Ages* 59 and under – 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*. *Ages* 60 to 84 – 63 *days* • *Infant* protection • Holiday protection: $750 • Travel Accident Insurance: Up to $150,000

Summary of Plans Available

PACKAGE PLANS	INSURANCE COVERAGE
Single Trip Vacation Package, Single Trip Canada Vacation Package	• Coverage maximum: Emergency Medical $5 Million* Trip Cancellation: Up to the *sum insured* Trip Interruption: Up to unlimited Baggage Insurance: Up to $1,500 • *Family* coverage • Maximum *age* is 84 for Single Trip Vacation Package and all *ages* for Single Trip Canada Vacation Package • *Maximum *trip days*: *Ages* 59 and under for Single Trip Vacation Package and all *ages* for Canada Vacation Package – 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*. *Ages* 60 to 84 – 30 *days* • *Infant* protection • Holiday protection: $750 • Travel Accident Insurance: Up to $150,000
Non-Medical Vacation Package	• Coverage maximum: Trip Cancellation: Up to the *sum insured* Trip Interruption: Up to unlimited Baggage Insurance: Up to $1,500 • *Family* coverage • No maximum *age* • *No Pre-Existing Medical Condition* Exclusion • Maximum duration: 365 *trip days* • Holiday protection: $750 • Travel Accident Insurance: Up to $150,000
Rental Vehicle Damage Insurance	• Coverage maximum: $80,000 • Maximum duration: 60 *days* • No maximum *age*

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 the definition of *family* on page 54 for *family* member eligibility.

Pre-Existing Medical Condition Exclusion

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

- Emergency Medical – page 14 and 15
- Vacation Packages – page 14 and 15
- Visitors To Canada – page 22

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

Important Information About This *Policy*

Canadian Life and Health Insurance Association
IMPORTANT NOTICE - READ CAREFULLY BEFORE *YOU* TRAVEL

You have purchased a travel insurance *policy* – what's next? *We* want *you* to understand (and it is in *your* best interests to know) what *your policy* includes, what it excludes, and what is limited (payable but with limits). Please take time to read through *your policy* before *you* travel. Italicized terms are defined in *your policy*.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, *you* must meet all of the eligibility requirements.
- This insurance contains limitations and/or exclusions (e.g.: *medical conditions* that are not *stable*, pregnancy, *child* born on *trip*, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to *pre-existing medical conditions,* whether disclosed or not at time of *policy* purchase.
- Contact *Orion Assistance* before seeking *treatment* or *your* benefits may be limited or denied.
- In the event of a claim *your* prior medical history may be reviewed.
- If *you* have been asked to complete a *medical questionnaire* and any of *your* answers are not accurate or complete, *your policy* will be voidable.

IT IS *YOUR* RESPONSIBILITY TO UNDERSTAND *YOUR* COVERAGE. IF *YOU* HAVE QUESTIONS, CALL THE DISTRIBUTOR FROM WHICH THE *POLICY* IS PURCHASED.

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 50, *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

Important Information About This *Policy*

on page 52. Pay particular attention to these definitions as the *insurer* has given a very specific meaning to these terms.

CARRY THE INSURANCE CARD, *YOUR* PROVINCIAL HEALTH 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.
8. *We* do not insure or reimburse the monetary value of any travel costs that have been booked and paid for with points, miles or any other type of travel reward program.

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. Unless otherwise stated in this *policy*, *we* will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services.
3. Non-compliance to prescribed *treatment*

   Situation where *your* claim will not be paid:

   - Any *medical condition* that is the result of *you* not following *treatment* as prescribed to *you*, including prescribed medication.
4. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.

General Exclusions

5. Illegal act

   Situation where *your* claim will not be paid:

   - Claim that results from or is related to *your* negligent behaviour or involvement in the commission or attempted commission of a criminal offence, negligent or illegal act.

6. Expenses for which no charge would normally be made in the absence of insurance.
7. War

   Situation where *your* claim will not be paid:

   - Claims related to an *act of war* whether declared or undeclared.

8. Travel advisory

   Situations where *your* claim will not be paid:

   - An official travel advisory was issued by the Canadian government stating "Avoid non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date.*
   - This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

   To view the travel advisories, visit the Government of Canada Travel site.

9. 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.
10. Professional or other services rendered by a family member.

Emergency Medical Insurance

Eligibility and Purchase Conditions	• May be purchased separately or as part of a Package Plan. • Purchase is subject to Eligibility on the inside front cover. • Applicants *age* 60 and over must complete a *medical questionnaire* no longer than six months before the Emergency Medical Insurance *departure date* or *effective date* to determine eligibility except for Canada Plan where a *medical questionnaire* is not required. Regardless of *age*, a *medical questionnaire* is only required for Single Trip Canada Vacation Package and Single Trip Vacation Package, when the *sum insured* exceeds $40,000 per *insured*. • *You* must be a Canadian resident covered by a *government health insurance plan* (*GHIP*) for the full duration of the *trip*.
Coverage Starts	**The latest of:** • the date *you* leave *your* Canadian province or territory of residence; or • the *departure date*, start date or *effective date* shown on *your Declaration Page*.
Coverage Ends	**The earliest of:** • the date *you* return to *your* Canadian province or territory of residence; or • the *return date* as shown on *your Declaration Page*.

Emergency Medical Insurance

Maximum *Age*	• **No maximum *age*** if purchased separately including Canada Plan and if purchased as part of Single Trip Canada Vacation Package plan. • ***Age* 84** if purchased as part of Single Trip Vacation Package, Multi-Trip Vacation Package, *Top-Up* to Multi-Trip Vacation Package.
Maximum Benefit	Up to $5 million. Maximum $25,000 for all Emergency Medical Insurance benefits if at time of claim: a) *your GHIP* coverage was 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* Including Extension or *Top-Up*	• **365 *Days* with *GHIP* approval** – Single Trip, Canada Plan, Multi-Trip, Single Trip Canada Package Plan, Single Trip Vacation Package under *age* 60 and Multi-Trip Vacation Package under *age* 60. • **30 *Days*** – Single Trip Vacation Package *age* 60 to 84. • **63 *Days*** – Multi-Trip Vacation Package *age* 60 to 84.

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, 30 or 60 *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.

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 46, 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).

Note: 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 *return date*, *you* can purchase:

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

Please refer to the Extensions and *Top-Ups* section on page 46 for applicable conditions.

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.

Emergency Medical Insurance

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 government health insurance plan* for details.

For *trips* exceeding the maximum *days* covered by *your government health insurance plan*, *you* must obtain written authorization from *your GHIP* that *your* coverage will remain in effect for *your* entire *trip* duration. If *you* do not obtain authorization, then any *trip days* exceeding *your government health insurance plan* 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* agent, if *you* purchased *your* coverage online, the *insurer* at 1-905-747-4803 or 1-844-211-7776. 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*.

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 charges* 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 government health insurance plan* and by any other insurance policy or health plan (group or individual) under which *you* are entitled to benefits.

Emergency Medical Insurance

DEDUCTIBLE

The *insurer* will pay eligible expenses for losses incurred in excess of the deductible amount (stated in U.S. currency), 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 *Orion Assistance*, whichever is earlier;
   b. *Physicians'* fees;
   c. Laboratory tests and X-rays prescribed by the attending *physician* and approved in advance by *Orion 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 *Orion 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 *Orion 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 *Orion 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 *Orion 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, 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 or any damage to dentures), to a maximum of $500.

3. ***Hospital* Allowance:**

   You are entitled to a *hospital* allowance of up to $100 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 *Orion 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 their private *vehicle* is stolen or inoperative due to an accident.

5. ***Family* Transportation:**

   When approved in advance by *Orion 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 a person(s) with disability (physical and/or mental), 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 Orion Travel Insurance* Emergency Medical coverage. 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 *Orion 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, *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.

