Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (*).

To start, save the form on your computer. Be sure to open the form with the latest version of Adobe Reader. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

You need the following to file your accessibility compliance report:

- · organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your
 organization. You can find it on your federal or provincial tax return. If your organization does not have a business
 number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- organization category (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

Note: If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

File for up to 20 organizations at once

You can use one form to file a report for up to 20 organizations. To do so, you need each organization's:

- · legal name
- business number (BN9) or AODA identifier
- · number of employees in Ontario
- · address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- · certifier
- · answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

Note: Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

Begin your report

Follow these steps to complete your form:

1. Download and save the form

- · Download and save the form on your computer
- · Open the form with the latest version of Adobe Reader

2. Enter your organization's information

Enter your organization's information then select Next

3. Understand your requirements

• If you need information about the requirements, select the website link in **section B: Understand your accessibility requirements**. This will bring you to our website where you can see your requirements.

4. Certify your report

- Complete the Certifier Information section
- · The certifier must:
 - make sure all information on the form is complete and accurate
 - check the box to show they have authority to certify your organization
 - enter the certification date or select it from the drop-down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.

5. Answer the questions

- The questions on the form are based on the requirements that apply to your:
 - organization category
 - number of employees range
- Select **Yes** (if you are in compliance) or **No** (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- Each report question has links to:
 - the regulation section that is related to that question
 - helpful resources to help you understand and comply with the requirements
- Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- Review the accessibility compliance report summary.

6. Submit your report

- You may save the form at any time by selecting the Save form button. When you are ready to submit your
 report, select the Save and Submit button. You will be prompted to save the form on your computer first
 and then it will be submitted.
- Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
 - a confirmation number
 - an accessible PDF copy of your report

If you have not received a confirmation number upon successfully submitting the form or have any questions, please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

Phone: 416-849-8276 TTY: 416-325-3408

Alternate formats

If you need the accessibility compliance report in an alternate format, please email accessibility@ontario.ca.

✓ Check if business address is same as mailing address

2023 Accessibility Compliance Report

Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (*) are mandatory. A. Organization information Organization category * Number of employees range * Reporting year **Business or Non-profit** 50+ employees 2023 **Business details** Organization legal name * Number of employees in Ontario * Help Amex Canada Inc. 1174 Business number (BN9) * Help 134194620 Check if operating/business name is same as legal name Organization operating/business name Amex Canada Inc. Sector that best describes your organization's principal business activity * **Help** 52 - Finance and insurance Subsector (if possible) Industry group (if possible) Mailing address Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities. Country * The fields below will change based on your selection. Canada O USA International Type of address * Street address Street address served by route Other Unit number Street number * Street name * Sheppard 100 2225 Street direction Province * Street type City * E (East/Est) ON (Ontario) Avenue **Toronto** Postal code (e.g. A1A 1A1) * M2J 5C2 **Business address** (Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Country *						
The fields below	will change based c	n your sele	ction.			
Canada	\bigcirc ι	JSA	○ Inter	rnational		
Type of address * • Street address			Street address served by route	Other		
Unit number 100	Street number * 2225	Street nam Sheppard	· -			
Street type Avenue	Street direction E (East/Est)		City * Toronto		Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * M2J 5C2						

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.



2023 Accessibility compliance report

Organization category Busine	ss or Non-profit	Organization category Business or Non-profit				
Number of employees range 5	50+					
Filing organization legal name	Amex Canada Inc.					
Filing organization business nu	umber (BN9) 134194620)				
Fields marked with an asterisk	(*) are mandatory.					
B. Understand your access	<u> </u>					
Before you begin your report, you	•	ssibi	lity requirements at <u>ontario</u>	o.ca/accessib	ility	
Additional accessibility requirement • <u>a library board</u>	nts apply if you are:					
 a producer of education 	<u>ation material (e.g. textbool</u>	<u>(s)</u>				
• an education institu	ıtion (e.g. school board, col	lege	, university or school)			
• a municipality						
C. Accessibility compliand	ce report certification	1				
Section 15 of the <i>Accessibility for</i> certifying that all the required info organization(s).		,	•	, ,		
Note: It is an offence under the A	ct to provide false or mislea	ading	g information in an accessi	bility report fi	led under the AODA.	
The certifier may designate a prin otherwise the certifier will be the r		/ for	Seniors and Accessibility t	to contact the	organization(s);	
Certifier: Someone who can lega	ally bind the organization(s)					
Primary Contact: The person wh	no will be the main contact t	or a	ccessibility issues.			
Acknowledgement						
✓ I certify that all the information	is accurate and I have the	auth	nority to bind the organizati	on *		
Certification date (yyyy-mm-dd) *	2023-12-19					
Certifier information	,					
Last name * Pocock			First name * Gareth			
	Business phone number * 437-836-5441	Ext	ension	re		
Email * gareth.j.pocock@aexp.com			Alternate phone number	Extension	Fax number	
Primary contact for the organization(s)						
Check if the primary contact is same as the certifier Last name * Pocock First name * Gareth						

