# Visitors to Canada Insurance

## Product Summary

September 1, 2026

CAA QUÉBEC Insurance

# How to Contact *Us*

| | |
|---|---|
| **Insurer:** | Echelon Insurance<br>Registered with the Autorité des marchés financiers under client number 2000702152<br>Attn.: Orion Travel Insurance<br>60 Commerce Valley Drive East<br>Thornhill, Ontario L3T 7P9<br>Phone: 905-747-4900<br>Toll free: 1-855-674-6684<br>Email: orioninfo@orionti.ca<br>Website: www.oriontravelinsurance.ca |
| **Distributor:** | Agence de voyages de l'automobile et Touring club du Québec inc.<br>444 Bouvier Street, Quebec (Quebec) G2J 1E3<br>Phone: 1-800-686-9243<br>Email: assurances@caaquebec.com<br>Website: www.caaquebec.com/travel-insurance |
| **Autorité des marchés financiers :** | The Autorité des marchés financiers can provide *you* with information about *your insurer*'s or *your* insurance distributor's obligations.<br>Website: www.lautorite.qc.ca |

# Things To Consider

**This is a summary**. For complete details, please refer to the insurance *policy*. *You* can get a copy from the CAA-Quebec Travel Centre where *you* purchased this insurance, as well as on the website at https://www.caaquebec.com/en/for-your-insurance/documentation/.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

**NOTE**: For additional coverage consider the Non-Medical Vacation Package Plan. The product presented in this summary is not intended for Canadian residents covered by a *government health insurance plan.*

**All amounts stated on this summary are in Canadian Dollars, unless otherwise specified.**

**Key Definitions**

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

***Insurer*** means Echelon Insurance.

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

***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 contract and must be read as a whole.

# Things to Consider

***Side trip*** means a temporary visit to another country during *your trip* to Canada, excluding *your* country of permanent residence. To qualify as a side trip, the temporary visit must:

- not exceed 49% of *your* total *trip* duration;
- begin and end in Canada; and
- occur entirely within *your* insured *trip* dates.

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

***You*** and ***your*** means the Insured.

> **WARNING:** The insurance *contract* will be issued on the basis of information in or provided in connection with *your* application. *Your* answers must be complete and accurate.
>
> *We* will not pay a claim if *you*, any person insured under this *contract* or anyone acting on *your* behalf, attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

# Who is Eligible to Purchase This Insurance

**To be eligible, *you* and all individuals to be insured must be:**

- a visitor to Canada;
- the holder of a Canadian work visa or student visa;
- an immigrant to Canada; or
- a Canadian returning to live in Canada who is awaiting eligibility under a *government health insurance plan (GHIP)*.

Additionally, all persons must:

- be 85 years of age or younger;
- purchase the insurance either before arriving in Canada, within 30 days of arrival in Canada, or before the termination date of similar coverage held in Canada under another insurance contract.

***You* are not eligible for coverage if:**

- *you* have been diagnosed with a terminal illness for which a physician has estimated *you* have less than 6 months to live;
- *you* have been advised by a physician against travel at this time;
- *you* require kidney dialysis;
- *you* have ever received a bone marrow or organ transplant (except cornea or skin transplant);
- *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last 5 years; or
- *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

# What Does the Insurance Cover

This insurance provides coverage for the reasonable and customary charges *you* incur for emergency *medical treatment* of an unforeseen sickness or injury while in Canada or during a *side trip* (excluding *your* country of permanent residence) as part of *your trip*.

The following types of expenses are covered, subject to a maximum of $50,000, $100,000, or $150,000 (depending on *your* age and the amount selected) as shown on *your* Declaration Page **as long as *you* obtain the prior approval of CAA Assistance:**

- hospitalization, medical, dental and paramedical expenses;
- transportation expenses, such as ambulance and taxi services or repatriation costs;
- transportation costs for a family member or a close friend to visit *you*;
- reimbursement of the costs of returning *your* remains or burial/cremation costs;
- subsistence allowance for accommodation and meals of up to $350 per day to a maximum of $3,500.