7. **Medical Repatriation:**

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

   a. up to the cost of a one-way economy airfare to *your* Canadian province or territory of residence; or

   b. the fare for additional airline seats to accommodate a stretcher to return *you* to *your* Canadian province or territory of residence; or

   c. 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

   d. 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

   e. 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

   f. 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 *Orion Assistance*. This includes return economy airfare and overnight lodging and meals (where necessary).

8. **Return Excess Baggage:**

When approved in advance by *Orion 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* via 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 *Orion 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:

a. semi-private room in a *hospital* or rehabilitation centre or convalescent home up to $1,000;

b. home nursing care when *medically necessary* up to $50 per *day* for up to 10 *days*;

c. up to $150 for the rental of crutches, standard walker, canes, trusses, orthopaedic corset, oxygen; and

d. up to $250 for ambulance or taxi services to receive medical care.

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

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

a. 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 a person(s) with disability (physical and/or mental) or

b. **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 the *child(ren)* or grandchild(ren) is a person(s) with disability (physical and/or mental).

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

12. ***Child* Care:**

When approved in advance by *Orion 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 a person(s) with disability (physical and/or mental).

13. **Non-Medical Emergency Evacuation:**

Emergency evacuation of *you* from mountain, sea, or other remote location, 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 *Orion 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 *Orion 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 $10,000 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 *Orion 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 Orion Travel Insurance* Emergency Medical coverage, 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 *Orion 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 *Orion 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.*

18. **Commercial Kennel Costs:**

When approved in advance by *Orion Assistance,* **reimbursement** to a maximum of $300 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. **Urgent Messages:**

Transmission of urgent messages by multilingual *Orion Assistance* co-ordinators.

CONDITIONS

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

1. *You* must call *Orion Assistance* before obtaining *emergency treatment* so that *we* may:
   - confirm coverage;
   - provide pre-approval of *treatment*.

   If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, *we* ask *you* to call as soon as possible or have someone call on *your* behalf. Otherwise, if *you* do not call *Orion Assistance* before *you* obtain *emergency treatment*:
   a. *your* maximum benefit payable will be reduced to 80% of *your* medical expenses covered under this insurance, to a maximum of $25,000 CAD;
   b. in the event of out-patient medical consultation, benefits paid will be limited to a maximum of one visit per *sickness* or *injury*.

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

   If this is a life threatening emergency, call 911 or local emergency number.

   Phone numbers are located on the inside front cover and page 48.
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 government health insurance plan* 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. After *your medical emergency treatment* has started, *Orion Assistance*, must assess and pre-approve additional *medical treatment*. If *you* undergo tests as part of a medical investigation, obtain *treatment* or surgery that is not pre-approved, *your* claim will not be paid. This includes invasive testing or surgery, (including but not limited to cardiac catheterization, other cardiac procedures, transplant, MRI), except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
6. If *we* determine that *you* should transfer to another facility or return

to *your* home province/territory of residence, and *you* choose not to, benefits will not be paid for further *medical treatment*.

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. Recurrence or ongoing *treatment* once *emergency* has ended

   Situation where *your* claim will not be paid:

   - The continued *treatment*, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if the Medical Director of *Orion Assistance* determine that *your emergency* has ended.
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 their 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 and 6, 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**

   Situation where *your* claim will not be paid:

   CANADA PLAN AND SINGLE TRIP CANADA PACKAGE PLAN

   No *pre-existing medical condition* exclusion applies to Canada Plan and Single Trip Canada Vacation Package Plan.

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

   MULTI-TRIP MEDICAL PLANS: If *your trip days* are within Canada, but outside *your* Canadian province or territory of residence, no *pre-existing medical condition* exclusion applies.

   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 69**

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

***AGE* 70 AND OVER - (MULTI-TRIP VACATION PACKAGE PLAN - AGE 70 TO 84)**

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

SINGLE TRIP 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. *We* will not pay a benefit if *you* are not covered under the *government health insurance plan (GHIP)* of *your* province or territory of residence for the entire duration of the *trip*. It is *your* responsibility to check that *you* do have this coverage. If *GHIP* is not in force, this insurance is subject to a maximum of $25,000.
3. For ***Insured child(ren)*** under two years of *age*: any *sickness* or *medical condition* related to a birth defect.
4. Abuse of alcohol, drugs or intoxicants

   Situations where *your* claim will not be paid:

   - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use or abuse of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood, drugs or other intoxicants (including cannabis), whether prior to or during *your trip*.
5. Travelling for the purpose of obtaining *treatment* or travelling when *treatment* could be expected.

   Situations where no benefit will be paid:

   - A *trip* made for the purpose of obtaining a diagnosis, *treatment*,

surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication;

- Any future investigation or *treatment* (except routine monitoring) is planned before *your trip*; or
- Any *medical condition* or symptoms for which it is reasonable to believe or expect that *treatment* will be required during *your trip*.

6. Claims related to expectant mother's complications of pregnancy and/or delivery

   Situations where *your* claim will not be paid:

   - Claim related to routine pre-natal or post-natal care;
   - Claim related to pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.

7. *Child* born during the *trip*

   Situation where *your* claim will not be paid:

   - Claim related to *your child* born during the *trip*.

8. Sports and High Risk Activities

   Accident that occurs while *you* are participating (including training, practicing or competing) in:

   a. any performance 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, kite surfing, airship, glider, hang glider, paraglider, parasail, parachute, skydiving, kite and wingsuit (if *you* purchased an Adventurous Air Activities Rider, balloon, parasailing and helicopter excursions are not subject to this exclusion). Travelling as a passenger on a *common carrier* is not subject to this exclusion;

   b. any maneuvers or training exercises of the armed forces;

   c. any *professional* sport(s);

   d. any high-risk activity (including competition and *speed contest*) involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.

9. *We* will not pay a benefit with respect to non-*emergency*, experimental or elective *treatment* (e.g. cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications), 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.

10. 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*.

11. 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. *Orion Assistance* will assist *you* with replacement (see Benefit #19, page 12).

12. a. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless

approved in advance by *Orion 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 *Orion Assistance*.

13. 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 11.
14. Air ambulance services unless approved in advance and arranged by *Orion Assistance*.
15. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *Orion Assistance*.
16. Damage to or loss of sunglasses (non-prescription), contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.
17. Emergency Medical Insurance benefits in *your* Canadian province or territory of residence except for Benefits #9 and #10, page 11.
18. Travel advisory

    Situations where *your* claim will not be paid:

    - Any loss resulting from an *act of terrorism* when an official travel advisory was issued by the Canadian government stating "Avoid non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your effective date*.
    - This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

    To view the travel advisories, visit the Government of Canada Travel site.
19. Travel against medical advice
    - Any claim incurred after a *physician* advised *you* not to travel.

Optional Coverages (Riders)

The following optional coverages ***Pre-Existing Medical Condition*** **Coverage**, **Adventurous Air Activities Rider** and ***Professional*** **Sports and Participation in *Speed Contests* Coverage**, may only be purchased in conjunction with Emergency Medical Insurance (except Emergency Medical Insurance Canada Plan, Single Trip Canada Vacation Package Plan, and Visitors to Canada). These coverages are subject to the General Conditions, General Exclusions, Emergency Medical Insurance Conditions and Exclusions (**except as noted in the Conditions sections of the applicable Optional Coverage**), and Definitions sections of this *policy*. The deductible (stated in U.S. currency) specified for Emergency Medical Insurance on *your Declaration Page* is applicable to the Optional Coverages.

Pre-Existing Medical Condition **Coverage**

Subject to all terms and conditions of this *policy*, this coverage is payable as part of a covered *medical emergency* up to a maximum of $200,000 per *insured*, per *trip*, for eligible *hospital* and medical related expenses for *sickness* or *injury* incurred as a result of a ***pre-existing medical condition*** that was not *stable* 7 *days* or more prior to the *departure date* of *your trip*.

