POLICY

Individual Medical Underwriting Plan

CAA QUEBEC Insurance

September 1, 2026

NEED HELP DURING YOUR TRIP?

IN THE EVENT OF A *MEDICAL EMERGENCY* *YOU* MUST CONTACT *CAA ASSISTANCE* IMMEDIATELY

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

HOW TO CONTACT US

Call:

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

Chat:

SMS: **1-450-234-8044**
WhatsApp: **1-888-657-7611**
Webchat: **orion.xodus.ca/assistance**

Email:

Email address: **orionassistance@xodus.ca**

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

WHY *YOU* MUST CONTACT *CAA ASSISTANCE*

You must contact *CAA Assistance* before obtaining *emergency treatment*, so that *we* may:

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

If it is medically impossible for *you* to contact *CAA Assistance* prior to obtaining *emergency treatment*, *you* must do so as soon as possible or have someone do it on *your* behalf.

If *you* do not contact *CAA Assistance* before obtaining *emergency treatment*:

- *your* maximum benefit payable under Emergency Medical Insurance will be reduced to 80% of *your* medical expenses covered under this insurance, to a maximum of $25,000 CAD
- for out-patient medical consultation, benefits paid will be limited to one (1) visit per *sickness* or *injury*.

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

10 *DAY* RIGHT TO EXAMINE

Please take the time to read *your policy* and review all of *your* coverage(s). If *you* have any questions, *you* may contact *us* at 1-833-247-2940.

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.

Table of Contents

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.

Important Information About This Policy

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 as shown on *your Declaration Page*. Some of the terms may limit the benefits payable to *you*.

This *policy* covers losses resulting from unforeseen and emergent circumstances only.

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

You have purchased a travel insurance *policy*, what happens next?

We want to help *you* understand *your* coverage. It's in *your* best interest to know what *your policy* includes, what it excludes, and what is covered only up to certain limits. Please take the time to read *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 *CAA 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 1-833-247-2940 OR VISIT CAAQUEBEC.COM.

Precedent of the French version

In case of discrepancy between the French and English versions of the provisions of this *policy*, precedent will be given to the French version of the text.

HOW TO USE THIS POLICY

Throughout the *policy*, certain terms appear in **italics**. These are explained in the **Definitions** section. Pay close attention to these definitions, as they carry specific meanings that affect how *your* coverage applies.

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*. **Pay particular attention to the terms, limitations, conditions and exclusions, both general and specific, that may restrict benefits payable to *you*.**

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

CARRY YOUR INSURANCE DOCUMENTS AND GHIP CARD WITH YOU AT ALL TIME

The wallet card provides emergency contact information for reaching *CAA Assistance*. ***You*** **must contact *CAA Assistance* before receiving any *medical treatment* and in the event of a claim.**

Eligibility and Purchase Conditions

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

a. *you* have been diagnosed with a *terminal illness* for which a *physician* has estimated *you* have less than six months to live;

b. *you* have been advised by a *physician* against travel at this time;

c. *you* require kidney dialysis;

d. *you* have ever had a bone marrow or organ transplant (except 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.

Additionnaly, to purchase an Individual Medical Underwriting Plan, *you* must be a Canadian resident covered under a *government health insurance plan (GHIP)* for the entire duration of the *trip*.

This insurance must be purchased no more than 90 *days* before the coverage *effective date*.

Emergency Medical Insurance

Emergency Medical Insurance provides *you* with comprehensive protection when an unexpected *medical emergency* occurs while *you* are travelling outside *your* province or territory of residence. *You* are covered for up to **$10 million** in eligible *emergency* medical expenses resulting from an *accident*, sudden illness, or *injury*. This coverage is designed to support *you* in urgent situations, ensuring that *you* can access necessary medical care when unforeseen events arise during *your trip*.

Maximum benefit	• Up to **$10 million**; or • A maximum of $25,000 for all Emergency Medical Insurance benefits if, at the time of claim: a. *your government health insurance plan (GHIP)* coverage had lapsed; and/or b. *you* did not have *GHIP* authorization for the portion of *your trip* that exceeded the number of *days* covered outside *your* province or territory of residence.
Effective date	**Emergency Medical Insurance** starts the latest of: • *your date of departure*; or • the date *you* leave *your departure point*.
Expiry date	**Emergency Medical Insurance** ends the earliest of: • *your date of return*; or • the date *you* return to *your departure point*.
Maximum *trip* duration	The maximum *trip* duration including any extension or *top-up* cannot exceed the period for which *your GHIP* covers *you* or 365 *days*, whichever is the lesser.

You will be required to provide evidence of *your date of departure* and *date of return* when filing a claim (for example, airline ticket, customs or immigration stamp or other receipt).

Emergency Medical Insurance

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

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

For *trips* exceeding the maximum *days* covered by *your 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, any *trip days* exceeding *your government health insurance plans* 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* forms part of this insurance *contract*.

It is important that *you* immediately notify *us* at 1-833-247-2940 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 contract*. *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 *contract*.