**OTHER COVERAGE DETAILS**

| | |
|---|---|
| **Maximum *Trip* Days** | • Up to 365 days |
| **Medical Questionnaire** | • Not required |
| **Maximum Benefits as Chosen** | • Up to 69 years old – $50,000, $100,000 or $150,000<br>• Between 70-85 years old – $50,000 or $100,000 |
| **Deductible Options** | • $0, $300, $500, $1,000, $3,000, $5,000, $10,000, $25,000 or $50,000<br>• Applies per *insured* and per *trip*. |
| **Coverage Starts** | **The latest of:**<br>• *your* arrival date in Canada; or<br>• the date of departure, as shown on *your* Declaration Page. |
| **Coverage Ends** | **The earliest of:**<br>• the date *you* leave Canada to return to *your* country of permanent residence.<br>• The date of return as shown on *your* Declaration Page.<br>• For **Canadian residents** not covered by *GHIP*: the date when *your GHIP* coverage starts. |

- **Immediate family coverage** is available for 3 or more immediate family members. All immediate family members must be insured under one *contract* and must be listed on *your* Declaration Page with the appropriate paid premium for this coverage. Refer to the definition of immediate family member in *your* policy.
- Coverage will be extended automatically without additional premium if *your* return is delayed beyond the date of return as shown on *your* Declaration Page under certain conditions, for certain situations beyond *your* reasonable control.

  *You* must notify CAA Assistance of the delay prior to the date of return.
- Coverage can be voluntarily extended provided that *you* apply prior to the date of return as shown on *your* Declaration Page, *we* approve the extension, a supplemental premium is paid and all required conditions are met.

# Exclusions and Limitations

The following are some of the main exclusions in the *contract*. Please consult the policy for a complete list of all the exclusions and limitations which could impact *your* coverage.

**Exclusions**

There will be no coverage **and no payment will be made** for any claim resulting from:

1. Driving, operating, being a crew member or passenger on a commercial vehicle used to deliver goods or to carry a load;
2. Failing to comply with *your* prescribed *medical treatment*, including taking prescribed medication;
3. Suicide, attempted suicide or self-inflicted injuries;
4. *Your* negligence or involvement in the commission of a criminal offence, or illegal act;
5. Expenses for which *you* are charged solely because *you* are insured;
6. An act of war;
7. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website). This exclusion does not apply to claims for an emergency or a medical condition unrelated to the travel advisory;
8. Any services rendered by a family member;
9. Any sickness, injury or medical condition which is not stable in the 120 days prior to *your* effective date;
10. Any sickness or onset of new symptoms that occur during the first 48 hours following the effective date, if *you* purchase this insurance after *you* arrived in Canada;
11. Child born during *trip*;
12. Any sickness or medical condition related to a birth defect for insured children under two years of age;
13. If *you* are pregnant and have any complications from pregnancy or delivery;
14. *Your* participation in certain sports and high risk leisure activities;
15. The abuse of alcohol, drugs or intoxicants;
16. Travelling specifically to receive *medical treatment*;
17. Travelling when *medical treatment* has been planned or could be expected during the *trip*;
18. *Your* status as a patient in a chronic care or convalescent home, a nursing home or for rehabilitation services;
19. Any care, *medical treatment*, products or services other than those declared by the appropriate authorities to be required for the *medical treatment* of the injury, disease or stabilization of the medical condition;
20. Custodial care or services rendered for *your* convenience;
21. Treatments received outside *your* country of permanent residence which:
    i. *you* could have obtained in *your* country, with the exception of any treatment medically necessary as a result of an accident, injury, or sudden illness;
    ii. are not covered under government programs where services were rendered.
22. Non-emergency, experimental or elective treatment;
23. Certain products, even when prescribed, such as dietary or food supplements, over-the-counter medication, processed food for infants or medication not approved in Canada;

# Exclusions and Limitations

24. Certain surgery and diagnostic testing, such as cardiac catheterization, angioplasty and/or cardiovascular surgery (except as a medical emergency) or magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies without pre-approval from CAA Assistance;
25. The continuing care and/or *medical treatment* after the initial medical emergency has ended;
26. Any medical condition that was diagnosed or for which *you* received *medical treatment* after the date of departure and before the date of an insurance extension or top-up if there was an extension;
27. Any act of terrorism;
28. Medical services rendered in *your* country of permanent residence (except for Canadians without *GHIP* returning to Canada);
29. Travel against the medical advice of a physician;
30. Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.

Refer to the policy under the Visitors to Canada Insurance section for further details.

**OTHER CONDITIONS**

1. *You* are permitted to take a *side trip* within your trip dates.
2. If *we* determine that *you* should transfer to another facility or return to *your* home country and *you* refuse, no further *medical treatment* will be paid.
3. If the CAA Assistance determines that *your* emergency has ended, *we* will not cover the continued treatment, recurrence or complication of a medical condition after the emergency treatment.
4. *We* are not responsible for the availability, quality or results of any *medical treatment* or transportation.