Conditions

Coverage is subject to the maximum benefit limits and to the terms, conditions and exclusions as described in this *policy*, **not including Emergency Medical Insurance Exclusion #1**.

Optional Coverages (Riders)

Exclusion

No coverage shall be provided 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 the following:

1. Conditions and/or symptoms which arose or worsened on the *departure date* or at any time within the seven *days* prior to the *departure date*, other than a *minor ailment*.

Pre-existing medical conditions that do not meet the criteria set out above are not covered.

Adventurous Air Activities Rider

Subject to all terms and conditions of this *policy*, *you* will be **reimbursed** for expenses incurred as a result of an *injury* or *sickness* while participating in activities that includes balloon, parasailing and helicopter excursions.

Conditions

Coverage is subject to the maximum benefit limits and to the terms, conditions and exclusions as described in this *policy*, **not including the Emergency Medical Insurance Exclusion 8.a.** which specifically mentions balloon, parasailing and helicopter excursions.

***Professional* Sports and Participation in *Speed Contests* Coverage**

Subject to all terms and conditions of this *policy*, *you* will be **reimbursed** for expenses incurred as a result of an *injury* or *sickness* while participating in training, practicing or competing in a *professional* sport or motorized *speed contest*.

Conditions

Coverage is subject to the maximum benefit limits and to the terms, conditions and exclusions as described in this *policy*, **not including Emergency Medical Insurance Exclusion #8.c. and d.**

Visitors to Canada Insurance

Eligibility and Purchase Conditions	• May be purchased by: a. a visitor to Canada; b. the holder of a Canadian work visa or student visa; c. an immigrant to Canada; or d. a Canadian not covered by a *government health insurance plan* (*GHIP*). • Purchase is subject to Eligibility on inside front cover. • Must be purchased prior to or within 7 *days* of arrival in Canada. • Applications made after arrival in Canada are subject to Exclusion #2 on page 22.
Coverage Starts	**The latest of:** • *your* arrival date in Canada; or • the *departure date*, start date or *effective date* shown on *your Declaration Page.*
Coverage Ends	**The earliest of:** • for non-Canadian residents: the date *you* leave Canada to return to *your* country of permanent residence; • the *return date* as shown on *your Declaration Page*.

Maximum *Age*	***Age* 85** for *sum insured* $25,000, $50,000 or $100,000. ***Age* 69** for *sum insured* $150,000.
Maximum Benefit	Up to *sum insured* chosen - $25,000, $50,000, $100,000 or $150,000.
Maximum *Trip Days*	365 *days.*

INSURED RISKS

This insurance provides payment for the *reasonable and customary charges* 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 (stated in Canadian currency), 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 *Orion Assistance*, whichever is earlier;
   b. *Physicians'* fees;
   c. Laboratory tests and X-rays prescribed by the attending *physician* and approved in advance by *Orion 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 *Orion 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 *Orion 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 *Orion 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 *Orion 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

   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 $300.

3. ***Family* Transportation:**

   When approved in advance by *Orion 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 a person(s) with disability (physical and/or mental), 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 Orion Travel Insurance* Visitors to Canada coverage. 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 *Orion 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 *Orion 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 a *government health insurance plan*, *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 *Orion Assistance*.

6. **Return of Remains:**

Subject to prior approval by *Orion 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 $10,000 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 *Orion 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 Orion Travel Insurance* Visitors to Canada coverage, 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. Receiving *emergency treatment* without notifying *Orion Assistance*

   Situation where *your* claim will not be paid:

   - Proceeding with investigation, *treatment* or surgery without *our* pre-approval and which *we* do not consider *emergency treatment*.

   Phone numbers are located on the inside front cover and page 48.

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. If *we* determine that *you* should transfer to another facility or return to *your* home country of residence, and *you* choose not to, benefits will not be paid for further *medical treatment* (if *you* are a Canadian resident without *a government health insurance plan*, *your* country of permanent residence will be deemed as Canada).
5. Recurrence or ongoing *treatment* once *emergency* has ended

   Situation where *your* claim will not be paid:

   - The continued *treatment*, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if the Medical Director of *Orion Assistance* determine that *your emergency* has ended.

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. *Orion 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 *Orion Assistance* for approval

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

EXCLUSIONS

In addition to the General Exclusions described on page 5 and 6, 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**
   Situation where *your* claim will not be paid:
   Any *sickness*, *injury* or *medical condition* which is not *stable* in the 120 *days* prior to *your 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. Abuse of alcohol, drugs or intoxicants

   Situations where *your* claim will not be paid:

   - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use or abuse of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood, drugs or other intoxicants (including cannabis), whether prior to or during *your trip*.
5. Travelling for the purpose of obtaining *treatment* or travelling when *treatment* could be expected.

   Situations where *your* claim will not be paid:

   - A *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication;
   - Any future investigation or *treatment* (except routine monitoring) is planned before *your trip*; or
   - Any *medical condition* or symptoms for which it is reasonable to believe or expect that *treatment* will be required during *your trip.*
6. Claims related to expectant mother's complications of pregnancy and/or delivery.

   Situations where *your* claim will not be paid:

   - Claim related to routine pre-natal or post-natal care;
   - Claim related to pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
7. Child born during the *trip*

   Situation where *your* claim will not be paid:

   - Claim related to *your child* born during the *trip.*
8. Sports and High Risk Activities

   Accident that occurs while *you* are participating (including training, practicing or competing) in:

   a. any performance 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, kite surfing, airship, glider, hang glider, paraglider, parasail, parachute, skydiving, kite and wingsuit. Travelling as a passenger on a *common carrier* is not subject to this exclusion;

b. any maneuvers or training exercises of the armed forces;

c. any *professional* sport(s);

d. any high-risk activity (including competition and *speed contest*) involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.

9. *We* will not pay a benefit with respect to non-*emergency*, experimental or elective *treatment* (e.g. cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications), 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.

10. 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 an *Orion Travel Insurance* Visitors to Canada *policy* with no gap in coverage.

11. 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.

12. a. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by *Orion 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 *Orion Assistance*.

13. Cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa.

14. Medical repatriation unless approved in advance and arranged by *Orion Assistance*.

15. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *Orion Assistance*.

16. Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.

17. Medical services in *your* country of permanent residence.

18. Any *act of terrorism*.

19. Travel against medical advice

- Any claim incurred after a *physician* advised *you* not to travel.

Package Plans

SINGLE TRIP CANADA VACATION PACKAGE, 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 Package Plans and Multi-Trip Vacation Package	Non-Medical Vacation Package	Benefit Maximum
Emergency Medical Insurance	•		Up to **$5 million**
Trip Cancellation & Interruption Insurance	•	•	**Prior to departure:** Up to the *sum insured* **After departure:** Up to unlimited
Travel Accident Insurance	•	•	Up to **$100,000** Flight Accident Up to **$50,000** Travel Accident
Baggage Insurance	•	•	Up to **$1,500** / **$3,000** per *policy* year
• Baggage Delay	•	•	Up to **$500**
• Lost Documents	•	•	Up to **$250**
***Infant* Protection**	•		Up to **$5 million**
Holiday Protection	•	•	Up to **$750**

Eligibility and Purchase Conditions	• Subject to Eligibility and Purchase Conditions of individual insurance coverages. • Must be purchased for the full duration of the *trip.* • Purchase is subject to Eligibility on inside front cover. • Applicants *age* 60 and over purchasing a Multi-Trip Vacation Package and/or *Top-Up* must complete a *medical questionnaire*, no longer than six months before the *departure date* or *effective date.* Not applicable to Single Trip Vacation Package, Single Trip Canada Vacation Package and Non-Medical Vacation Package with *sum insured* up to $40,000 per *insured.* • Applicants purchasing a *sum insured* exceeding $40,000 per *insured* must complete a *medical questionnaire* (see page 8), regardless of *age,* to determine eligibility and premium.
Coverage Starts	**• Please refer to individual insurance coverages.**
Coverage Ends	**• Please refer to individual insurance coverages.**