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

If *you* choose to return to *your* Canadian province or territory of residence for a short stay within *your* period of coverage:

- *you* may do so without terminating *your* original *contract* and requiring a new *contract*;
- *your* Emergency Medical Insurance is not in effect and no refund of premium is available for the *days* while *you* are in *your* Canadian province or territory of residence.

INSURED RISKS – WHAT IS COVERED

This insurance provides payment for a *medical emergency*. **Benefits will be paid for *reasonable and customary charges* incurred following an *emergency* resulting from a sudden *accident, sickness* or *injury* which occurs on a *trip* during this *contract's* period of coverage.** Eligible *treatments* are limited to what is declared **urgent** and **necessary** for the stabilization of the *medical condition*.

DEDUCTIBLE

If *you* selected a deductible, *we* pay eligible losses incurred in excess of the amount, as shown on *your Declaration Page*. Benefits provided by this coverage are granted once the deductible has been paid. The deductible is in U.S. dollars and it applies per *Insured* and per *trip*, after any benefits covered under governmental programs have been paid.

BENEFITS AND SERVICES OFFERED

The following benefits are provided per *Insured*, per *trip* for *reasonable and customary charges* listed below, for emergent, unforeseen and *medically necessary* services as per the terms and conditions of this *contract*. Coverage is subject to a maximum

of $10 million per *trip*, and **provided that these charges are not incurred before obtaining the approval of *CAA Assistance***.

***HOSPITALIZATION*, MEDICAL, DENTAL AND PARAMEDICAL EXPENSES**

1. ***Hospitalization:***

   The cost of *hospital* services in a private or semi-private room (or an intensive or coronary care unit where *medically necessary*).

2. **Incidental Expenses:**

   The cost inherent to *hospitalization* (phone, television, parking, etc.) up to a limit of $100 per *day*, and a maximum of $2,000 while *hospitalized* for at least 48 hours. This benefit will be paid as a lump sum after *you* are released from the *hospital* and upon approval of *your* claim.

3. ***Physicians'* Fees:**

   The difference between costs charged by a *physician* and benefits allowed under government programs.

4. **Diagnostic Services:**

   The cost for laboratory tests and X-rays when prescribed by the attending *physician*.

5. **Medical Appliances:**

   The cost of rental or purchase of casts, trusses, braces, crutches, canes, splints, wheelchairs, orthopedic corsets and other medical appliances when prescribed by the attending *physician*.

6. **Nursing Care:**

   The costs of a registered nurse for private care while *hospitalized* and when *medically necessary* and prescribed by the attending *physician*.

7. **Professional Services (when prescribed as part of *emergency medical treatment*):**

   The cost of professional services by a physiotherapist, chiropodist, chiropractor, osteopath or podiatrist when *medically necessary* and prescribed by the attending *physician*.

8. **Drugs (when prescribed as part of the *emergency medical treatment*):**

   The cost of drugs requiring a *physician's* prescription, except when they are required for the continued stabilization of a chronic *medical condition*.

9. **Dental Care:**

   Reimbursement of:

   a. up to $10 million for *emergency* dental *treatment* at *trip* destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an external *injury*, provided *you* consult a *physician* or dentist immediately following the *injury*;

   b. necessary *emergency* dental *treatment*, as described in 9.a, 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*, up to a maximum of $2,000; and

   c. other *emergency* dental *treatment* at *trip* destination (excluding root canal treatment or any damage to dentures) up to a maximum of $500.

TRANSPORTATION EXPENSES

10. **Ambulance or Taxi Service:**

    The cost of local ambulance or air ambulance service to the nearest accredited medical facility, including inter-*hospital* transfer when the attending *physician* and *CAA Assistance* determine that existing facilities are inadequate to *treat* or stabilize the patient's condition.

11. **Repatriation to the Province of Residence:**

a. up to $10 million for the cost of repatriation to *your* province of residence by means of appropriate transportation in order to receive immediate medical attention; and

b. the cost of repatriation of *your travel companion* or one of *your immediate family* members is covered under this *contract*, if *you* are unable to return to the *departure point*, by means of the transportation initially planned for such return. The cost of an accompanying adult is covered in the case of *child* repatriation; and

c. the cost for commercial accommodation and meals, essential taxis and phone calls for 1 *travel companion* or 1 *immediate family* member if *you* are relocated to a place other than *your departure point* up to a limit of $300 per *day* and a maximum of $900; and

d. the cost for a qualified medical attendant to accompany *you* to *your* Canadian province or territory of residence when recommended by the attending *physician*. This includes return airfare and overnight lodging and meals (where necessary);

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

12. **Transportation to Visit *You*:**

Covered expenses for an *immediate family* member or a close friend not at the *trip* destination, to visit the *hospital* where *you* are being *treated* include:

a. reasonable out-of-pocket expenses incurred for the cost of commercial accommodation, meals in a commercial establishment, essential taxis and phone calls and the cost of *child* care services, up to a daily maximum of $300, up to $1,500 maximum limit; and

b. round-trip, economy class transportation; and

c. travel insurance for the person attending *your* bedside subject to the terms and conditions of *your* Emergency Medical Insurance.

