



Travel Insurance



# Policy

Effective August 31, 2016

## ELIGIBILITY

*You* are not eligible for any coverage under this *policy* if, prior to *your departure date* for Emergency Medical Travel Insurance (prior to *your application date* for Visitors To Canada Emergency Medical Insurance, Trip Cancellation & Interruption Insurance, Accidental Death and Dismemberment Insurance, Travel Baggage and Personal Effects Insurance and Rental Automobile Damage Insurance), *you*:

1. Have been diagnosed with or received *treatment* for any of the following medical conditions:
  - a. A terminal illness for which a physician has estimated you have less than 6 months to live or for which palliative care has been received;
  - b. Kidney disease requiring dialysis;
  - c. Metastatic cancer;
  - d. AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus);
2. Have been advised by a physician against travel at this time;
3. During the 12 months prior to your departure date, have been prescribed or taken home oxygen;

### **Additional Eligibility for Visitors To Canada Emergency Medical Insurance:**

4. Have congestive heart failure
5. Have been and/or are experiencing new or undiagnosed symptoms and/or know of any reason to seek medical attention.

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

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

### **COUNTRY**

**in CANADA & mainland U.S.**

**Call Collect From Anywhere Else**

**Email if Calling is Not Possible**

### **TOLL-FREE NUMBER**

**1-855-849-1638**

**+1-519-251-4051**

**orionassistance@acmtravel.ca**

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

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

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

**For Trip Cancellation, Trip Interruption or Travel Baggage and Personal effects claims, please call *CAA Assistance* and *your CAA Travel professional* on the *day* the Insured Risk occurs or the next business day.**

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## **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 204-262-6000 or 1-800-222-4357. *You* may cancel this *policy* within 10 *days* of purchase if *you* have not departed on *your trip* and there is no claim pending or in progress.

# SUMMARY OF PLANS AVAILABLE

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

PLAN TYPE		INSURANCE COVERAGE												
MEDICAL PLANS	COVERAGE MAXIMUM	FAMILY	MINIMUM/ MAXIMUM AGE AT APPLICATION	PRE-EXISTING MEDICAL EXCLUSION	MAXIMUM TRIP DAYS	MAXIMUM POLICY PERIOD	EMERGENCY TRAVEL MEDICAL	VISITORS TO CANADA	HOLIDAY SAFEGUARD	TRIP CANCELLATION & INTERRUPTION	ACCIDENTAL DEATH AND DISMEMBERMENT	TRAVEL BAGGAGE AND PERSONAL EFFECTS	RENTAL AUTOMOBILE DAMAGE	
Daily/Top Up Without Medical Declaration	Up to \$5 Million*	✓	All Ages	✓	212 Days**	365 Days	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Daily/Top Up With Medical Declaration	Up to \$5 Million*	Not Available	Age 60 & Over	✓	212 Days**	365 Days	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Canada Plan	Up to \$5 Million*	✓	All Ages	✓	212 Days**	365 Days	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
60-74 Quick Trip Plan	Up to \$5 Million*	Not Available	Age 60 to 74	✓	15 Days	365 Days	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Annual Plan Without Medical Declaration	Up to \$5 Million*	✓	All Ages	✓	9, 15 or 30 Days***	365 Days	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Annual Plan With Medical Declaration	Up to \$5 Million*	Not Available	Age 60 & Over	✓	15 or 30 Days***	365 Days	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Visitors to Canada Plans	\$10,000	✓	Age 15 Days & Over	✓	365 Days	365 Days	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
	\$15,000	✓	Age 15 Days & Over	✓	365 Days	365 Days	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
	\$25,000	✓	Age 15 Days & Over	✓	365 Days	365 Days	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
	\$50,000	✓	Age 15 Days & Over	✓	365 Days	365 Days	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
	\$100,000	✓	Age 15 Days & Over	✓	365 Days	365 Days	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
	\$150,000	✓	Age 15 Days to 69	✓	365 Days	365 Days	Not Covered	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	

# SUMMARY OF PLANS AVAILABLE

NON-MEDICAL STANDALONE PLANS	COVERAGE MAXIMUM	FAMILY	MINIMUM/ MAXIMUM AGE AT APPLICATION	PRE-EXISTING MEDICAL EXCLUSION	MAXIMUM TRIP DAYS	MAXIMUM POLICY PERIOD	EMERGENCY TRAVEL MEDICAL	VISITORS TO CANADA	HOLIDAY SAFEGUARD	TRIP CANCELLATION & INTERRUPTION	ACCIDENTAL DEATH AND DISMEMBERMENT	TRAVEL BAGGAGE AND PERSONAL EFFECTS	RENTAL AUTOMOBILE DAMAGE
Trip Cancellation & Interruption	Up to Sum Insured	Not Available	All Ages	✓	212 Days**	547 Days	Not Covered	Not Covered	Not Covered	✓	Not Covered	Not Covered	Not Covered
Travel Baggage and Personal Effects	Up to \$1,500 per Insured (up to \$2,000 per family)	Not Available	All Ages	No Pre-Existing Medical Exclusion	212 Days**	365 Days	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	✓	Not Covered
Rental Automobile Damage	Up to \$50,000	Not Available	All Ages	No Pre-Existing Medical Exclusion	50 Days	50 Days	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	✓
<b>PACKAGE PLANS</b>	<b>COVERAGE MAXIMUM</b>	<b>FAMILY</b>	<b>MINIMUM/ MAXIMUM AGE AT APPLICATION</b>	<b>PRE-EXISTING MEDICAL EXCLUSION</b>	<b>MAXIMUM TRIP DAYS</b>	<b>MAXIMUM POLICY PERIOD</b>	<b>EMERGENCY TRAVEL MEDICAL</b>	<b>VISITORS TO CANADA</b>	<b>HOLIDAY SAFEGUARD</b>	<b>TRIP CANCELLATION &amp; INTERRUPTION</b>	<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	<b>TRAVEL BAGGAGE AND PERSONAL EFFECTS</b>	<b>RENTAL AUTOMOBILE DAMAGE</b>
Vacation Package	Up to Sum Insured	✓	Age 0 to 59	✓	212 Days**	547 Days	✓	Not Covered	✓	✓	✓	✓	Not Covered
Annual Vacation Package	Up to \$1,500 per Insured (up to \$3,000 per family per trip)	✓	Age 60 to 84	✓	37 Days	547 Days	✓	Not Covered	✓	✓	✓	✓	Not Covered
Non-Medical Vacation Package	Up to Sum Insured	✓	All Ages	✓	9, 15 or 30 Days***	365 Days	✓	Not Covered	✓	✓	✓	✓	Not Covered
			All Ages	✓	212 Days**	547 Days	✓	Not Covered	✓	✓	✓	✓	Not Covered

## FAMILY COVERAGE

\* Maximum \$20,000 if at time of claim: a) your GHP coverage has lapsed or you lose your GHP coverage during your trip; and/or b) you did not have GHP authorization to cover your trip days exceeding the days GHP covers outside your province or territory of residence.

\*\* Maximum trip days may not exceed the period for which your GHP covers you or 365 days, whichever is the lesser. For trip days exceeding the days your GHP covers, you must obtain written authorization confirming that your GHP will remain in effect for the total duration of your trip. You will be required to provide this written authorization in the event of a claim. Coverage may never exceed the maximum policy period.

\*\*\* Annual Plan Without or With Medical Declaration – maximum trip days are based on the plan option you purchased.

**Daily Top Up Plan Without Medical Declaration, Canada Plan, Annual Plan Without Medical Declaration, Vacation Package Plan, Annual Vacation Package Plan and Non-Medical Vacation Package Plan**

Family pricing insures you, your spouse, your child(ren) and grandchild(ren) named on your Declaration Page provided you have paid for family coverage prior to the effective date of the policy. In the event of divorce, all insureds will remain covered until the expiry date. Under the Annual Plan Without Medical Declaration and the Annual Vacation Package Plan, all insureds may travel independently of one another.

## Visitors To Canada Emergency Medical

Family insures you and all family members who are named on your Declaration Page who reside at the same address while in Canada, provided that coverage dates are the same for all family members and you have paid for family coverage prior to the effective date of the policy.

## PRE-EXISTING MEDICAL CONDITION EXCLUSION

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

- Emergency Medical – page 14
- Vacation Package Plan – page 14
- Annual Vacation Package Plan – page 14
- Visitors To Canada – page 21
- Trip Cancellation and Interruption – page 31

# IMPORTANT INFORMATION ABOUT THIS POLICY

## Canadian Life and Health Insurance Association

### Important Notice - Please Read Carefully

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

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

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

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

### **PLEASE READ THIS POLICY**

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

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

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

Throughout this *policy* *you* will notice that certain terms are brought to *your* attention with italics. These terms are explained in the Definitions section beginning on page 48. Pay particular attention to these definitions as the *Insurer* has given a very specific meaning to these terms.

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

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

## GENERAL CONDITIONS

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

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

## GENERAL EXCLUSIONS

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

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

1. Any loss resulting when *you* are a driver, the operator, a co-driver, a crew member or any other passenger in a commercial vehicle used for the purpose of delivering goods or carrying a load.
2. Noncompliance with prescribed *medical treatment* or therapy (including failure to carry out a *physician's* instructions).
3. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
4. Commission or attempted commission of a criminal, criminal-like, illegal or negligent act by *you*.
5. Expenses for which no charge would normally be made in the absence of insurance.
6. Any *act of war* or any service in the armed forces.
7. Any loss resulting from a *sickness, injury* or medical condition which *you* suffered or contracted in a country during *your trip* when, before *your departure date*, Global Affairs Canada has issued a Travel Advisory and/or Travel Health Notice advising Canadian residents to avoid non-essential travel or to avoid all travel to that country, region or city. If Global Affairs Canada issues a Travel Advisory and/or Travel Health Notice to leave that country, region or city after *your departure date* from Canada, coverage for *sickness, injury* or medical condition is limited to a period of 10 *days* from the date that the Travel Advisory and/or Travel Health Notice is issued, or such period of time reasonably necessary to safely evacuate that country, region or city.

For the purposes of this exclusion, "*sickness, injury* or medical condition" means any *sickness, injury* or medical condition that is attributable to the reason for which the Travel Advisory and/or Travel Health Notice was issued or complications arising from such *sickness, injury* or medical condition. **For Visitors to Canada Emergency Medical Insurance**, this exclusion applies only to temporary visits outside of Canada.

8. Any act of terrorism.

# EMERGENCY MEDICAL TRAVEL INSURANCE

<b>Eligibility and Purchase Conditions</b>	<ol style="list-style-type: none"> <li>1. May be purchased separately or as part of a Vacation Package Plan or Annual Vacation Package Plan.</li> <li>2. <i>You</i> must be a Canadian resident or landed immigrant covered by a government health insurance plan (<i>GHIP</i>) for the full duration of the <i>trip</i>. <ul style="list-style-type: none"> <li>• Purchase is subject to the Eligibility on the inside front cover.</li> <li>• Applicants <i>age</i> 60 and over must complete a <i>Medical Declaration</i> no longer than 6 months before the <i>departure date</i> or <i>effective date</i> to determine eligibility.</li> </ul> </li> </ol>
<b>Coverage Starts</b>	<p><b>The latest of:</b></p> <ul style="list-style-type: none"> <li>• <b>Daily/Top Up Plan or 60-74 Quick Trip Plan</b> - the date <i>you</i> leave <i>your</i> Canadian province or territory of residence or Canada; or</li> <li>• <b>Canada Plan</b> - the date <i>you</i> leave <i>your</i> Canadian province or territory of residence; or</li> <li>• <b>Annual Plan</b> - Coverage for each individual <i>trip</i> under the Annual Plan begins on <i>your departure date</i> from <i>your</i> Canadian province or territory of residence; or</li> <li>• The <i>departure date</i> or <i>effective date</i> shown on <i>your Declaration Page</i>.</li> </ul>
<b>Coverage Ends</b>	<p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>• <b>Daily/Top Up Plan</b> - The date <i>you</i> return to <i>your</i> Canadian province or territory of residence or Canada; or</li> <li>• <b>Canada Plan</b> - the date <i>you</i> return to <i>your</i> Canadian province or territory of residence or the date <i>you</i> leave Canada; or</li> <li>• <b>60-74 Quick Trip Plan</b> - the day <i>you</i> reach the maximum number of <i>days</i> (15 <i>days</i>); or</li> <li>• <b>Annual Plan</b> - on the <i>day</i> prior to the one-year anniversary of <i>your departure date</i> or <i>effective date</i>; or coverage for an individual <i>trip</i> ends the date <i>you</i> return to <i>your</i> province or territory of residence or the date <i>you</i> reach the maximum <i>days</i> outside Canada allowed under <i>your</i> Annual Plan as indicated on <i>your Declaration Page</i>; or</li> <li>• <b>All Plans</b> - The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Minimum/Maximum Age</b>	<ul style="list-style-type: none"> <li>• <b>All Ages</b> for Daily/Top Up Plan Without <i>Medical Declaration</i> or Annual Plan Without <i>Medical Declaration</i>, Canada Plan or Annual Vacation Package Plan.</li> <li>• <b>Age 60 and over</b> for Daily/Top Up Plan With <i>Medical Declaration</i> or Annual Plan With <i>Medical Declaration</i>.</li> <li>• <b>Age 60-74</b> for Quick Trip Plan.</li> <li>• <b>Age 0-84</b> for Vacation Package Plan.</li> </ul>



# EMERGENCY MEDICAL TRAVEL INSURANCE

<b>Maximum Benefit</b>	<p>Up to \$5 million. Maximum \$20,000 for all Emergency Medical Travel Insurance benefits if at time of claim:</p> <p>a) <i>your GHIP coverage has lapsed or you lose your GHIP coverage during your trip; and/or</i></p> <p>b) <i>you did not have GHIP authorization to cover your trip days exceeding the days GHIP covers outside your province or territory of residence.</i></p>
<b>Maximum Days (including any Extension or Top Ups)</b>	<ul style="list-style-type: none"> <li>• <b>Daily/ Top Up, Canada Plan, Annual Plan without Medical Declaration, Vacation Package Plan under age 60:</b> 212 Days (365 Days maximum trip days with GHIP approval).</li> <li>• <b>Annual Plan with Medical Declaration:</b> 15 or 30 Days each trip.</li> <li>• <b>Vacation Package Plan Age 60 to 84:</b> 37 Days each trip.</li> <li>• <b>Annual Plan without Medical Declaration, Annual Vacation Package Plan:</b> 9, 15 or 30 consecutive days.</li> <li>• <b>60-74 Quick Trip Plan:</b> 15 Days each trip.</li> </ul>

## **CHANGE IN HEALTH PRIOR TO DEPARTURE DATE OR EFFECTIVE DATE:**

You must meet the Eligibility requirements on the date you depart from your Canadian province or territory of residence or Canada. If your health changes between your application date and your departure date or effective date, you must contact CAA and review the Plan Qualification and Eligibility requirements to ensure that you continue to be eligible for the plan you purchased. If you do not meet the Plan Qualification and Eligibility requirements for the insurance on your departure date or effective date, in the event of a claim, the Insurer will void your policy, refund the premium paid and your incurred medical expenses will be your responsibility.

