

Old Republic Insurance Company of Canada

STUDENT ACCIDENT INSURANCE

**For the Period Beginning On or After
August 1, 2017**

This document and the **confirmation of coverage** make up the **policy**. Take the time to read this document as it contains important information about the coverage. Bold words have a specific meaning which **we** define in Section H on page 11. If you have questions, please call **us** at 1-800-463-5437. **We** are happy to help.

A. 10 DAY FREE LOOK

The **policy** may be cancelled within 10 days of purchase for a full refund if there is no claim in process.

B. WHO IS ELIGIBLE FOR COVERAGE?

To be eligible for this coverage, the student must be:

- a) more than 6 months old; and
- b) less than 27 years old; and
- c) live in Canada, except in the province of Quebec.

If the student is 14 years old or more at any time during the Coverage Period, they must be a full-time student. Full-time student is defined as being enrolled in a minimum of 3 courses at the same time during any 4-month period during the Coverage Period.

C. COVERAGE PERIOD

Coverage under the **policy** begins on the date when **we** or **our** authorized representative receive the completed application and the premium.

Coverage ends on the earlier of:

- a) the expiration date shown on the **confirmation of coverage**; or
- b) the date the **insured** is no longer eligible based on Section B.

The **policy** is in effect 24 hours a day, 7 days a week during the Coverage Period.

D. WHAT WE COVER

We provide the benefits described in the **policy** if the **insured** is **injured** due to an **accident** during the Coverage Period. The Dread Disease Benefit (see Benefit F8) applies whether or not an **accident** happens. The Travel Benefits (see Benefits F22-

F25) only apply if the **insured** is covered under the Super Plan Plus and is 20 years old or less at the time of a claim. All the benefits are subject to the Exclusions in Section E, the Exclusions in Section G and the Conditions and Limitations in Section I.

E. EXCLUSIONS

The **policy** does not cover:

1. Intentionally self-inflicted injuries;
2. **Sickness**, except under the Dread Disease Benefit (see Benefit F8), the Counselling Benefit (see Benefit F9) and Travel Benefits (see Benefits F21-F25);
3. The purchase, repair or replacement of eyeglasses, contact lenses, orthotic devices, trusses, braces or prescription medication except as we describe in Section F;
4. Losses caused directly or indirectly, in whole or in part if the **insured**:
 - a) commits a crime or malicious act;
 - b) uses drugs, alcohol or medication.

In addition, exclusions that apply to the Travel Benefits (Benefits F21-F25) under the Super Plan Plus are in Section G.

F. BENEFITS

1. Total and Permanent Disability

	Maximum Benefit
Super Plan Plus	\$350,000
Super Plan	\$150,000
Basic Plan	\$ 75,000

If the **insured** is **injured** due to an **accident** and is deemed **totally and permanently disabled** as a result of that **accident**, we will pay the benefit for the plan chosen one (1) year after the date of the **accident** and after a **physician** approved in the **company's** sole discretion confirms that the **insured** is **totally and permanently disabled** due to the **accident**. If other benefits have been paid under the **policy**, **we** will subtract the amount paid for other benefits from the Total and Permanent Disability Benefit. If the Total and Permanent Disability Benefit is paid, no further benefits are payable under the **policy**. If the **insured** dies within one (1) year after the **accident**, the Total and Permanent Disability Benefit is not payable. If the **insured** is 21 years old or more at the time of the **accident**, the Total and Permanent Disability Benefit payable is \$100,000 or the maximum benefit under the plan chosen, whichever is less.

2. Accidental Death

	Maximum Benefit
Super Plan Plus	\$30,000
Super Plan	\$20,000
Basic Plan	\$15,000

If the **insured** is **injured** and dies due to an **accident**, **we** pay the death benefit for the plan chosen. Benefits are payable if death occurs within one (1) year of the **accident**. If the **insured** is 21 years old or more at the time of the **accident**, the maximum benefit is \$10,000.

3. Double Benefit for Accidental Death

If the **insured** is **injured** and dies due to an **accident** while riding in or getting in or out of a bus, streetcar, subway train or a vehicle owned or leased by a school, **we** pay double the Accidental Death Benefit listed above. Benefits are payable when death occurs within one (1) year of the **accident**. If the **insured** is 21 years old or more at the time of the **accident**, the maximum benefit is \$20,000.

