Welcome!

Orion Travel Insurance is happy to be the provider of your group travel benefits program for your upcoming trips. Traveler's safety is our foundation as we help travelers explore the world and return home. We look forward to becoming your perfect travel companion.

WHAT YOU NEED TO TRAVEL WORRY FREE:

- **Understand your coverage** - Please take time to read your Certificate of Insurance and keep it in a safe place on your trip. If you have any question, contact us.
- **Personalized Travel Insurance Wallet Card** - Always keep your Wallet Card handy as it contains all important plan information we need to identify you and confirm your coverage. Should you require medical treatment, contact us first and than present your card to the medical facility.
- **Methods to contact us** - You can contact us by phone, WhatsApp, chat or email. See your Certificate of Insurance for all details.

WE'RE AVAILABLE 24/7:

Contact us anytime from anywhere in the world if you need help or have questions. We'll be here to help you wherever you are. *

Safe Travels,

Orion Travel Insurance Team
You take on the world, we take care of the rest!™

Important: You must notify the plan administrator about any changes to your family status or your provincial health plan. Your plan administrator will advise us of this change to ensure your coverage is adapted to your needs. For general policy inquiries please contact: coverage@orionti.ca.

Confirmation of Coverage

This plan will provide you with Emergency Medical Insurance and Trip Cancellation and Interruption Insurance for trips undertaken outside your Canadian province or territory of residence or, if you are an international student, outside the Canadian province or territory of residence where you are attending university, and outside your country of origin.

To be covered, you must remain eligible to this group policy and be covered by a government health insurance plan (GHIP), or for international students, under a private health insurance plan with comparable coverage to the government health insurance plan, for the duration of your trip.

Group Plan Name	Medical, Baggage & Trip Cancellation
Group Policy Number	**SBA10001**
Maximum Trip Days	90 days
Maximum Age	70 years old
Certificate effective date	Canadian students: The first day of the first semester you are enrolled as a student and assessed the plan fees at one of the educational institutions participating in the PBAS Group Student Benefits Program. International students: The later of: i) Your date of arrival in Canada; or ii) The first day of the first semester you are enrolled as a student and assessed the plan fees at one of the educational institutions participating in the PBAS Group Student Benefits Program.
Certificate termination date	Canadian students: The earliest of the following: i) The day you cease to be enrolled in and attending a program as a student at one of the educational institutions participating in the PBAS Group Student Benefits Program; ii) The day you become ineligible; or iii) The day you reach age 70. International students: The earliest of the following: i) The day you cease to be enrolled in and attending a program as a student at one of the educational institutions participating in the PBAS Group Student Benefits Program; ii) The day you become ineligible; iii) The day you return to your country of origin permanently; or iv) The day you reach age 70.
Coverage & Maximum Benefit	• Emergency Medical Insurance - up to $ 5 million per insured • Baggage – up to $1,500 per insured, per trip • Trip Cancellation – up to $ 5,000 per insured, per trip • Trip Interruption – up to $ 5,000 per insured, per trip Certain sub-limits may apply. For all details, please refer to your Certificate of Insurance.
Orion Travel Insurance reserves the right to issue the most current certificate wording for this insurance plan in the event plan offering is modified or is replaced with a newer version.	

What should you do in case of an emergency situation at destination?

In the event of an emergency, **contact Orion Assistance immediately prior to receiving treatment**, or have someone contact them on your behalf, so that we may confirm coverage and provide pre-approval of medical treatment.

When contacting Orion Assistance, you will be asked to provide your name, group policy number, certificate, location and the nature of your emergency. Make sure to always have that information handy.

Orion Assistance is available 24/7.

Important: Should you fail to contact Orion Assistance before obtaining medical treatment, certain benefits may be limited or denied. For more information, consult your Certificate of Insurance.
In a life-threatening emergency, call 911 or the local emergency number.

What should I do if I need to cancel my trip?

In the event of a trip cancellation, please advise your travel agent or travel supplier on the day that 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.

For more information, consult your Certificate of Insurance.

Need some help?

Should you need help or require information before your departure, call us at: **1-888-997-0152**

Certificate of Insurance – Orion Travel Insurance

Travel: Medical, Baggage and Trip Cancellation

SEPTEMBER 1, 2026

In the event of a *medical emergency*, *you* must contact *Orion Assistance* before *you* seek *medical treatment*. However, if *you* are unable to do so because *you* are medically incapacitated, *you* or someone else must contact *Orion Assistance* as soon as reasonably possible, so that we may confirm coverage and provide pre-approval of *treatment*.

Orion Assistance will manage the medical case, co-ordinate benefits and arrange direct billing whenever possible with the health care provider.

When contacting *Orion Assistance*, *you* will be asked to provide *your* name, *your Group Policy* number, *your* location and the nature of the *emergency*.

NEED HELP DURING YOUR TRIP?

Contact us 24/7

Call us:

From Canada & Mainland US: 1-888-997-0152
From Elsewhere: 1-519-251-0152

If calling is not possible, contact us via Chat:

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

or

Email us at: orionassistance@xodus.ca

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

If *you* fail to contact *Orion Assistance* before *you* obtain *medical treatment, your* maximum benefit will be reduced to 80% of expenses up to a maximum of $25,000.

Table of Contents

*Please review the Certificate of Insurance for complete details. If you have any questions, you may contact Orion Travel Insurance at **1-888-997-0152** (in Canada & United States) or **+1-519-251-0152** (from anywhere else in the world).*

Eligibility for Insurance Coverage

The *Insured* becomes eligible under this policy automatically and without individual assessment of risk on the date they become insured under the *Group Policy* issued by *Orion Travel Insurance* and meet all the following eligibility requirements:

Students must meet the following conditions to be eligible for insurance under this *policy*:

- be a *student* of a class eligible for insurance as specified under the *Group Policy* and remain so for the entire duration of their *trip*;
- have assessed the plan fees;
- reside in Canada.

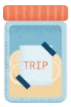
For Canadian students: a person is considered to be residing in Canada if their primary residence is in Canada and they are covered under the *government health insurance plan (GHIP)* of their province of residence.

For international students: a person is considered to be residing in Canada if they are residing in the Canadian province in which the university is located while attending university and are covered under a *private health insurance plan* that provides comparable coverage to the *government health insurance plan (GHIP)* of the province in which they are residing.

Dependents: the *spouse* and *child(ren)* of the *insured student* are eligible for insurance if:

- they meet the definition of *spouse*, or *child* as defined in this certificate of insurance;
- they reside in Canada;
- they are covered under the *government health insurance plan (GHIP)* of their province of residence, or in the case of *dependents* of an international student, covered under a *private health insurance plan* that provides comparable coverage to the *government health insurance plan (GHIP)* of the Canadian province in which they are residing, for the entire duration of their *trip;*
- the *Insured* has *dependent* coverage under their *group policy.*

The *Insured*'s coverage ends when they are no longer eligible under the terms of the *Group policy* or the *Group policy* is terminated, whichever comes first.



Coverage Maximum Benefit Amounts

EMERGENCY MEDICAL INSURANCE	Up to $5 million per *Insured*, per *trip* (maximum of $25,000 if not covered by *GHIP* at time of claim). Certain sub-limits may apply as set out in this Certificate of Insurance.
TRIP CANCELLATION INSURANCE	Up to $5,000
TRIP INTERRUPTION INSURANCE	Up to $5,000
BAGGAGE INSURANCE	Up to $1,500

Orion Assistance

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

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

Have *your* Insurance Wallet Card which has *your Group Policy* number with *you* at all times and contact *Orion Assistance*. All methods to contact us are listed at the beginning of this Certificate of Insurance.