The expenses described above will be **reimbursed** only if *you* remain *hospitalized* for at least 3 *days* and the attending *physician* acknowledges in writing that the visit is necessary. This benefit is provided immediately if *you* are a person(s) with disability (physical or mental) or under 26 years of *age* and dependent for support on the visiting *family* member.

13. ***Child* Care:**

In the event an *Insured* parent or legal guardian on the *trip* must be medically repatriated or *hospitalized, we* will pay the following benefits:

a. **Reimbursement** for the cost of an accompanying adult is covered in the case of *child* repatriation;

b. **Reimbursement** for services of a *caregiver* contracted by *you* for *your Insured child(ren)* or grandchild(ren). This benefit is limited to *child(ren)* up to *age* 19 (except in cases of a person(s) with disability (physical and/or mental)). Provision of an attendant will be arranged by *CAA Assistance*;

c. **Reimbursement** of up to $1,000 for *child* care provided in *your* Canadian province or territory of residence in the event their parent or legal guardian is attending *your* bedside in a *hospital* at destination. This benefit is limited to *child(ren)* up to *age* 19 (except in cases of a person(s) with disability (physical and/or mental)).

14. **Vehicle Return:**

a. The reasonable cost of returning *your private vehicle*, either private or rental, by a commercial agency, or by any person authorized by *CAA Assistance*, to *your* residence or nearest appropriate vehicle rental agency

when *you* are unable to return the *private vehicle* due to *accident*, *sickness* or *injury*. A medical certificate from the attending *physician* in the locality where the incapacity occurred is required, attesting that *you* are incapable of using *your* vehicle;

b. The cost of *your* one (1) way airfare if *your private vehicle* is stolen or inoperative due to an *accident*.

15. **Baggage Return:**

The cost to return *your* baggage following *your* medical repatriation or death is covered, up to a maximum of $500.

16. **Pet Return:**

The cost to bring back *your* pet(s) in the event of *your* medical repatriation or death to *your* province of residence is covered up to a maximum of $500.

17. **Return of the Deceased Insured:**

If *you* die during *your trip*, *we* will **reimburse** *your* estate the following expenses:

a. the cost for the preparation and return of *your* body to *your departure point* or to *your* province or territory of residence in the standard transportation container used by airlines, including up to $5,000 for the cost of a standard casket; or

b. the cost of cremation of *your* body on site, and the cost to return *your* ashes home, including up to $5,000 for the cost of a standard urn; or

c. up to $10,000 for the cremation of *your* body or burial at the place of death, including the cost of a standard casket or urn (excludes the cost of headstone and other funeral services expenses).

If an *immediate family* member or a friend must travel to the destination to identify *your* body, *we* will reimburse for a single person:

d. the round-trip economy class airfare; and

e. reasonable out-of-pocket expenses incurred for commercial lodging, meals, taxi fares, car rental, phone calls or internet usage fees, up to $400 per *day*, for a maximum of three (3) *days*.

f. Three (3) *days* of emergency medical insurance coverage with *us*.

***EMERGENCY* CARE EXPENSES**

18. **Subsistence Allowance:**

The cost of commercial accommodation, meals in a commercial establishment, essential taxis and phone calls when *your* return must be delayed due to an *accident*, *sickness* or *injury* of *you* or *your family* member or *travel companion* up to a limit of $350 per *day* and a maximum of $3,500. If *sickness* or *injury* delays *your* return more than 10 *days* beyond the *date of return*, 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.

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

The cost of *your emergency* evacuation from a mountain, sea or other remote location, to the nearest accessible point by professional services up to maximum of $5,000.

20. **Return to *Trip* Destination Outside of *Your* Province of Residence:**

The cost of 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* approves and no further *treatment* is required. Any recurrence or complications will not be covered under this *contract*.

21. **Medical Follow-up in Canada:**

Reimbursement for the following costs if incurred within 15 *days* of repatriation when *you* are medically repatriated by *us* to *your* province of residence after being *hospitalized*:

- The cost of a semi-private room in a *hospital* or a rehabilitation centre or a convalescent home up to a maximum of $1,000;
- The cost for home nursing care when medically required and provided by a registered nurse or a registered nursing assistant, up to a limit of $50 per *day*, for a maximum of 10 *days*;
- The rental cost of the following devices, up to a maximum of $150: crutches, standard walker, canes, trusses, orthopaedic corset and oxygen; and
- The cost for transportation (ambulance and/or taxi) in order to receive medical care up to a maximum of $250.

22. **Domestic Services:**

Reimbursement for domestic services such as housekeeping to *your* principal residence when *you* have been medically repatriated by *us* up to a maximum of $250 per *contract*.

23. **Pet Care:**

Reimbursement for *emergency* veterinary services in the event *your* pet(s) suffers an *accidental* bodily *injury* while accompanying *you* during *your trip* up to a maximum of $300.

24. **Commercial Kennel Costs:**

Reimbursement for commercial kennel costs for *your* pet(s) when *you* are not able to return on *your* planned *return date* up to a maximum of $300.

***EMERGENCY* ASSISTANCE EXPENSES:**

25. **Prescription Assistance:**

Assistance to co-ordinate replacement of lost, forgotten or stolen essential prescription medication at *your trip* destination (excluding non-vital prescription medication). The cost of replacement will be *your* responsibility.