Position title * Director	Business phone number * 437-836-5441	Extension	Check he	re		
Email * gareth.j.pocock@aexp.com		Alternate	phone number	Extension	Fax numbe	r
D. Accessibility complian	nce report questions			•		
Instructions						
Please answer each of the follow	wing compliance questions. l	Use the Comn	nents box if you v	vish to comm	ent on any r	esponse.
If you need help with a specific view the relevant AODA regulat	•	•				n the left to
General						
Has your organization created accessibility by meeting all approximately					Yes	○ No
Read O. Reg. 191/11, s. 3 (1): E	Establishment of accessibility	policies	Learn more abo	out your requ	irements for	question 1
Comments for question 1						
Has your organization estab (If Yes, please answer addit	·	ulti-year acce	ssibility plan? *		Yes	○ No
Read O. Reg. 191/11, s. 4 (1): A	Accessibility plans		Learn more abo	out your requ	irements for	question 2
2.a. Does your organization (If Yes, please answer					Yes	○ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans		Learn more abo	out your requ	irements for	question 2.a
Comments for question 2.a						
2.a.i Is your organizat	tion's accessibility plan poste	d on your org	anization's websi	te? *	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans		Learn more abou	ıt your require	ements for qu	uestion 2.a.i
Comments for question 2.a.i						
2.a.ii Does your organ when requested′	ization provide the accessibi ? *	lity plan in an	accessible forma	t	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans		Learn more abou	ıt your require	ements for qu	uestion 2.a.ii
Comments for question 2.a.ii						

	2.b Does your organization update the accessibility plan at least onc	ce every 5 years? *	Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ments for c	uestion 2.b
	Comments for question 2.b			
3.	Does your organization provide appropriate training on: *			
Re	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for	question 3
	3.a. The AODA Integrated Accessibility Standards Regulation? *		Yes	○No
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for	question 3.a
	Comments for question 3.a			
	3.b The Human Rights Code as it pertains to people with disabilities	? *	Yes	○ No
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your require	ments for o	uestion 3.b
	Comments for question 3.b			
In	formation and communications			
	Does your organization have a process for receiving and responding to	a faadback	/aa	No
+.	that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether customers		res ()	No
	on your premises. (If Yes, please answer an additional question)			
Re	ead O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requir	ements for	question 4
	4.a. Does your organization notify the public about the availability of and communications supports with respect to the feedback proce. Note: This requirement is applicable regardless of whether custo on your premises. *	ess?	Yes	○ No
	Read O. Reg. 191/11, s. 11(2): Feedback	Learn more about your requir	ements for	question 4.a
	Comments for question 4.a			

5.	Does your orga indirectly ('cont modify content (If Yes, please		Yes	No			
Re	ead O. Reg. 191	/11, s. 14: Accessible websites and web content	Learn more about your r	equirements for	question 5		
	5.a. Do all you Web Con recorded and addre pages, ar	○ Yes	No				
	Read O. Reg.	191/11, s. 14: Accessible websites and web content	Learn more about your r	equirements for	question 5.a		
	Comments for question 5.a	Amex Canada Inc (ACI) operates the Amex Trav	vel business in Ontario.				
	ACI strives to ensure that our online content is easily accessible for all customers, and which meets the Information and Communication Standards under the Act, where practicable. As ACI web architecture is reliant on enterprise level technology constraints, we cannot attest to full WCAG 2.0 AA compliance across the end-to-end customer journey. We can confirm that our Accessibility Hub website (below) has been built in compliance with WCAG guidelines.						
		There are no dedicated smartphone applications Ontario, Canada.	or social media pages	or Amex Trave	el in		
	Amex Travel Canada Website: https://www.americanexpress.com/en-ca/travel/						
		Amex Canada Accessibility Hub (Policy, Plan, Fowww.americanexpress.com/en-ca/company/acce					
Cı	ustomer Serv	ice					
3.	persons with di	anization provide training about providing goods, service isabilities to the following? *	es or facilities to	Yes	○ No		
	 Staff and vol People invol 	olunteers blyed in developing accessibility policies					
	•	viding goods, services or facilities on behalf of the organ	nization				
		answer an additional question)					
Re	•	/11, s. 80.49: Training for staff, etc.	Learn more about your r	equirements for	question 6		
	6.a. Does the	training include all of the following: *		Yes	○No		
	 A rev 	iew of the purposes of the AODA?					
	 A rev 	iew of the purposes of the Customer Service Standards	s?				
	• How	to interact and communicate with persons with various	types of disability?				
		to interact with persons with disabilities who use an ass	rictivo dovico or roquiro				
	the as	ssistance of a guide dog or other service animal or the					
	perso • How t provide	ssistance of a guide dog or other service animal or the	assistance of a support premises or otherwise				