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

Prior to receiving all relevant medical information, we will handle your emergency assuming you are eligible for benefits under the Group Policy. If it is later determined that a term, limitation, condition or exclusion applies to your claim, you will be required to reimburse us for any payments we have made on your behalf.

Orion Assistance will work closely with *you* to:

- direct *you* to an appropriate *physician*, *hospital*, dentist, pharmacist or appropriate medical facility at *your trip* destination, wherever possible;
- provide multilingual interpreters to communicate with *physicians* and *hospitals*;
- monitor *your* care so that only appropriate, *medically necessary treatment* is given and to ensure that *your* medical needs are met;
- with *your* consent, contact *your* 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 that at the time, it is apparent, are not covered or explain the terms and provisions of this Certificate of Insurance 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 CONTACT *ORION ASSISTANCE?*

1. If *you* contact *Orion Assistance, you* will receive information about *medical treatment* or services which are not considered *medically necessary* as defined in this Certificate of Insurance. If the *medical treatment* or services are not *medically necessary* they are not covered.
2. *Orion Assistance* must be contacted in advance for certain benefits. Check the particular benefits section to see which benefit(s) this applies to.
3. If *you* pay eligible expenses directly to a health service provider without prior approval by *Orion Assistance*, these services will be reimbursed to *you* on the basis of the *reasonable and customary charges* that would have been paid directly to such provider by *us*. Medical charges that *you* pay may be higher than this amount, therefore *you* will be responsible for any difference between the amount *you* paid and the *reasonable and customary charges* reimbursed by *us*.
4. Trip Cancellation claims must be reported within one business *day* of the event forcing cancellation. If *you* do not call, *you* may sustain reduced benefits due to cancellation penalties that are imposed by the *travel supplier*. Benefits payable apply to those charges which are in effect on the *day* of the loss.
5. Trip Interruption claims must be reported immediately to ensure that *you* do not incur expenses which are not covered benefits.

LIMITATION ON *ORION ASSISTANCE* SERVICES

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

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

How to File a Claim

STEP 1: NOTIFYING *ORION ASSISTANCE* OF A CLAIM

By following the instructions in this section, *you* can speed up the assessment and, where applicable, payment of *your* covered eligible expenses. Always have *your Group Policy* number with *you* and contact *Orion Assistance* at 1-888-997-0152 in Canada and mainland United States, or call from anywhere else in the world at +1-519-251-0152:

- Prior to obtaining *emergency medical treatment* so that *we* may confirm coverage and provide pre-approval of *medical treatment*.
- In the case of a Trip Interruption claim;
- Within one business day of the event causing the cancellation, in the case of a claim for Trip Cancellation.

Orion Assistance will pay *hospitals*, *physicians*, and other medical providers directly, wherever possible. Where direct payment cannot be arranged, *we* will reimburse eligible expenses. Some benefits are reimbursable on *your* return. If applicable, please consult *your* Certificate of Insurance for further information.

IMPORTANT REMINDER: *You* must contact *Orion Assistance* before obtaining *emergency medical treatment*. If it is medically impossible for *you* to contact them prior to obtaining *medical treatment*, contact them as soon as possible or have someone contact them on *your* behalf. If *you* fail to contact *Orion Assistance* before *you* obtain *medical treatment, your* maximum benefit will be reduced to 80% of expenses up to a maximum of $25,000. Also keep in mind that certain *treatment*s such as magnetic resonance imaging (MRI), CAT scans, sonograms, ultrasounds, cardiac catheterization, angioplasties, and cardiovascular surgery will not be covered unless pre-approved by *Orion Assistance*.

PAYMENT TO MEDICAL PROVIDERS

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

Where direct payment cannot be arranged, *we* will **reimburse** eligible expenses on the basis of *reasonable and customary charges*. Please note that some benefits are only **reimbursable** on *your* return. Check the Benefits section to see which benefit(s) this applies to.

STEP 2: SUBMITTING *YOUR* CLAIM

You will be required to fill out a claim form and to substantiate *your* claim by providing all required documents (e.g. invoices, receipts and other back up documents). The *insurer* is not responsible for charges levied in relation to any such documents. **Make sure to indicate *your* name and *Group Policy* number on each document.**

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

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

Orion Travel Insurance
Xodus Travel Services Inc.
PO Box 36 Station A
Windsor, ON
N9A 6J5

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

Emergency Medical Claims

1. A completed Claim Form provided by *Orion Assistance* upon notification of claim, and the applicable Provincial Health Plan Consent Form.
2. For accidental dental expenses *you* must provide an accident report from the *physician* or dentist.
3. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of *treatment*, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider. Copies of itemized bills are accepted only if the *Insured* has already dealt directly with *your* Canadian provincial health plan.
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. Proof of travel (including *departure date* and *return date*).
7. *Your* historical medical (if *we* determine applicable).
8. Other supporting documentation as requested by *us*.

Trip Cancellation & Interruption Claims

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

In addition to these documents, when the claim is due to one of the following situations, additional documents may be requested:

Trip Cancellation

1. For cancellation due to a disaster or event independent of any intentional act or negligence, accident on the way to departure,

jury duty, subpoena, transfer or involuntary loss of employment: a legal certificate (police report, the summons and/or subpoena, record of employment) confirming the circumstances of the cancellation and a letter from *your* employer (if applicable).

2. For penalties: a copy of the *travel supplier's* or the airline's publication confirming the cancellation penalties imposed.

Trip Interruption

1. For out-of-pocket expenses: an explanation of expenses in the event of a late return, along with original receipts.
2. For death or repatriation: a death certificate accompanied by receipts from the funeral home, airline, etc.
3. Other supporting documentation as requested.

Baggage Insurance

1. A completed Claim Form provided by Orion Assistance upon notification of claim.
2. For loss or damage:
    a. Report by the police, hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss;
    b. Proof of loss (original purchase receipts, original replacement receipts or original replacement estimates on store stationery or letterhead) stating ownership and itemized value.
    c. A Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or *common carrier.*
3. For baggage delay, *you* must supply proof of delay of checked baggage from the *common carrier* and original receipts of purchase:
    a. Original itemized receipts for expenses actually incurred;
    b. Copy of the baggage claim ticket;
    c. A copy of *your common carrier* ticket;
    d. Verification of the delay of checked baggage from the *common carrier* including the reason and the duration of the delay; and
    e. A copy of the delivery receipt.

All Other Claims

For forms and instructions, contact *Orion Assistance.* Methods to contact *us* are listed at the beginning of this Certificate of Insurance.

Filing a Complaint

Our customer complaints office is in place to ensure the decision is fair, equitable and developed within company standards. The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with Orion before accessing the General Insurance Ombudservice.

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

Attention: Customer Complaints Office
Orion Travel Insurance
60 Commerce Valley Drive East,
Thornhill, Ontario
L3T 7P9
Phone: 905-747-4900 Ext. 24923
Toll Free: 1-855-674-6684

Email: Orioninfo@OrionTI.ca
More information on the Dispute Resolution process is available at www.oriontravelinsurance.ca

Important Information

This Certificate of Insurance describes your coverage under the Group Policy. Please read this Certificate of Insurance carefully before you travel.

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

In addition, this insurance provides payment for losses arising from sudden and unforeseeable circumstances. It is important that *you* read this Certificate of Insurance and understand *your* coverage before travelling as *your* insurance may be subject to certain limitations, conditions, and exclusions. While all of the information is important, *you* should pay particular attention to the Conditions and Exclusions. These sections may limit the benefits payable to *you*.

Definitions

Throughout this Certificate of Insurance, *you* will notice that certain terms are brought to *your* attention with italics. These terms are explained in this section. Pay particular attention to the definitions as *we* have given a very specific meaning to these terms.

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

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

and the effect or intention of the above is to:

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

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

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

Benefit year means a 12-month period beginning on the effective date described on the *Group Policy*.