# How to File a Claim

**STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM**

*You* must contact CAA Assistance at 1-866-580-2999 in Canada & mainland U.S., or from elsewhere at 1-519-251-5179 prior to obtaining emergency *medical treatment* so that *we* may:

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

CAA Assistance will pay hospitals, physicians and other medical providers directly, whenever possible. Where this cannot be arranged, eligible expenses will be reimbursed.

**WARNING:** *You* must contact CAA Assistance before obtaining emergency *medical treatment*. If it is medically impossible for *you* to contact them prior to obtaining the *medical treatment*, contact them as soon as possible or have someone contact them on *your* behalf. **If *you* fail to contact CAA Assistance before *you* obtain *medical treatment*, *your* maximum benefit will be reduced to 80% of expenses up to a maximum of $25,000.**

CAA Assistance must approve in advance any surgery or invasive procedure (including cardiac catheterization). *You* must inform *your* attending physician to contact CAA Assistance for pre-approval, except in extreme circumstances where it would delay surgery required to resolve a life-threatening medical crisis.

# How to File a Claim

**STEP 2: SUBMITTING *YOUR* CLAIM**

Submit, **within 90 days**, a claim form and all required documents (invoices, receipts and other back-up documentation) described in the applicable insurance coverage(s) in the policy (see section – How to File a Claim):

**Online Claim Submission**

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

**Mail Claim Submission**

*You* may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance
Xodus Travel Services Inc.
PO Box 36, Station A
WINDSOR, ON
N9A 6J5

**Phone numbers to reach us:**

From Canada & Mainland US: **1-866-580-2999**
From Elsewhere: **1-519-251-5179**

**STEP 3: REIMBURSEMENT**

All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.

# The Cost of This Insurance Product

Premiums for the Visitors to Canada coverage are personalized and are determined based on:

- *your* age upon purchase;
- the exact number of days of *your trip*;
- chosen coverage amount;
- deductible chosen.

Premiums are subject to change without notice.

# *Your* Right to Cancel

*You* may cancel a c*ontract* within **10 days of purchase** if *you* have not departed on *your trip* and there is no claim in progress.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at https://www.caaquebec.com/en/contact-us/ under Find a Service Outlet click on “Travel Centres”) or by mailing the Notice of Recession found in Schedule I.

# Refunds

Premium refunds may be available provided no claim has been paid, incurred or reported under this *contract*.

Full Refund if:

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

Partial Refund if:

- *you* become eligible and/or covered under a *government health insurance plan* during *your contract* coverage period; or
- *you* return to *your* country of permanent residence prior to *your* scheduled date of return.

*You* must 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 *contract* was purchased for a Super Visa.

# Filing a Complaint

*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
PO Box 8075 STN Industrial Park
Markham, Ontario L3R 0K4

Phone: 905-747-4900
Toll Free: 1-855-674-6684
Email: orioninfo@OrionTi.ca

More information on the Dispute Resolution process is available at www.oriontravelinsurance.ca.

# SCHEDULE I
# Notice of Cancellation of an Insurance Contract

**NOTICE GIVEN BY DISTRIBUTOR**

Article 440 of the Act respecting the distribution of financial products and services.

**THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS**

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

  For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.
- Section 441 does not apply where the principal contact is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

**NOTICE OF RECISSION OF AN INSURANCE CONTRACT**

To: Echelon Insurance
Attn.: Orion Travel Insurance
PO Box 8075 STN Industrial Park
Markham, Ontario L3R 0K4

Date: ____________________________________________
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. __________________________
(Number of contract, if indicated)

entered into on: ____________________________________________
(Date of signature of contract)

at: ____________________________________________
(Place of signature of contract)

____________________________________________
(Name of client) (Signature of client)

The distributor must fill in this section beforehand.

**This notice must be sent by registered mail.**

# Notes

AUTORITÉ DES MARCHÉS FINANCIERS

The purpose of this fact sheet is to inform you of your rights.
It does not relieve the insurer or the distributor of their obligations to you.

# LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Visitors to Canada Insurance

## IT'S YOUR CHOICE

**You are never required to** purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.

## HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.

## DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.

## RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period. Ask your distributor for details.**

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**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit www.lautorite.qc.ca or call the AMF at 1-877-525-0337.

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Reserved for use by the insurer:

This fact sheet cannot be modified

Insurance

## Questions about your contract?

**1-833-861-0112** – Canada & United States
**+1-514-861-0112** – Elsewhere in the world, call collect

**caaquebec.com**



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