## **CHANGE IN HEALTH AFTER EFFECTIVE DATE:**

The following condition applies to the Annual Plan only.

If your health changes after the effective date, your policy will be continue to be valid. However, any changes in your health will be subject to the applicable Pre-existing Medical Condition Exclusion during subsequent trips.

## **PLANS AVAILABLE**

**DAILY/TOP UP PLAN** - Provides coverage for travel outside your Canadian province or territory of residence.

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

**QUICK TRIP PLAN** - Provides coverage for a single trip outside your Canadian province or territory of residence or Canada, for a maximum of 15 days each trip. This plan may not be purchased as a *Top Up*.

**ANNUAL PLAN** - Provides coverage for multiple individual trips outside your Canadian province or territory of residence, for up to 9, 15 or 30 consecutive days each trip, based on the Annual Plan duration you have purchased. An individual trip begins when you leave your province or territory of residence and ends when you return to your province or territory of residence.

If you leave Canada several times during an individual trip (without returning to your province or territory of residence) your Annual Plan days start again each time you leave Canada. When you are outside Canada for any period of time that exceeds the Annual Plan days you have purchased, a *Top Up* will be required.

If your individual trip days are entirely within Canada, but outside your Canadian

# EMERGENCY MEDICAL TRAVEL INSURANCE

province or territory of residence, a *Top Up* is not required. See Automatic Extension of Coverage on page 41, item 2.

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

For an individual *trip* to be covered under the benefits of the Annual Plan, it must start and end within the period of coverage. The total duration of *your* individual *trip* cannot exceed the maximum *trip* length of the coverage duration *you* have purchased for *your* Annual Plan, 9, 15 or 30 *days*, unless it is topped up.

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

- A new Daily/*Top Up* Plan for any travel *days* that fall after the expiry date; or
- A new Annual Plan for the next 365 *day* period. Please refer to the Extensions and *Top Ups* section, page 40 for applicable conditions.

To extend the number of *trip days* on the Annual Plan or to *top up* another insurer's policy, *you* may purchase a separate Daily/*Top Up* Plan. Please refer to the Extensions and *Top Ups* section, page 40 for applicable conditions.

If *you* are topping up another insurer's policy, it is *your* responsibility to confirm with that insurer that a *Top Up* is permitted on *your* existing policy with no loss of coverage. Please note that the benefits, terms, conditions and exclusions of that other insurer's policy may not be the same as this *policy*.

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

Canadian provincial and territorial health insurance plans limit the maximum *days* *you* can travel outside *your* Canadian province or territory of residence and remain covered by *your* GHIP. Please review *your* GHIP for details.

For *trips* exceeding the maximums *days* covered by *your* GHIP, *you* must obtain written authorization from *your* GHIP that *your* GHIP coverage will remain in effect for *your* entire *trip* duration. If *you* do not obtain GHIP authorization, then any *trip days* exceeding *your* GHIP maximum number of allowable *days* are subject to a maximum total benefit of \$20,000 for all Emergency Medical Travel Insurance benefits. In the event of a claim, *you* will be requested to provide such written authorization.

## MEDICAL DECLARATION

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

If it is found that *you* have not answered any question asked in the *Medical Declaration* truthfully and accurately at time of application, *your* *policy* will be declared null and void. Any claim submitted by *you* will be denied (even if the erroneous response is unrelated to the claim reported) and *you* will be solely responsible for all expenses relating to *your* claim, including repatriation costs.

It is important that *you* immediately notify *your* CAA travel professional if any inaccuracy exists so that *you* can take immediate action to complete a new and accurate *Medical Declaration*.

# EMERGENCY MEDICAL TRAVEL INSURANCE

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

Emergency Medical Travel Insurance is not in effect while *you* are in *your* Canadian province or territory of residence. However, if *you* choose to return to *your* Canadian province or territory of residence for a short stay within your period of coverage, *you* may do so without terminating *your* original *policy* and requiring a new *policy*, provided *you* have not incurred a claim. *Your* coverage may resume with no additional premium once *you* leave *your* province or territory of residence to resume *your* trip.

If, during *your* temporary visit *you* are *treated* or *you* receive *medical treatment* for a medical condition other than a *minor ailment*, *your* *policy* will terminate and *you* may be eligible for a partial refund. No refund of premium is available for the *days* while *you* are in *your* Canadian province or territory of residence.

## INSURED RISKS

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

## DEDUCTIBLE

If *you* have purchased a Daily/*Top Up* Plan (With or Without Medical Declaration) or an Annual Plan (With or Without Medical Declaration), the *Insurer* will pay eligible expenses for losses incurred in excess of the *Deductible* amount, as shown on *your* *Declaration Page*, per *Insured*, per covered condition or event.

No *Deductible* applies to the 60-74 Quick Trip Plan or Canada Plan.

## BENEFITS

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

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

- a. *Hospital* accommodation up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*).
- b. *Physicians' fees*;
- c. Laboratory tests and X-rays prescribed by the attending *physician* and approved in advance by *CAA Assistance*. Note: This *policy* does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by *CAA Assistance*;
- d. Private duty nursing (other than by an *immediate family member*) during *hospitalization* when ordered by the attending *physician* and approved in advance by *CAA Assistance*;
- e. Local licensed ground ambulance service to the nearest *hospital, physician* or medical service provider in the event of a *medical emergency* (also covers local taxi fare in lieu of local ground ambulance service where an ambulance is *medically necessary*);
- f. Drugs requiring a prescription by a *physician*, limited to a 30 *day* supply per prescription unless *you* are *hospitalized*, excluding those necessary for the continued stabilization of a chronic medical condition;
- g. Casts, splints, trusses, braces, crutches, rental of wheelchair or other minor medical appliances when prescribed by a *physician* and approved in advance by *CAA Assistance*; and

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h. Up to five visits for *medical treatment* by a chiropodist, chiropractor, osteopath, physiotherapist, or podiatrist (other than an *immediate family member*), including X-rays, when approved in advance by *CAA Assistance*.

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

### **Reimbursement of:**

- a. emergency dental treatment (other than by an *immediate family member*) at *trip* destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided *you* consult a *physician* or dentist immediately following the *injury*;
- b. necessary emergency dental treatment (other than by an *immediate family member*), described in a. above, that must be continued upon return to *your* Canadian province or territory of residence, provided treatment is completed within 90 *days* from the date of the accident, to a maximum of \$1,500; and
- c. up to \$300 for the cost of repair or replacement of dentures as a result of an accidental blow to the face, provided *you* consult a *physician* or dentist immediately following the *injury*;
- d. other emergency relief of dental pain (other than by an *immediate family member*) at *trip* destination, to a maximum of \$350.

This benefit excludes routine dental care, root canal treatment and crowns.

## 3. **Hospital Allowance:**

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

## 4. **Return of Vehicle:**

When approved in advance by *CAA Assistance*:

- a. reasonable expenses for the return of *your* private or rental *vehicle*, if neither *you* or someone travelling with *you* is able to operate *your* owned or rented vehicle during *your trip* due to *sickness* or *injury*. Benefits will only be payable for one person to return the *vehicle*. This benefit does not cover wages lost by the person driving *your vehicle*; or
- b. repatriation of the *Insured* if private *vehicle* is stolen or inoperative due to an accident.

## 5. **Family Transportation:**

When approved in advance by *CAA Assistance*, a return economy airfare for an *immediate family member* or a person of *your* choice to attend *your* bedside (upon the recommendation of the attending *physician*) provided the *hospitalization* lasts at least seven consecutive *days*. This benefit is provided immediately if *you* are permanently mentally or physically handicapped, or under 25 years of *age* and dependent for support on the visiting *immediate family member*.

The person attending *your* bedside will be covered under the same terms and conditions of *your* CAA Emergency Medical Travel Insurance. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending person of *your* choice will be reimbursed to a maximum of \$1,500, subject to a limit of \$150 per *day*.

## 6. **Subsistence Allowance:**

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

- a. *your return date* is delayed due to *sickness* or *injury* of an accompanying

# EMERGENCY MEDICAL TRAVEL INSURANCE

*family member or travel companion or yourself; or*

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

## 7. Medical Repatriation:

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

- a. up to the cost of a one-way economy airfare to *your* Canadian province or territory of residence for immediate *medical treatment*; or
- b. the fare for additional airline seats to accommodate a stretcher to return *you* to *your* Canadian province or territory of residence; or
- c. where *medically necessary*, air ambulance (paid in advance) to the nearest appropriate *hospital* or to a *hospital* in *your* Canadian province or territory of residence, when the attending *physician* or the Medical Director of *CAA Assistance* recommends that *you* be so transported for the purpose of obtaining immediate *medical treatment*; and
- d. Fees for a qualified medical attendant (other than an *immediate family member*) to accompany *you* to *your* Canadian province or territory of residence when recommended by the attending *physician* and approved in advance and arranged by *CAA Assistance*. This includes return economy airfare and overnight lodging and meals (where necessary).

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

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

- a. organization, escort and payment up to the cost of a one-way economy airfare for the return of *your Insured child(ren)* or grandchild(ren) provided they are 25 years of *age* or under or of any *age* if the child(ren) or grandchild(ren) and is permanently mentally or physically handicapped.
- b. **reimbursement of** up to \$1000 for services of a *caregiver* (other than an *immediate family member*) contracted by *you* for *your Insured child(ren)* or grandchild(ren). This benefit is limited to *child(ren)* or grandchild(ren) under the age of 25 years or under or of any *age* if they are permanently mentally or physically handicapped.

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

## 9. Non-Medical Emergency Evacuation:

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

## 10. Return to Trip Destination:

When approved in advance by the Medical Director of *CAA Assistance*, a one-way economy airfare for *you* to be returned to *your trip* destination, within *your* period of coverage, after *you* are returned to *your* Canadian province or territory of residence via Benefit #7, Medical Repatriation, for immediate *medical treatment* provided *your* attending *physician* determines that *you* require no further treatment for *your medical emergency*.

# EMERGENCY MEDICAL TRAVEL INSURANCE

Once *you* return to *your trip* destination, a recurrence of the *sickness* or *injury* which caused the initial *medical emergency*, or any problems or complications related thereto, will not be covered under this *policy*.

## 11. Return of Remains:

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

- a. the actual cost incurred for return of the deceased *Insured* in the common carrier's standard transportation container to the scheduled point of departure; plus
- b. up to \$5000 for the preparation of the deceased *Insured* and the cost of the *common carrier's* standard container; or
- c. the actual cost incurred for return of the deceased *Insured* to the schedule point of departure plus a maximum of \$3000 for the cremation of the deceased *Insured* or for burial at the place of death.

If cost of repatriation exceeds the limits stated, payment will be made on *your* behalf with the condition that funds will be reimbursed within 30 consecutive *days* by *your family* or estate.

No benefit is payable for the cost of a casket or urn.

In addition, and subject to prior approval of *CAA Assistance*, return transportation for an *immediate family member* or close friend to identify the deceased *Insured*. The person identifying the deceased *Insured* will be covered under the same terms and conditions of *your* CAA Emergency Medical Travel Insurance, but for no longer than three *days*. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be reimbursed to a maximum of \$150 per *day* to a maximum of \$500.

## 12. Return of *Travel Companion*:

When approved in advance by *CAA Assistance*, reimbursement of the cost of a single one-way economy airfare for a *travel companion* to return to Canada, in the event *you* are returned to *your* Canadian province or territory of residence under Benefit #7, Medical Repatriation or Benefit #11, Return of Remains. Up to \$450 subsistence allowance, subject to a maximum of \$150 per *day*, will also be provided for commercial accommodations and meals, essential taxis and telephone calls.

## 13. Pet Return:

When approved in advance by *CAA Assistance*, **reimbursement** up to a maximum of \$500 for the return to Canada of *your* pet (domestic dog, *service animal* and/or cat only) in the event *you* are *hospitalized* during a covered *medical emergency*.

## 14. Lost Prescription:

In the event that *your* prescription medication is lost, by reason of theft, burglary, fire or transportation hazards the *Insurer* will reimburse up to the lesser of \$100 or the amount of medication to replace the lost prescription (maximum 30 *day* supply).

## 15. Prescription Assistance:

Assistance to provide contact information for the replacement of lost or stolen prescription eyeglasses, lost or stolen essential prescription medication (excluding birth control pills or other non-vital prescription medication). Costs of replacement will be *your* responsibility.

# EMERGENCY MEDICAL TRAVEL INSURANCE

## 16. Vision Care:

Up to \$300 towards the cost of repair or replacement of prescription eyewear as a result of an accidental blow to the face provided *you* consulted an optometrist immediately following the *accident*.

## 17. Message Centre:

Leave urgent messages with *CAA Assistance* in the event that awkward time zones or telephone difficulties prevent *you* from contacting home. Leave urgent messages as a contact point for *travel companions* if *you* lose touch with one another. Phone numbers are located on the inside front cover and page 44.

## 18. Urgent Messages:

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

## CONDITIONS

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

1. In the event of a medical emergency, please call *CAA Assistance* immediately or your benefits under this policy may be limited. Phone numbers are located on the inside front cover and page 44.
2. In the event of an *injury* or *sickness*, *your* prior medical history will be reviewed as part of the claim process.
3. A new *Medical Declaration* is required for an extension or *Top Up* to determine eligibility and premium. Application for an extension or *Top Up* must be made prior to or on the expiry date of *your policy*.
4. If the *Insurer* pays *your* health care provider or reimburses *you* for covered expenses, it will seek reimbursement from *your GHIP* and from any other medical reimbursement plan under which *you* may have coverage. *You* may not claim or receive in total more than 100% of *your* total covered expenses.
5. *CAA Assistance* must approve in advance any surgery or invasive procedure (including, but not limited to, cardiac catheterization), prior to the *Insured* undergoing such procedure. It remains *your* responsibility to inform *your* attending *physician* to call *CAA Assistance* for approval in advance, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
6. During a *medical emergency* (whether prior to admission, during a covered *hospitalization* or *after release from hospital*), the *Insurer* reserves the right to:
  - a. transfer *you* to one of *our* preferred health care providers; and/or
  - b. return *you* to *your* Canadian province or territory of residence, for the *medical treatment* of *your sickness* or *injury*. If *you* choose to decline the transfer or return when declared medically able by the Medical Director of *CAA Assistance*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return.

*CAA Assistance* will make every provision for *your* medical condition when choosing, arranging the mode of *your* transfer or return and, in the case of transfer, when choosing the *hospital*.

# EMERGENCY MEDICAL TRAVEL INSURANCE

7. The *Insurer* is not responsible for the availability, quality or results of any *medical treatment* or transportation, or the *Insured's* failure to obtain *medical treatment* or *hospitalization*.
8. Once *you* are deemed medically able to return to *your* Canadian province or territory of residence (with or without a medical escort) either in the opinion of the Medical Director of *CAA Assistance* or by virtue of discharge from *hospital*, *your medical emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the *medical emergency* will no longer be eligible for coverage under this *policy*.