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

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

Child(ren) means an *Insured's* unmarried and dependent natural, adopted or step-*child(ren)* under 26 years of age (under age 19 for **Escort of *Insured Children*** benefit), who are:

- not employed on a full-time basis;
- full-time students at a post-secondary institution; or
- mentally or physically handicapped *child(ren)* of any age.

All of whom reside with the *insured* and depend on the *insured* for support and who is/are not eligible for insurance as an *insured* under the *group policy* or any other group policy.

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

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

Country of origin means the country in which the international *student* and their *dependents (children and/or spouse)* maintained a permanent residence prior to entry into Canada.

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

Departure date means the date *you* left *your* Canadian province or territory of residence for *your trip*.

Dependent means an *Insured's spouse* or *child(ren)* covered under a Canadian *government health insurance plan (GHIP*), or, in the case of international *students,* under a *private health insurance plan* provided that the *Insured* has dependent coverage under the policyholder *group policy.*

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

Experimental or ***investigative*** means not approved or broadly accepted and recognized by the Canadian medical profession, as an effective, appropriate and essential *treatment* of a *sickness* or *injury*, in accordance with Canadian medical standards.

Family member means the *Insured* and/or their dependent *spouse* and/or the *Insured's dependent* natural *child(ren)*, adopted *child(ren)* or step-*child(ren)*.

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

Group Policy means this document, the *Group Policy*, the Application, any riders and endorsements, and all other documentation issued to the group insurance contract, all of which form the entire G*roup Policy.*

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

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

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

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

Insured means an individual who belongs to a Class of eligible individuals specified in the *Group Policy* provided such individual's name is on file with the *policyholder* as being eligible for coverage under this contract and whose place of residence is located in Canada.

Insureds means the *insured* and each of their eligible *dependents*.

Insurer means Echelon Insurance.

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

Maximum age means the age indicated on the Welcome Letter as the *maximum age* for coverage under this policy.

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

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

Medical 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:

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

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

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

Pet(s) means domestic dog(s), *service animal(s)* and/or cat(s) only.

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

- who was thus licensed at the time of *treatment* and who remains so;
- 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

- who is not an *immediate family member*.

Private Accommodation Services means services that connect travellers and hosts through an *Approved Online Platform* (mobile application or website) that acts as an intermediary and processes the payment from the traveler to the host.

Private health insurance plan means a health care coverage provided by a private insurer, educational institution, or student insurance program.

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

Quarantine(d) means when an *Insured* is placed in individual *quarantine* during their *trip* by order of a *physician*. It does not include mandated isolation rules that are applied generally based on broad geographical areas where a person is travelling to, from or through.

Reasonable and customary charges means charges 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*.

Return date means the date *you* actually return to *your* Canadian province or territory of residence.

Service Animal(s) means any animal(s) that are professionally trained and certified to perform tasks for the benefit of a person with a disability. The tasks performed by a *service animal* must be directly related to the person's disability. *Service animal(s)* do not include emotional support animal(s).

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

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

Spouse means the person to whom *you* are legally married or with whom *you* have resided with and whom *you* present publicly as *your spouse*.

Stable means:

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

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

Student means an individual enrolled in, and attending a program at one of the educational institutions participating in the PBAS Group Student Benefits Program and who belongs to one of the classes of eligible students specified in the *group policy.*

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

Travel arrangements means travel services whose reservation and booking has been made by a CAA Travel Consultant, or a travel

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

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 *your departure date*. A maximum of six people will be considered *travel companions* (including the *Insured*).

Travel supplier means a licensed tour operator and/or travel wholesaler and/or cruiseline and/or companies in the business of providing commercial transportation and/or commercial accommodation to the public.

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

Trip means travel by an eligible person outside their province or territory of residence for both business and leisure *trips*. A *trip* must commence after the *group policy's effective date* and after the *insured* and their *dependents* are eligible for coverage. A *trip* is deemed to end on the date the "*Trip* Coverage Ends" as further described in the Certificate of Insurance and before the *group policy's* expiry date.

Vehicle means any private or rental automobile, boat, motorcycle, camper truck, mobile home or trailer home, not including any commercial trailers which *you* use during *your trip* exclusively for the transportation of passengers (other than for hire).

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

Xodus Travel Services means the company appointed by the *Insurer* to provide the assistance and claims services under the policy.

You, ***your*** and ***yourself*** refers individually to the *Insured* and to each of their eligible *dependent(s).*

GENERAL CONDITIONS

Pay particular attention to the following conditions as they may limit the benefits payable to you.

These general conditions apply to all insurance coverages under this Certificate of Insurance.

1. Policy terms and conditions are subject to change without prior notice.
2. Coverage may never extend beyond the maximum number of *days* per *trip* within the group *benefit year*.
3. As of the *departure date* of any *trip*, *you* must be covered under a Canadian *government health insurance plan (GHIP)* for the full duration of any *trip*, or as an international *student*, be covered under a *private health insurance plan* that provides comparable coverage to the *government health insurance plan (GHIP)* of the province in which *you* are residing for the full duration of any *trip*.
4. If any benefit is duplicated under a similar benefit in this Certificate of Insurance or any other of *our* group or individual policies, or under any other 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 expenses *you* incur.
5. Where not specified, airfares are one-way and economy class.
6. If *we* pay *your* health care provider or reimburse *you* for covered expenses, *we* will seek reimbursement from *your* Canadian *government health insurance plan* and from any other medical reimbursement plan under which *you* may have coverage. *You* may not claim or receive more than 100% of *your* total covered expenses.
7. *We* do not insure or reimburse the monetary value of any travel costs that have been booked and paid for with points, miles or any other type of travel reward program.

GENERAL EXCLUSIONS

Pay particular attention to the following exclusions as they may limit the benefits payable to you.

These general exclusions apply to all insurance coverage under this Certificate of Insurance.

No coverage shall be provided under the G*roup Policy* or under this Certificate of 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. Non-compliance with prescribed *medical treatment* or therapy.
2. *You* have been advised by a *physician* not to travel.
3. *You* have been diagnosed with a *terminal illness* for which a *physician* has estimated that *you* have less than 6 months to live.
4. As of the *departure date* of any *trip, you* require kidney dialysis.
5. A *trip* made for the purpose of obtaining a diagnosis*, treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
6. Suicide (including any attempt thereat) or intentional self-inflicted *injury* whether or not *you* are sane.
7. *Sickness*, death or *injury* as a result of the abuse of medication, drugs, alcohol or any other toxic substance during the *trip*. Alcohol abuse includes having a blood alcohol level in excess of 80 mg of alcohol per 100 ml of blood.
8. Sports and High-Risk Activities

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

   a. an activity that is supported chiefly by their buoyancy in air, and includes, but is not limited to, any private airplane, flying machine or device, hot air balloon, kite balloon, airship, glider, hang glider, paraglider, parasail, parachute, kite and wingsuit. Travelling as a passenger on a common carrier is not subject to this exclusion;
   b. any maneuvers or training exercises of the armed forces;
   c. any *professional* sport;
   d. any competition, *speed contest* or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere.
9. Unless otherwise stated in this policy, *we* will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services.
10. Commission or attempted commission of a criminal, criminal-like, illegal act by *you* which is punishable as an indictable offence, or negligent act by *you*.
11. Any *act of war* declared or undeclared.
12. Despite any provision to the contrary within this Certificate of Insurance or any amendment thereto, this *policy* does not cover any liability, loss, cost or expense whatsoever which is directly or indirectly caused by, resulting from, arising out of or in connection with any *acts of terrorism* perpetrated by biological, chemical, nuclear or radioactive means, regardless of any other cause contributing concurrently or in any other sequence to the liability, loss, cost or expense.
13. Expenses for which no charge would normally be made in the absence of insurance.
14. Professional or other services rendered by a family member.
15. For international *students* and their *dependents*: any expense incurred while travelling to and from, while visiting or while otherwise residing in *your country of origin.*

EMERGENCY MEDICAL INSURANCE

IMPORTANT INFORMATION REGARDING THIS INSURANCE

Coverage under this benefit is limited to the period *you* are outside *your* province of residence while remaining covered under *your government health insurance plan (GHIP)*, subject to the maximum duration of coverage per *trip* specified on the Confirmation of Coverage.