4. Loss of a Limb or Loss of Use

If the **insured** is **injured** due to an **accident** resulting in the loss of a limb or use of a limb, or loss of sight, hearing or speech within one (1) year, **we** pay the benefit described in the **TABLE OF INJURIES** subject to Conditions a) to e) below.

Conditions:

- If the **insured** has more than one **injury** from the same **accident**, **we** cover the one that pays the highest benefit only.
- If the **insured** dies within 90 days of the **accident**, there is no coverage under this benefit.
- If **we** pay other benefits under the **policy**, **we** subtract them from this benefit, except for prosthetic devices.
- A **physician** approved in the **company's** sole discretion must confirm that the loss of use of a limb, or the loss of sight, hearing or speech is permanent and continuous for at least one (1) year after the **accident**.
- If the **insured** is 21 years old or more at the time of the **accident**, **we** pay the maximum benefit under the plan chosen or \$100,000, whichever is less.

TABLE OF INJURIES

LOSS	Super Plan Plus/ Super Plan	Basic Plan
Both hands or both feet at or above the wrist or ankle	\$150,000	\$75,000
One hand and one foot at or above the wrist or ankle	\$150,000	\$75,000
One hand or one foot at or above the wrist or ankle and the sight of one eye	\$150,000	\$75,000
Sight in both eyes	\$150,000	\$75,000
One arm or one leg at or above the elbow or knee or the hearing in both ears or speech	\$45,000	\$22,500
One hand or one foot at or above the wrist or ankle, or the sight in one eye	\$30,000	\$15,000
Thumb and index finger at or above the knuckle (metacarpal-phalangeal joint)	\$15,000	\$ 7,500
One or more entire fingers or the entire thumb at or above the knuckle (metacarpal-phalangeal joint) or all the toes of one foot	\$ 1,500	\$ 750
Part of a finger or thumb at or above the knuckle (completely severed at or above the proximal interphalangeal joint)	\$ 450	\$ 225
One finger or one or more toes (the entire phalanx)	\$ 150	\$ 150

5. Hospital Room Expense

If the **insured** is **injured** due to an **accident** and is admitted to a **hospital** in Canada for more than 24 continuous hours within 30 days of that **accident**, **we** cover the cost of a private or semi-private room for up to one (1) year. We also cover up to \$25 a day for telephone and television service. The **insured** must have Canadian government health insurance coverage to receive this benefit.

6. Medical and Rehabilitation Expenses – Up to \$2,000

If the **insured** is **injured** due to an **accident**, **we** cover the medical and rehabilitation expenses to an overall maximum of \$2,000 for the providers and devices outlined below.

If a legally qualified chiropractor, osteopath, physiotherapist or registered nurse begins treating the **insured's injury** within

30 days, **we** pay up to \$50 per visit to a maximum of \$500 for all providers. **We** do not cover athletic or massage therapy.

If the **insured** needs crutches, splints, an orthotic truss, a brace, prescription drugs, any type of cast or the rental of a wheel chair or hospital-type bed due to the **accident**, **we** cover one purchase of each device for one **injury**. A splint, brace or orthotic device used for sports or non-therapeutic purposes is not covered.

The **insured** must have Canadian government health insurance coverage to receive this benefit.

7. Dental Treatment

If the **insured's** whole or sound teeth are **injured** due to an **accident** and the **insured** needs dental treatment within 60 days of the **accident**, we cover it. Also, if those whole or sound teeth need follow-up dental treatment, **we** cover it for 10 years following the **accident**.

If this is not enough time because the **insured's** teeth are still developing, then the attending **dentist** must contact **us** within 90 days after the **accident** and report why the treatment will take longer to complete. After 10 years, **we** cover up to:

Super Plan Plus	\$1,650 per tooth
Super Plan	\$1,400 per tooth
Basic Plan	\$1,250 per tooth

Also, if the **insured** needs orthodontic treatment due to the dental **injury**, **we** cover it up to \$1,500. The same time periods as above apply.