26. **Vision Care:**

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

27. **Hearing Aid:**

Reimbursement up to $200 for the replacement at *your trip* destination, outside *your* province of residence, 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.

28. **Urgent Messages:**

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

CONDITIONS

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

   If it is medically impossible for *you* to contact *CAA Assistance* prior to obtaining *emergency treatment*, *we* ask *you* to contact them as soon as possible or have someone contact them on *your* behalf. Otherwise, if

you do not contact *CAA Assistance* before *you* obtain *medical treatment*:

- *your* maximum benefit payable will be reduced to 80% of *your* medical expenses covered under this insurance, to a maximum of $25,000; and
- in the event of out-patient medical consultation, a maximum of one (1) visit per accident, sickness or injury.

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

Contact methods are located on the inside front cover and page 13.

2. In the event of an *accident, sickness or injury, your* prior medical history will be reviewed as part of the claim process.
3. A new *medical questionnaire* may be required for an extension to determine eligibility and premium.
4. Application for an extension must be made prior to the *return date* of *your contract*.
5. If *we* pay *your* health care provider or reimburse *you* for covered expenses, *we* 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* actual expenses.
6. After *your medical emergency treatment* has started, *CAA 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, 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.
7. 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*.
8. *We* are not responsible for the availability, quality or results of any *medical treatment*, transportation or *your* failure to obtain *medical treatment* or *hospitalization*.
9. Premium rates and *policy* terms and conditions are subject to change without prior notice.
10. *We* reserve the right to decline an application for insurance or an extension.
11. This insurance must be purchased and paid in full prior to the *effective date* of coverage.
12. Coverage may never extend beyond 365 *days* per *policy*.
13. If insurance coverage is purchased in a manner other than as stated in this *policy,* this contract shall be null and void and *our* sole liability will be limited to the refund of the premium paid.
14. If any benefit is duplicated under a similar benefit or another insurance coverage in this *policy* or in any other *policy* issued by *us*, the maximum amount *you* are entitled to is the largest amount specified under any one applicable benefit or insurance coverage. If any benefit is duplicated under similar coverage with another insurer or third party, the total amount payable to *you* from all sources cannot exceed the actual expense *you* incur.
15. Failure to contact *CAA Assistance* may result in the refusal of benefits. Contact methods are located on the inside of the front cover and page 13.

16. All benefits payable by the *Insurer* for all Emergency Medical claims attributable to an *act of terrorism*, or for a series of *acts of terrorism* occurring within a 72-hour period, under all in-force travel policies issued by *us*, are limited to:

    - A maximum of $10 million per event; and
    - A maximum of two (2) events per calendar *year*.

    If the total amount of payable claims exceeds these maximum limits indicated, each *insured* will be entitled to a prorated share of the overall aggregate limit. In such circumstances, the total amount available for all *insured* combined will be divided among all claimants, and payment may be issued after the end of the calendar year.

    Any benefits payable for *acts of terrorism* is in 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, as well as any other insurance coverage (even if such coverage is described as excess). Benefits are payable only after all other recovery sources have been fully exhausted.

EXCLUSIONS - WHAT IS NOT COVERED AND REDUCTIONS OF COVERAGE

1. Any *pre-existing medical condition(s)* not listed as a *declared pre-existing medical condition(s)* on the *Medical Underwriting Agreement* that *you* received from *us*, or any *change* in *your* health status or *change in medication(s)* not reported to *us* prior to *your departure date* or *effective date.*
2. Claims related to expectant mother's complications of pregnancy and delivery:
    a. Claim related to the expectant mother's routine pre-natal or post-natal care;
    b. Claim related to pregnancy, delivery, or any related complications arising in the nine (9) weeks before, or in the nine (9) weeks after the expected delivery date, including the expected delivery date itself.
3. Claim related to *your* child born during the *trip*.
4. Any accident that occurs while *you* are participating in (including training, practicing, or competing) any of the following activities:
    - Aviation and air sports: acting as a pilot or crew member, or travelling as a passenger on any aircraft, flying machines or device supported primarily by buoyancy in air. This includes, but is not limited to airplane, balloon, kite balloon, kite surfing, airship, glider, hang glider, paraglider, parasail, skydiving, kite, wingsuit flying, or any activity involving air-traction using a parachute or a kite. Travelling as a passenger on a *common carrier* is not subject to this exclusion.
    - Helicopter excursions.
    - Military activities: any maneuvers or training exercises of the armed forces.
    - *Professional* sport(s): Participation in any *professional* sports.
    - Motorized high-risk activities and *speed contest*: any high-risk activity or *speed contest* involving the use of a motor vehicle on land, water, or air, whether conducted on approved tracks or elsewhere.