For international *students* and their *dependents,* coverage under this benefit is limited to the period *you* are outside *your country of origin* and outside the Canadian province in which *you* are residing, while remaining covered under a *private health insurance plan* that provides comparable coverage to the *government health insurance plan (GHIP)* of the province in which *you* are residing, subject to the maximum duration of coverage per *trip* specified on the Confirmation of Coverage.

Coverage Details

***TRIP* COVERAGE STARTS**	The date *you* leave *your* Canadian province or territory of residence.
***TRIP* COVERAGE ENDS**	**The earliest of:** i. the date *you* actually return to *your* Canadian province or territory of residence to end *your trip*; or ii. the maximum number of *days* per *trip* within a *benefit year* has been reached as defined on the *Group Policy.* **Automatic Extension of Coverage** Coverage will be extended automatically when *your* return to the point of departure is delayed beyond *your* maximum number of *trip days* due to a sudden, unforeseen and emergent *sickness, injury,* or *quarantine* while on a *trip* and *your trip* coverage ends. The extension will be the earliest of: i. a period of five *days*; or ii. for the period of *hospitalization* plus five *days* after discharge from the *hospital*; or iii. the *day* when *you* are deemed medically able to travel in the opinion of Orion Assistance. This benefit does not include any costs associated with flight change arrangements, except for emergency repatriation that is approved in advance by *Orion Assistance.*
MAXIMUM BENEFIT	Up to $5 million per *Insured*, per *trip* (maximum of $25,000 if not covered by *GHIP* at time of claim). Certain sub-limits may apply as set out in this Certificate of Insurance**.**

Benefits

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

1. *EMERGENCY MEDICAL TREATMENT*

a. *Hospital* accommodation up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*). If *your trip* coverage expires during *your hospitalization*, coverage is extended for a period of five *days*, or for the period of *hospitalization* plus five *days* after discharge from the *hospital*, or until *you* are deemed medically able to travel in the opinion of *Orion Assistance*, whichever is earlier;

b. *Physicians*' fees;

c. Laboratory tests and X-rays prescribed by the attending *physician* and approved in advance by *Orion Assistance*. Note: This *policy* does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by *Orion Assistance*;

d. Private duty nursing (other than by an *immediate family member*) during *hospitalization* when ordered by the attending *physician* and approved in advance by *Orion Assistance*;

e. Local licensed ground ambulance service to the nearest *hospital*, *physician* or medical service provider in the event of a *medical emergency* (also covers local taxi fare in lieu of local ground ambulance service where an ambulance is *medically necessary*);

f. Drugs requiring a prescription by a *physician*, excluding those necessary for the continued stabilization of a chronic *medical condition*;

g. Casts, splints, trusses, braces, crutches, rental of a wheelchair or other minor medical appliances when prescribed by a *physician* and approved in advance by *Orion Assistance*; and

h. *Treatment* by a chiropodist, chiropractor, osteopath, physiotherapist or podiatrist (other than an *immediate family member*), including X-rays will be limited to $1,000 for all services, per *benefit year*, when approved in advance by *Orion Assistance*.

2. *EMERGENCY* DENTAL EXPENSES

Reimbursement of:

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

b. necessary *emergency* dental *treatment* (other than by an *immediate family member*) described in a. above, that must be continued upon return to *your* Canadian province of residence, provided *treatment* is completed within 180 *days* from the date of the accident to a maximum of $2,000;

c. other *emergency* dental *treatment* (other than by an *immediate family member*) at *trip* destination (excluding root canal *treatment* or any damage to dentures) to a maximum of $500.

3. *HOSPITAL* ALLOWANCE

You are entitled to a *hospital* allowance of up to $100 per *day* to a maximum of $2,000 for *your* incidental expenses (for example, long distance calls, television rental) while *hospitalized* for at least 48 hours. This benefit will be **reimbursed** as a lump sum after *your* release from *hospital* and upon approval of *your* claim.

4. RETURN OF *VEHICLE*

When approved in advance by *Orion Assistance*:

a. reasonable expenses for the return of *your* private or rental *vehicle* in the event of *your* medical incapacitation, *hospitalization*, *your* death on a *trip* during or immediately following *your hospitalization* or *your* accidental death; or

b. repatriation of the *Insured(s)* and one *travel companion* (if applicable), if a private *vehicle* is stolen or inoperative due to an accident.

5. FAMILY TRANSPORTATION

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

26 years of age and dependent for support on the visiting *immediate family member*.

The person attending *your* bedside will be covered under the same terms and conditions of *your* Certificate of Insurance. Reasonable out-of-pocket expenses incurred for commercial accommodation and meals, essential taxis and telephone calls by the attending *immediate family member* or close friend will be ***reimbursed*** to a maximum of $3,500, subject to a limit of $350 per *day*.

6. MEALS AND ACCOMMODATION

You are eligible for a subsistence allowance of $350 per *day* after the scheduled *return date* or relocation date to a maximum of $3,500 for commercial accommodation, meals, laundry, essential taxis and telephone calls when approved in advance by *Orion Assistance* in the event that:

a. *your* scheduled *return date* is delayed due to *sickness* or *injury* of an accompanying *family member*, *travel companion,* or *yourself*; or
b. *you*, an accompanying *family member* or *travel companion* must be relocated for the purpose of obtaining *treatment* for a *medical emergency*.

If *sickness* or *injury* delays *your* return more than 10 *days* beyond the scheduled *return date*, this 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 TRANSPORTATION

When approved in advance by *Orion Assistance*:

a. up to the cost of a one-way economy airfare to *your* Canadian province of residence; or
b. the fare for additional airline seats to accommodate a stretcher to return *you* to *your* province or territory of residence; or
c. where *medically necessary* and approved in advance by *Orion Assistance* as a covered expense, air ambulance (paid in advance) to the nearest appropriate *hospital* or to a *hospital* in *your* Canadian province or territory of residence, for the purposeof obtaining immediate *medical treatment*; and
d. repatriation to the point of departure in economy class of each *Insured* and one *travel companion* (if applicable) in the event of *your* medical repatriation.

8. QUALIFIED MEDICAL ATTENDANT

Fees for a qualified medical attendant (other than an *immediate family member*) to accompany *you*, when recommended by the attending *physician* and approved in advance and arranged by *Orion Assistance*. This includes return economy airfare and overnight lodging and meals (where necessary).

9. *TRIP* INTERRUPTION AND DELAY

If the *trip* is interrupted or delayed due to a *sickness* or *injury* of an *Insured*, a one-way economy transportation will be arranged to enable each *Insured* and one *travel companion* (if applicable) to rejoin the *trip* or return to their Canadian province or territory of residence.

If the *Insured* chooses to rejoin the *trip*, further expenses incurred which are related directly or indirectly to the same *sickness* or *injury*, will not be paid.

10. RETURN OF EXCESS BAGGAGE

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

11. DOMESTIC SERVICES

When *you* have been repatriated under the **Medical Transportation** Benefit and when approved in advance by *Orion*

Assistance, **reimbursement** up to a maximum of $250 per *trip* in total for the *Insured* and all of their *dependents* on the *trip* for domestic services such as housekeeping to *your* place of residence.