Conditions:

- To evaluate a claim, **we** use the Dental Association's Fee Guide for General Practitioners that is in effect at the time and place where the **insured's dentist** provides treatment;
- If the **insured** has capped or crowned teeth, **we** consider them to be whole and sound teeth;
- If there is more than one treatment that is professionally acceptable, **we** cover the least expensive one only;
- If the **insured** needs dental implants due to an **accident**, **we** cover up to 2 implants per **accident** and pay up to the following maximum benefits per implant:

Super Plan Plus	\$2,000
Super Plan	\$1,800
Basic Plan	\$1,500

- If the **insured** is 21 years old or more at the time of the **accident**, **we** cover up to one (1) year of dental work;

- There is no coverage for routine dental visits or dental maintenance including but not limited to cleanings and fillings;
- There is no coverage for artificial teeth or dentures;
- There is no coverage for cosmetic or aesthetic treatment.

8. Dread Disease – Up to \$12,000

If the **insured** is diagnosed for the first time with one of the following Dread Diseases during the Coverage Period, **we** cover the cost of treatment and services listed below for up to 3 years from the **physician's** first diagnosis.

Dread Diseases:

AIDS (Acquired Immune Deficiency Syndrome)	Leukaemia	Poliomyelitis
Cancer	Meningitis	Rabies
Cardiomyopathy	Multiple Sclerosis	Scarlet Fever
Diphtheria	Muscular Dystrophy	Tetanus
Encephalitis	Myocarditis	Tularaemia
Haemolytic Uremic Syndrome (Renal failure caused solely by E-coli bacterial infection)	Necrotizing Fasciitis	Typhoid

Treatment and services up to an overall maximum of \$12,000:

- Up to \$9,000 for a registered nurse;
- \$100 a day to a maximum of \$2,500 for hotel, meal and laundry expenses if the **physician** recommends that the **insured's** parent or legal guardian be with the **insured** while they are ill;
- Up to \$500 for parking and other expenses related to the Dread Disease.

9. Counselling – Up to \$750

If the **insured** dies, loses a limb or the use of a limb, loses their sight, hearing or speech or are diagnosed with a Dread Disease and the **insured's physician** recommends counselling for the **insured**, the **insured's** parents, legal guardian and/or siblings, **we** cover up to a combined total of \$750 for the services of a licensed psychologist.

10. Confinement – Up to \$21,000

If the **insured** is **injured** due to an **accident** and is continuously confined to **hospital** or to the **insured's** home except for attending medical appointments, **we** pay \$500 per month. This benefit starts on the 31st day of continuous confinement under a **physician's** care and ends when the **insured's** continuous confinement ends or after 42 months, whichever comes first. We cover only one period of continuous confinement per **accident**.

11. Special Training – Up to \$6,000

If the **insured** is **injured** due to an **accident** and needs special training to be employed, **we** provide coverage for up to 3 years after the **accident**. **We** cover up to \$150 a day for hotel and meals if the training is located more than 160 km from where the **insured** lives. The overall maximum is \$6,000.

12. Travel Expenses for Specialized Treatment – Up to \$3,000

If the **insured** is **injured** due to an **accident** and within one (1) year needs specialized treatment that is located more than 160 km from where the **insured** lives, **we** cover their travel expenses up to \$60 a day. The overall maximum is \$3,000.

13. Travel Expenses for Parent/Legal Guardian – Up to \$1,000

If the **insured** is a patient in a **hospital** due to an **accident** and the attending **physician** recommends that the **insured's** parent or legal guardian be with the **insured**, **we** cover the expense for them to travel on a common carrier. The overall maximum is \$1,000.

14. Tutoring – Up to \$6,000

If the **insured** is **injured** due to an **accident** and is continuously confined to **hospital** or to the **insured's** home under a **physician's** care for more than 30 days, **we** cover the cost of tutoring and equipment that the **insured** needs. **We** pay up to \$30 an hour for up to 6 months for a teacher to tutor the **insured** and the cost to rent necessary equipment and software that the school board recommends. The overall maximum is \$6,000.