## EXCLUSIONS

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

### 1. PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

Daily/ <i>Top Up</i> and Annual Plan	Exclusions	Stability Period
<b>WITHOUT MEDICAL DECLARATION</b>		
Under Age 60	1a. & 1b.	7 Days prior to each <i>departure date</i>
Age 60 and Over	1a. & 1e.	365 Days prior to each <i>departure date</i>
Canada Plan - All Ages	Not Applicable	Not Applicable
Quick Trip Plan - Age 60-74	1a.	90 Days prior to each <i>departure date</i>
<b>WITH MEDICAL DECLARATION</b>		
Plan A – Age 60 and Over	1a.	90 Days prior to each <i>departure date</i>
Plan B – Age 60 and Over	1a.	90 Days prior to each <i>departure date</i>
Plan C – Age 60 and Over	1a.	270 Days prior to each <i>departure date</i> (90 Days for high blood pressure and 180 Days for cancer)
Plan D – Age 60 and Over	1a.	365 Days prior to each <i>departure date</i> (90 Days for high blood pressure and 180 Days for cancer)
<b>VACATION PACKAGE PLAN</b>		
Under Age 60	1a. & 1b.	7 Days prior to each <i>departure date</i>
Age 60-74	1a. & 1b.	90 Days prior to each <i>departure date</i>
Age 75-84	1a. & 1c. & 1d.	180 Days prior to each <i>departure date</i>
<b>ANNUAL VACATION PACKAGE PLAN</b>		
Under Age 60	1a. & 1b.	7 Days prior to each <i>departure date</i>
Age 60 and Over	1a. & 1e.	365 Days prior to each <i>departure</i>



# EMERGENCY MEDICAL TRAVEL INSURANCE

**The following exclusions are applicable to all medical conditions you have, including those disclosed on your *Medical Declaration*.**

- a. Any *sickness, injury* or medical condition (other than a *minor ailment*) for which you were not *stable* during the stability period applicable to the plan you purchased.
  - b. A lung condition if, at any time during the stability period applicable to the plan you purchased, you required treatment with home oxygen or have taken oral steroids (e.g. Prednisone).
  - c. A lung condition if, at any time during the stability period applicable to the plan you purchased, you have been *hospitalized*, have been prescribed (including prescribed as needed), have taken medication or have undergone a medical or surgical procedure, have been treated with home oxygen or have taken oral steroids (e.g. Prednisone) for any lung condition.
  - d. A heart condition if, at any time during the stability period applicable to the plan you purchased, you have been *hospitalized*, have been prescribed (including prescribed as needed) have taken medication, or have undergone a medical or surgical procedure for any heart condition.
  - e. A *circulatory or heart condition* if, at any time during the stability period applicable to the plan you purchased, you have been *hospitalized*, you have been prescribed (including prescribed as needed), have taken medication or aspirin (including entrophen) or have undergone a medical or surgical procedure, for any *circulatory or heart condition*.
2. Any *hospital/medical* expenses exceeding a maximum of \$20,000 if at time of claim:
- a. your *GHIP* coverage has lapsed or you lose your *GHIP* coverage during your *trip*; and/or
  - b. you did not have *GHIP* authorization to cover your *trip days* exceeding the *days GHIP* covers outside your province or territory of residence.
3. For ***Insured child(ren)*** under two years of *age*: Any *sickness* or medical condition related to a birth defect.
4. Alcohol related *sickness, injury* or death or the abuse of medication, drugs, alcohol or any other toxic substance or overdose (whether or not you are sane). Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 milliliters of blood.
5. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless same results in *hospitalization* and this fact is substantiated by *hospital* records.
6. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges.
7. A *sickness, injury* or related condition during a *trip* undertaken:
- a. with the knowledge that you will require or seek treatment or surgery for that *sickness, injury* or related condition; or
  - b. for the purpose of obtaining treatment or surgery whether or not such trip is on the advice of a *physician*.
8. A *sickness, injury* or related condition for which:
- a. future investigation or treatment (except routine monitoring) is

## EMERGENCY MEDICAL TRAVEL INSURANCE

- planned before *your trip*; or
- b. it was reasonable to expect treatment or *hospitalization* during *your trip*.
9. Treatment or *hospitalization* of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.
  10. Death or *injury* sustained during *your* participation in:
    - a. any sports as a professional athlete (person who engages in an activity as one's main paid occupation); or
    - b. any competitive motorized sporting events, racing or *speed contest*.
  11. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your* Canadian province or territory of residence when medical evidence indicates that *you* could return to *your* Canadian province or territory of residence to receive such treatment. The delay to receive treatment in *your* Canadian province or territory of residence has no bearing on the application of this exclusion.
  12. For *policy extensions* : *sickness* or *injury* which first appeared, was diagnosed or received *medical treatment* after the *departure date* and prior to the *effective date* of the insurance extension.
  13. The replacement cost of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada except as specified in Benefits #14 and #15, page 12. *CAA Assistance* will assist *you* with replacement.
  14. a. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by *CAA Assistance* prior to being performed, except in extreme circumstances where such surgery is performed as a *medical emergency* immediately upon admission to *hospital*; and/or
    - b. Magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by *CAA Assistance*.
  15. *Hospital* or services in connection with general health examinations for check-up purposes, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with alcohol, drugs, or any other substance.
  16. Treatment of an acute *sickness* or *injury* after the initial *emergency* has ended, as determined by the Medical Director of *CAA Assistance*.
  17. Cataract surgery or services provided by an optometrist.
  18. Air ambulance services or car rental expenses unless approved in advance and arranged by *CAA Assistance*.
  19. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *CAA Assistance*.
  20. Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth or limbs or devices, and resulting prescription thereof except as specified in Benefits #15 and #16, pages 12 and 13.
  21. Routine dental care, root canal treatment and crowns.

# VISITORS TO CANADA EMERGENCY MEDICAL INSURANCE

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• May be purchased by:             <ol style="list-style-type: none"> <li>a. a visitor to Canada;</li> <li>b. the holder of a Canadian work visa or Super Visa;</li> <li>c. an immigrant to Canada; or</li> <li>d. a Canadian not covered by a Canadian government health insurance plan (<i>GHIP</i>), provided that:                 <ol style="list-style-type: none"> <li>e. <i>you</i> have not been in Canada for more than two consecutive years prior to the <i>effective date</i> of this <i>policy</i>; and</li> <li>f. are a minimum of 15 <i>days</i> of <i>age</i> on the date or purchase of this <i>policy</i>.</li> </ol> </li> </ol> </li> <li>• Purchase is subject to the Eligibility on the inside front cover.</li> <li>• Applications made after arrival in Canada are subject to Exclusion 2, on page 21.</li> </ul>
<b>Coverage Starts</b>	<p><b>The latest of:</b></p> <ol style="list-style-type: none"> <li>a. the time and date <i>you</i> apply for and pay for this insurance;</li> <li>b. 12:01 a.m. (local time) on the <i>effective date</i> as shown on <i>your Declaration Page</i>; or the specific time and date of <i>your</i> arrival in Canada. Proof of <i>your</i> date of arrival may be required.</li> </ol> <p><b>Note:</b> If this <i>policy</i> is purchased prior to leaving <i>your country of origin</i> and provided the appropriate premium is paid, coverage will start on the date of departure from <i>your country of origin</i> (date indicated on <i>your</i> airplane ticket) for <i>your</i> uninterrupted <i>trip</i> to Canada.</p>
<b>Coverage Ends</b>	<p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>• 11:59 p.m. on (local time) on the <i>expiry date</i> as shown on <i>your Declaration Page</i>;</li> <li>• 11:59 p.m. on (local time) on the date calculated by the <i>Insurer</i> due to incorrect premium payment;</li> <li>• 365 <i>days</i> after the effective date of this <i>policy</i>;</li> <li>• the date <i>you</i> stay in Canada exceeds a period of two consecutive years;</li> <li>• the date <i>you</i> become eligible for a Canadian <i>GHIP</i> ;</li> <li>• the date and time <i>you</i> arrive in <i>your country of origin</i> following an uninterrupted <i>trip</i> with no intention to return to Canada during the <i>policy</i> period;</li> <li>• the date and time <i>you</i> arrive in <i>your country of origin</i> for a temporary return to <i>your country of origin</i> with intent to return to Canada during <i>policy</i> period (coverage resumes when <i>you</i> return to Canada provided that <i>you</i> are still eligible for coverage, premium will not be refunded or reissued)</li> </ul>
<b>Minimum/ Maximum Age</b>	<p><b>Plan 1:</b> Age 79 or under  <b>Plan 2:</b> Age 70 and over</p>
<b>Maximum Benefit</b>	<p>Up to the <i>Sum Insured</i> purchased either - \$10,000, \$15,000, \$25,000, \$50,000, \$100,000 (all <i>ages</i>) or \$150, 000 (<i>age</i> 69 and under)</p>
<b>Maximum Days (incl. any Extension Days)</b>	<p>365 <i>days</i> providing <i>your</i> stay in Canada does not exceed a period of two consecutive years.</p>

# VISITORS TO CANADA EMERGENCY MEDICAL INSURANCE

## TEMPORARY RETURN TO *YOUR COUNTRY OF ORIGIN*

Visitors To Canada Emergency Medical Insurance is not in effect while *you* are in *your* country of origin. However, if *you* choose to return to *your* country of origin for a temporary visit within *your* period of coverage, *you* may do so without terminating *your* original *policy* and requiring a new *policy*, provided *you* have not incurred a claim. *Your* coverage may resume with no additional premium once *you* leave *your* country of origin to resume *your* trip.

If, during *your* temporary visit *you* are *treated* or *you* receive *medical treatment* for a *medical condition* other than a *minor ailment*, *your policy* will terminate and *you* may be eligible for a partial refund. No refund of premium is available for the *days* while *you* are in *your* country of origin.

## PLANS AVAILABLE

### Plan 1:

Provides coverage up the *Sum Insured* purchased, for applicants up to and including *age 79* or under, for *stable pre-existing medical conditions* in the *120 days* prior to the *effective date*.

### Plan 2:

Provides coverage up the *Sum Insured* purchased, for applicants *age 70* and over, however, does **not** provide any coverage for any *pre-existing medical conditions*, even if they are *stable*.

## INSURED RISKS

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

## DEDUCTIBLE

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

## BENEFITS

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

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

- a. *Hospital* accommodation up to the ward room rate (or coronary care unit where medically necessary).
- b. Treatments on an outpatient basis in a *hospital*.
- c. *Physicians' fees*;
- d. Laboratory tests and X-rays prescribed by the attending *physician* and approved in advance by *CAA Assistance*. Note: This *policy* does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by *CAA Assistance*;
- e. Private duty nursing (other than by an *immediate family member*) during *hospitalization* when ordered by the attending *physician* and approved in

# VISITORS TO CANADA EMERGENCY MEDICAL INSURANCE

advance by *CAA Assistance*;

- f. Local licensed ground ambulance service when *medically necessary* to the nearest *hospital* in the event of a *medical emergency* (also covers local taxi fare in lieu of local ground ambulance service);
- g. Up to \$500 for prescription drugs, including serums and injectables, that require a prescription by a *physician* and are supplied by a licensed pharmacist, limited to a 30 *day* supply per prescription unless *you* are *hospitalized* excluding those necessary for the continued stabilization of a chronic medical condition except in the event of a *medical emergency*;
- h. Casts, splints, canes, slings, trusses, braces, crutches and/or rental of wheelchair when prescribed by a *physician* and approved in advance by *CAA Assistance*; and
- i. *Treatment* by a legally qualified chiropodist, chiropractor, osteopath, physiotherapist, or podiatrist, (other than *yourself* or an *immediate family member*), who is lawfully entitled to practice in the jurisdiction in which the treatment is provided and who is practicing within the scope of his/her licensed authority, to a maximum of \$500 per profession listed, when prescribed by a *physician* and approved in advance by *CAA Assistance*.
- j. Up to a maximum of \$500 for acupuncture treatments, provided that *you* have purchased a 365 *day* policy, the *treatment* is performed by a licensed Canadian acupuncturist and is approved in advance by *CAA Medical Assistance*. This benefit does not cover herbal medicines or other products that do not have a DIN number.

## 2. Emergency Dental Expenses:

### Reimbursement of:

- a. emergency dental treatment (other than by an *immediate family member*) at *trip* destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an *accidental* blow to the face, to a maximum of \$3,000, provided *you* consult a *physician* or dentist immediately following the *injury*. Treatment must take place prior to *your* return to *your country of origin* and excludes crowns and root canals for which *you* previously received treatment or advice; and
- b. other emergency dental treatment (other than by an *immediate family member*) for the relief of acute pain to natural teeth, excluding fillings and repairs to dentures or denture devices, crowns and root canal treatment), to a maximum of \$500.

## 3. Air Flight Accident:

Up to the *Sum Insured* in the event that an *injury* results in death during the *policy* coverage period while travelling as a fare-paying passenger on a commercial airline. Any benefits payable are subject to an overall aggregate maximum limit of \$300,000 relating to all in-force policies issued by *us*, including this *policy* for the same accident. If total claims exceed the \$300,000 aggregate maximum limit, each *Insured* is entitled to his/her pro-rata share of such maximum aggregate maximum limit.

## 4. Medical Repatriation:

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

- a. up to the cost of a one-way economy airfare to *your* Canadian province or territory of residence or *your country of origin*; or
- b. the fare for additional airline seats to accommodate a stretcher to return *you* to *your* Canadian province or territory of residence or *your country of origin*; or
- c. air ambulance (paid in advance) to the nearest appropriate medical facility,

# VISITORS TO CANADA EMERGENCY MEDICAL INSURANCE

to a Canadian hospital or to a *hospital in your country of origin for medical treatment*;

- d. transport on a licensed airline with an attendant (when required) for *your emergency return to your Canadian province or territory of residence or country of origin for immediate medical attention*

## 5. Return of Remains:

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

- a. up to maximum of \$10,000 for:
  - i. preparation of the deceased *Insured*; and
  - ii. return of the deceased *Insured* to his/her *country of origin*; or
- b. up to \$4,000 for burial or cremation at the place of death.

No benefit is payable for the cost of a casket or urn.

## CONDITIONS

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

1. The plan type and *Sum Insured* purchased cannot be changed after the *departure date* or *effective date* indicated on *your Declaration Page*.
2. Only one policy can be issued to *you* and all premiums paid for any additional policy will be returned to *you*. If more than one policy issued by the *Insurer* is in force at the time of claim, only one such policy, the earliest by *effective date*, will apply.
3. The maximum period of coverage for this *policy* may not exceed 365 *days* providing *your stay* in Canada does not exceed a period of 2 consecutive years. No coverage is available in excess of this period either by extension, or new policy for any *Insured*, unless pre-approved by the *Insurer*.
4. In the event of a *medical emergency*, please call *CAA Assistance* immediately or *your benefits* under this *policy* may be limited (please see inside front cover for limitations). Phone numbers are located on the inside front cover and page 44.
5. A temporary visit to another country is permitted (excluding *your country of origin*) as part of *your trip*, however, this temporary visit must originate and terminate in Canada and must not exceed 49% of the *trip's* total duration.
6. During a *medical emergency* (whether prior to admission, during a covered *hospitalization* or after *your release from hospital*), the *Insurer* reserves the right to:
  - a. transfer *you* to one of *our preferred* health care providers, and/or
  - b. return *you* to your Canadian province or territory of residence or *your country of origin* for the *medical treatment* of *your sickness* or *injury*. If *you* choose to decline the transfer or return when declared medically able by the Medical Director of *CAA Assistance*, the *Insurer* will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return.