12. MEDICAL FOLLOW-UP IN CANADA

When *you* have been repatriated under the **Medical Transportation** Benefit, after being *hospitalized* during *your trip*, **reimbursement** for the following is covered in *your* province of residence within 15 *days* of the repatriation:

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

13. ESCORT AND RETURN OF *CHILD(REN)*

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

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

14. *CHILD* CARE

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

15. NON-MEDICAL EMERGENCY EVACUATION

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

16. RETURN OF REMAINS

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

a. the actual cost incurred for the preparation and return of the deceased *Insured* in the *common carrier's* standard transportation container to the scheduled point of departure; or
b. up to $10,000 for burial or cremation at the place of death.

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

In addition, and subject to prior approval of *Orion Assistance*, round-trip 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* Certificate of Insurance for no longer than three days. Reasonable out-of-pocket expenses 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 $350 per *day* up to a maximum of three *days*.

17. *PET* RETURN, *PET* CARE AND COMMERCIAL KENNEL COSTS

When approved in advance by *Orion Assistance*, **reimbursement** up to a:

a. maximum of $500 for one-way transportation of *your pet(s)* and/or *service animal(s)* to *your* Canadian province of residence in the event *you* are *hospitalized* at *your trip* destination and cannot return on *your* scheduled *return date* or *you* are returned to *your* province of residence by any repatriation or death benefit provided by this Certificate of

Insurance;

b. maximum of $300 for *emergency* veterinary services in the event *your pet(s)* and/or *service animal(s)* suffers an accidental bodily *injury* while accompanying *you* on the *trip*; and
c. maximum of $300 per policy for commercial kennel costs for *your pet(s)* and/or *service animal(s)* when *you* are not able to return on *your* scheduled *return date*.

18. PRESCRIPTION ASSISTANCE

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

19. VISION CARE

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

20. HEARING AID

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

21. MESSAGE CENTRE

Transmission of urgent messages to family and/or employer by multilingual *Orion Assistance* co-ordinators in the event that *you* cannot reach home due to time zone differences or telephone difficulties. Leave urgent messages as a contact point for *travel companions* if *you* lose touch with one another. Telephone numbers are located in the *Orion Assistance* section.

22. LOST DOCUMENT AND TICKET REPLACEMENT

Assistance in contacting local authorities to help an *Insured* replace lost or stolen passports, visas, tickets or other travel documents.

23. LEGAL REFERRAL

Referral to a local legal advisor, and if necessary, arrangements for cash advances from the *Insured's* credit cards, family or friend.

24. PRE-*TRIP* ASSISTANCE

Up-to-date information on passport and visa, vaccination and inoculation requirements for the country where the *Insured* plans to travel.

25. HEALTH ADVICE AND ASSISTANCE

The following services are available to *you* when required as a result of a *sickness* or *injury*:

a. Toll-free telephone access to a registered nurse seven *days* a week, during the hours that a family *physician* is not readily available.
b. Medical advice will be provided on:
    i. whether *you* can safely *treat* the *sickness* or *injury* or will require a visit to a *physician* or *hospital* emergency room;
    ii. the type of side effect to expect from a prescribed drug or medicine; and
    iii. other health related services that may be requested or required.
c. If necessary, *you* will be immediately linked to *your* local 911 emergency service.
d. Where appropriate, to monitor *your* care, the registered nurse will follow-up with *you* within 24 hours after the

medical advice is provided.

26. TERRORISM COVERAGE

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

CONDITIONS

Pay particular attention to the following conditions as they may limit the benefits payable to you.

In addition to the General Conditions, Emergency Medical Insurance is subject to the following conditions:

1. In the event of a *medical emergency* please contact *Orion Assistance* immediately.
2. *You* or someone acting on *your* behalf must, unless it is otherwise not possible, first contact *Orion Assistance* in advance of any surgery or invasive procedure (including, but not limited to, cardiac catheterization). *You* must inform *your* attending *physician* to contact *Orion Assistance*, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.
3. During a *medical emergency* (whether prior to admission or during a covered *hospitalization*), *we* reserve the right to:
    a. transfer *you* to one of *our* preferred health care providers; and/or
    b. return *you* to *your* Canadian province 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 *Orion Assistance*, *we* shall have no liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return.
4. *We* are 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*.
5. Once *you* are deemed medically able to return to *your* province of residence (with or without a medical escort) either in the opinion of *Orion Assistance* or by virtue of discharge from the *hospital*, *your medical emergency* is considered to have ended. Any further consultation, *treatment*, recurrence or complicationrelated to the *medical emergency* will no longer be eligible for coverage under this Certificate of Insurance.
6. Any benefits payable for *acts of terrorism* are in excess to all other recovery sources including, but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise lines and other *travel suppliers* and other insurance coverage (even when such coverage is described as excess) and are payable only after *you* have exhausted all such other recovery sources.

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

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

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

EXCLUSIONS

Pay particular attention to the following exclusions as they may limit the benefits payable to you.

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

1. Any *hospital*/medical expenses exceeding a maximum of $25,000 if *you* are not covered by *GHIP* at time of claim for the full duration of any *trip*, *or for international students* and their *dependents*, if *you* are not covered under a *private health insurance plan* that provides comparable coverage to the *government health insurance plan (GHIP)* of the province in which *you* are residing.
2. A *sickness*, *injury* or related condition during a *trip* undertaken for the purpose of obtaining *treatment* or surgery.
3. A *sickness*, *injury* or related condition for which future investigation or *treatment* (except routine monitoring) is planned before *your trip*.
4. *Treatment*, surgery, medication, services or supplies that are not *medically necessary*, or that *you* elect to have provided outside *your* province of residence when medical evidence indicates that *you* could return to *your* province of residence to receive such *treatment*. The delay to receive *treatment* in *your* province of residence has no bearing on the application of this exclusion.
5. The replacement cost of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada. *Orion Assistance* will assist *you* with replacement (**see the Prescription Assistance Benefit #18)**.
6. a. Cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved in advance by *Orion Assistance* prior to being performed, except in extreme circumstances where such surgery is performed as a *medical emergency* immediately upon admission to *hospital*; and/or

   b. Magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless approved in advance by *Orion Assistance*.
7. Services in connection with alternative *medical treatments* or general health examinations, regular care of a chronic condition, the continuing care and/or *medical treatment* of an acute *sickness* or *injury* after the initial *medical emergency* has ended (as determined by *Orion Assistance*) or a medical consultation where the *physician* observes no change in a previously noted condition, symptom or problem.
8. Medical care or surgery that is cosmetic in nature.
9. Claims related to complications of pregnancy or delivery for expectant mothers
   a. *Your* routine prenatal care or childbirth at any time during *your trip*;
   b. Any costs for *your child(ren)* born during *your trip*;
   c. Complications, conditions or symptoms of pregnancy during the nine weeks prior to or after the expected delivery date.
10. Cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa, except for the **Medical Follow-Up in Canada Benefit #12**.
11. Air ambulance services unless approved in advance and arranged by *Orion Assistance*.
12. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *Orion Assistance*.
13. Damage to or loss of sunglasses (non-prescription), contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.
14. Emergency medical benefits in *your* province of residence except for **Domestic Services Benefit #11** and the

Medical Follow-up in Canada Benefit #12.

15. An official travel advisory was issued by the Canadian government stating “Avoid non-essential travel” or "Avoid all travel” regarding the country, region or city of *your* destination, before *your effective date*.
    - This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.
    - This exclusion does not apply to *emergency* medical insurance claims when:
        i. the travel advisory stating “Avoid non-essential travel” is in effect and is due to COVID-19 (SARS-CoV-2); and
        ii. *you* have received at least one Health Canada approved COVID-19 vaccination at least 14 *days* prior to *your trip* start date (except where *you* do not meet the minimum age requirements for a COVID-19 vaccination, as defined by Health Canada).