15. Fix or Replace Dental and Hearing Aids – Up to \$300

If the **insured** is **injured** due to an **accident** and needs treatment from a **physician** or **dentist** within 30 days because they broke their dentures, removable teeth or hearing aid, **we** cover the cost to fix or replace them. The overall maximum for these aids together is \$300.

16. Prosthetic Device – Up to \$5,500

If the **insured** is **injured** due to an **accident** and a **physician** prescribes an artificial limb, artificial eye and/or hearing aid, **we** cover up to \$5,500 to purchase the device within 3 years after the **accident**. If the **insured** damages or breaks their artificial limb, artificial eye and/or hearing aid due to an **accident**, **we** cover up to \$300 to fix or replace it.

17. Special Clothing – Up to \$400

If the **insured** is **injured** due to an **accident** and a **physician** recommends special protective clothing, **we** cover the cost up to \$400.

18. Emergency Transportation

If the **insured** is **injured** due to an **accident** and travels by ambulance to the nearest medical facility for help, **we** cover the cost. If the **insured** takes a taxi or another means of transport, **we** pay up to \$350.

19. Eyeglasses and Contact Lenses – Up to \$300

If the **insured** is **injured** due to an **accident** and needs treatment from a **physician** within 30 days and they:

- a) damage or break their eyeglasses or contact lenses; or
- b) need eyeglasses or contact lenses for the first time

we pay up to \$300 to fix or replace them or to buy new ones. **We** do not cover the normal replacement of eyeglasses or contact lenses if a prescription changes or if they are lost.

20. Fracture or Dislocation

If the **insured** is **injured** due to an **accident** and fractures or dislocates a body part that is listed below, **we** pay the benefit that corresponds to the **injury**. If they have more than one **injury** from the same **accident**, **we** cover the one that pays the highest benefit only.

FRACTURE / DISLOCATION:	WE PAY
The skull (depressed)	\$750
The skull (not depressed)	\$250
The spine (one or more vertebrae)	\$250
The lower jaw (except the alveolar process)	\$ 50
The upper jaw	\$ 75
The shoulder (dislocation), the collar bone (clavicle), or elbow	\$ 75
The hip, the pelvis, or the thigh (femur)	\$125
The knee cap	\$ 80
The bone at the base of the spine (sacrum) or the bone that connects the spine with the pelvis (coccyx)	\$ 50
The breastbone (sternum)	\$ 50
The leg (tibia or fibula)	\$100
The upper arm (humerus), or the shoulder bone (scapula)	\$125
The forearm (radius or ulna), hand or wrist (except fingers)	\$ 75
The foot (except toes)	\$ 40
The ankle	\$ 50
Two or more toes, fingers or ribs	\$ 45
One toe, finger or rib	\$ 25
Any bone not specified above	\$ 25

BENEFITS 21 – 25 BELOW ONLY APPLY IF THE INSURED IS 20 YEARS OLD OR LESS AT THE TIME OF A CLAIM.

21. Out-of-Province Emergency Medical Expenses – Up to \$200,000

If the **insured** travels during the Coverage Period and needs **emergency treatment we** cover up to:

Super Plan Plus	\$200,000	if the insured is injured due to an accident <u>or</u> if the insured gets sick , except if due to a pre-existing medical condition
Super Plan	\$50,000	if the insured is injured due to an accident .
Basic Plan	\$50,000	if the insured is injured due to an accident .

The **emergency treatment** must be from a **physician**, registered nurse, **hospital**, x-ray clinic, ground ambulance or up to \$1,000 for reasonable alternative ambulance transport if needed. **We** cover the cost of crutches, braces, splints, trusses or other prosthetic devices, emergency medicine, blood and/or plasma and the rental of a wheelchair and/or a hospital type bed. **We** do not cover the services of a family member.

With respect to emergency treatment, the insured or someone with the insured must notify the emergency assistance provider right away. Our emergency assistance provider must approve all emergency treatment.

