



Certificate of Insurance - Orion Travel Insurance

Emergency Medical

July 1, 2025



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.

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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*.

To be eligible for insurance coverage under the *Group Policy*, you must, as of *your departure date* on any *trip*, be:

- covered under a Canadian *government health insurance plan (GHIP)* for the full duration of any *trip*; and
- living and working in Canada, continuously on a permanent full-time or part-time basis as defined by *your company's HR 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 Details

TRIP COVERAGE STARTS

The date *you* leave *your* province or territory of residence.

TRIP COVERAGE ENDS

The earliest of:

- i. the date *you* actually return to *your* 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, with the exception of 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*.



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 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.

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

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*. Other methods to contact us are listed at the beginning of this Certificate of Insurance.

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 treatments 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:

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*.

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

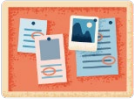


Important Information

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.

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*. In addition, by following the instructions in the [How to File a Claim section](#), *you* can speed up the assessment and, where applicable, payment of *your* covered eligible expenses.



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.

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

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.

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) who is/are insured under a Canadian *government health insurance plan (GHIP)* provided that the *Insured* has *dependent* coverage under their Plan Sponsor's *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 Group 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*.

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

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

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

Spouse means the person to whom *you* are legally married or with whom *you* have resided 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*.

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 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*).

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)*.



EMERGENCY MEDICAL 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 chiroprapist, 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* 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* 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* province or territory of residence, for the purpose of 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 home.

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* principal 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 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, but for no longer than three (3) *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* to a maximum three (3) *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 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). Costs 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.

These conditions apply to all insurance coverage under this Certificate of Insurance:

1. In the event of a *medical emergency* please contact *Orion Assistance* immediately.
2. 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*.
3. Coverage may never extend beyond the maximum number of *days per trip* within the *group benefit year*.
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. *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.
8. 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* 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.
9. *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*.
10. 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 complication related to the *medical emergency* will no longer be eligible for coverage under this Certificate of Insurance.
11. 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.

12. 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.

EXCLUSIONS



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

No coverage shall be provided under the *Group 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. *You* have been advised by a *physician* not to travel.
2. *You* have been diagnosed with a *terminal illness* for which a *physician* has estimated that *you* have less than six months to live.
3. As of the *departure date* of any *trip*, *you* require kidney dialysis.
4. 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*.
5. *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.
6. Suicide (including any attempt thereat) or intentional self-inflicted *injury* whether or not *you* are sane.
7. Any *treatment* for *medical condition* or related condition when the purpose of the *trip* was to obtain *treatment* or surgery for that *medical condition*.
8. A *sickness*, *injury* or related condition for which future investigation or *treatment* (except routine monitoring) is planned before *your trip*.
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. Sport 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.
11. *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.
 12. 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**).
 13. 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*.
 14. 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.
 15. Medical care or surgery that is cosmetic in nature.
 16. 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**.
 17. Air ambulance services unless approved in advance and arranged by *Orion Assistance*.
 18. Upgrading charges or cancellation penalties for airline tickets, unless approved in advance by *Orion Assistance*.
 19. Damage to or loss of sunglasses (non-prescription), contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.
 20. Emergency medical benefits in *your* province of residence except for **Domestic Services Benefit #11** and the **Medical Follow-up in Canada Benefit #12**.
 21. 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](#).

22. Non-compliance with prescribed *medical treatment* or therapy.
23. 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*.
24. *Any act of war*.
25. 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.
26. 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.
27. 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.
28. 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.
29. Reimbursement of the cost of the original ticket when reimbursing the cost of a one-way economy airfare back to the departure point. This exclusion is only applicable to the **Trip Interruption and Delay Benefit #9**.
30. Professional or other services offered by a family member.
31. Expenses for which no charge would normally be made in the absence of insurance.
32. *Insured(s)* aged 70 years old and above:

Any sickness, injury, or medical condition that is not *stable* in the **6 months** prior to each *departure date*.



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.

Co-ordination of Benefits

If, at the time of loss, *you* have insurance from another source, or if any other party is responsible for benefits also provided under 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*.

Collection and Use of Personal Information

We may collect personal information about the plan sponsor and the employees 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 employer or the employee, 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 Travel Insurance* 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 insurance policy obtained through *your* employer, *we* may also share *your* information with *your* employer when necessary for the services *we* provide to *you*. *Your* health information will not be shared with *your* employer **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* website 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.



Medical Enhancement Extension

Forming Part of Group Policy Number:

Policyholder:

Intended for **all Insureds** covered by this contract.

Benefits

This Medical Enhancement Extension offers coverage in addition to the coverage provided in *your* group Emergency Medical Insurance policy noted above. Coverage is available hereunder for the following risks that would be excluded under *your* Certificate of Insurance but now available in accordance with the terms and conditions outlined below.

Insured Risks

Subject to all terms and conditions located on *your* Certificate of Insurance, coverage is for eligible *hospital* and medical related expenses for *sickness* or *injury* incurred as a result of one of the following situations:

ALCOHOL AND OTHER TOXIC SUBSTANCE RELATED SICKNESS OR INJURY

Any medical expenses incurred related to the *sickness*, death or *injury* arising out of the use of alcohol, medications or other legal toxic substances. This benefit is not payable when operating a moving vehicle while impaired in accordance with the law.

PREGNANCY

Any medical expenses related to *your* routine prenatal care or childbirth at any time during *your trip*. Any complications, conditions or symptoms of pregnancy at any time prior to or after the expected delivery date. Coverage terminates upon release from hospital or when the maximum limit has been reached, whichever first occurs. No claims related to the costs for your child(ren) born during the trip will be paid.

REPLACEMENT COST OF EXISTING PRESCRIPTION MEDICATION

The replacement cost of an existing prescription, whether by reason of loss, renewal or inadequate supply. This benefit does not include the purchase of drugs and medications (including vitamins) which are commonly available without a prescription.

All other Certificate of Insurance provisions remain unchanged.

Certain terms are brought to your attention with Italics. These terms are explained in the Definition section of your Certificate of Insurance..