Package Plans

Maximum *Age*	• ***Age* 84** for Single Trip Vacation Package, Multi-Trip Vacation Package or *Top-Up* to Multi-Trip Vacation Package. • **No maximum *age*** for Single Trip Canada Vacation Package and Non-Medical Vacation Package.
Maximum Benefit	• **Please refer to individual insurance coverages.**
Maximum *Trip Days* Including Extension or *Top-Up*	• **365 *days* with *GHIP* approval** – Single Trip Canada Vacation Package, Single Trip Vacation Package under *age* 60 and Multi-Trip Vacation Package under *age* 60. • **365 *days*** – Non-Medical Vacation Package. • **30 *days*** – Single Trip Vacation Package *age* 60-84. • **63 *days*** – Multi-Trip Vacation Package *age* 60-84.

CANADA VACATION PACKAGE PLAN

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

MULTI-TRIP VACATION PACKAGE PLAN

Provides coverage for multiple individual *trips* outside *your* Canadian province or territory of residence for up to 4, 8, 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 46, 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 either $2,000, $3,000, $4,000 or $5,000 per *trip* (depending on *your* choice) and $10,000 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 $1,500 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*.

Note: 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.

Package Plans

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

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

Please refer to the Extensions and *Top-Ups* section on page 46 for applicable conditions.

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 4, 8, 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, Single Trip Canada 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 24, in addition to the General Terms of Agreement and the Statutory Conditions.

EXCLUSIONS

In addition to the General Exclusions described on page 5 and 6, 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, Single Trip Canada 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. nontransferable; 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 $40,000 per *insured* must complete a *medical questionnaire* (see page 8), regardless of *age,* to determine eligibility and premium.
Coverage Starts	• Cancellation benefits start on the date and time of purchase of this coverage; • Interruption benefits start on the *departure date*.
Coverage Ends	**The earliest of:** • the date on which there was cause for cancellation prior to departure; or • the *return date* as shown on *your Declaration Page*.
Maximum *Age*	• **No maximum *age*** if purchased separately or as part of Single Trip Canada Vacation Package or Non-Medical Vacation Package. • ***Age* 84** for Single Trip Vacation Package, Multi-Trip Vacation Package or *Top-Up* to Multi-Trip Vacation Package.
Maximum Benefit	**Trip Cancellation (prior to departure):** Up to the *sum insured* **Trip Interruption (after departure):** Up to unlimited
Maximum *Trip Days* Including Extension or *Top-Up*	• **365 *Days*** – if purchased separately or as part of Single Trip Canada Vacation Package, Single Trip Vacation Package under *age* 60, Multi-Trip Vacation Package under *age* 60 or Non-Medical Vacation Package. • **30 *Days*** – Single Trip Vacation Package *age* 60 to 84 • **63 *Days*** – Multi-Trip Vacation Package *age* 60 to 84.

Trip Cancellation & Interruption Insurance

INSURED RISKS

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

***Sickness, Injury,* Quarantine and Death**

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. Side effects and/or adverse reactions experienced by *you* or *your travel companion* to vaccinations required for *your trip*.
4. Death, *hospitalization* or quarantine of the host at *your* principal *trip* destination.
5. 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).
6. *Sickness*, *injury* or death of *your* or *your travel companion's service animal* if *you* or *your travel companion* are an individual with any mental or physical disability requiring the use of *service animal* to maintain independence. *Travel arrangements* must have been made for the animal to accompany *you* on *your trip*. For this benefit to apply, the *travel arrangement* cost for *your service animal* must be included in the covered amount insured under the *trip*.
7. A *medical condition* which, in the written opinion of the attending *physician*, prevents *you* or *your travel companion* from participating in a sporting event when the purpose of *your trip* was to participate in that sporting event.

Pregnancy, Adoption

8. 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.
9. 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.
10. *You*, *your spouse*, *your travel companio*n or *your travel companion's spouse* legally adopt(s) a *child* and the adoption notice was received after the *effective date.*
11. The early and unexpected birth of *your immediate family member* not travelling with *you* during *your trip*.

Employment, Education

12. Cancellation of a planned *business meeting*, conference or convention when the sole purpose of the *trip* was to attend the meeting, conference or 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.
13. 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.

14. 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 a person(s) with disability (physical and/or mental) 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.
15. *Your* or *your travel companion's* post-secondary school exam or classes have been unexpectedly rescheduled after the purchase of this insurance whereby the date of the exam or classes conflicts with *your trip*.

Accommodation

16. *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.
17. *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.*
18. *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.

Government, Legal

19. *You* or *your travel companion's* passport is not issued within the time confirmed in writing by Passport Canada.
20. *You* or *your travel companion* are summoned to police, fire or military (whether active or reserve) service.
21. If *your* or *your travel companion's* passport and/or travel visa is lost or stolen during *your trip* and *you* are unable to continue on *your trip* or to return to *your* Canadian province or territory of residence as originally planned.
22. 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.**
23. A new and unexpected Travel Advisory, issued by the Canadian government, after the purchase of this insurance and prior to the departure of *your trip*, or during *your trip*, that warns Canadian residents to "Avoid 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. *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*.
25. *You* or *your travel companion* is refused entry at customs, or security checkpoints, due to:
    a. health regulations set by government authorities; or
    b. mistaken identity.

Hijacking, Violent Attack, Terrorism

26. 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 the Canadian government notifying Canadian residents to "Avoid non-essential travel" or "Avoid all travel" to such destination when the Travel Advisory Notice corresponds to the scheduled date and destination of *your trip*.

27. A hijacking in which *you*, *your travel companion* or the *spouse* or *child(ren)* of either are a victim.

28. A direct, violent attack perpetrated against *you*, an *immediate family member* or a *travel companion*.

Missed Connections, Travel Delay

29. 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*.

30. A missed departure or connection resulting from:

    a. weather (including road closure resulting from weather); or

    b. volcanic eruption; or

    c. earthquake; or

    d. delay of a connecting *common carrier* due to weather or mechanical failure; or

    e. delay of a vehicle aboard which *you* are a passenger due to an emergency road closure by the police; or

    f. 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

    g. 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.

31. 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.

32. *Your travel companion*'s plane is delayed by weather conditions, earthquakes or volcanic eruptions for at least 30% of *your trip*, and *your travel companion* decides not to go on the *trip* as booked.

33. *You* miss a connection or must interrupt *your trip* because *your* cruise ship is delayed or the itinerary is modified due to the *emergency medical* problem of another passenger.

Travel Supplier* Cancellations, *Default

34. 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.h applies. Under Trip Interruption, Benefits #2.g. and #2.i. apply.

35. If a cruise or a tour that is included in *your trip* and insured under *your Orion Travel Insurance policy* is cancelled for any reason except *default*, and the cancellation occurs:

    a. **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.

    b. **after *you* leave home**, but prior to the cruise or tour departure, *we* will **reimburse** *you* up to $2,500 for the lesser of:

        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 fare via the most cost effective itinerary to return *you* home.

36. Excursions booked onboard *your* cruise ship that are not included as part of *your* original *trip* cost if *you* must cancel the balance of *your trip*.

BounceBack

37. 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:

    a. 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

    b. 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.**

BENEFITS

1. **TRIP CANCELLATION (before departure)**

In the event of a Trip Cancellation please advise *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 Other 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. Subject only to the General Exclusions and Conditions described on page 5 and 6.