*CAA Assistance* will make every provision for *your medical condition* when choosing and arranging the mode of *your transfer* or return and, in the case of a transfer, when choosing the *hospital*.

# VISITORS TO CANADA EMERGENCY MEDICAL INSURANCE

7. The *Insurer* is not responsible for the availability, quality or results of any *medical treatment* or transportation, or the *Insured's* failure to obtain *medical treatment* or *hospitalization*.
8. *CAA Assistance* must approve in advance any surgery or invasive procedure (including, but not limited to, cardiac catheterization), prior to the *Insured* undergoing such procedure. It remains *your* responsibility to inform *your* attending *physician* to call *CAA Assistance* for approval in advance, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

## EXCLUSIONS

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

### 1. **PRE-EXISTING MEDICAL CONDITION EXCLUSIONS**

#### **Plan 1**

Any *sickness, injury* or medical condition that is **not stable in the 120 days prior to your effective date**:

#### **Plan 2**

Any *sickness, injury* or medical condition for which, **at any time prior to your effective date, you**:

- were *hospitalized*;
  - have undergone a medical or surgical procedure .
  - experienced symptoms;
  - received medical care, advice, investigation or *medical treatment*; or
  - were prescribed (including prescribed as needed) or took medication.
2. If this *policy* is purchased after *your* arrival in Canada, any *sickness* or onset of new symptoms that manifested, were contracted or treated:

#### **Age 85 and Under**

- within the 48 hours following the *departure date* or *effective date* if you purchased this *policy* **within 30 days of arrival in Canada**;
- within the 7 *days* following the *departure date* or *effective date* if you purchased this *policy* **more than 30 days after arrival in Canada**;

#### **Age 86 and Over**

- within the 15 *days* following the *departure date* or *effective date* if you purchased this *policy* **at any time after arrival in Canada**;

The waiting period may be waived if this *policy*:

- i) is purchased on or prior to the *return date* of an existing policy issued by the *Insurer* to take effect on the *day* following such *return date* providing no increased to the *Sum Insured* option is applied for; or
  - ii) the *Insurer* specifically waives or modifies the waiting period in writing.
3. For **Insured child(ren)** under two years of *age*: Any *sickness* or medical condition related to a birth defect.
  4. Alcohol related *sickness, death* or *injury* or the abuse of medication, drugs, alcohol or any other toxic substance or overdose (whether or not

## VISITORS TO CANADA EMERGENCY MEDICAL INSURANCE

*you* are sane). Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 milliliters of blood.

5. A disorder, disease, condition or symptom that is emotional, mental or psychological in nature unless same results in *hospitalization* and this fact is substantiated by *hospital* records.
6. Expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges.
7. A *sickness, injury* or related condition during a *trip* undertaken:
  - a. with the knowledge that *you* will require or seek treatment or surgery for that *sickness, injury* or related condition; or
  - b. for the purpose of obtaining treatment or surgery. Whether or not such *trip* is taken on the advice of a *physician* or surgeon.
8. Treatment or *hospitalization* of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the 9 weeks before and/or after the expected delivery date.
9. **Death or *injury* sustained during *your* participation in:**
  - a. any sports as a *professional* athlete (person who engages in an activity as one's main paid occupation);
  - b. any competitive motorized sporting events, racing or *speed contests*;
  - c. scuba diving (unless *you* hold a basic SCUBA designation from a Canadian certified school);
  - d. hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountaineering.
10. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your country of origin* when medical evidence indicates that *you* could return to *your country of origin* to receive such treatment. The delay to receive treatment in *your country of origin* has no bearing on the application of this exclusion.
11. **For policy extensions:** *Sickness* or *injury* which first appeared, was diagnosed or received *medical treatment* after the *departure date* of *your trip* and prior to the *effective date* of the new *policy* issued to extend *your trip*. Each new *policy* will have a new *effective date* and is subject to the applicable Pre-Existing Medical Condition Exclusion as stated in Exclusion #1.
12. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada.
13. 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*.
14. *Hospitalization* or services rendered in connection with general health examinations for "checkup" purposes, treatment of an ongoing



## VISITORS TO CANADA EMERGENCY MEDICAL INSURANCE

condition, regular care of a chronic condition, home health care, investigative testing, rehabilitative or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse.

15. Treatment of an acute *sickness* or *injury* after the initial emergency has ended (as determined by the *Insurer*).
16. Cataract surgery or services provided by an optometrist.
17. Medical repatriation and/or car rental unless approved in advance and arranged by *CAA Assistance*.
18. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *CAA Assistance*.
19. Damage to or loss of hearing devices, eyeglasses, contact lenses, or prosthetic teeth, limbs or devices, and resulting prescription thereof.
20. Medical services in *your country of origin*.
21. Air Flight Accident unless *you* are travelling as a fare paying passenger on a commercial airline.
22. Crowns and root canals.
23. Preventative medicines or vaccines.
24. Medical examinations performed at the request of a third party (including medical examinations for immigration purposes or consultation with a *physician* by phone or email).
25. Any *medical treatment* outside Canada when the emergency occurred inside Canada.

## PACKAGE PLANS

### VACATION PACKAGE, ANNUAL VACATION PACKAGE AND NON-MEDICAL VACATION PACKAGE PLANS

Insurance Coverage	Vacation Package and Annual Vacation	Non-Medical Vacation Package	Benefit Maximum
Emergency Medical Travel Insurance	✓	Not Covered	Up to \$5 million
Trip Cancellation & Interruption Insurance	✓	✓	<b>Prior to departure:</b> Up to the <i>Sum Insured</i> * <b>After departure:</b> Unlimited *
Accidental Death and Dismemberment Insurance	✓	✓	Up to \$150,000 Flight Accident Up to \$75,000 Common Carrier Up to \$25,000 24-Hour
Travel Baggage and Personal Effects Insurance	✓	✓	Up to \$1,500 per <i>Insured</i> (up to \$2,000 per <i>family</i> )
• Baggage Delay	✓	✓	Up to \$400
• Lost Documents	✓	✓	Up to \$200
Recreation Benefit	✓	✓	Up to \$100
Special Occasion Benefit	✓	✓	Up to \$600
Holiday Safeguard Benefit	✓	✓	Up to \$750
<i>Flight Itinerary Schedule Change</i> Benefit	✓	✓	Up to \$1,200

\* Please refer to Annual Vacation Plan, under Plans Available, for limits per *Insured* and per *family*.

## PACKAGE PLANS

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• Purchase is subject to the Eligibility on the inside front cover.</li> <li>• <i>You</i> must be a Canadian resident or landed immigrant covered by a government health insurance plan (<i>GHIP</i>) for the entire duration of the <i>covered trip</i>.</li> </ul>
<b>Coverage Starts</b>	<ul style="list-style-type: none"> <li>• Please refer to the individual insurance coverages</li> </ul>
<b>Coverage Ends</b>	<ul style="list-style-type: none"> <li>• Please refer to the individual insurance coverages</li> </ul>
<b>Minimum/Maximum Age</b>	<ul style="list-style-type: none"> <li>• <b>Age 84</b> for Vacation Package</li> <li>• <b>No maximum age</b> for Non-Medical Vacation Package and Annual Vacation Package</li> </ul>
<b>Maximum Benefit</b>	<ul style="list-style-type: none"> <li>• Please refer to the individual insurance coverages</li> </ul>
<b>Maximum Days (including any Extension or Top Ups)</b>	<ul style="list-style-type: none"> <li>• <b>212 Days (365 Days with GHIP approval)</b> for Vacation Package, Annual Vacation Package under <i>age</i> 60 and Non-Medical Vacation Package.</li> <li>• <b>37 Days</b> for Vacation Package <i>age</i> 60 to 84</li> </ul>

### DEDUCTIBLE

If *you* have purchased a Vacation Package Plan or an Annual Vacation Package Plan, the *Insurer* will pay eligible expenses for losses incurred in excess of the *Deductible* amount, as shown on *your Declaration Page*, per *Insured*, per covered condition or event. The *Deductible* selected will apply to each coverage included in the Package.

No *Deductible* applies to the Non-Medical Vacation Package Plan.

### PLANS AVAILABLE

#### VACATION PACKAGE PLAN

Provides Emergency Medical Travel Insurance, Trip Cancellation and Interruption Insurance, Accidental Death and Dismemberment Insurance and Travel Baggage and Personal Effects Insurance for an individual *covered trip*.

#### ANNUAL VACATION PACKAGE PLAN

Provides coverage for multiple individual *covered trips* outside *your* Canadian province or territory of residence, between *your departure date* or *effective date* and *return date*, for up to 9, 15 or 30 consecutive *days* each *covered trip*, based on the Annual Vacation Package Plan duration *you* have purchased. An individual *covered trip* begins when *you* leave *your* province or territory of residence and ends when *you* return to *your* province or territory of residence.

If *you* leave Canada several times during an individual *covered trip* (without returning to *your* Canadian province or territory of residence) *your* Annual Vacation Package Plan *days* start again each time *you* leave Canada. When *you* are outside Canada for any period of time that exceeds the Annual Vacation Package Plan *days* *you* have purchased, a *Top Up* will be required.

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

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

The Annual Vacation Package Plan includes all the benefits included with the Vacation Package Plan, however benefit maximum amounts payable per *policy* apply to the Trip Cancellation and Interruption and Travel Baggage and Personal Effects benefits. The benefit maximum total payable for Trip Cancellation and Interruption expenses per *covered trip* is up to \$1,500 per *Insured* or \$3,000 per *family*. Baggage delay benefits, available after 12 hours of *your* checked baggage

## PACKAGE PLANS

being delayed, are payable up to a benefit maximum total of \$400 and baggage damage or loss expenses per *covered trip* is payable up to \$1,500 per *Insured* or \$2,000 per *family*.

If *your* prepaid travel arrangements for *your trip* exceed the maximums stated above, *you* must purchase a separate Vacation Package Plan to cover the difference between the amount covered under the Annual Vacation Package Plan and the total amount of *your* prepaid *travel arrangements*.

For an individual *covered trip* to be covered under the benefits of the Annual Vacation Package Plan, it must start and end within the period of coverage. The total duration of *your* individual *covered trip* cannot exceed the maximum *trip* length of the coverage duration *you* have purchased for *your* Annual Plan, 9, 15 or 30 consecutive *days*, unless it is topped up.

**NOTE:** If an individual *covered trip* begins during the period of coverage but extends beyond the *expiry date* of *your* Annual Vacation Package Plan, *you* can purchase:

- a new Vacation Package Plan for any travel *days* that fall after the expiry date; or
- a new Annual Vacation Package Plan for the next 365 *day* period. Please refer to the Extensions and *Top Ups* section, page 40, for applicable conditions.

### NON-MEDICAL VACATION PACKAGE PLAN

Provides, Trip Cancellation & Interruption Insurance, Accidental Death and Dismemberment Insurance and Travel Baggage and Personal Effects Insurance for an individual *covered trip*.

### CONDITIONS

In addition to the General Conditions described on page 5, Package Plans are subject to the terms, Insured Risks, benefits, conditions, exclusions, limitations and definitions specified in this *policy* for each of the insurance coverages listed in the chart on page 23, in addition to the General Terms of Agreement and the Statutory Conditions.

### EXCLUSIONS

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

### RECREATION BENEFIT

This benefit provides up to \$100 for entertainment expenses to attend a ticketed event when return travel is delayed due to an Insured Risk, beyond the scheduled *return date*.

### SPECIAL OCCASION BENEFIT

This benefit provides up to \$600 for alternative *travel arrangements* on a scheduled carrier to the planned *trip* destination to allow arrival in time when *your* scheduled time of arrival to attend a wedding, sporting event or conference is delayed for a reason beyond *your* control.

### EQUIVALENT AIR TRANSPORTATION BENEFIT

This benefit provides coverage for the cost of the equivalent class of reservation originally booked, via the most cost effective route when *you* are travelling on an airline with a ticket or pass which is part of *your* original *covered trip*, and *you* are eligible for Trip Interruption benefits 2.a(i), 2.b.

## PACKAGE PLANS

### HOLIDAY SAFEGUARD

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

#### Holiday Safeguard Limitations

1. Eligibility to receive the benefit under Holiday Safeguard is dependent upon approval and payment of a valid *trip* interruption claim under the Trip Cancellation & Interruption Insurance of this *policy*.
2. Coverage is applicable only when *you* have purchased *your* original insurance *policy* within 72 hours of *your* initial deposit for *travel arrangements*.
3. The redeemable certificate is:
  - a. payable only to *you*;
  - b. valid for 180 *days* from the date of *your* early return from *your* interrupted *trip*;
  - c. non-transferrable; and
  - d. not redeemable in cash
4. The replacement *trip* (travel and accommodations) must begin before the expiry date on the redeemable certificate.

## TRIP CANCELLATION & INTERRUPTION INSURANCE

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• May be purchased by a Canadian resident or a landed immigrant covered by a Canadian government health insurance plan (<i>GHIP</i>) for the full duration of the <i>covered trip</i>.</li> <li>• Purchase is subject to Eligibility on the inside front cover.</li> <li>• Must be purchased prior to <i>your departure date</i> from <i>your</i> Canadian province of territory of residence for the full duration of the <i>covered trip</i> which originates and terminates in Canada.</li> </ul>
<b>Coverage Starts</b>	<ul style="list-style-type: none"> <li>• Cancellation benefits start on the date and time of purchase of this coverage (at the time of initial deposit or prior to any cancellation penalties coming into effect) or the <i>departure date</i> as shown on <i>your Declaration Page</i>.</li> <li>• Interruption benefits start on <i>your departure date</i>.</li> </ul>
<b>Coverage Ends</b>	<p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>• The date on which there was cause for cancellation prior to departure; or</li> <li>• The date <i>you</i> return to <i>your</i> Canadian province or territory of residence; or</li> <li>• The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	<ul style="list-style-type: none"> <li>• <b>No maximum age</b> if purchased separately or as part of a Non-Medical Vacation Package Plan or as part of an Annual Vacation Package Plan</li> <li>• <b>Age 84</b> if purchased as part of a Vacation Package Plan.</li> </ul>
<b>Maximum Benefit</b>	<ul style="list-style-type: none"> <li>• <b>Up to <i>Sum Insured</i></b> if purchased separately or as part of a Vacation Package Plan or Non-Medical Vacation Package Plan.</li> <li>• Up to \$1,500 per <i>Insured</i> or \$3,000 per <i>family</i>, per <i>trip</i>, if purchased as part of an Annual Vacation Package Plan.</li> </ul>

# TRIP CANCELLATION & INTERRUPTION INSURANCE

<b>Maximum Trip Days including Extensions and Top Ups</b>	<ul style="list-style-type: none"><li>• <b>Up to 212 days</b> (365 days with GHIP approval) if purchased separately or as part of a Vacation Package Plan under <i>age</i> 60 or an Annual Vacation Package Plan or a Non-Medical Vacation Package Plan.</li><li>• <b>37 days</b> if purchased as part of a Vacation Package Plan <i>age</i> 60 to 84.</li></ul>
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## DEDUCTIBLE

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

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

## INSURED RISKS

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

1. *Sickness, injury, death or quarantine of you, a travel companion, immediate family member, a travel companion's immediate family member or a caregiver.*
2. *Death or emergency hospitalization of a business partner, key employee or close friend during the 10 days prior to the contracted departure date or during the covered trip.*
3. *Death or emergency hospitalization of your host at your principal covered trip destination.*
4. *A pregnancy of you or that of your spouse, a travel companion or a travel companion's spouse, accompanying you on the covered trip, when the pregnancy is diagnosed after paying for your covered trip and you are advised that the expected date of delivery is in the nine weeks before or after the contracted departure date*
5. *Complications of your pregnancy or that of your spouse, a travel companion or a travel companion's spouse, accompanying you on your covered trip, within the first 31 weeks of pregnancy.*
6. *The legal adoption of a child(ren) by you or a travel companion, when the actual date of adoption is scheduled to take place during your covered trip.*
7. *Cancellation of a private business meeting at your covered trip destination when the sole purpose of the covered trip was to attend the meeting and cancellation of the meeting is beyond the control of you or your employer. The meeting must pertain to your full-time profession or occupation and, in the event of a claim, you will be required to supply documentary evidence of the meeting arrangements. A board meeting, conference, convention, exhibition, general assembly, seminar, course, training or trade show is not covered.*
8. *A delay resulting from:*
  - a. *weather; or*
  - b. *mechanical failure; or*
  - c. *an accident or emergency road closure by police to a private or rental vehicle which you are a driving or in which you are a passenger or common carrier or a prepaid connecting flight aboard which you are a passenger, that causes you to miss or interrupt your covered trip, provided that the vehicle or common carrier mentioned above was scheduled to arrive at the contracted point of departure or return at least two hours (or the minimum required reporting time) in advance of the contracted time of departure or return.*
9. *Delay of a prepaid common carrier that is part of your or a travel companion's*

## TRIP CANCELLATION & INTERRUPTION INSURANCE

*covered trip* due to weather conditions, when the delay represents at least 30% of the total duration of the *covered trip*, provided no other means of transportation is available and, as a result of this delay, *you* choose not to continue with the *covered trip*.