    If conditions (i) and (ii) are satisfied and when the travel advisory stating “Avoid non-essential travel” is in effect and is due to COVID-19 (SARS-CoV-2), the maximum benefit payable for *reasonable and customary charges* incurred as a result of *emergency medical treatment* related to COVID-19 (SARS- CoV-2) and related complications is:

    a. $2.5 million CAD, per *insured*, when *you* have received at least one Health Canada approved COVID-19 vaccination at least 14 *days* prior to departure; or

    b. $5 million CAD, per *insured*, when *you* have received all vaccine doses of Health Canada approved COVID-19 vaccinations at least 14 *days* prior to departure.

    The maximum benefit payable for all policy coverages insured under the policy and policy endorsements remains at $5 million CAD per *insured*.

    You must adhere to COVID-19 vaccination protocols / schedules including receiving all vaccine doses as defined by the Ministry of Health of *your* province or territory of residence. To view the travel advisories, visit the Government of Canada Travel website.

16. Any loss resulting from a specific or related *medical condition* which *you* contracted in a country during *your trip* when, before *your trip* start date, a written formal or official warning was issued by Global Affairs Canada, advising Canadian residents not to travel to that country, region or city.
17. Payment for repatriation under the **Trip Interruption and Delay Benefit #9**, when the original ticket may be used. Original tickets will become the property of the *Insurer* in the event of a repatriation.
18. Reimbursement of the cost of the original ticket when reimbursing the cost of a one-way economy air-fare back to the departure point. This exclusion is only applicable to the **Trip Interruption and Delay Benefit #9**.
19. Any loss resulting from an *act of terrorism* when, before *your* start date, a written formal or official warning was issued by Global Affairs Canada, advising Canadian residents not to travel to that country, region or city.

TRIP CANCELLATION & INTERRUPTION INSURANCE

This insurance provides coverage in the event of trip cancellation or interruption resulting from any unforeseen accident, sickness, injury, or other fortuitous event that is beyond the control of you or your travel companion.

Expenses for trip cancellation or interruption charges which are incurred by the *Insured* must be due to an insured risk occurring on or after the *effective date* and on or before the date the insurance expires. Such expenses must be in excess of those reimbursable by any other insurance contract or health plan (group or individual) under which the *Insured* is entitled to benefits.

Trip Coverage Details

START OF *TRIP* COVERAGE	i. Trip Cancellation benefits start on the date and time *you* purchase a *trip*. ii. Trip Interruption benefits start on the *departure date* of each *trip* once *you* leave *your* province or territory of residence.
END OF *TRIP* COVERAGE	***Trip* coverage will end on the earliest of:** i. the date *on which there was a cause for cancellation prior to departure; or* ii. the *return date* of *your* scheduled *trip*.
AUTOMATIC EXTENSION OF COVERAGE	Coverage will be extended automatically when *your* return to the point of departure is delayed beyond *your* maximum number of *trip days* due to the following reasons: i. 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 ii. if driving, delay due to inclement weather provided the return journey commences prior to the *return date*; or iii. the personal means of transportation in which *you* are travelling is involved in an accident or mechanical breakdown which prevents *you* from returning to your Canadian province or territory of residence on or before the *return date,* provided *your* return journey commences prior to the *return date*; or iv. delay due to a sudden, unforeseen and emergent *sickness, injury* or *quarantine* of *you, your* accompanying *family member* or *travel companion*.

Orion Assistance* must be notified of the delay prior to the *return date. Proof of the reason of *your* delay will be required if *you* must file a claim.

Coverage will be extended for the earliest of: 5 days, or for 5 days after discharge from the *hospital* if there was a period of *hospitalization*, or when deemed medically able to travel by *Orion Assistance*.

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

Trip Cancellation Benefits (Prior to Departure)

In the event *you* must cancel *your trip*, the following benefits will apply to *you* and to *your travel companion(s)* named as *Insured(s)* up to the coverage maximum of $5,000 and subject to all the terms and conditions of this policy:

1. Reimbursement of the non-refundable portion of the fully prepaid *travel arrangements* up to the maximum indicated above, if *your trip* is cancelled due to an insured risk prior to the *departure date*.
2. Reimbursement of the nonrefundable portion of the fully prepaid *private accommodation services* booked through an *approved online platform* up to the maximum amount of $5,000 if *your trip* is cancelled due to an insured risk. This benefit does not apply to **Insured Risk #21.**

In the event of a *trip* cancellation, please advise *your* travel agent or *travel supplier* on the day that 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.

Trip Interruption or Delay Benefits (After Departure)

In the event *you* must interrupt or delay *your trip* as a result of an insured risk, the following benefits will apply to *you* and to *your travel companion(s)* named as *Insured(s),* up to the coverage maximum of $5,000 and subject to all the terms and conditions of the policy:

1. Reimbursement of the extra cost of a one-way economy fare to the departure point or to the *trip* destination point.

Unused non-refundable prepaid *travel arrangements* excluding the cost of the original ticket will be refunded up to the maximum amount indicated above.

2. Reimbursement of prepaid *travel arrangements* to cover the upgrade occupancy charges if *your travel companion's trip* is interrupted of an insured risk and *your trip* is not.
3. Reimbursement to a maximum of $4,000, subject to a limit of $400 per *day*, for reasonable and necessary commercial lodging and meals, commercial vehicle rental, essential telephone calls and taxi transportation when, due to the occurrence of an insured risk:
    a. *you* miss part of a *trip;*
    b. *your*, or *your travel companion's*, return to the point of departure is delayed beyond the *return date*;
    c. *you* must return earlier than the *return date*.
4. Reimbursement of any additional fees incurred to change the dates of *your* original return ticket.

In the event of a *trip* interruption or delay, please contact *Orion Assistance* immediately to ensure that *you* do not incur expenses which are not covered.

Insured Risks

Any of the following occurrences that prevents *you* from departing or returning on *your return date*, provided that the covered risk is unexpected and unforeseen:

SICKNESS, INJURY, QUARANTINE AND DEATH

1. Death, *sickness, injury*, or *quarantine* of *you, your travel companion, immediate family member*, business partner, *key employee* or *caregiver* or *your travel companion's immediate family member*, business partner, *key employee* or *caregiver*.
2. Death or *emergency hospitalization* of a close friend during the 10 *days* prior to the *departure date* or during the *trip*.
3. Death, *hospitalization* or *quarantine* of the host at *your* principal *trip* destination.
4. Side effects and/or adverse reactions experienced by *you* or *your travel companion* to vaccinations required for *your trip.*
5. Based on *your* or *your travel companion's* medical history*, you* or *your travel companion* are unable to be immunized or take preventative medication that is required for entry into a country or region that is on *your* travel itinerary (provided the requirement became effective after the purchase of the *travel arrangements* and this insurance*).*
6. *Sickness, injury* or death of *your* or *your travel companion's service animal* if *you* or *your travel companion* are an individual with any mental or physical disability requiring the use of *service animal* to maintain independence. *Travel arrangements* must have been made for the animal to accompany *you* on *your trip*.

PREGNANCY

7. A pregnancy diagnosed after booking the *trip* if the attending *physician* advises *you, your spouse, your travel companion* or a *travel companion's spouse* not to travel.

GOVERNMENT & LEGAL

8. *You* or *your travel companion* are summoned to police, fire or military (whether active or reserve) service.
9. If *you* or *your travel companion's* passport and/or travel visa is lost or stolen during *your trip* and *you* are unable to continue on *your trip* or to return to *your* Canadian province or territory of residence as originally planned.
10. A new and unexpected Travel Advisory, issued by the Canadian government, prior to the departure of *your trip*, or

during *your trip*, that warns Canadian residents to avoid non-essential travel or avoid all travel to a specific region of any country included in *your trip*.