5. Any *medical condition*, including withdrawal symptoms arising from, or in any way related to:
   - abuse of alcohol that results in a blood alcohol level of more than 80 milligrams in 100 millilitres of blood; or
   - *your* chronic use of alcohol; or
   - the use of drugs or any other intoxicants (including cannabis).
6. A *trip* undertaken 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.
7. Travelling when *treatment* could be expected:
   - Any future investigation or *treatments* (except routine monitoring) is planned before *your trip*; or
   - Any *medical condition* or symptoms for which it is reasonable to believe or expect that *treatments* will be required during *your trip*.
8. Any claim for patients in chronic care *hospitals*, convalescent home (excluding the Medical Follow-Up in Canada benefit, refer to page 8, benefit 21), or any rehabilitation services, or in nursing homes or health spas.
9. Care or *treatments* received outside the province of residence which could have been obtained in the province of residence without endangering *your* life or *your* health, with the exception of care for a *medically necessary treatment* resulting from an *accident* or sudden *illness*.

   Under this exclusion, the fact that the care available in the province of residence could be of lesser quality or take longer to obtain than the care available outside *your* province of residence does not constitute a danger to *your* life or health.
10. *We* will not pay a benefit with respect to non-*emergency*, experimental or elective *treatment* such as those rendered by an acupuncturist, a homeopath, a naturopath, an optometrist, cataract surgery or any cosmetic *treatment* or surgery.
11. The products listed below are not covered even when prescribed:

    Renewal, replacement or inadequate supply, processed food for infants, dietary or food supplements or substitutes of any kind including protein and multivitamins, over the counter medication, 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 *CAA Assistance* prior to being performed, except in extreme circumstances where such surgery is performed as a *medical emergency* immediately upon admission to *hospital*; and/or

    b. Magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by *CAA Assistance*.
13. The continued *treatment*, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* during *your trip*, if *CAA Assistance* determines that *your emergency* has ended.
14. Expenses incurred in *your* province of residence or upon return to the destination if these expenses are related to a *change in your* health condition while on *trip* break in *your* province of residence. Refer to Temporary Return to *Your* Canadian Province of Residence on page 4.
15. Being a driver, operator, co-driver, crew member, or passenger on a commercial vehicle used to deliver goods or carry a load. This exclusion does not apply if the commercial vehicle is used during *your trip* solely for pleasure purposes and not for delivering goods or carrying a load.

16. Any claim incurred after a *physician* advised *you* not to travel.
17. Any *medical condition* resulting from *you* not following a *treatment* as prescribed to *you*, including prescribed medication.
18. Suicide, attempted suicide, or self-inflicted injury, regardless of *your* mental state.
19. *Your* negligent behaviour, or *your* involvement in the commission or attempted commission of a criminal or illegal act.
20. Expenses for which no charge would normally be made in the absence of insurance.
21. *Acts of war* whether declared or undeclared.
22. Situations where an official travel advisory was issued by the Canadian government stating to "Avoid non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before the *effective date* of coverage.

    This exclusion does not apply to claims related to an *emergency* or a *medical condition* unrelated to the travel advisory
23. Professional or other services rendered by a *family* member.
24. *Acts of terrorism* involving biological, chemical, nuclear, or radioactive means, regardless of any other contributing cause.

Extensions

AUTOMATIC EXTENSION OF COVERAGE

Coverage will be extended automatically to allow *you* to complete *your* return journey in a reasonable amount of time*, up to a maximum of five (5) *days* and without additional premium, when *your* return is delayed beyond *your* originally planned *date of return* solely due to one of the following situations:

a. the scheduled carrier is delayed, provided it was due to arrive to the *departure point* by the *date of return*;
b. if driving, inclement weather forces you to delay your return, provided the return journey began before the date of return;
c. an accident or mechanical breakdown involving the *private vehicle* in which *you* are travelling prevents *you* from returning to *your departure point* in time, provided the return journey began before the *date of return*;
d. a sudden, unforeseen, and emergent *sickness*, *injury*, or *quarantine* affecting *you*, *your* accompanying *immediate family* member, or *your travel companion*.

When the delay is due to a *medical condition* or *hospitalization*, the coverage will be extended for the duration of *hospitalization* plus five (5) *days* after discharge, or until *CAA Assistance* determines that *you* are medically able to travel, whichever period is applicable.

* For the purposes of this benefit, a reasonable amount of time means the shortest feasible time required to complete the return journey once the cause of delay has been resolved.

***You* must notify *CAA Assistance* of the delay prior to the *date of return*.**
In the event of a claim, *you* will be required to provide proof of the cause of delay.

This extension does not include any costs associated with flight-change arrangements, except for emergency repatriation approved in advance by *CAA Assistance*.

Extensions

VOLUNTARY EXTENSION OF COVERAGE

You are able to extend the number of *trip days* on *your* coverage beyond *your* initial *date of return* provided that:

1. *You* apply for the extension prior to the *return date* of *your contract*. *You* may need to complete a new *medical questionnaire* to determine eligibility and premium for the extension.
2. There is no cause for a claim against this *contract*.
3. The extension is requested, approved by *us* and *you* have paid any additional required premium for such extension prior to the initial *return date* or *effective date* of the extension.
4. The total covered duration of *your trip*, including any extensions, does not exceed the maximum number of *days*.

Refunds of Premium

A refund of premium may be available **provided no claim has been paid, incurred or reported under this *contract***.