24 HOUR EMERGENCY ASSISTANCE

1-800-334-7787 (Canada/USA) or elsewhere
collect 1-905-667-0587

Once the **emergency treatment** is over, **we** have the right to return the **insured** to the place where the trip began. Based on medical evidence, if the attending **physician** says the **insured** is healthy enough to travel without danger to their life and health, **we** will proceed to make travel arrangements. If the **insured** refuses to be returned to the place where the trip began, all benefits stop immediately.

If **we** return the **insured** to the place where the trip began and the **insured** decides to go back to the trip destination or rejoin the trip or tour itinerary, the **policy** will not cover the **insured**.

The overall maximum under this benefit is \$5,000 if the **insured** does not have government health insurance coverage.

The **company** and the emergency assistance provider **we** appoint are at your service according to the conditions, limitations and exclusions of the **policy**. The medical providers **we** suggest when contacted for help are not **our** employees. Neither **we** nor the emergency assistance provider are responsible for their negligence or other acts or omissions. Neither **we** nor the emergency assistance provider are responsible for the **emergency treatment** or service you receive or do not receive, or for its availability, quality, quantity or results.

MORE TRAVEL BENEFITS IF YOU BUY THE SUPER PLAN PLUS

22. Trip Cancellation (Super Plan Plus Only) - Up to \$1,000

If the **insured** cancels their trip before it begins due to their **sickness, injury** or death, **we** pay up to \$1,000. **We** do not cover any other reason for cancellation. A **physician** must report in writing on the **sickness** or **injury** and the need to cancel the trip because of it. **We** pay \$1,000 or the penalty to cancel within 72 hours of the **physician's** order, whichever is less. **We** do not cover cancellation due to emotional or mental disorders unless **hospitalized**.

23. Airflight Accidental Death (Super Plan Plus Only) – \$5,000

If the **insured** dies due to an airflight **accident**, within 90 days of that **accident**, **we** pay the Accidental Death benefit plus \$5,000. The **insured** must be a fare-paying passenger on the flight of a **scheduled airline**. **We** do not cover pilots, operators or crew members.

24. Emergency Return Flight (Super Plan Plus) - Up to \$1,000

If the **insured** needs to fly home while on their trip due to their **sickness** or **injury**, **we** pay up to \$1,000 for the unexpected flight to the place where the trip began. **We** do not cover any other reason for interrupting the trip. The attending **physician** must report in writing on the **insured's** **sickness** or **injury**. **We** pay the lesser of: i) a one-way economy airfare; ii), the fee to change the existing ticket; or iii) \$1,000. If the **insured** receives a refund on the existing ticket, **we** subtract the refund from the benefit **we** pay.

25. Repatriation or Burial (Super Plan Plus Only) – Up to \$3,000

If the **insured** dies outside the province or territory where they live due to a reason that is covered under the **policy**, **we** pay up to \$3,000 to bring their remains back to the place where their trip began or to bury or cremate their remains at the place where they died. **We** do not cover the cost of a headstone, casket and/or funeral service.

G. EXCLUSIONS APPLICABLE TO THE TRAVEL BENEFITS (F21-F25)

The **policy** does not cover:

1. **Pre-existing medical conditions** (see definition in Section H);
2. Medical conditions that would make a normally prudent person decide not to travel;
3. Declared or undeclared war, hostile acts, civil war, riot, insurrection, invasion or terrorism;
4. Taking part in military forces training, exercises or manoeuvres, professional sporting events or motorized races;
5. Taking part in mountaineering, parachuting, skydiving, parasailing, bungee jumping, gliding or piloting an aircraft or professional underwater activities;
6. Any claim that is against the law of a government plan or political subdivision in Canada;
7. Pregnancy, miscarriage, childbirth or complications within 2 months of the expected delivery date;
8. Trips taken to arrange or receive medical, **hospital**, or dental services;
9. Expenses inside the province or territory where the **insured** lives;
10. Trips outside the province or territory where the **insured** lives that last more than 30 days;
11. Therapy for a medical condition the **insured** has;
12. **Hospital** or medical services when there is no emergency; or
13. Expenses where the **insured** is 21 years old or more at the time of a claim.

H. DEFINITIONS

Accident: an unexpected event that is beyond the **insured's** control.

Company, our, us, we: Old Republic Insurance Company of Canada, Hamilton, Ontario.