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 other reason; or

b. **reimbursement** of 50% of the nonrefundable portion of *your* fully prepaid *travel arrangements* booked through another booking source, if *you* elect to cancel *your trip* 3 hours or more prior to the scheduled *departure date* and time for any other reason; 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 #29;** or

d. **reimbursement** of the nonrefundable portion of the fully prepaid *private accommodation services* booked through an *approved online platform* 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 #29;** or

e. **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

f. **reimbursement** of the 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 #29**; or

g. **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 #29; or

h. **reimbursement** of the nonrefundable portion of the amount *you* have prepaid for undelivered *travel services*, up to a maximum of $5,000 per *insured*, in the event of the *default* of the *travel supplier* with whom *you* have booked *your travel arrangements*;

i. **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*;

j. **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;

k. **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 #31.

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

In the event of a Trip Interruption or Delay, please call *Orion 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 48.

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*.

Important Restriction to Trip Interruption benefits a., b. and c. :

Interruption for Any Other Reason benefits a., b. and c. are covered only when *your trip* is interrupted for 48 hours or more after *your* arrival at *your trip* destination. Subject only to the General Exclusions and Conditions described on page 5 and 6.

a. **reimbursement** of 75% of the unused nonrefundable portion of *your* fully prepaid *travel arrangements* booked through CAA (Canadian Automobile Association) up to the amount indicated as the *sum insured* prior to departure on *your Declaration Page* (except the prepaid cost of *your* return transportation ticket home) up to $2,500 if *you* elect to interrupt *your trip* prior to the scheduled *return date* and time for any other reason; or

b. **reimbursement** of 50% of the unused nonrefundable portion of *your* fully prepaid *travel arrangements* booked through another booking source, up to the amount indicated as the *sum insured* prior to departure on *your Declaration*

Page (except the prepaid cost of *your* return transportation ticket home) up to $2,500 if *you* elect to interrupt *your trip* prior to the scheduled *return date* and time for any other reason;

c. **reimbursement** of up to $1,000 for the extra cost of a one-way economy airfare via the most cost effective route to return *you* to *your* home or any additional fees incurred to change the dates of *your* original return ticket when such an option is available to *you*;

d. **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* prior to departure on *your Declaration Page*. **This benefit does not apply to Insured Risk #29;** or

e. **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 #29; or

f. **reimbursement** of any additional fees incurred to change the dates of *your* original return ticket; or

g. **reimbursement** to a maximum of $4,000, subject to a limit of $400 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*.

h. **reimbursement**, subject to prior approval by *Orion 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 $10,000 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 *Orion 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*.

i. **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 $5,000 per *insured*, in the event of the *default* of the *travel supplier* with whom *you* have booked *your travel arrangements*;

j. **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*;

k. Return of *Vehicle*:

When approved in advance by *Orion 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.

l. **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*;

m. If *your* or *your travel companion*'s passport and/or travel visa is lost or stolen during *your trip* and *you* are unable to continue on *your trip* or to return to *your* Canadian province or territory of residence as originally planned, *we* will **reimburse** *you* for:

i. reasonable travel and accommodation expenses until the travel documents are replaced; and

ii. up to $1,000 for the additional cost of one-way transportation by the most cost-effective itinerary (being the lesser of a one-way economy transportation or the change fee charged by the airline on existing tickets if this option is available) to *your* next destination or to return *you* to *your* Canadian province or territory of residence.

n. **reimbursement**, under Insured Risk #35, 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.

o. **reimbursement** of up to $250 to cover unused non-refundable prepaid costs for excursions booked onboard *your* cruise ship that are not included as part of *your* original trip cost if *you* must cancel the balance of *your trip*;

p. **reimbursement** of up to a maximum of $2,000, under Insured Risk 37.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 37.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*; and
   b. as a result of the *default*, *you* do not receive part or all of the *travel services* for which *you* have contracted; and
   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 their pro rata share of such aggregate maximum limit.

   If, in *our* judgment, the total of all payable claims on account of the *default* of one or more *travel suppliers* exceeds the applicable aggregate limits, *your* pro-rated claim may be paid after the end of the calendar year in which *you* qualify for benefits and after all other avenues for reimbursement have been explored.
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 their 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 and after all other avenues for reimbursement have been explored.

Trip Cancellation & Interruption Insurance

EXCLUSIONS

In addition to the General Exclusions described on page 5 and 6, 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. Abuse of alcohol, drugs or intoxicants

   Situations where *your* claim will not be paid:

   - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use or abuse of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood, drugs or other intoxicants (including cannabis), whether prior to or during *your trip*.
3. Travelling for the purpose of obtaining *treatment* or travelling when *treatment* could be expected

   Situations where no benefit will be paid:

   - A *trip* made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication;
   - Any future investigation or *treatment* (except routine monitoring) is planned before *your trip*; or
   - Any *medical condition* or symptoms for which it is reasonable to believe or expect that *treatment* will be required during *your trip*.
4. 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.
5. If *you* fail or neglect to perform all actions required by government authorities for entry at customs, or security checkpoints.
6. Failure or neglect to obtain required vaccinations or inoculations, excluding Insured Risk #5, page 28.
7. Non-presentation of required travel documents, (for example, visa, passport, inoculation/vaccination reports), excluding Insured Risks #5, page 28, #19 and #21, page 29.
8. A return earlier or later than the *return date* unless recommended by the attending *physician*.
9. Payment for repatriation when the original ticket may be used. Original tickets will become the property of the *insurer* in the event of a repatriation.
10. 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.
11. 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 *Orion Travel Insurance* Trip Cancellation & Interruption Insurance in connection with *your travel arrangements*; and

f. for *travel services* that were actually provided.

12. Sports and High Risk Activities

Accident that occurs while *you* are participating (including training, practicing or competing) in:

a. any performance 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, kite surfing, airship, glider, hang glider, paraglider, parasail, parachute, skydiving, kite and wingsuit. Travelling as a passenger on a *common carrier* is not subject to this exclusion;

b. any maneuvers or training exercises of the armed forces;

c. any *professional* sport(s);

d. any high-risk activity (including competition and *speed contest*) involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.

13. Any loss resulting from an *act of terrorism* when, before *your effective date*, a Travel Advisory Notice was issued by the Canadian government, advising Canadian residents to "Avoid non-essential travel" or to "Avoid all travel" to that country, region or city.

14. Any nonrefundable pre-paid *travel services* when the *trip* was paid for through a points or rewards program.

15. Additional Exclusions to Insured Risk 37, 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*.

16. Additional Exclusions to Benefit 1d.

We will not cover:

a. private rentals agreements (e.g., family or friends rentals);

b. any damage to the property;

c. any arrangements, payments or bookings made outside of the *approved online platform*.

Travel Accident Insurance

Eligibility and Purchase Conditions	• May be purchased by Canadian residents only as part of a Package Plan. May not be purchased separately. • May be purchased by non-Canadian residents only as part of Non-Medical Vacation Package Plan provided that *you* are living in, travelling through or visiting Canada during *your trip*. May not be purchased separately. • Purchase is subject to Eligibility on the inside front cover.
Coverage Starts	**The latest of:** • the date *you* leave *your* Canadian province or territory of residence; or • the *departure date*, start date or *effective date* shown on *your Declaration Page*.
Coverage Ends	**The earliest of:** • the date on which there was cause for cancellation prior to departure; or • for non-Canadian residents: the date *you* leave Canada to return to *your* country of permanent residence; or • the *return date* as shown on *your Declaration Page*.
Maximum *Age*	**No maximum *age*** if purchased as part of Single Trip Canada Vacation Package or Non-Medical Vacation Package. ***Age* 84** for Single Trip Vacation Package, Multi-Trip Vacation Package or *Top-Up* to Multi-Trip Vacation Package.
Maximum Benefit	Up to **$100,000** Flight Accident Insurance Up to **$50,000** Travel Accident Insurance
Maximum *Trip Days*	• **365 *Days*** – If purchased as part of Single Trip Canada Vacation Package, Single Trip Vacation Package under *age* 60 or Multi-Trip Vacation Package under *age* 60 or Non-Medical Vacation Package. • **30 *Days*** – Single Trip Vacation Package *age* 60 to 84. • **63 *Days*** – Multi-Trip Vacation Package *age* 60 to 84.