10. The relocation of *your* principal residence or that of a *travel companion* by reason of an unforeseen transfer initiated by the employer with whom *you*, *your spouse*, a *travel companion* or a *travel companion's spouse* are employed at the time *you* purchased this insurance. This Insured Risk does not apply to self-employed persons or temporary contract work.
11. Involuntary loss of permanent employment by *you*, *your spouse*, a *travel companion*, a *travel companion's spouse*, *your* parent or legal guardian (if *you* are under 16 years of *age*) due to lay off or dismissal without just cause provided that when *you* purchased this insurance, the imminent loss was not public knowledge and *you* had no knowledge of such imminent loss. This risk does not apply to self-employed person, temporary contract work, temporary layoffs or if *you* were in the trial period for a new permanent employment
12. *Your* principal residence or that of a *travel companion* is rendered uninhabitable or *your* place of business or that of a *travel companion* is rendered inoperative.
13. Refusal of *your travel visa* application or that of a *travel companion* (provided that the *travel companion* is a Canadian resident) for the destination country(ies) provided that documentation shows eligibility to apply, the refusal is not due to late application and that the application is not a subsequent attempt for a *travel visa* that had been previously refused. The non-issuance of an immigration visa, work permit, work visa or student visa is not covered under this Insured Risk.
14. *You* or a *travel companion* are summoned to police, fire or military (whether active or reserve) service.
15. *You* or a *travel companion* are summoned for jury duty, subpoenaed to appear as a witness in court or are named as plaintiff or defendant in a civil suit provided that the notice to appear is received after the date of purchase of this insurance and the case is scheduled to be heard during the *covered trip*.
16. A new Travel Advisory or Travel Health Notice issued by Global Affairs Canada, after the date of purchase of *travel arrangements*, advising Canadian residents to avoid non-essential travel or all travel to, or advising to leave, a specific region or city of any country included in *your covered trip*. This Insured Risk applies to Canadian residents only.
17. *Sickness, injury* or death of *your service animal* provided that *you* are legally blind or physically handicapped and *travel arrangements* have been made for *your service animal* to accompany *you* on the *covered trip*.
18. Complete cancellation of a cruise by the cruise line within 30 consecutive *days* of departure when the cruise ship is rendered inoperative resulting from a collision at sea, an onboard fire or complete breakdown of the ship's engines. The cruise ship must weigh a minimum of 10,000 tons and *your ticket* must be issued and paid in full at the time of cancellation.
19. A hijacking in which *you* or a *travel companion* are a victim.
20. A direct, violent attack perpetrated against *you* or a *travel companion*.
21. An unexpected and unplanned change in the schedule of *your* confirmed, prepaid and ticketed flight reservations forming part of *your covered trip* resulting from:
  - a. a change by any of the non-aligned airlines providing a portion of the air transportation that requires *you* to reschedule a flight to complete *your covered trip*; or
  - b. *your* original flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to *your* departure and *you* incur additional expenses for new flight arrangements to join *your* cruise embarkation at the point of cruise departure or debarkation; or

## TRIP CANCELLATION & INTERRUPTION INSURANCE

- c. a cancellation or schedule change of *your* cruise or tour (excluding supplier default) by the cruise company or tour operator, prior to or after *your* departure point but prior to the departure of the cruise ship or tour.

This Insured Risk applies from *your* contracted *departure date* and point of departure up to and including *your contracted return* to *your* original point of departure, subject to one *flight itinerary schedule change* per connecting point in the *covered trip*.

### BENEFITS

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

**In the event of trip cancellation, please advise *your* CAA travel professional (if travel arrangements were booked through CAA) or *your* travel agent or *your travel supplier* on the *day* the Insured Risk occurs or on the next business *day* after the Insured Risk occurs prior to the *departure date*. Only the sums that are non-refundable on the *day* the Insured Risk occurs shall be considered for the purpose of the claim.**

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

- a. **reimbursement** of the nonrefundable portion of the fully prepaid *travel arrangements* provided that *you* have not accepted, nor will *you* accept any compensatory travel arrangements in lieu of *your* cancelled *travel arrangements* from *your travel supplier(s)*. This benefit applies to Insured Risks 1 to 17; or
- b. **reimbursement** of the penalty fee charged for reinstatement of the unused travel points, including travel point administration fees (if applicable). This benefit applies to Insured Risks 1 to 17; or
- c. **reimbursement** of expenses to cover the upgrade occupancy charges if a *travel companion* cancels prior to departure due an Insured Risk 1 to 18 and *you* elect to continue with the *covered trip*; or
- d. **reimbursement** of reasonable transportation costs for *you* to travel to *your trip* destination by the most direct route if *you* miss the *contracted* departure due an Insured Risk 1, 2, 5, 8 or 12; or
- e. **reimbursement** to a maximum of \$1,200 for the non-refundable portion of the *travel arrangements* not forming part of a fly-cruise package, paid in advance prior to *your contracted departure date* this benefit applies to insured risk 18.
- f.
  - i. **reimbursement** of 50% of the nonrefundable portion of *your* fully prepaid *travel arrangements*, if *you* elect to cancel *your trip* 16 days or more prior to the *departure date* for any reason whatsoever; or
  - ii. **reimbursement** of 25% of the nonrefundable portion of *your* fully prepaid *travel arrangements*, if *you* elect to cancel *your trip* 48 hours to 15 days prior to the *departure date* for any reason whatsoever; or

**Cancel for any reason benefit(s) 1.f.(i) and 1.f.(ii), are covered only if *you* purchased *your policy* within 48 hours of booking *your travel arrangements* or before cancellation penalties come into effect.**

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

**In the event of a trip interruption or delay, please call *CAA Assistance* immediately to ensure that *you* do not incur expenses which are not covered. Phone numbers are located on the inside front cover and page 44.**

## TRIP CANCELLATION & INTERRUPTION INSURANCE

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

- a. If *you* must return earlier or later than the *return date* due to Insured Risk 1, 2, 3, 5, 7, 8, 9, 12, 16, 17, 18, 19 or 20, **reimbursement** of:
- up to the cost of a one-way economy airfare to the *contracted* point of departure or the airline change fee charged to change *your contracted return date* as shown on *your* current and usable ticket, whichever is less; and
  - the non-refundable portion of unused land arrangements paid prior to *your contracted departure date*.

**The unused portion of any travel ticket is not reimbursed under this benefit.**

- b. If *you* miss part of the *covered trip* due to Insured Risk 1, 2, 3, 5, 8, 16, 19 or 20, **reimbursement** of:
- reasonable and additional transportation costs for *you* to rejoin the tour or group by the most direct route; and
  - the non-refundable portion of other unused land arrangements paid prior to *your contracted departure date*.
- c. **reimbursement** to a maximum of \$3500, subject to a limit of \$500 per *day*, for reasonable and necessary commercial lodging and meals, commercial rental automobile, essential telephone calls and taxi transportation when, due to the occurrence of an insured risk:
- you* miss part of a *covered trip*; or
  - your* or an insured *travel companion* 's return to the *contracted* point of departure is delayed beyond the *contracted return date*; or
  - you* must return earlier than the *contracted return date*.
- d. **reimbursement**, subject to prior approval of *CAA Assistance*, in the event of *your* death on a *covered trip* following *your hospitalization* or *accidental* death of:
- up to a maximum of \$5,000 towards the actual cost incurred for:
    - preparation of the deceased *Insured*; and
    - return of the deceased *Insured* in the *common carrier*'s standard transportation container to the scheduled point of departure; or
  - up to a maximum of \$5,000 for cremation and/or burial of the deceased *Insured* at the place of death.

No benefit is payable for the cost of a casket or urn.

- e. **Reimbursement**, for Insured Risk 21, of the lesser of the difference in cost (including usual and customary agency service fees, if normally applicable for similar reservation services) between *your* refundable and/or unusable ticket(s) and the cost of:
- the change fee for *your* new ticket to bring *you* to the next connecting point or the point of initial cruise embarkation on *your* original ticket itinerary; or
  - a one-way economy ticket by the most cost effective route, to bring *you* to the next connecting point or to the point of initial cruise embarkation on *your* original ticket itinerary; or
  - your* non-refundable prepaid airfare that is not part of *your* cruise or tour package, which joins to or departs from *your* original sea/land arrangements; or
  - reasonable and necessary commercial accommodations and meals to a maximum of \$3,500, subject to a limit of \$350 per *day*, providing that *you* are waiting for the rescheduled flight.



# TRIP CANCELLATION & INTERRUPTION INSURANCE

## CONDITIONS

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

1. *You* must not know (nor be aware of) any reason, circumstance, event, activity or medical condition affecting *you*, an *immediate family member*, a *travel companion* or an *immediate family member* of a *travel companion*, a business associate, a close friend and/or *your* host at *trip* destination which may eventually prevent *you* from starting and/or completing *your* covered *trip* as booked at the time of purchase of this insurance.
2. Prior to paying the deposit or the full amount of *your covered trip*, *you* must have in *your* possession, printed and documented evidence that clearly outlines the details of all the penalties that are applicable to the cancellation and/or interruption of *your covered trip*.
3. If *sickness* or injury delays *your* return more than 10 *days* beyond the *return date*, *you* will be required to submit proof that *you*, an *immediate family member* or a *travel companion* were *hospitalized* for at least 48 consecutive hours within the 10 *day* period.
4. The *physician* recommending cancellation, interruption or delay of the *trip* must be actively and personally attending to *your* care.
5. Applicable only to Insured Risk 21:
  - a. At the time of booking *your travel arrangements*, *you* and/or *your travel supplier* must not be aware of any pending announcement regarding a *flight itinerary schedule change* that is applicable to *your covered trip*.
  - b. *You* must make new flight arrangements within five business *days* of the *flight itinerary schedule change* announcement.
  - c. A *flight itinerary schedule change* is applicable only to the schedules of airlines that, on the booking date of the *covered trip*, are duly authorized by appropriate and governing air transportation authorities.
  - d. *You* must comply with local and standard minimum airline connecting time rules and procedures and printed instructions for re-confirmation of the *covered trip*.

## EXCLUSIONS

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

### 1. PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

#### **Under Age 60**

No *pre-existing medical condition* exclusion applies to *Insureds* under the *age* of 60.

#### **Age 60 and Over**

Any *sickness*, *injury* or medical condition (other than a *minor ailment*) that was **not stable in the 90 days prior to purchase of *your travel arrangements* or *your effective date* when *you* purchased *your travel arrangements* prior to purchase of this insurance.**

A lung condition that was **not stable in the 90 days prior to purchase of *your travel arrangements* or *your effective date* when *you***

## TRIP CANCELLATION & INTERRUPTION INSURANCE

**purchased *your travel arrangements* prior to purchase of this insurance**, if *you* have been treated with home oxygen or taken oral steroids (eg. Prednisone).

A heart condition that was **not *stable*** in the **90 days prior to purchase of *your travel arrangements* or *your effective date* when *you* purchased *your travel arrangements* prior to purchase of this insurance**

2. Treatment or *hospitalization* of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring within the 9 weeks before and/or after the expected delivery date.
3. A *sickness, injury* or related condition during a *covered trip* undertaken:
  - a. with the knowledge that *you* will require or seek treatment or surgery for that *sickness, injury* or related condition; or
  - b. for the purpose of obtaining treatment or surgery, whether or not such *trip* is taken on the advice of a *physician*.
4. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless same results in *hospitalization* and this fact is substantiated by *hospital* records (for cancellation, *you* must be *hospitalized* on the date of occurrence for the event that caused the cancellation).
5. A *sickness, injury* or related condition for which, prior to the date of purchase of *your travel arrangements*:
  - a. medical consultation or *hospitalization* would be expected; or
  - b. was probable or certain to occur based on *your* prior medical history.
6. *Sickness, injury* or medical condition if *you, a travel companion* or an *immediate family member* of *you* or *your travel companion* are awaiting or undergoing any surgery, medical tests, examinations, monitoring or consultation prior to the date of purchase of *your travel arrangements* for:
  - a. an existing medical condition (other than a regular medical check-up);
  - b. a new or changed medical condition which will eventually cause *you, a travel companion* or an *immediate family member* of *you* or *your travel companion* to seek medical attention.
7. A *covered trip* undertaken for the purpose of visiting a sick or injured person when the *covered trip* is cancelled, interrupted or delayed due to such person's medical condition or death.
8. A return earlier or later than the *contracted return date* unless recommended by the attending *physician*.
9. A return delayed more than 10 *days* beyond the *contracted* return date, unless *you, an immediate family member* or a *travel companion* were *hospitalized* for at least 48 consecutive hours within the 10 *day* period.
10. Cancellation, interruption or delay when the insurance coverage is issued or booked after the initial deposit or after cancellation penalties are chargeable. This exclusion is not applicable Cancellation benefit 6 a. and b.
11. Any event or cause that may reasonably be expected to require immediate return of the *Insured*.
12. Labour disruption or strikes (legal or illegal).
13. Alcohol related *sickness, injury* or death or the abuse of medication, drugs, alcohol or any other toxic substance or overdose (whether or not *you* are sane). Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 milliliters of blood.