Confirmation of coverage: the document that identifies the named **insured**.

Dentist: a person, other than a family member, who is legally qualified to practice dentistry in the place where services are provided.

Emergency treatment: any immediate medical care provided by a **physician** that is necessary to prevent or reduce existing danger to life or health.

Hospital, hospitalized: a licensed institution that is staffed and operated for the care and treatment of in-patients. Treatment must be supervised by **physicians** and registered nurses must be on duty 24 hours a day. A laboratory and an operating room must also exist on the premises or in facilities controlled by the establishment. A hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Injury, injured: sudden bodily damage due to an **accident** causing the **insured** to seek **emergency treatment**.

Insured: the person whose name is on the **confirmation of coverage**, who is eligible for coverage and for whom the required premium has been paid.

Physician: a person, other than a family member, who is legally qualified to practice medicine in the place where medical services are provided.

Policy: this document and the **confirmation of coverage** which **we** issue when the required premium is paid.

Pre-existing medical condition: a medical or related condition for which treatment or prescribed medication was needed at any time in the 90 days before the **Insured's** trip began.

Scheduled airline an airline with a license to transport fare-paying passengers. It has a regular published schedule and includes chartered flights or licensed tour companies.

Sick, sickness: an illness or disease that needs **emergency treatment** or **hospital** care. Sickness does not include emotional or mental disorders unless **hospitalized**.

Totally and permanently disabled: the **insured** cannot ever be employed.

I. CONDITIONS & LIMITATIONS

1. The **insured** can only be covered under one plan with **us**. Benefits will only be paid under one **policy**.

2. The benefits **we** pay under the **policy** are in excess of the **insured's** coverage from any other source.
3. Except for the "10 Day Free Look" on page 1, there are no premium refunds.
4. The **policy** only covers the **insured** if they attend school in Canada.
5. If the **insured** files a claim with **us**, **we** have the right to have a **physician** approved in **our** sole discretion examine them.
6. The **policy** is subject to the statutory conditions of the Insurance Act of the province or territory where the **insured** lives. If the **policy** and the Insurance Act disagree, the Insurance Act prevails.

J. SUBROGATION

If the **insured** files a claim with **us**, **we** are automatically subrogated to their right to collect from third parties and can act on their behalf to enforce this right.

K. COORDINATION OF BENEFITS

If the **insured** files a claim for similar benefits with **us** and another excess insurer, **we** coordinate the payment of benefits with the other insurer to settle the actual eligible loss.

L. HOW TO SUBMIT A CLAIM

1. Please find the policy number on the **confirmation of coverage** and write it on all correspondence with **us**.
2. To obtain a claim form, download it directly from **our** website www.studentaccidentinsurance.ca or call **us** toll free at 1-800-463-5437.
3. To file a claim under the **policy** with **us**:
 - a) **We** must be notified of the event that caused it within 60 days.
 - b) You must complete a claim form, attach a dental or medical report and submit them to **us** within 90 days of the event that caused it.
4. Submit the claim form and reports to:

Old Republic Insurance Company of Canada
 Student Accident Claims Department
 P.O. Box 557
 Hamilton, Ontario, L8N 3K9

5. **We** pay benefits to:
 - a) the **insured**; or
 - b) the **insured's** estate; or
 - c) the **insured's** parent or legal guardian if the **insured** is less than 18 years old.
6. **We** evaluate claims based on the terms and conditions of the **policy**. If you do not agree with how **we** evaluated the claim, you have 2 years from the date the claim is payable or would have been payable to begin legal proceedings.

M. PRIVACY POLICY

The **company** is committed to protecting your privacy. Collecting personal information about you is essential to **our** ability to offer you high quality insurance products and service. The information provided by you will only be used for determining your eligibility for coverage under the **policy**, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that **we** must share your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. **We** take great care to keep your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If you have any questions about the **company's** privacy policy, please contact **our** Privacy Officer by phone at 905-523-5587 or by email at: privacy@oldrepublicgroup.com.

Underwritten by
 Old Republic Insurance Company of Canada



Paul M. Field, CPA, CA
 President and Chief Executive Officer

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