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 travelling as a passenger, not as pilot or crew member, aboard multi-engine aircraft operated by, and licensed to, a regularly scheduled airline on a regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board license, Charter Air Carrier license, or its foreign equivalent, and operated by a certified pilot.

The accident giving rise to *your injury* must happen:

a. while *you* are travelling on a commercial passenger *plane* for which a ticket was issued to *you* for *your* entire airline *trip*; or

b. if making a flight connection, while riding over land or water at the expense of the airline, riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports; or

c. while *you* are at an airport for the departure or arrival of the flight covered by this insurance.

Travel Accident Insurance

B. Travel Accident Insurance - maximum benefit up to $50,000

Death or dismemberment as a result of *injury* sustained during the *trip* while *you* are in any situation other than those listed in section A. Flight 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.

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 their estate. If *you* are entitled to similar benefits through any other insurance plan, the benefits payable under this *policy* will be pro-rated.
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 and 6, 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. Abuse of alcohol, drugs or intoxicants

   Situations where *your* claim will not be paid:

   - Any *medical condition*, including symptoms of withdrawal, arising from, or in any way related to, *your* chronic use or the abuse of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood, drugs or other intoxicants (including cannabis), whether prior to or during *your trip*.

2. Illegal act

   Situation where *your* claim will not be paid:

   - Claim that results from or is related to *your* negligent behaviour or involvement in the commission or attempted commission of a criminal offence, negligent or illegal act.

3. Claims related to expectant mother's complications of pregnancy and/or delivery

   Situations where *your* claim will not be paid:

   - Claim related to routine pre-natal or post-natal care;
   - Claim related to pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.

4. *Child* born during the *trip*

   Situation where *your* claim will not be paid:

   - Claim related to *your child* born during the *trip*.

5. Sports and High Risk Activities

   Accident that occurs while *you* are participating (including training, practicing or competing) in:

   a. any performance 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, kite surfing, airship, glider, hang glider, paraglider, parasail, parachute, skydiving, kite and wingsuit. Travelling as a passenger on a *common carrier* is not subject to this exclusion;

   b. any maneuvers or training exercises of the armed forces;

   c. any *professional* sport(s);

   d. any high-risk activity (including competition and *speed contest*) involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.

6. Any *act of terrorism*.

Baggage Insurance

Eligibility and Purchase Conditions	• May be purchased only as part of a Package Plan. May not be purchased separately. • May be purchased by non-Canadian residents only as part of Non-Medical Vacation Package Plan provided that *you* are living in, travelling through or visiting Canada during *your trip*. May not be purchased separately. • Purchase is subject to Eligibility on the inside front cover.
Coverage Starts	**The latest of:** • the date *you* leave *your* Canadian province or territory of residence; or • the *departure date*, start date or *effective date* shown on *your Declaration Page*.
Coverage Ends	**The earliest of:** • the date on which there was cause for cancellation prior to departure; or • for non-Canadian residents: the date *you* leave Canada to return to *your* country of permanent residence; or • the *return date* as shown on *your Declaration Page*.
Maximum *Age*	No maximum *age* if purchased as part of Single Trip Canada Vacation Package or Non-Medical Vacation Package. ***Age* 84** for Single Trip Vacation Package, Multi-Trip Vacation Package or *Top-Up* to Multi-Trip Vacation Package.
Maximum Benefit	Up to $1,500 *sum insured*.
Maximum *Trip Days*	• **365 *Days*** – If purchased as part of Single Trip Canada Vacation Package, Single Trip Vacation Package under *age* 60, Multi-Trip Vacation Package under *age* 60 or Non-Medical Vacation Package. • **30 *Days*** – Single Trip Vacation Package *age* 60 to 84. • **63 *Days*** – Multi-Trip Vacation Package *age* 60 to 84.

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 $250, in the event of loss or theft of driver's license, birth certificate, travel visa, and or 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.

5. **Reimbursement** up to $100 per *day*, to a maximum of $500 for the rental cost of a wheelchair for use during *your trip* in the event *your* checked wheelchair is delayed by the *common carrier* for more than 10 hours while *you* are en route before returning to *your* scheduled point of departure.

Benefits do not apply to delayed baggage after *you* have returned to *your* Canadian province or territory of residence.

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 *Orion 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 $1,500 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 article and with the understanding that such loss shall not be construed to mean total loss of the pair or set.
7. 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 and 6, 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:

1. Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.
2. Normal wear and tear, gradual deterioration, vermin, defect or mechanical breakdown.
3. 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.

Baggage Insurance

4. Damage to or loss of covered items sustained due to any process or while being worked upon; radiation; or confiscation by any government authority.
5. a. Unaccompanied baggage or personal effects;
   b. Baggage or personal effects left unattended or in an unlocked vehicle; or
   c. Baggage or personal effects shipped under a freight contract.
6. Computer software, including any expenses incurred for the restoration of any lost or corrupted data.
7. Any *act of terrorism*.

Rental Vehicle Damage Insurance

Eligibility and Purchase Conditions	• May be purchased by Canadian residents only. • Must hold a valid driver's license and must meet the *age* requirements of the rental agreement. • Must be purchased for the total duration *you* are in possession of the rental *vehicle*.
Coverage Starts	**The latest of:** • the time *you* take control of the rental *vehicle*; or • the *departure date* or *effective date* shown on *your Declaration Page*.
Coverage Ends	**The earliest of:** • the time the *commercial rental agency* assumes control of the rental *vehicle* at their place of business or elsewhere; or • the expiry of the rental agreement or the time when such agreement is terminated; or • the *return date* as shown on *your Declaration Page*.
Maximum *Age*	No maximum *age*.
Maximum Benefit	Up to $80,000.
Maximum *Trip Days*	60 *days*.

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 this *policy*, *you* will be indemnified up to a maximum of $80,000 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. Prior to accepting the rental *vehicle*, *you* shall examine it and file a written report of existing damages with the *commercial rental agency*.
2. *You* must take all reasonable and necessary steps to protect the rental *vehicle* and prevent damage to it.
3. 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.
4. *You* shall immediately file a report of *physical damage or loss* for which *you* may be liable with *Orion Assistance*.
5. 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 *Orion Assistance*.

EXCLUSIONS

In addition to the General Exclusions described on page 5 and 6, 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 (including cannabis). Alcohol abuse includes having a blood alcohol level in excess of 80 mg of alcohol per 100 ml 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;

Rental Vehicle Damage Insurance

f. such rental *vehicle* is rented from an organization other than a duly authorized *commercial rental agency* (e.g. peer-to peer car sharing programs); or

g. 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*, *injury* or quarantine of *you*, *your* accompanying *family* member or *travel companion*.

   ***You* must notify** *Orion 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 *Orion 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 *Orion 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* apply 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.