## TRIP CANCELLATION & INTERRUPTION INSURANCE

14. a. A *flight itinerary schedule change* applicable to *your covered trip* that you and/or your travel supplier was aware of at the time of booking your travel arrangements;
- b. New flight arrangements that were not made within five business days of the *flight itinerary schedule change* announcement;
- c. Any *flight itinerary schedule change* for an airline that is not duly authorized by appropriate and governing air transportation authorities on the booking date of the *covered trip*.

**This exclusion applies only to Insured Risk 21.**

15. Expenses relating to death or injury sustained:
  - a. during *your* professional (person who engages in an activity as one's main paid occupation) participation in any sport; or
  - b. during *your* participation in any motorized or mechanically assisted *speed contests*.

This exclusion applies **only** if you have purchased Trip Cancellation & Interruption Insurance as part of a Package Plan.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

May be purchased **only** as part of a Package Plan. May not be purchased separately.

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• Purchase is subject to Eligibility on the inside front cover.</li> <li>• May be purchased by Canadian residents or a landed immigrants who are covered by <i>GHIP</i> in their Canadian province or territory of residence for the entire duration of the <i>covered trip</i>.</li> </ul>
<b>Coverage Starts</b>	<p><b>The latest of:</b></p> <ul style="list-style-type: none"> <li>• The date you leave your Canadian province or territory of residence; or</li> <li>• The <i>departure date</i> as shown on your <i>Declaration Page</i>.</li> </ul>
<b>Coverage Ends</b>	<p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>• The date you return to your Canadian province or territory of residence; or</li> <li>• The <i>return date</i> as shown on your <i>Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	<ul style="list-style-type: none"> <li>• <b>Age 84</b> for Vacation Package Plan.</li> <li>• <b>No maximum age</b> for Non-Medical Vacation Package Plan and Annual Vacation Package.</li> </ul>
<b>Maximum Benefit</b>	Up to \$150,000.
<b>Maximum Trip Days including Extensions or Top Ups</b>	<ul style="list-style-type: none"> <li>• 212 Days (up to 365 Days with written <i>GHIP</i> authorization) – when purchased separately or as part of Vacation Package Plan <u>under age 60</u>, Annual Vacation Package or Non-Medical Vacation Package.</li> <li>• 37 Days – Vacation Package Plan <u>age 60 to 84</u>.</li> </ul>

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## DEDUCTIBLE

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

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

## INSURED RISKS

### A. Flight Accident Insurance - maximum benefit up to \$150,000

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

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

### B. Common Carrier Accident Insurance - maximum benefit up to \$75,000

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

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

### C. 24-Hour Accident Insurance - maximum benefit up to \$25,000

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

## BENEFITS

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

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

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

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## Exposure and Disappearance

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

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

## CONDITIONS

In addition to the General Conditions described on page 5, Accidental Death and Dismemberment Insurance is subject to the following conditions:

1. If other accidental death, dismemberment or loss of sight policies which *we* have previously issued to *you* are concurrently in-force with this *policy*, making the aggregate indemnity in excess of \$150,000, the present insurance shall be void and all premiums shall be returned to the *Insured* or to his or her estate. If *you* are entitled to similar benefits through any other insurance plan, the benefits payable under this *policy* will be pro-rated.
2. Death or dismemberment must occur within 100 *days* from the date of the accident in order for benefits to be payable.
3. Should more than one loss be sustained from an insured risk as the direct result of a single accident, only the largest of the benefits is payable.
4. The benefit for dismemberment of two limbs is payable only if such dismemberment results directly from a single accident.
5. The total benefits payable for one or more accidents occurring during the same *trip* shall not exceed the applicable maximum benefit stated in A., B. and C. located on page 34.

## EXCLUSIONS

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

1. Alcohol related sickness, death or injury or the abuse of medication, drugs, alcohol or any other toxic substance or overdose (whether or not *you* are sane). Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 milliliters of blood.
2. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless *you* are *hospitalized* as a result of the *medical emergency* or the insured risk.
3. Death or injury sustained as a result of *your* participation in:
  - a. any sports as a *professional* athlete (person who engages in an activity as one's main paid occupation); or
  - b. any competitive motorized sporting events, racing or *speed contests*.
4. Labour disruption or strikes (legal or illegal).
5. Flight Accident Insurance unless *you* are travelling as a fare-paying passenger on a commercial flight.

# TRAVEL BAGGAGE AND PERSONAL EFFECTS INSURANCE

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• May be purchased separately or as part of a Package Plan.</li> <li>• Purchase is subject to Eligibility on the inside front cover.</li> <li>• May be purchased by Canadian residents or a landed immigrants who are covered by <i>GHIP</i> in their Canadian province or territory of residence for the entire duration of the <i>covered trip</i>.</li> </ul>
<b>Coverage Starts</b>	<b>The latest of:</b> <ul style="list-style-type: none"> <li>• The date <i>you</i> leave <i>your</i> Canadian province or territory of residence; or</li> <li>• The <i>effective</i> date as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Coverage Ends</b>	<b>The earliest of:</b> <ul style="list-style-type: none"> <li>• The date <i>you</i> return to your Canadian province or territory of residence; or</li> <li>• The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	No Maximum Age.
<b>Maximum Benefit</b>	\$1,500 per <i>Insured</i> to a maximum of \$2,000 per <i>family</i> during the <i>covered trip</i> .
<b>Maximum Trip Days including Extensions or Top Ups</b>	<ul style="list-style-type: none"> <li>• 212 Days (up to 365 Days with written <i>GHIP</i> authorization) – when purchased separately or as part of Vacation Package Plan <u>under age 60</u>, Annual Vacation Package or Non-Medical Vacation Package.</li> <li>• 37 Days – Vacation Package Plan <u>age 60 to 84</u>.</li> </ul>

## INSURED RISKS

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

## DEDUCTIBLE

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

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

## BENEFITS

Subject to all terms and conditions of this *policy*, the following benefits are payable to a maximum of \$1,500 per *Insured* (\$2,000 per *family*) during the *covered trip*:

1. The *actual cash value* or \$500, whichever is less, in respect of any one item or set of items. Jewellery or cameras (including camera equipment) are respectively considered a single item.
2. **Reimbursement** of the cost of replacing one or more of the following documents, to a maximum of \$200, in the event of loss or theft: driver's license, birth certificate or *travel visa*.
3. **Reimbursement** up to \$400 to purchase necessary toiletries in the event that *your* checked baggage is delayed by the *common carrier* for more than 12 hours while en route or before returning to *your* scheduled point of departure.
4. **Reimbursement** up to \$250 for emergency veterinary services due to an unexpected injury of *your* accompanying pet (domestic dog, *service animal* and/or cat only).

# TRAVEL BAGGAGE AND PERSONAL EFFECTS INSURANCE

## CONDITIONS

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

1. In the event of loss due to theft, burglary, robbery or malicious mischief, *you* must promptly notify and obtain supporting documentary evidence from the police, or if the police are unavailable, the hotel manager, tour guide or transportation authority immediately upon discovery.
2. *You* must notify *CAA Assistance* of a loss within 24 hours of the loss occurrence.
3. The *Insurer* reserves the right to repair or replace damaged or lost property with other property of like quality and value and shall not be liable beyond the *actual cash value* of such property at the time of loss or damage.
4. In the event of loss *you* must take all precautions to protect, save or recover the property immediately.
5. The maximum benefit shall in no event exceed \$1,500 per *Insured* or \$2,000 per *family policy*, regardless of actual loss or damage.
6. When, after a reasonable period of time, property lost by a *common carrier* is not found, any claim therefore will be adjusted and paid.

## EXCLUSIONS

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

1. The purchase or replacement cost (prescribed or not), for loss of or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and prescription resulting therefrom.
2. Normal wear and tear, deterioration, moths or vermin.
3. Money and currency (including any form thereof), credit cards, securities, tickets, documents, items pertaining to business, paintings, statuary, china, breakage of fragile articles, glass objects, art objects, antiques and household effects.
4. Property illegally acquired, kept, stored or transported.
5. Theft of baggage and personal effects from an unattended vehicle unless it was locked and there was visible evidence of forced entry.
6. Loss or damage caused by any imprudent action or omission by the *Insured*.
7. Baggage and personal effects insured under another insurance policy.
8. Labour disruption or strikes (legal or illegal).
9. Jewellery, cell phones, computer equipment, cameras and camera equipment being held by a *common carrier*.

# RENTAL AUTOMOBILE DAMAGE INSURANCE

<b>Eligibility and Purchase Conditions</b>	<ul style="list-style-type: none"> <li>• May be purchased by Canadian residents or a landed immigrants who are covered by <i>GHIP</i> in their Canadian province or territory of residence for the entire duration of the <i>trip</i>.</li> <li>• Purchase is subject to Eligibility on the inside front cover.</li> <li>• Must be purchased for the total duration <i>you</i> are in possession of the <i>rental automobile</i>.</li> </ul>
<b>Coverage Starts</b>	<b>The latest of:</b> <ul style="list-style-type: none"> <li>• The time <i>you</i> take control of the <i>rental automobile</i>; or</li> <li>• The <i>departure date</i> shown on <i>your Declaration Page</i>.</li> </ul>
<b>Coverage Ends</b>	<b>The earliest of:</b> <ul style="list-style-type: none"> <li>• The time the commercial rental agency assumes control of the <i>rental automobile</i> at their place of business or elsewhere; or</li> <li>• The expiry of the rental agreement or the time when such agreement is terminated; or</li> <li>• The date <i>you</i> reached 51 <i>days</i> under the rental agreement; or</li> <li>• The <i>return date</i> as shown on <i>your Declaration Page</i>.</li> </ul>
<b>Maximum Age</b>	No maximum <i>age</i> .
<b>Maximum Benefit</b>	Up to \$50,000.
<b>Maximum Days</b>	50 <i>Days</i> .

## INSURED RISKS

This coverage provides insurance protection against *physical damage or loss* of a *rental automobile* rented by *you*, for a single rental period of up to 50 *days*, from a commercial rental agency.

## DEDUCTIBLE

No *Deductible* applies to *Rental Automobile* Damage Insurance.

## BENEFITS

Subject to all terms and conditions of this *policy*, *you* will be indemnified up to a maximum of \$50,000 for *physical damage or loss* of a *rental automobile* rented by *you* and operated by *you* or by a person otherwise permitted to operate such a *rental automobile* under the rental agreement, while covered under this *policy*, but limited to the amount of loss which would have been waived had *you* purchased a collision damage waiver from the commercial rental agency, less any amount:

- a. assumed, waived or paid by the commercial rental agency or its insurer; and
- b. payable by *your* personal or business vehicle insurance policy or other insurance policy.

## CONDITIONS

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

1. *You* must hold a valid Canadian driver's license.
2. Prior to accepting the *rental automobile*, *you* shall examine it and file a



# RENTAL AUTOMOBILE DAMAGE INSURANCE

written report of existing damages with the commercial rental agency.

3. *You must take all reasonable and necessary steps to protect the rental automobile and prevent damage to it.*
4. *Prior to or upon returning the rental automobile to the commercial rental agency, you shall file a written report with such agency detailing all physical damage or loss which has occurred during the term of the rental agreement.*
5. *You shall immediately file a report of physical damage or loss for which you may be liable with CAA Assistance.*
6. *No evidence of physical damage or loss shall be removed and no repairs other than those necessary to protect the rental automobile from further damage or loss shall be undertaken without the prior consent of CAA Assistance.*

## EXCLUSIONS

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

1. *Physical damage or loss of the rental automobile vehicle by:*
  - a. *alcohol related sickness, death or injury or the abuse of medication, drugs, alcohol or any other toxic substance or overdose (whether or not you are sane). Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 milliliters of blood;*or when:
  - b. *you are engaged in the business of renting vehicles in any manner whatsoever;*
  - c. *a collision damage waiver is purchased from the commercial rental agency;*
  - d. *any term or condition of the rental agreement is not met or a restriction thereof is violated;*
  - e. *such the rental automobile is used to transport passengers for compensation or hire or for commercial delivery;*
  - f. *such the rental automobile is rented from an organization other than a duly authorized commercial rental agency; or more than one such the rental automobile is in your care, custody or control at any one time (if the Insured is a corporation or a company: when more than one such the rental automobile is in the care, custody or control of an individual authorized by the Insured).*
2. *Any form of third-party vehicle liability or personal accidental injury.*
3. *A loss in any jurisdiction where such insurance coverage is prohibited by law.*
4. *Your failure to preserve or protect the rental automobile or abuse of the rental automobile.*
5. *Physical damage or loss sustained during your professional (person who engages in an activity as one's main paid occupation) participation in any speed contests.*
6. *Physical damage or loss which is covered under your personal or business vehicle insurance policy.*

# RENTAL AUTOMOBILE DAMAGE INSURANCE

7. Labour disruptions or strikes (legal or illegal).
8. The loss of use or damage to any *rental automobile*.
9. Loss or damage arising from, caused by or contributed to by:
  - a. the mechanical failure or breakdown of any part of the *rental automobile*, rusting, corrosion, wear and tear, gradual deterioration, inherent defect or freezing; or
  - b. the conversion or any dishonest act committed by *you* or any other party of interest, *your* employee or agent, or any person to whom the *rental automobile* may be entrusted; or

## EXTENSIONS AND TOP UPS

### AUTOMATIC EXTENSION OF COVERAGE

Coverage will be extended automatically without additional premium if:

1. *Your* return to the point of departure or *your country of origin* is delayed beyond *your return date* solely because of one of the following reasons:
  - a. delay of the means of transportation provided the scheduled carrier was due to arrive at the departure point by the *return date*, and provided that the journey is completed in a reasonable amount of time; or
  - b. if driving, delay due to inclement weather provided the return journey commences prior to the expiry date of this *policy*; or
  - c. the personal means of transportation in which *you* are travelling is involved in an accident or mechanical breakdown that prevents *you* from returning to *your* Canadian province or territory of residence or *your country of origin* on or before the *return date* provided *your* return journey commences prior to the *return date*; or
  - d. delay due to a sudden, unforeseen and emergent *sickness* or *injury* of *you* or *your travel companion* (except Visitors To Canada Emergency Medical Insurance). For Visitors To Canada Emergency Medical Insurance, delay due to *your hospitalization* due to a *medical emergency* on the *return date* as shown on *your Declaration Page*.
  - e. delay of *your* scheduled return to *your* Canadian province or territory of residence or *your country of origin* when the Medical Director of *CAA Assistance* has deemed that *you* are not medically able to travel.

*You* must notify *CAA Assistance* of the delay prior to the *return date* and will be required to provide proof of the reason for *your* delay in the event that *you* have to file a claim.

Coverage is extended for a period of 5 *days* or for the period of hospitalization plus 5 *days* after discharge from the *hospital* or until deemed medically able to travel by the Medical Director of *CAA Assistance* (not applicable to Visitors To Canada Emergency Medical Insurance).

**For Visitors To Canada Emergency Medical Insurance**, coverage is extended for a period of 3 *days* if *your* stay extends beyond the *return date*.

This benefit does not include any costs associated with flight change arrangements, with the exception of emergency repatriation that is approved in advance by the Medical Director of *CAA Assistance*.