Comments for question 6.a

7.	If there is a temporary disruption of goods, services or facilities used l disabilities, does your organization give a notice of the disruption to the (If Yes, please answer an additional question)		Yes) No
R	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about your	requirements for	question 7
	7.a. Does the notice of the disruption include all of the following? *		Yes	○ No
	 The reason for the disruption? 			
	 Its anticipated duration? 			
	A description of available alternative facilities or services (if a continuous cont			
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions	Learn more about your	requirements for	question 7.a
	Comments for question 7.a			
	4			
_				
8.	Does your organization ever require a person with a disability to be a support person when on your premises? * (If Yes, please answer an additional question)	ccompanied by a	○ Yes	No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and apport persons	Learn more about your	requirements for	question 8
	8.a. Does your organization do all of the following before requiring a to be accompanied by a support person on your premises: *	person with a disability	○Yes	○ No
	 Consult with the person with a disability? 			
	 Determine a support person is necessary to protect the hear person with a disability or others on premises? 	lth or safety of the		
	 Determine that there is no other way to protect the health or with a disability or others on premises? 	safety of the person		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your	requirements for	question 8.a
	support persons Comments for			
	question 8.a			
Ε	mployment			
9.	Does your organization employ any persons with disabilities for whom individualized workplace emergency response information? * (If Yes, please answer additional questions)	n you have provided	Yes	○No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response formation	Learn more about your	requirements for	question 9

9.a.	Does your organization review the individualized workplace emergency response information for all of the following? *				Yes	○ No
			ee moves to a different location in the or	ganization?		
	• When	the employ	ee's overall accommodation needs or pl	ans are reviewed?		
	• When	your organi	zation reviews its general emergency po	olicies?		
	d O. Reg. 1 mation	91/11, s. 27	7 (4): Workplace emergency response	Learn more about your re	equirements for o	question 9.a
	nments for stion 9.a		zed Emergency Response plans are assistance, to ensure any changes t		•	
9.b.	workplace	emergency	ees for whom your organization has pro response information require assistand r additional questions)		Yes	○ No
	d O. Reg. 1 mation	91/11, s. 27	(2): Workplace emergency response	Learn more about your re	equirements for o	question 9.b
	nments for stion 9.b	•	ns requiring assistance are self-repor cy Action Plans, which outline the pro			their
	en	nergency re	nization, with the employee's consent, p sponse information to the person design the employee? *		Yes	○ No
		Reg. 191/11 information	, s. 27 (2): Workplace emergency	Learn more about your req	uirements for qu	estion 9.b.i
	Comment question 9		conalized Emergency Action Plans in stance and the person they've delegated			•
	so	on as practi	ualized workplace emergency response cable after your organization became awon due to the employee's disability? *		Yes	○No
		Reg. 191/11 information	, s. 27 (3): Workplace emergency	Learn more about your req	uirements for qu	<u>iestion 9.b.ii</u>
	Comment question 9		As soon as a request is made by a person requiring assistance, the Fir work out an individualized plan for e	e Safety and Evacuation C		

Design of public spaces			
 10. Since January 1, 2017, has your organization constructed new or redefollowing items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas (If Yes, please answer additional questions) 	eveloped any of the	○ Yes	No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	quirements fo	r question 10
10.a. Where applicable, do the newly constructed or redeveloped item requirements as outlined in the Design of Public Spaces Standa		○ Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	quirements fo	r question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include prepreventative and emergency maintenance of the accessible elements of the accessible elements of the accessible multiple of the access of	ments in public	○ Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your re	quirements fo	r question 10.b
Comments for question 10.b			

2023 Accessibility Compliance Report

Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Amex Canada Inc.

Filing organization business number (BN9) 134194620

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses indicate that the organization is not in full compliance with Ontario's accessibility laws. You indicated non-compliance to the following questions:

5.a Do all your organization's internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and pre-recorded audio descriptions)? In the comments box, please list the complete names and addresses of your publicly available web content, including websites, social media pages, and apps.

Your organization needs to come into compliance with all AODA requirements. Your organization will be contacted by ministry compliance staff regarding its non-compliant status to assist you with the actions required for your organization to comply.