11. *You, your travel companion* or the *spouse* or *child(ren)* of either are selected for jury duty, subpoenaed to appear as a witness in court or required to appear as a defendant in a civil suit, whereby the date of the hearing conflicts with the *trip*.

12. *You* or *your travel companion* is refused entry at customs or security checkpoints due to:
    a. health regulations set by government authorities; or
    b. mistaken identity.

EMPLOYMENT

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

14. Involuntary loss of permanent employment by *you, your spouse*, a *travel companion*, a *travel companion's* spouse, *your* parent or legal guardian (if *you* are under 19 years of age or are mentally or physically handicapped of any age), due to lay off or dismissal without just cause provided *you* had no knowledge of such loss on the purchase date of the *trip*. This risk does not apply to self-employed persons or contractual employees.

15. The relocation of *your* principal residence or that of *a travel companion* by reason of an unforeseen transfer initiated by the employer with whom *you, your spouse, a travel companion* or a *travel companion's* spouse are employed at the beginning of the *trip*. This risk does not apply to self-employed persons or contractual employees.

ACCOMODATION

16. *Your* principal residence or that of a *travel companion* is rendered uninhabitable, or *your* place of business or that of a *travel companion* is rendered inoperative as the result of a disaster or event independent of any intentional act or negligence on *your/their* part.

17. *Your* commercial accommodation at *your trip* destination is rendered uninhabitable due to a disaster or event independent of any intentional act or negligence, after *your trip* is booked.

HIJACKING & VIOLENT ATTACK

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

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

MISSED CONNECTION & TRAVEL DELAY

20. A missed departure or connection resulting from:
    a. weather (including road closure resulting from weather); or
    b. volcanic eruption; or
    c. earthquake; or
    d. delay of a connecting common carrier due to weather or mechanical failure; or
    e. delay of a vehicle aboard which you are a passenger due to an emergency road closure by the police; or
    f. an accident involving a vehicle or a *common carrier* aboard which *you* are a passenger on *your* way to the scheduled point of departure or return; or
    g. an unannounced strike by *your common carrier* for which *you* hold a valid ticket on.

    Pertaining to d., e., f., and g.: this is provided that the *common carrier* or vehicle mentioned above, was scheduled to arrive at the scheduled point of departure or return at least two hours in advance of the scheduled time of departure or return.

21. An involuntary change in the schedule of an airline flight, tour or cruise ship that is providing transportation for a portion of *your trip*, which causes *you* to miss a connection or to interrupt *your trip*.

If the *Insured* has to cancel the *trip* due to the occurrence of one of the covered risks above, the *Insurer* will cover the non-refundable and unusable trip arrangements for which the *Insured* has already paid.

CONDITIONS

Pay particular attention to the following conditions as they may limit the benefits payable to you.

In addition to the General Conditions, Trip Cancellation and Interruption Insurance is subject to the following conditions:

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

EXCLUSIONS

Pay particular attention to the following exclusions as they may limit the benefits payable to you.

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

1. A *medical condition* or related condition of the *Insured* or *travel companion* which was not *stable* at least 3 months prior to the *trip* purchase date.
2. A *trip* undertaken for the purpose of visiting a sick or injured person when the *trip* is cancelled, interrupted or delayed due to such person's *medical condition* or death.
3. Any circumstances leading to the cancellation or interruption of the *trip* which are existing or announced before the *departure date*.
4. a. diagnosis of pregnancy after *your departure date* unless *your* attending *physician* advises *you* that *you* cannot travel during the *trip*;

   b. routine prenatal care or childbirth at any time during *your trip*;

   c. any costs for *your child(ren)* born during *your trip*.

   d. complications, conditions or symptoms of pregnancy during the nine weeks prior to or after and including the expected delivery date.
5. A *sickness, injury* or *medical condition* for which future investigation or *treatment* (except routine monitoring) is planned before *your trip* or for which it is reasonable to believe or expect that treatments will be required during *your trip*.
6. Failure or neglect to obtain required vaccinations or inoculations, excluding **Insured Risk #5**.

7. Non-presentation of required travel documents (e.g. visa, passport, inoculation/vaccination reports) excluding **Insured Risk #5 and #9**.
8. Failure or neglect to perform all actions required by government authorities for entry at customs or security checkpoints.
9. A return earlier or later than the *return date* unless recommended by the attending *physician* due to a *medical emergency*.
10. Payment for repatriation when the original ticket may be used. Original tickets will become the property of the *Insurer* in the event of a repatriation.
11. Reimbursement of the cost of the original ticket is not covered when refunding unused *prepaid travel arrangements* and/or when reimbursing the extra cost of a one-way economy airfare back to the departure point.
12. Travel advisory

    Situations where *your* claim will not be paid:

    - An official travel advisory was issued by the Canadian government stating "Avoid non-essential travel" or "Avoid all travel" regarding the country, region or city of *your* destination, before *your* effective date.

    This exclusion does not apply to claims for an *emergency* or a *medical condition* unrelated to the travel advisory.

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

13. Any loss resulting from an *act of terrorism* when, before *your* effective date, a Travel Advisory Notice was issued by the Canadian government, advising Canadian residents to avoid non-essential travel or to avoid all travel to that country, region or city.
14. Unless otherwise stated in this policy, *we* will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services.
15. Any nonrefundable pre-paid travel services when the *trip* was paid for through a points or rewards program.
16. Any *act of terrorism.*
17. Additional exclusions to **Benefit #2.**

    We will not cover:

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

    b. any damage to the property;

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

BAGGAGE INSURANCE

Coverage Details

COVERAGE STARTS	**The latest of:** i. the date *you* leave *your* Canadian province or territory of residence; or ii. the scheduled *departure date* of *your trip*.
COVERAGE ENDS	**The earliest of:** i. the date on which there was a cause for cancellation prior to departure; or ii. the scheduled *return date* of *your trip*.

Insured Risks

This insurance provides payment for the *reasonable and customary costs* up to a maximum of $1,500 for the benefits described below that are incurred by the *Insured* due to the loss of, or damage to the baggage and personal effects that *you* own and/or use during the *trip* by reason of theft, burglary, fire or transportation hazards during the *trip*. Such expenses must be in excess of those reimbursable by any other insurance contract or health plan (group or individual) under which the *Insured* is entitled to benefits.

Benefits

Subject to all of the terms and conditions of this policy, the following benefits are payable to a maximum of $1,500:

1. **LOSS OF OR DAMAGE TO BAGGAGE AND PERSONAL EFFECTS**

   Reimbursement of the actual cash value or $500, whichever is less, per *trip*, in respect of any one item or set of items. Jewellery or cameras (including camera equipment) are respectively considered to be a single item.

2. **REPLACEMENT OF TRAVEL DOCUMENTS**

   Reimbursement of the cost of replacing one or more of the following documents, to a maximum of $250, in the event of loss or theft: driver's license, birth certificate, travel visa and or passport.

3. **DELAY OF BAGGAGE AND PERSONAL EFFECTS**

   Reimbursement up to $500 to purchase essential necessities (necessary toiletries and clothing) in the event that *your* checked baggage is delayed by the *common carrier* for more than 10 hours while en route or before returning to *your* scheduled point of departure.

4. **DELAY OF GOLF CLUBS OR SKI EQUIPMENT**

   Reimbursement up to $100 per day, to a maximum of $500 for the commercial rental of golf clubs or ski equipment or for the purchase of reasonable golf or ski accessories in the event that *your* checked golf clubs or ski equipment are delayed by the *common carrier* for more than 10 hours while *you* are en route before returning to *your* scheduled point of departure.

CONDITIONS

Pay particular attention to the following conditions as they may limit the benefits payable to you.