- **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 by *us* prior to the *return date* of the *trip*. Proof of early return (for example, customs or immigration stamp, gas receipts) is required. Any refund is calculated from the postmarked date of written request, the actual date *you* visited/called CAA Quebec Travel Centre to request the refund, or the date shown on *your* proof of early return, whichever occurs first.

What to do if *You* Need a Refund

Have *your contract* number or *Medical Underwriting Agreement* with *you* and contact *us* at 1-833-247-2940.

CAA Assistance

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

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

You can contact *CAA Assistance* by calling, via chat or by sending an email using the coordinates listed below:

HOW TO CONTACT US

Call:

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

Chat:

SMS: **1-450-234-8044**
WhatsApp: **1-888-657-7611**
Webchat: **orion.xodus.ca/assistance**

Email:

Email address: **orionassistance@xodus.ca**

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

CAA Assistance

When contacting *CAA Assistance*, make sure *you* have *your* wallet card or policy number with *you*. *CAA Assistance*, will ask *you* to provide *your* name, *your* policy number, *your* location and the nature of *your* emergency.

WHY ARE *YOU* REQUIRED TO CONTACT *CAA ASSISTANCE*?

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

   If it is medically impossible for *you* to contact *CAA Assistance* prior to obtaining *emergency treatment*, *you* must do so as soon as possible or have someone do it on *your* behalf. If *you* do not contact *CAA Assistance* before *you* obtain *emergency treatment*:
   - *your* maximum benefit payable will be reduced to 80% of *your* medical expenses covered under this insurance, to a maximum of $25,000 CAD;
   - for out-patient medical consultation, benefits paid will be limited to one (1) 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. *CAA Assistance* must approve certain benefits in advance. Check the benefits section of *your* coverage(s) to see which benefit(s) this applies to.
4. If *you* pay eligible expenses directly to a health service provider without prior approval by *CAA Assistance*, these services will be reimbursed to *you* on the basis of the *reasonable and customary charges* that would have been paid directly to such provider by *us*. 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 *us*.

WHAT HAPPENS WHEN *YOU* CONTACT *CAA ASSISTANCE*?

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

CAA Assistance will work closely with *you* to:

- direct *you* to an appropriate *physician* or *hospital* at *your trip* destination, wherever possible;
- provide multilingual interpreters to communicate with *physicians* and *hospitals*;
- monitor *your* care so that only appropriate, *medically necessary treatment* is given and to ensure that *your* medical needs are met;
- with *your* consent, contact *your immediate family* member and *physician* on *your* behalf;
- pay *hospitals*, *physicians* and other medical providers directly, whenever possible;
- approve and arrange air ambulance transportation when *medically necessary*;

CAA Assistance

- inform *you* of any expenses not covered by this *contract* or to explain this *contract's* terms and provisions as they relate to *your medical emergency*.

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

LIMITATION ON *CAA ASSISTANCE* SERVICES

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

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

How to File a Claim

PAYMENT TO MEDICAL PROVIDERS

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

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

To submit a claim, contact *CAA Assistance*. *You* will be required to fill out a claim form and to 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). **Make sure to indicate your *contract* number on each document.**

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

EMERGENCY MEDICAL INSURANCE

1. A completed claim form provided by *CAA Assistance* upon notification of the claim, and the applicable Provincial Health Plan Consent Form.
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 phone number of the provider, as well as the original transaction documents proving that payment was made to the provider.

How to File a Claim

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.

Definitions

Accident or accidental means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in *injury*.

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.

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

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, persons under 26 years of *age* (under *age* 19 as specified under certain benefits), who reside with *you* OR who are full-time students in residence at a post-secondary institution OR person(s) with disability (physical and/or mental) at any *age* who reside with *you*, all of whom depend on *you* for support and who are under *your* care during *your trip* and are covered under a CAA-Quebec Travel Insurance policy underwritten by *us*.

Definitions

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.

Common carrier means a licensed carrier intended and used to transport paying passengers such as bus, taxi, train, boat, airplane or other vehicle.

Date of departure means the date of departure as shown on *your Declaration Page.*

Date of return means the date *you* return to *your trip departure point* as shown on *your Declaration Page.*

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

Declaration Page means the document named as such provided to *you* by *us* confirming *you* have insurance coverage after *you*'ve paid the required premium.

Declared pre-existing medical conditions means any *pre-existing medical condition(s)* that *you* disclosed to *us* at time of application and which are recorded as such on *your Medical Underwriting Agreement.*

Effective date means the date *your* coverage starts.

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.*

Expiry date means the date *your* coverage ends.

Family 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.*

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

Helicopter excursion means a recreational or sightseeing activity in which a person is transported by helicopter for leisure, tourism, or exploration purposes.

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.

Illness means a health deterioration or an organism disorder certified by a *physician*, or even when the person is pregnant, a pathological complication that arose during the pregnancy.

Immediate 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 person(s) with disability (physical and/or mental) at any *age*), when *your* names appear on *your Medical Underwriting Agreement* respectively as the *Insured(s).*

Injury means *accidental* bodily harm unrelated to *sickness* or any other medical cause. The *injury* must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment.*

Definitions

Insured(s) means the person(s) named on *your* CAA - Quebec Travel Insurance *Medical Underwriting Agreement* upon which a *contract* number appears.