Coverage may never extend beyond the maximum *policy* period as stated in the Summary of Plans Available on page 2.

## EXTENSIONS AND TOP UPS

2. You have an Annual Plan or Annual Vacation Package Plan and *your trip days* are entirely within Canada.

### VOLUNTARY EXTENSION OR TOP UP OF COVERAGE

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

1. You make application for the extension or *Top Up* prior to the expiry date of *your policy*, it is approved by *us* and you have paid any additional premium for the extension or *Top Up*.
2. There is no cause for a claim against this *policy*.

**Note:** If a claim has been made, an extension or *Top Up* may be available upon review of *your* claim by the *Insurer* (not applicable to Visitors To Canada Emergency Medical Insurance).

3. You have not experienced any *changes* in *your* health since the latest of *your departure date* or *effective date*.
4. You remain eligible for insurance.
5. The extension or *Top Up* is purchased for the entire number of *days* remaining on *your trip*.
6. You have purchased a new Annual Plan prior to *your departure date* with the same plan option to extend *your trip* beyond the *return date* of *your* existing Annual Plan. The maximum period of coverage under both Annual Plans cannot exceed *your selected plan option*.
7. The total period of coverage for any single covered *trip*, including the extension or *Top Up* does not exceed the maximum *trip* duration for *your* insurance coverage as indicated in the chart below.

### TOP UP TO ANNUAL PLAN AND ANNUAL VACATION PACKAGE PLAN

In addition to the “Voluntary Extension or *Top Up* Coverage” conditions noted above, *Top Up* to Annual Plans and Annual Vacation Package Plans are subject to the following:

1. For *trips* longer than the Annual Plan or Annual Vacation Package Plan duration you purchased (9, 15 or 30 consecutive *days*) you may purchase a new Daily/*Top Up* Plan to *Top Up* the Annual Plan or a new Vacation Package Plan to *Top Up* the Annual Vacation Package Plan. The new Annual Plan or new Annual Vacation Package Plan:
  - must be purchased prior to departure and have the same plan duration option (9, 15 or 30 consecutive *days*) as *your* previous plan;
  - is considered a new and separate term of coverage and is subject to the terms, limitations, conditions and exclusions (including *Pre-existing Medical Condition* Exclusion) of the new *policy*;
  - begins the day immediately following the expiry date of *your* previous policy and expires on the earliest of the date you return to *your* Canadian province or territory of residence or the date from an individual *trip/covered trip* or you reach the maximum number of *days* outside of Canada, from *your* original *departure date*, permitted outside Canada for the coverage option you have purchased;

If you have a change in your travel plans between the date of application and *departure date*, you must call CAA prior to departure to change the *departure date* or *effective date* of *your* Daily/*Top Up* Plan or new Annual Vacation Package Plan. If you leave earlier or later than planned and do not amend *your effective date*, the Daily/*Top Up* Plan or new Annual Vacation Package Plan shall be null and void.

2. Coverage for *your trip* under *your* previous Annual Plan or Annual Vacation

## EXTENSIONS AND TOP UPS

Package Plan expires on the *return date* as shown on *your Declaration Page* for that plan.

### TOP UP TO ANOTHER INSURER'S POLICY

1. To *top up* another insurer's policy, *you* may purchase a Daily/*Top Up* Plan. An Annual Vacation Package Plan may not be purchased to *top up* another insurer's policy
2. *You* must confirm with that insurer that a *Top Up* is permitted on *your* existing policy with no loss of coverage.

INSURANCE COVERAGE	MAXIMUM TRIP DAYS INCLUDING EXTENSION OR TOP UP	MAXIMUM POLICY PERIOD
<b>Emergency Medical Travel Insurance</b>		
• Daily/ <i>Top Up</i> Plans	Up to 212 <i>Days</i> / 365 <i>Days</i> with GHIP approval	365 <i>Days</i>
• Canada Plan	Up to 212 <i>Days</i> / 365 <i>Days</i> with GHIP approval	
• Quick Trip Plan <i>Age</i> 60 to 74	Up to 15 <i>Days</i>	
• Annual Plans	Up to 212 <i>Days</i> / 365 <i>Days</i> with GHIP approval	
<b>Package Plans Under <i>Age</i> 60</b>		
• Vacation Package Plan	Up to 212 <i>Days</i> / 365 <i>Days</i> with GHIP approval	547 <i>Days</i>
• Annual Vacation Package Plan	Up to 212 <i>Days</i> / 365 <i>Days</i> with GHIP approval	365 <i>Days</i>
<b>Package Plans</b>		
• Vacation Package <i>Age</i> 60-84	Up to 37 <i>Days</i>	547 <i>Days</i>
• Annual Vacation Package Plan All <i>Ages</i>	Up to 212 <i>Days</i> / 365 <i>Days</i> with GHIP approval	365 <i>Days</i>
<b>Non-Medical Vacation Package Plan</b>	Up to 212 <i>Days</i> / 365 <i>Days</i> with GHIP approval	547 <i>Days</i>
<b>Trip Cancellation &amp; Interruption Insurance</b>	Up to 212 <i>Days</i> / 365 <i>Days</i> with GHIP approval	547 <i>Days</i>
<b>Travel Baggage and Personal Effects Insurance</b>	Up to 212 <i>Days</i> / 365 <i>Days</i> with GHIP approval	365 <i>Days</i>
<b>Rental Automobile Damage Insurance</b>	Up to 50 <i>Days</i>	50 <i>Days</i>

# REFUNDS

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

- Full refunds must be requested and approved prior to the *departure date* or *effective date* of the *trip/covered trip*.
- Partial refunds must be requested and approved by *us* prior to the *return date* of the *trip/covered trip*. Proof of early return (for example, airline ticket, customs or immigration stamps, gas receipts) is required. Any refund is calculated from the postmarked date of *your* written request for refund.

## Daily/ Top Up

Full or Partial Refunds

### Visitors To Canada Emergency Medical Insurance

Full Refund if:

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

Partial Refund, if:

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

and *you* provide:

- proof of the date *you* became eligible and/or covered under a *GHIP*, or
- proof of *your* departure from Canada and return to *your country of origin* (airline ticket/boarding pass or customs/immigration entry stamp); or
- proof of *your* early return to *your country of origin* from Citizenship and Immigration Canada if this *policy* was purchased for a Super Visa and *you* are not returning to Canada.

### Annual Plan and Annual Vacation Package Plan

Non-refundable after the *effective date*.

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

Full refunds can be made prior to the *departure date*, if

- a. *you* cancel *your covered trip* before any cancellation penalties are in effect; or
- b. the *travel supplier* cancels the entire trip and all penalties are waived; or
- c. the *travel supplier* changes/reschedules *your* travel dates and *you* are not able to travel and all penalties are waived.

### Travel Baggage and Personal Effects Insurance

Full or Partial refunds

#### Rental Automobile Damage Insurance

Full refunds can be made before the *effective date*. A full refund will be made with proof of duplicate car rental insurance if this insurance is rejected by the commercial rental agency at *trip* destination.

# CAA ASSISTANCE

## WHAT TO DO IF YOU NEED CAA ASSISTANCE

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

<u>COUNTRY</u>	<u>TOLL-FREE NUMBER</u>
in CANADA & mainland U.S.	1-855-849-1638
Call Collect From Anywhere Else	+1-519-251-4051
Email if Calling is Not Possible	orionassistance@acmtravel.ca

When contacting *CAA Assistance*, please provide:

- *your* name, *policy* number and *your* location
- the insurance coverage *you* purchased and *your* travel dates for the *covered trip*
- the nature of *your* emergency (eg. medical, cancellation, interruption)
- a telephone number, fax number and/or Email address where *you* can be contacted immediately

## WHAT HAPPENS WHEN YOU CALL CAA ASSISTANCE?

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

## CAA Assistance will work closely with *you* to:

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

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

## WHY ARE YOU REQUIRED TO CALL CAA ASSISTANCE?

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

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

## CAA ASSISTANCE

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

### LIMITATION ON CAA ASSISTANCE SERVICES

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

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

## HOW TO FILE A CLAIM

### PAYMENT TO MEDICAL PROVIDERS

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

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

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

### SUBMITTING YOUR CLAIM

*You* must substantiate *your* claim by providing the documents described in the applicable insurance coverage(s) below. Incomplete documentation or failure to submit required documentation may delay processing of *your* claim. The *Insurer* is not responsible for charges levied in relation to any such documents).

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

CAA Travel Insurance  
c/o Active Care Management Inc.  
PO Box 308 Station A  
Windsor, Ontario N9A 6K7

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

Phone Numbers: Located on inside front cover and page 45.

# HOW TO FILE A CLAIM

## EMERGENCY MEDICAL TRAVEL INSURANCE and VISITORS TO CANADA

### EMERGENCY MEDICAL INSURANCE

1. A completed Medical Expenses Claim Form (provided by *CAA Assistance* upon notification of claim).
2. For accidental dental expenses *you* must provide an accident report from the *physician* or dentist.
3. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of treatment, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider. (For Canadians covered by GHIP, copies of itemized bills are accepted only if the *Insured* has already dealt directly with *GHIP*).
4. Original prescription drug receipts from the pharmacist, *physician* or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
5. For out of pocket expenses: an explanation of expenses accompanied by the original receipts.
6. The unused portion of *your* airline ticket if the Medical Repatriation benefit has been used.
7. Proof of *your departure date* and return if *you* are an Annual Plan policyholder.
8. Proof of any Travel Advisory or Travel Health Notice issued by Global Affairs Canada that is the cause of claim.

### TRIP CANCELLATION & INTERRUPTION INSURANCE

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

The *Insurer* may request that *you* or *your* attending *physician* provide additional evidence to support *your* claim. The existence of a *pre-existing medical condition* may be established using the medical records held by the claimant's attending *physician* or any *hospital(s)* for the purpose of determining the validity of *your* claim.

The *Insurer* may also require that *you* undergo examination by one or more of *our* physicians. *We* will cover any costs associated with such examination.

### PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

1. A completed Trip Cancellation & Interruption Claim Form (available by contacting *CAA Assistance* at the phone numbers on page 44), completed and signed by *you* and *your* regular attending *physician* or attending *physician* or the *physician* actively attending to *your* care who recommended that *you* not travel on the date of *your covered trip*.
2. If any part of an airline ticket is refundable (taxes or penalty), please obtain the refund and submit a copy of the airline ticket and proof of refund.
3. For all deposits and final payment for *your covered trip*, original receipts as proof of payment indicating date(s), amount(s) paid, *travel supplier* fees and penalties and the payment method for *your* insurance.

### TRIP CANCELLATION

1. *We* need proof of the cause of the claim:

Insured Risk(s)	Documentation Required
1, 2 or 3	If a result of death or hospitalization, a death certificate and hospital records as well as an explanation of <i>your</i> relationship to the person in question and why this event caused <i>you</i> to cancel <i>your covered trip</i> .



## HOW TO FILE A CLAIM

<b>6 to 18</b>	<p>For Insured Risk(s):</p> <ol style="list-style-type: none"> <li>a. <b>6, 7, or 12</b>, the applicable reports from the proper authorities.</li> <li>b. <b>8</b>, the original airline ticket(s) and/or an original cancellation invoice, the transfer vouchers, a police report detailing such circumstances, or in the case of a mechanical failure, an applicable letter from the rental agency confirming such failure or a commercial invoice detailing the necessary repairs to the <i>vehicle</i>.</li> <li>c. <b>9 or 18</b>, the applicable letters from the <i>common carrier</i> or cruise line.</li> <li>d. <b>10 or 11</b>, a letter from the employer confirming relocation or termination of employment.</li> <li>e. <b>13</b>, the applicable reports from the embassy, consulate general and/or the Canadian government.</li> <li>f. <b>14 or 15</b>, a copy of the notice of hearing, summons, subpoena or any other court document showing the date <i>you</i> must appear in court.</li> <li>g. <b>16</b>, proof of the Travel Advisory or Travel health Notice issued by Global Affairs Canada.</li> <li>h. <b>17</b>, a letter from the veterinarian.</li> </ol>
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### TRIP INTERRUPTION

1. We need proof of the cause of the claim, including:

Insured Risk(s)	Documentation Required
<b>1, 2, 3, 5, 7, 8, 9, 12, 16, 17, 18, 19 and 20</b>	<ol style="list-style-type: none"> <li>a. original airline tickets, transfer vouchers, accommodation and other travel documents prepaid for <i>your covered trip</i>.</li> <li>b. an explanation of the events that caused <i>you</i> to interrupt <i>your covered trip</i> under the Insured Risk.</li> <li>c. complete details and dates of the event and an explanation of <i>your relationship</i> to the person in question where a person other than <i>yourself</i> is involved.</li> <li>d. for out-of-pocket expenses, original receipts for the covered expenses incurred and an explanation of the expenses.</li> <li>e. for <i>hospitalization</i>, death or repatriation, a copy of the <i>hospital records</i>, death certificate, receipts from airlines, funeral homes and other expenses covered under the Insured Risk.</li> </ol>
<b>21</b>	Proof of refund for the original tickets (a copy of the ticket refund notice or ticket exchange notice) or a letter from the agency if ticket(s) have not yet been issued or were sent for refund to the bank settlement plan, tour operator or wholesaler.

### HOLIDAY SAFEGUARD

In addition to the items required under Trip Cancellation & Interruption Insurance, *you* must also submit an itemized invoice for the replacement trip showing fares, deposits, travel dates, final payment and date thereof.

### ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

For forms and instructions, contact *CAA Assistance* at the phone number(s) on page 44.

# HOW TO FILE A CLAIM

## TRAVEL BAGGAGE AND PERSONAL EFFECTS INSURANCE

1. A completed claim form available by contacting *CAA Assistance* at the phone number(s) on page 44.
2. For loss:
  - a. a report by the police or the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss;
  - b. adequate proof of loss, (ownership, original purchase receipts, actual cash value, original replacement receipts or original replacement estimates on store stationery or letterhead) ownership and itemized value;
  - c. a Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or common carrier; AND
  - d. adequate proof of home insurance coverage and/or amount of deductible (if applicable).
3. For delay:
  - a. Original itemized receipts for expenses actually incurred;
  - b. A copy of the baggage claim ticket;
  - c. A copy of *your* airline ticket;
  - d. verification of the delay of checked baggage from the airline or common carrier including the reason and the duration of the delay; and
  - e. a copy of the delivery receipt for *your* checked baggage.

## RENTAL AUTOMOBILE DAMAGE INSURANCE

1. A completed claim form available by contacting *CAA Assistance* at the phone number(s) on page 44;
2. An official police accident report;
3. A copy of the signed rental agreement;
4. A copy of the commercial rental agency's damage report;
5. A complete copy (front and back) of driver's license;
6. A copy of damage or repair estimate;
7. A copy of personal or business vehicle insurance policy; and
8. Proof of settlement (denial or payment) from personal or business vehicle insurance policy.

# DEFINITIONS

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

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

**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.

**Actual cash value** means the estimated value at the time of loss.

**Age** refers to *your age* on the date of insurance application or date of claim.

**Aircraft** means a fixed wing multi-engine transport aircraft with an authorized ascend weight greater than 35,000 lbs. (15,900 kg) operated between licensed airports by a scheduled or charter airline of Canadian or foreign registry holding a valid National Transportation Agency License, Regular Specific Point or Charter Air Carrier License or its foreign equivalent, insofar as the aircraft is being used at the time as a conveyance in the capacity authorized by the airline's Scheduled Regular

## DEFINITIONS

Specific Point or Charter Air Carrier License.