In addition to the General Conditions, Baggage Insurance is subject to the following conditions:

1. In the event of loss due to theft, burglary, robbery or malicious mischief, *you* must promptly notify and obtain supporting documentary evidence from the police, or if the police are unavailable, the hotel manager, tour guide or transportation authority immediately upon discovery. Failure to report the loss as stated above shall invalidate any claim under this insurance for such loss.
2. *You* must notify *Orion Assistance* of a loss within 24 hours of the loss occurrence.
3. In the event of a loss, *you* must take all precautions to protect, save or recover the property immediately.
4. The *Insurer* reserves the right to repair or replace damaged or lost property with other property of like quality and value and shall not be liable beyond the actual cash value of such property at the time of loss or damage.
5. The maximum benefit per *Insured* shall in no event exceed $1,500 in the aggregate of all coverages in this and other Baggage Insurance policies issued by the *Insurer*, regardless of actual loss or damage.
6. In the event of loss of an article which is part of a pair or set, the measure of loss shall be at a reasonable and fair proportion of the total value of the pair or set, giving consideration to the importance of such article and with the understanding that such loss shall not be construed to mean total loss of the pair or set.
7. When, after a reasonable period of time, lost property is not found, any claim therefore will be adjusted and paid.

EXCLUSIONS

Pay particular attention to the following exclusions as they may limit the benefits payable to you.

No coverage shall be provided under Baggage Insurance and no payment shall be made for any claim resulting in whole or in part from, or contributed by, or as a natural and probably consequence under General Exclusions and of any of the following:

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

General Terms of Agreement

These general terms of agreement apply to all coverage described herein.

You agree that *we* and *Orion Assistance* have:

a. *your* consent to verify *your government health insurance plan* card number and other information required to process *your* claim, with the relevant government and other authorities;

b. *your* authorization to *physicians*, *hospitals* and other medical providers (where applicable) to provide to *us* and *Orion Assistance* with 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 including but not limited to, co-ordination of benefits obtainable from other sources; and

d. the right to collect from *you* any amount *we* have paid on *your* behalf to medical providers or any other parties in the event that *you* are found to be ineligible for coverage or that *your* claim is invalid or benefits are reduced in accordance with any provisions of this *group policy*.

Deductible

No deductible applies to the insurance coverage described herein.

Where Coverage is Applicable:

Coverage is applicable worldwide, except in countries at war or countries where political instability or hostility renders the area inaccessible by *Orion Assistance* services. *You* may contact *Orion Assistance* prior to *your departure date* to confirm coverage for *your trip* destination.

Payment of Benefits

All payments under the *group 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 or 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 the *group policy* or who may be responsible for providing indemnity, compensation or benefits similar to this insurance. *We* have full rights of subrogation. This right of subrogation is in addition to and does not limit any other right of subrogation under common law, equity or statute. *You* will co-operate fully with *us* and not do anything to prejudice such rights. If *you* institute a demand or action for a covered loss, *you* shall immediately notify *us* so that *we* may safeguard *our* rights.

Coordination of Benefits

If, at the time of loss, *you* have insurance from another source, or if any other party is responsible for benefits also provided under the *group policy*, *we* will pay eligible expenses only in excess of those covered by that other insurer or other responsible party, including but not limited to, credit cards, private or provincial or territorial auto plans or any other insurance, any applicable benefit plans, contracts or any other insurance, whether collectible or not. This *insurer* is a secondary payor. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our policies*. If, however, that other insurance is also "excess only", *we* will co-ordinate payments of all eligible claims with that other insurer. All co-ordination follows guidelines set by the Canadian Life and Health Insurance Association.

In no case will *we* seek to recover against employment related plans if the lifetime maximum for all in-country and out- of-country benefits is **$100,000** or less. If *your* lifetime maximum is greater than **$100,000**, *we* will co-ordinate benefits only above this amount.

Misrepresentation and Non-Disclosure

The *Insured's* entire coverage under this Certificate of Insurance shall be voidable if *we* determine, whether before or after loss, that any *Insured* has concealed, misrepresented or failed to disclose any material fact or circumstance concerning their interest therein, or if the *Insured* shall refuse to disclose information or permit the use of such information, pertaining to any of the *insureds* under this policy of insurance.

Review of Policy Materials

You, or a claimant under the *Group Policy*, have the right to obtain a copy of *your* application, any written evidence of insurability and the *Group Policy*, on request, other than confidential commercial information or other information exempted from disclosure by applicable law.

Arbitration

We and the *Insured(s)* 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 in which this policy was issued. The laws of the Canadian province 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 Certificate of Insurance is governed by the law of the Canadian province or territory of residence of the *Insured*. For non-

Canadian residents, this Certificate of Insurance will be governed by the law of the Canadian province or territory where this *group policy* was issued.

Collection and Use of Personal Information

We may collect personal information about the policyholder and the *insured* such as:

- information establishing identity (for example, name, address, phone number, date of birth, etc.) and personal background;
- information related to or arising from the relationship with and through *us*;
- information provided through the claim process for any insurance products and services; and
- information for the provision of products and services.

We may collect information from the policyholder or the *insured*, either directly or through representatives. *We* may collect and confirm this information during the course of *our* relationship. *We* may also obtain this information from a variety of sources including *hospitals*, *physicians* and other health care providers, the government (including *government health insurance plans*) and other governmental agencies, other insurance companies, financial institutions and motor vehicle reports. Health information will not be shared with *your* employer **without *your* consent**.

Using Personal Information

This information may be used for the following purposes:

- to verify the identity and investigate the background of the Plan Sponsor and the *insured*;
- to issue and maintain insurance products and services that may be requested;
- to evaluate insurance risk and manage claims;
- to better understand the insurance situation of *our* clients;
- to determine eligibility for *Orion Travel Insurance* products and services;
- to help *us* better understand the current and future needs of *our* clients;
- to communicate to *our* clients any benefit, feature and other information about Orion products and services maintained by *us*;
- to help *us* better manage *our* business and the relationship with *our* clients; and
- as required or permitted by law.

For these purposes, *we* may make this information available to *our* employees, *our* agents and service providers, and third parties, who are required to maintain the confidentiality of this information. If *you* are insured under a *group policy* obtained through *your* employer or through another group, *we* may also share *your* information with *your* employer or the policyholder when necessary for the services *we* provide to *you*. *Your* health information will not be shared with *your* employer or the policyholder **without *your* consent**.

In the event *our* service provider is located outside Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies and financial institutions.

We may also use this information to manage *our* risks and operations and those of *our* affiliates to comply with valid requests for information about *you* from regulators, government agencies, public bodies or other entities who have a right to issue such requests.

Notice on Privacy and Confidentiality

To protect the confidentiality of the *insureds* and/or *dependent's* information, the *Insurer* and *Orion Assistance* will establish a "financial services file" from which this information will be used to administer services and process claims. Access to this file will be restricted to those *Insurer*/*Orion Assistance* 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 *Orion Assistance*. *You* may request to review the personal information it contains and make corrections by writing to:

Chief Privacy Officer
Orion Travel Insurance
60 Commerce Valley Drive East
Thornhill, Ontario L3T 7P9
Tel: 905-747-4900 Ext. 25043
Email: Privacy@orionti.ca

Our Privacy Policies

You may obtain more information about *our* privacy policies by calling *us* at the toll-free number shown above or by visiting *our* web site at oriontravelinsurance.ca .

Statutory Conditions

Waiver

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

Notice and Proof of Claim

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

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

b. if so required by *Orion Assistance*, furnish a satisfactory certificate as to the cause or nature of the 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 for Proof of Claim**

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

Rights of Examination

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

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

Limitation of Arbitration Proceedings

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (AB, BC and MB), the *Limitations Act, 2002* (ON), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Civil Code of Quebec*.