Insurer means Echelon Insurance.

Medical condition means any disease, *sickness* 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 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 which forms part of the insurance *contract.* The answers *you* provide on this form are material to the determination of the terms of coverage and/or the premium that applies to *you*.

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

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

a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;

b. is not experimental or investigative in nature;

c. cannot be omitted without adversely affecting *your* condition or quality of medical care;

d. cannot be delayed until *your* return to *your* Canadian province or territory of residence; 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.

Medical Underwriting Agreement means the document *you* received from *us* after *you* have been medically underwritten, which includes *your Declaration Page, your* responses to the *medical questionnaire* and specifies *your declared pre-existing medical condition(s)* covered under this *contract*.

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

Physician is a person who is not *you* or an *immediate family* member or *your traveling 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)*, and *your Medical Underwriting Agreement*, all of which form the entire *contract* and must be read as a whole.

Pre-existing medical condition means any *medical condition(s)* that exists prior to the *departure date* of *your trip* or *effective date* of *your contract* for which *you* have received a diagnosis and/or had *medical treatment*, been *hospitalized* and/or been prescribed or taken medication and/or had a *change in medication*, 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 vehicle means any private or rental automobile, boat, motorcycle, camper truck, mobile home or trailer home used during *your trip* exclusively for the private transportation of passengers, excluding any commercial usage and commercial trailer.

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

Definitions

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.

Sickness means a disease or disorder of the body. The *sickness* must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

Speed event or 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 when all of the following statements are true:

a. there has not been any new *treatment* prescribed or recommended, or *change(s)* to existing *treatment* including a stoppage in *treatment*; and

b. 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

c. the *medical condition* has not become worse; and

d. there has not been any new, more frequent or more severe symptoms; and

e. there has been no *hospitalization* or referral to a specialist; and

f. there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results; and

g. there is no planned or pending *treatment*.

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

Terminal illness means that *you* have a *medical condition* for which a *physician* has estimated that *you* have less than 6 months to live.

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 6 persons will be considered *travel companions* (including *you*).

Travel supplier means a tour operator, travel wholesaler, airline, cruise line, ground transportation provider, travel accommodation provider, or other entity, including those operating via online platforms such as vacation rental services, wellness retreats, or excursion organizers, that meets all of the following criteria:

- Is contractually engaged to provide travel services to the *insured*;
- Is licensed, registered, or otherwise legally authorized to operate and provide travel services in the jurisdiction where the services are provided;
- Can provide verifiable documentation of the transaction, including booking confirmation, cancellation policy, and proof of legal operation;
- Is not simply an individual host or listing on a peer-to-peer platform without proper business registration or licensing.

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.

Trip means the period of time between *your date of departure* and *your date of return*. For travel within *your* province or territory of residence, a trip qualifies only if it includes at least one overnight stay with a *travel supplier*.

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

Xodus Travel Services means the company appointed by *us* to provide the assistance and claims services under this *contract*.

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

General Terms of Agreement

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

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

Xodus Travel Services has been appointed by *us* as provider of all assistance and claims services under this contract.

Premium:

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

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

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

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

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

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

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

All amounts stated in this policy are in Canadian Dollars, unless otherwise specified.

DEDUCTIBLE

We will pay eligible expenses for losses incurred in excess of the deductible amount, as shown on *your Declaration Page*, per *insured*, per *trip*.

All deductible amounts are stated in U.S. currency.

Where Coverage is Applicable:

Coverage is applicable worldwide, except in countries at war or countries where political instability or hostility renders the area inaccessible by *CAA Assistance* services. *You* may contact *CAA Assistance* prior to *your* departure to confirm coverage for *your trip* destination. Contact methods are located on the inside front cover and page 13.

General Terms of Agreement

Payment of Benefits

All payments under this *contract* 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

If *we* pay benefits under this *policy*, *we* have rights of subrogation, to the extent of such payment, to any rights of recovery *you* may have against any third party or insurer that may be liable for the loss. In other words, *we* have the right to proceed, at our own expense, in *your* name against such third parties or others who may be responsible for providing indemnity, compensation or benefits similar to this insurance. 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 reasonably with *us* and not do anything to prejudice such rights. If *you* initiate a claim, a demand or legal proceedings against a third party for a covered loss, *you* shall immediately notify *us* so that *our* rights may be protected.

Coordination of Benefits

This *policy* is intended to be excess to other insurance or benefit plans. 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*, *we* 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.

This *insurer* is a secondary payor. All other sources of recovery, indemnity payments or insurance coverage must be claimed before any payments will be made under any of *our* policies.

If, however, that other insurance or source of recovery is also "excess only", *we* will co-ordinate payments of all eligible claims with that other insurer or responsible party. Coordination between group health or dental benefit plans, where applicable, follow guidelines set by the Canadian Life and Health Insurance Association. In no case will we 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**, *we* 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 *contract* is issued on the basis of information in *your* application or provided in connection with *your* application (including answers to the *medical questionnaire*). 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 void;
- which means *your* claim will 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 *contract* or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

General Terms of Agreement

Arbitration

Both parties to this *contract* hereto agree that any dispute, controversy or claim arising out of or relating to this *contract*, 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 *contract* was issued. The laws of the Canadian province or territory in which the *contract* 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 *contract* of insurance is governed by the law of the Canadian province or territory of residence of the *Insured*.