**Business meeting** means a meeting scheduled before *your effective date* between companies with related ownership, pertaining to *your* full-time occupation or profession and which is the sole purpose of *your trip*.

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

**Caregiver** means a person *you* have entrusted with the care of *your child(ren)* 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 oral medication to control Diabetes, Coumadin (Warfarin) dosage you are currently taking provided it is not newly prescribed or stopped.
- a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified).

**Child(ren)** means unmarried and dependent *child(ren)* of the *Insured* or his/her *spouse*, under 25 years of *age* OR *child(ren)* of any *age* who are permanently mentally or physically handicapped and are dependent on *you* for support. **For Visitors To Canada Emergency Medical Insurance** *child(ren)* means unmarried and dependent *child(ren)* of the *Insured* or his/her *spouse*, who are at least 15 *days* old and under 21 years of *age* OR *child(ren)* of any *age* over 15 *days* of *age* who are permanently mentally or physically handicapped and are dependent on *you* for support.

**Circulatory or heart condition** means transient ischemic attack (TIA), stroke, coronary artery disease, heart surgery (open heart, as well as procedures such as angioplasty, stent insertion, atherectomy and all other means of heart surgery, myocardial infarction (heart attack), heart failure (including congestive heart failure, angina, aneurysm, atrial fibrillation and peripheral vascular disease).

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

**Contracted** in reference to a destination, a date or the time and place of arrival or departure, means that which is indicated on *your Declaration Page*, for the *covered trip*.

**Country of origin** means the country for which the *Insured* holds a passport. Where the *Insured* holds more than one passport, the *country of origin* will be taken to mean the country that the *Insured* has declared on the application. Where a *family* is to be covered by the *policy*, there will be deemed to be one *country of origin* for the *family*, which will be the *country of origin* declared on the application.

**Covered trip** means the *travel arrangements* which you have contracted and paid in advance of departure and for which an insurance premium has been paid in full to cover the total nonrefundable amount of such *travel arrangements*.

**Day** means 24 consecutive hours.

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

## DEFINITIONS

**Deductible** means the amount (if applicable), which the *Insured* must pay before any remaining eligible expenses are reimbursed under this *policy*. The *Deductible* applies per *Insured*, per covered condition or event.

**Departure Date** means each date which *you* leave *your* Canadian province or territory of residence or Canada.

**Effective Date** means:

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

**Family** means *you* and/or *your spouse* and/or *your child(ren)* or grandchild(ren) (provided they are under 25 years of *age* OR of any *age* if they are permanently mentally or physically handicapped), when *your* names appear on *your Declaration Page* respectively as the *Insured(s)*. **For Visitors To Canada Emergency Medical Insurance**, *family* means *you* and/or *your spouse* and *your child(ren)* when *your* names on *your Declaration Page* respectively as the *Insured(s)*. Coverage dates are the same for all *family* members and all *family* members must live at the same address while in Canada.

**Flight Itinerary Schedule Change** means:

- a. the rescheduled departure of an common carrier causing *you* to miss *your* next connecting flight with another common carrier when both common carriers are part of *your* covered *trip*;
- b. the earlier departure of an common carrier causing the ticket *you* purchased to be unusable for the prior connecting flight with another common carrier when both common carriers are part of *your* covered *trip*; or
- c. when *your* flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and *you* must incur additional expenses for new flight arrangements to meet *your* original cruise embarkation.

A *Flight Itinerary Schedule Change* does not mean a change resulting from a labour dispute, strike or flight delay.

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

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

**Hospitalization** or **hospitalized** means *you* are admitted to a hospital for more than 24 hours for *medically necessary medical treatment*, when the admission was recommended by a *physician*.

**Immediate family member** means *your* spouse, *child(ren)*, brother, sister, parent, grandparent, grandchild(ren), aunt, uncle, nephew, niece, son-in-law, daughter-in-law or, parent-in-law. **For Visitors To Canada Emergency Medical Insurance**, *immediate family member* also means *your* brother-in-law and sister-in-law.

**Injury** means an *accidental* bodily harm which results in loss unrelated to *sickness* or any other cause, which occurs on a *trip/covered trip* while this coverage is in effect and which requires immediate emergency *medical treatment* that is covered by this *policy*.

## DEFINITIONS

**Insured(s)** means the person(s) named on *your Declaration Page* upon which a CAA Travel Insurance policy number appears. **For Rental Automobile Damage Insurance**, *Insured(s)* also mean any person authorized to drive the *rental automobile* under the terms of the rental contract, while covered under this *policy*.

**Insurer** means Orion Travel Insurance Company.

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

**Medical emergency** means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a *trip/covered trip* and that such *medical treatment* cannot be delayed until *your* return to *your* Canadian province or territory of residence or Canada.

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

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

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

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b. is not experimental or investigative in nature;
- c. cannot be omitted without adversely affecting *your* condition or quality of medical care;
- d. cannot be delayed until *your* return to *your* Canadian province or territory of residence or, for non-Canadian residents *your* country of origin.

**Metastatic Cancer** means a cancer that has spread from its original site to one or more other area(s) of the body.

**Minor Ailment** means any *sickness* or *injury* which does not require the use of medication for a period greater than 15 *days*, more than one follow-up visit to a *physician*, *hospitalization*, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive *days* prior to the *departure date* of each trip. A chronic condition or any complication of a chronic condition is not considered a minor ailment.

**Physical Damage or Loss** means damage or loss for which *you* are liable due to any of the following occurrences; collision, fire, theft, hail, windstorm, earthquake, flood, mischief, riot or civil commotion. Loss or damage to tires is not considered physical damage or loss unless resulting from other loss or damage covered therein.

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

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

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

## DEFINITIONS

**Pre-existing Medical Condition(s)** means any medical condition, *sickness* or *injury* for which, at any time prior to the *effective date*, *you* have experienced symptoms, *you* have received medical care, advice, investigation or *medical treatment*, *you* have been *hospitalized*, *you* have been prescribed (including prescribed as needed) or have taken medication, or *you* have undergone a medical surgical procedure.

**Reasonable and customary costs** means costs incurred for approved, eligible medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar *sickness* or *injury*.

**Rental Automobile** means a four-wheeled automotive *vehicle* including a station wagon or on-road sports utility *vehicle*, rented by the *Insured* for personal use from a commercial rental agency or company under a written rental contract. For the purpose of this insurance, the following are not considered *rental automobiles*: trucks, vans (other than mini-vans made to transport no more than 8 people including the driver), buses (or mini-buses), *vehicles* designed primarily for off-road use or any *vehicle* while being operated off road, recreational *vehicles*, campers or trailers, antique cars that are more than 20 years old, limousines, exotic cars or *vehicles* that have not been manufactured during the past 10 years.

**Return date** means:

- a. for the Annual Plan and Annual Vacation Package Plan – the earliest of:
  - i) the date on which *you* are scheduled to return from an individual *trip* (up to 9, 15 or 30 consecutive *days*, depending on the duration of the plan *you* purchased) to *your* Canadian province or territory of residence;
  - ii) the date *you* actually return to *your* Canadian province or territory of residence from an individual trip;

The annual period of coverage will expire one year from the *departure date* or *effective date* as shown on *your Declaration Page*.

- b. for Visitors to Canada Emergency Medical Insurance – the earliest of:
  - i) for non-Canadian residents: the actual date *you* leave Canada to return to *your country of origin*;
  - ii) the date on which *you* are scheduled to return to *your country of origin* as shown as the *return date* on *your* most recent *Declaration Page*.
- c. for All Other Insurance Coverages – the earliest of:
  - i) the date *you* actually return to your Canadian province or territory of residence;
  - ii) the *return date* on which *you* are scheduled to return to *your* Canadian province or territory as shown on *your* most recent *Declaration Page*;

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

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

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

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

## DEFINITIONS

**Stable** means that *you* have NOT experienced the following for any *sickness, injury* or medical condition (other than a *minor ailment*) before *your trip*:

- *hospitalization* or referral to a specialist (made or recommended) and *you* are not awaiting results;
- a new diagnosis, treatment or prescribed medication
- any test results showing deterioration;
- a *change in medication*;
- a *change in medical treatment*;
- new or more frequent symptoms;
- are requiring investigation (other than a routine check-up).

**Note: For Visitors to Canada Emergency Medical Insurance, *stable* means:**

- a. a condition which is under treatment and has been controlled by diet or consistent use of medication prescribed by a *physician* and for which in the 120 *days* prior to the effective date of this *policy* and there has been;
  - i. no *hospitalization*; and
  - ii. no *change* in treatment, *change in medication* or dosage.

**Exceptions:** A reduction in dosage or an elimination of medication resulting from an improved health condition, approved by a *physician*, does not constitute a *change in medication* or dosage.

- b. A condition that existed more than 120 *days* prior to the *departure date* which did not require treatment, as determined by a *physician*, during the 120 *days* prior to the *effective date* of this *policy*.

**Sum Insured** means the maximum amount payable, providing premium has been paid, that *you* selected at the time of purchase and as indicated on *your Declaration Page*.

**Terminal Illness** means a medical condition that is cause for a *physician* to estimate that *you* have less than six months to live or for which palliative care has been received.

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

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

**Travel Companion** means a person accompanying *you* on the *trip*, who shares accommodation or transportation with *you* and who has paid such accommodation or transportation in advance of departure.

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

**Travel Supplier** means a travel agent, a tour operator, a travel wholesaler, an airline, a cruise line, a provider of ground transportation, a provider of travel accommodations who is legally authorized and licensed to sell *travel services* to the general public.

**Travel Visa** means the visa required for *your* entrance to a foreign country (not an immigration, employment or student visa).

**Treated/treatment** means that *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken or are currently taking medication or have undergone a medical or surgical procedure.

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

## DEFINITIONS

**Vehicle** means any automobile, station wagon, mini-van, sports utility vehicle (for on road use), motorcycle, boat, bicycle, snowmobile, pick-up truck or a mobile home, camper truck or trailer home, used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your trip*.

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

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

**For Rental Automobile Damage Insurance, you, your and yourself** also means any person permitted to drive the rental automobile under the terms of the rental contract, while covered under this *policy*.

## GENERAL TERMS OF AGREEMENT

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

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

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

### Premium:

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

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

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

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

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

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

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



# GENERAL TERMS OF AGREEMENT

coverage or that *your* claim is invalid or benefits are reduced in accordance with any provisions of this *policy*.

e. **All premium amounts are stated in Canadian currency**

## **Deductible**

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

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

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

**Deductible amounts are stated in U.S. currency, except Visitors to Canada Insurance which is stated in Canadian currency.**

## **Where Coverage is applicable:**

Coverage is applicable worldwide, except in countries at war or countries where political instability or hostility renders the area inaccessible by *CAA Assistance* services. *You* may contact *CAA Assistance* prior to *your* departure to confirm coverage for *your trip* destination. Phone numbers are located on the inside front cover and page 44.

## **Payment of Benefits**

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

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

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

## **Rights of Subrogation**

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

## **Co-ordination of Benefits**

If, at the time of loss, *you* have insurance from another source, or if any other party is responsible for benefits also provided under this *policy*, the *Insurer* will pay eligible expenses only in excess of those covered by that other insurer or other responsible party, including credit cards, private or provincial auto plans or any other insurance, whether collectable or not. If, however, that other insurance is also "excess only", the *Insurer* will co-ordinate payment of all eligible claims with that other insurer. All co-ordination follows guidelines set by the Canadian Life and Health Insurance Association. In no case will the *Insurer* seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$75,000 (\$50,00 for Visitors To Canada Emergency Medical Insurance) or less. If *your* lifetime maximum is greater than \$75,000 (\$50,000 for Visitors To Canada Emergency Medical Insurance), the *Insurer* will co-ordinate benefits only above this amount.

# GENERAL TERMS OF AGREEMENT

## Misrepresentation and Non-disclosure

The completed and signed *Medical Declaration* (if applicable) is essential to the appraisal of the risk by the *Insurer* and is the basis of and forms part of *your policy*. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract, that renders *your* insurance void. Consequently and following a loss, no claim shall be payable by the *Insurer* and *you* shall be solely responsible for all expenses relating to *your* claim, including repatriation costs.

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

## Arbitration

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

## Applicable Law

This *policy* of insurance is governed by the law of the Canadian province or territory of residence of the *Insured*.

For Visitors to Canada Emergency Medical Insurance, this *policy* of insurance will be governed by the law of the Canadian province or territory where this *policy* was issued. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the province or territory where this *policy* was issued.

## Notice on Privacy and Confidentiality

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

Access to this file will be restricted to those Orion Travel Insurance Company employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations, and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Orion Travel Insurance Company, 60 Commerce Valley Drive East, Thornhill, Ontario L3T 7P9, or by calling 1-800-268-3750 ext. 25043. For CAA Manitoba's privacy statement, visit [www.caamanitoba.com/privacy\\_policy](http://www.caamanitoba.com/privacy_policy) for details.

## Dispute Resolution

At Orion Travel Insurance Company (Orion), we have a very defined escalation process to ensure that our customers have every possible recourse should underwriting, pricing, sales, claims or service issues arise. Our Customer

# GENERAL TERMS OF AGREEMENT

Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

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

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

Attention: Customer Complaints Office

Orion Travel Insurance Company

60 Commerce Valley Drive East

Thornhill, Ontario L3T 7P9

Phone: 905-747-4900

Toll Free: 1-855-674-6684

Fax: 905-771-3357

Email: orioninfo@OrionTi.ca

## STATUTORY CONDITIONS

### The Contract

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

### Waiver

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

### Copy of Application

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

### Material Facts

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

### Notice and Proof of Claim

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

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

## STATUTORY CONDITIONS

- 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:

- a. the notice or proof is given or furnished as soon as reasonably possible and in no event later than one year from the date of the *accident* or the date the claim arises under the contract, on account of *sickness* or *injury* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b. in the case of the death of the *Insured*, if a declaration or presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

### Insurer to Furnish Forms Proof of Claim

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

### Rights of Examination

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

- a. the claimant shall afford to the *Insurer* or *CAA Assistance*, as the case may be, an opportunity to examine the person of 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 *Insured*, the *Insurer* or *CAA Assistance*, as the case may be, may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

### When Money Payable

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

### Limitation of Proceedings

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

### Insurance Act Statutory Conditions

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

This *policy* is effective August 31, 2016 and is underwritten by Orion Travel Insurance Company.

## NOTES

## NOTES





Travel Insurance

## Questions about your policy?

Visit your nearest **CAA Store**

Call us at **1-800-222-4357**

Visit us online at

**[www.caamanitoba.com/insurance\\_travel](http://www.caamanitoba.com/insurance_travel)**

# aetna<sup>SM</sup> PPO

Payor ID: 60054

Group #: 863962-41-100

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

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



CAA Travel Insurance is underwritten by Orion Travel Insurance Company.

Certain exclusions, limitations and restrictions apply. Subject to change without notice.

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