INSURANCE COVERAGE	**MAXIMUM *TRIP DAYS* INCLUDING EXTENSION OR *TOP-UP***
• **Emergency Medical Insurance:** - Single Trip Plan - Canada Plan - Multi-Trip Plan - *Top-Up* to Multi-Trip Plan • **Vacation Package Plans under *age* 60:** - Single Trip Vacation Package - Multi-Trip Vacation Package - *Top-Up* to Multi-Trip Vacation Package	365 *days* with *GHIP* approval.
• **Vacation Package Plans *age* 60 to 84:** - Single Trip Vacation Package	30 *days.*
• **Vacation Package Plans *age* 60 to 84:** - Multi-Trip Vacation Package - *Top-Up* to Multi-Trip Vacation Package	63 *days.*
• **Non-Medical Vacation Package Plan** • **Single Trip Canada Vacation Package** • **Trip Cancellation & Interruption Insurance** • **Visitors to Canada Insurance***	365 *days.*
Rental Vehicle Damage Insurance	60 *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 an *Orion Travel Insurance* 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 original *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, the actual date *you* visited/called *your* agent or *Orion Travel Insurance* to request the refund, or the date shown on *your* proof of early return, whichever occurs first.

Emergency Medical Insurance (Single Trip, *Top-Up*, Canada Plan)
Full refund before the *effective date*.

Partial refunds of the unused *days* if:

- *you* return to *your* Canadian province or territory of residence prior to *your* scheduled *return date*,

and *you* provide:

- proof of *your* departure from *your* destination and return to *your* Canadian province or territory of residence (airline ticket/boarding pass or customs/immigration entry stamp).

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 refunds of the unused *days* if:

- *you* become eligible and/or covered under a *government health insurance plan* 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 *government health insurance plan*; or
- 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 Canada Vacation Package, Single Trip Vacation Package, Non-Medical Vacation Package

Full refund if:

a. *you* cancel *your trip* before any cancellation penalties are in effect and the carrier/*travel supplier* issues a full refund to *you* (in currency or in a *travel credit*); or
b. the carrier/*travel supplier* issues a full refund to *you* (in currency or a *travel credit*) when they cancel the entire *trip* and all penalties are waived. *You* must

provide a *travel supplier* invoice showing a full refund or stating 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. *You* must provide a *travel supplier* invoice showing a full refund or stating all penalties are waived; or

d. client financing through *travel supplier* is declined; or

e. if *your sum insured* prior to departure as shown on *your Declaration Page*, is $0, a full refund may be issued prior to the *departure date*.

Rental Vehicle Damage Insurance

Full or Partial Refund. A full refund will be made if the insurance is rejected by the *commercial rental agency* at *trip* destination.

Orion Assistance

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

WHAT TO DO IF *YOU* NEED *ORION ASSISTANCE*

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

COUNTRY	**TOLL-FREE NUMBER**
in CANADA & mainland U.S.	**1-866-266-2770**
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
Call Collect From Anywhere Else	**+1-519-988-7047**
Email if Calling is Not Possible	**orionassistance@globalexcel.com**

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

WHAT HAPPENS WHEN *YOU* CALL *ORION 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.

Orion 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 *ORION ASSISTANCE*?

1. *You* must call *Orion Assistance* before obtaining *emergency treatment*, so that *we* may:
   - confirm coverage;
   - provide pre-approval of *treatment*.

   If it is medically impossible for *you* to call prior to obtaining *emergency treatment*, *we* ask *you* to call as soon as possible or have someone call on *your* behalf. Otherwise, if *you* do not call *Orion Assistance* before *you* obtain *emergency treatment*:

   a. *your* maximum benefit payable will be reduced to 80% of *your* medical expenses covered under this insurance, to a maximum of $25,000 CAD;

   b. in the event of out-patient medical consultation, benefits paid will be limited to a maximum of one visit per *sickness* or *injury*.

   You will be responsible for the payment of any remaining charges.
2. If *we* determine that *you* should transfer to another facility or return to *your* home province/territory of residence, and *you* choose not to, benefits will not be paid for further *medical treatment*.
3. *Orion Assistance* must approve certain benefits in advance. Check the benefits section of *your* coverage(s) to see which benefit(s) this applies to.
4. 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.
5. Trip Interruption claims must be reported immediately to ensure that *you* do not incur expenses which are not covered benefits.
6. If *you* pay eligible expenses directly to a health service provider without prior approval by *Orion Assistance*, these services will be reimbursed to *you* on the basis of the *reasonable and customary charges* 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 charges* reimbursed by the *insurer*.

LIMITATION ON *ORION ASSISTANCE* SERVICES

Orion 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 *Orion Assistance*. *Orion Assistance* will use its best efforts to provide services during any such occurrence.

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

How to File a Claim

PAYMENT TO MEDICAL PROVIDERS

Orion 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 charges*.

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:

My Insurance Broker
Global Excel Management
PO Box 308 Station A
Windsor, Ontario N9A 6K7

Email: orionclaims@globalexcel.com

Phone Numbers: Located on inside front cover and page 48

Online Claim Submission

You may submit *your* claim online at **www.globalexcel.com/orion**.

Documents required to substantiate *your* claim are listed under the applicable insurance coverage(s).

EMERGENCY MEDICAL INSURANCE AND VISITORS TO CANADA INSURANCE

1. A completed Medical Expenses Claim Form (provided by *Orion 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 *a government health insurance plan*, 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 *Orion Travel Insurance policy* for the replacement *trip* and the name of the broker or the agent from which the *policy* is purchased..

How to File a Claim

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 the *Orion Assistance* at the phone numbers on page 48). *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 *Orion Assistance* at the phone number(s) on page 48.

How to File a Claim

BAGGAGE INSURANCE

1. A completed claim form available by contacting *Orion Assistance* at the phone number(s) on page 48.
2. For loss or damage:
   a. a report by the police or the hotel manager, tour guide or transportation 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 *Orion Assistance* at the phone number(s) on page 48.

RENTAL VEHICLE DAMAGE INSURANCE

1. A completed claim form available by contacting *Orion Assistance* at the phone number(s) on page 48.
2. An official police accident report.
3. A copy of the signed rental agreement.
4. A copy of the *commercial rental agency's* damage report.
5. A complete copy (front and back) of *your* driver's license.
6. A copy of damage or repair estimate.
7. A copy of personal or business vehicle insurance policy.
8. Proof of settlement (denial or payment) from personal or business vehicle insurance policy.

Definitions

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.

Approved online platform means a registered business in the sharing accommodation space. Approved platforms are Airbnb, VRBO Family Companies, Tripadvisor rentals, priceline.com, booking.com and Expedia Vacation home rentals.

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).

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 a person(s) with disability (physical and/or mental) at 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)*.

Civil unrest means the gathering of more than one person, in reaction to an event, with the intention of causing a public disturbance inclusive of violent protests or disorder (excluding peaceful demonstrations), riots, arson, looting, occupation of institutional buildings, border infringements and armed insurrection in violation of the law.

Commercial rental agency means a *vehicle* rental agency licensed under the law of its jurisdiction. *Commercial rental agency* does not include peer-to-peer car sharing programs.

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.

Definitions

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 **Rental Vehicle Damage Insurance** – the latest of:

   i) the time *you* take control of the rental *vehicle*; or

   ii) the *departure date*, start date or *effective date* shown on *your Declaration Page*.

d. 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*.

Emergency means a sudden and unforeseen *medical condition* that requires immediate *treatment*. An *emergency* no longer exists when the evidence indicates that no further *treatment* is required at destination or *you* are able to return to *your* province/territory of residence for further *treatment*.

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 a person(s) with disability (physical and/or mental) at any *age*], when *your* names appear on *your Declaration Page* respectively as the *insured(s)*.

Foreign travel supplier means any *travel supplier* that is not registered in Canada.

Global Excel or ***Global Excel Management*** means the company appointed by the *insurer* to provide the assistance and claims services under the *policy*.

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

Hospital means an institution that is licensed as an accredited *hospital* that is staffed and operated for the care and *treatment* of in-patients and out-patients. *Treatment* must be supervised by *physicians* and there must be registered nurses on duty 24 hours a *day*. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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

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*.

Definitions

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

Insurer means Echelon Insurance.

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

Medical condition means any disease, illness or *injury* (including symptoms of undiagnosed conditions).