Dispute Resolution

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, 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

Statutory Conditions

The Contract

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

Waiver

We 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 *us*.

Copy of Application

We shall, upon request, furnish to the *Insured* or to a claimant under the contract a copy of the application/*Medical Underwriting Agreement*.

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.

Statutory Conditions

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 *us*:
   i. by delivery thereof, or by sending it by registered mail to *CAA Assistance*; or
   ii. by delivery thereof to an authorized agent of *CAA Assistance*, not later than 30 *days* from the date a claim arises under the *contract* on account of an *accident*, *sickness*, *injury* or insured risk.

b. Within 90 *days* from the date a claim arises under the *contract* on account of an insured risk, furnish to *CAA Assistance* such proof as is reasonably possible in the circumstances of the happening of the *accident* or the commencement of the *sickness* or *injury*, and the loss occasioned thereby, the right of the claimant to receive payment, their *age*, and the *age* of the beneficiary; and

c. If so required by *CAA Assistance,* furnish a satisfactory certificate as to the cause or nature of the insured risk for *accident*, *sickness*, *injury* or insured risk for which the claim may be made under the *contract* and as to the duration and/or extent of loss.

Failure to Give Notice or Proof

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

***We* are to Furnish Forms for Proof of Claim**

CAA Assistance, shall furnish forms for proof of claim within 15 *days* after receiving notice of claim, but where the claimant has not received the forms within that time, the claimant may submit 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 *us* or *CAA Assistance,* as the case may be, an opportunity to examine the *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*, *we* or *CAA Assistance*, as the case may be, may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Money is Payable

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.

Limitation of Arbitration Proceedings

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

Insurance Act Statutory Conditions

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

Privacy and Confidentiality Notice

The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, *we* will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims relative to the insurance applied for.

Access to this file will be restricted to *our* 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 the administrator or agent. *You* may request to review the personal information it contains and make corrections by writing or calling:

Privacy Officer

Write to: Orion Travel Insurance
PO Box 8075 STN Industrial Park
Markham, Ontario L3R 0K4

Phone: 1-800-268-3750 ext. 25043

Email: privacy@orionti.ca

You may obtain more information about *our* privacy policy by visiting *our* website at oriontravelinsurance.ca

Similar Products

There are other insurance products offering coverage similar to the insurance targeted in this policy available on the market. *We* encourage *you* to make inquiries to make sure that this insurance best meets *your* needs.

Referral to the Autorité des marchés financiers (AMF)

If *you* have any questions regarding *our* obligations to *you*, *you* may contact the Autorité des marchés financiers at the following address:

Autorité des marchés financiers
Place de la Cité, Tour Cominar
2640 boul. Laurier, 4th floor, Sainte-Foy,
Québec, Canada G1V 5C1

Phone

Toll-free: 1-877-525-0337
Quebec City: 418-525-0337
Montreal: 514-395-0337

Website: www.lautorite.qc.ca

Notice of Rescission 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.

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.

Notice of Rescission of an Insurance Contract

439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the Insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation, stating that the client may cancel the insurance contract within **10 days** of signing it.

441. A client may cancel an insurance contract made at the same time as another contract, within **10 days** of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is cancelled, the first contract retains all its effects.

442. No contract may contain provisions allowing its amendment in the event of cancellation or termination by the client of an insurance contract made at the same time.

However, a contract may provide that the cancellation or termination of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation, stating that the debtor may subscribe for insurance with the Insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the Insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an Insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor cancels, terminates or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another Insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

Notes

Notes

24/7 CAA Assistance

Call us:
From Canada & Mainland US: **1-866-580-2999**
From elsewhere: **1-519-251-5179**

If calling is not possible, contact us via Chat:
SMS: **1-450-234-8044**
WhatsApp: **1-888-657-7611**
Webchat: **orion.xodus.ca/assistance**
or
Email us at: **orionassistance@xodus.ca**

Please contact CAA Assistance in case of an emergency. The assistance will manage the medical case, co-ordinate benefits and arrange direct billing (where possible) with a health care provider.

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

Extensions must be requested before contract expires, provided there are no claims. Please call 1-833-247-2940.

Insurance

Questions about your contract?

1-833-247-2940

caaquebec.com

Detach this card and carry it with you at all times for the duration of your contract.
In case of emergency or should you require medical attention, you must contact us as soon as possible.

CAA Assistance

From Canada & Mainland US: **1-866-580-2999**

From elsewhere: **1-519-251-5179**

Service Providers: **1-866-580-2999**
Address: PO Box 25215, Overland Park, KS 66225

ORION TRAVEL INSURANCE®

Insurance

INSURED:

CONTRACT #

INSURANCE COVERAGE:

DATE OF DEPARTURE:

DATE OF RETURN:

QC-04 (09/26)