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: medical advice, consultation, investigation, *treatment*, care, service, *hospitalization*, 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.

Minor ailment means a *medical condition* that does not require: use of medication for a period greater than 30 *days*; more than one follow-up visit to a *physician* or other registered medical practitioner; *hospitalization*; surgical intervention; or, consultation with a medical specialist. A chronic infection or the complication of a chronic infection is not a *minor ailment.*

Orion 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*.

Orion Travel Insurance means a division of Echelon Insurance specialized in travel insurance.

Package travel arrangement means a group of two or more services related to travel or vacations that are sold together for one price in Canadian Dollars. Packages offer a mix of elements like transportation, accommodations, cultural activities, sightseeing and car rental.

Physical damage or loss, in reference to a rental *vehicle*, means damage or loss for which *you* are liable and which is the result of collision, fire, theft, hail, windstorm, earthquake, flood, mischief, riot or civil commotion. Loss or damage to tires is not considered *physical damage or loss* unless resulting from other loss or damage covered herein.

Definitions

Physician means a person who is not *you* or a member of *your immediate family member* or *your travel companion*, licensed in the jurisdiction where the services are provided, to prescribe and administer *medical treatment*.

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.

Pre-existing medical condition(s) means any *medical condition(s)* that exists prior to the *departure date* or *effective date* of *your trip* for which *you* have received a diagnosis and/or had *medical treatment* and/or been *hospitalized* and/or been prescribed or taken medication and/or had a *change in medication* and/or had a *change* in *medical treatment* and/or experienced new or more frequent symptoms and/or are requiring investigation (other than a routine check-up).

Private accommodation services means services that connect travellers and hosts through an *approved online platform* (mobile application or website) that acts as an intermediary and processes the payment from the traveler to the host.

Professional means a person who engages in a specific activity as their principal occupation and for which they receives remuneration.

Reasonable and customary charges means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

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, 30 or 60 *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 **Rental Vehicle Damage Insurance** – the earliest of:
   i) the time the *commercial rental agency* assumes control of the rental *vehicle* at their place of business or elsewhere;
   ii) the expiry of the rental agreement or the time when such agreement is terminated;
   iii) the *return date* as shown specifically for the Rental Vehicle Damage Insurance on *your* most recent *Declaration Page*.

d. 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 animal(s) that is professionally trained and certified

to perform tasks for the benefit of a person with a disability. The tasks performed by a *service animal* must be directly related to the person's disability. *Service animal(s)* do not include emotional support animal(s).

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:

1. There has not been any new *treatment* prescribed or recommended, or *change(s)* to existing *treatment* including a stoppage in *treatment*; and
2. There has not been any *change* to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription drug; and
3. The *medical condition* has not become worse; and
4. There has not been any new, more frequent or more severe symptoms; and
5. There has been no *hospitalization* or referral to a specialist; and
6. There have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results; and
7. There is no planned or pending *treatment*.

All of the above conditions must be met for a *medical condition* to be considered *stable.*

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 travel agent, or a *travel supplier* on *your* behalf prior to the *departure date* of *your trip*.

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 credit means a credit or voucher issued by a carrier/*travel supplier.* A *travel credit* is considered a refund whether the credit is accepted by *you* or not.

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: tour operator and/or travel wholesaler and/or cruiseline and/or companies in the business of providing commercial transportation and/or commercial accommodation to the public.

Treated/treatment means a procedure prescribed, performed or recommended by a *physician* for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery.

Definitions

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

a. **Return of *Vehicle* Benefit:** *Vehicle* under the Return of *Vehicle* benefit includes any private or rental automobile, boat, motorcycle, camper truck, mobile home or trailer home [not including any commercial trailers which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire)].

b. **Rental *Vehicle* Damage Insurance**: *Vehicles* under Rental Vehicle Damage Insurance include: a private passenger vehicle, mini-van, recreational vehicle, self-propelled mobile home, camper truck or trailer, station wagon, or on-road sports utility vehicle that *you* use or rent.

   Vehicles not included are:

   i) any off-road vehicle;

   ii) motorcycle, moped or motorbike;

   iii) all-terrain vehicle;

   iv) vehicles not licensed for road use;

   v) recreational vehicle camper, trailer or automobile which is over 20 years old;

   vi) limousine; or

   vii) exotic vehicle which includes but is not limited to: Aston Martin, Bentley, Ferrari, Porsche or Rolls Royce.

We, ***us*** or ***our*** means the *insurer*.

You, ***your*** and ***yourself*** means the *insured(s).*

General Terms of Agreement

These general terms of agreement apply to all *Orion 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 Orion Travel Insurance Declaration Page* upon which a *policy* number appears.

Global Excel Management 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 *your* agent or the distributor from which the *policy* is purchased 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.

General Terms of Agreement

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

a. *your* consent to verify *your* Canadian *government health insurance plan (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 *Orion Assistance* any and all information they have regarding *you* while under observation or *treatment*, including *your* medical history, diagnoses and test results;

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.

No deductible applies to the Single Trip Vacation Package, Single Trip Canada Vacation Package Plan, Multi-Trip Vacation Package Plan, Non-Medical Vacation Package Plan or Trip Cancellation & Interruption Insurance if purchased separately.

All deductible amounts are stated in U.S. currency except for Visitors to Canada Insurance, which is set in Canadian 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 *Orion Assistance* services. *You* may contact *Orion 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 or others who may be responsible for giving rise to a claim under this *policy* or who may be responsible for providing indemnity, compensation or benefits similar to this insurance. *We* have full rights of subrogation. This right of subrogation is in addition to and does not limit any other right of subrogation existing under common law, equity or statute. *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.

General Terms of Agreement

Coordination 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 but not limited to, credit cards, private, provincial or territorial auto plans, any applicable benefit plans, contracts or any other insurance, whether collectible or not. This *insurer* is a secondary payor. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our* policies. If, however, that other insurance is also "excess only", the *insurer* will co-ordinate payments 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 misrepresentation

You must be accurate and complete in *your* dealings with *us* at all times.

Misrepresentation of *your* health/medical information

This *policy* is issued on the basis of information in *your* application or provided in connection with *your* application (including answers to the *medical questionnaire*, if required). When completing the application and answering the medical questions, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:

- *your* coverage will be voidable;
- which means *your* claim would not be paid.

Misrepresentation of material facts other than *your* health/medical information

We will not pay a claim if *you*, any person *insured* under this *policy* or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

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, the *insurer* 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.

General Terms of Agreement

Access to this file will be restricted to those *insurer* 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
60 Commerce Valley Drive East
Thornhill, Ontario L3T 7P9
or by calling 1-800-268-3750 ext. 25043.
Email: privacy@orionti.ca

Dispute Resolution

At *Orion Travel Insurance*, *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.

The *insurer* 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 the *insurer* 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
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

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*.

Statutory Conditions

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 *Orion Assistance*; or
   ii) by delivery thereof to an authorized agent of *Orion 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 *Orion 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, their *age*, and the *age* of the beneficiary; and

c. if so required by *Orion 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:

a. 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; or

b. in the case of death of the person *insured*, if a declaration or presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

***Insurer* to Furnish Forms Proof of Claim**

Orion 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 their 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 *Orion Assistance,* as the case may be, 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 *Orion Assistance*, as the case may be, may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Money is 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.

Statutory Conditions

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 Limitations Act, 2002.

Insurance Act Statutory Conditions

Despite of any other provision in this contract, this contract is subject to the applicable statutory conditions in the Insurance Act, respecting contracts of accident and sickness insurance.



Service Providers: 1-866-266-2770
Address: 535 Griswold Street, Ste 111-609 Detroit, MI 48226

Please contact Orion Assistance for emergency assistance, medical management, coordination of benefits and to arrange direct billing with a healthcare provider.

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