

STUDENT ACCIDENT INSURANCE BROCHURE

for
2024

THE CONESTOGA COLLEGE INSTITUTE OF TECHNOLOGY AND ADVANCED LEARNING

DEAR STUDENT:

The Conestoga College Institute of Technology and Advanced Learning provides you with *accident* insurance protection. Take the time to read the brochure as it contains important information about your coverage.

NOTE: *Italicized words* are defined terms whose definition appears in the Definitions section.

Policy Numbers

BC09746 – Accidental Death & Dismemberment
BC09747 – Emergency Out of Province Medical (Accident Only)

This coverage is in effect 24 hours a day, 7 days a week during the Coverage Period

Agent of Record



Underwritten by



SUMMARY OF BENEFITS	MAXIMUM PAYABLE
PERMANENT AND TOTAL DISABILITY	\$100,000
ACCIDENTAL DEATH	\$10,000
DOUBLE BENEFIT FOR ACCIDENTAL DEATH	\$20,000
LOSS OF A LIMB OR LOSS OF USE	\$100,000
SERIOUS ILLNESS	\$7,500
DENTAL Injury	\$1,000/Injured Tooth
OUT-OF-PROVINCE EMERGENCY MEDICAL	\$25,000 With GHIP \$7,500 Without GHIP
HOSPITAL ROOM EXPENSE	\$2,500
COUNSELLING	\$1,000
IN-HOSPITAL BENEFIT	\$7,500
MEDICAL AND REHABILITATION EXPENSE	\$3,000
SPECIAL TRAINING	\$10,000
TRAVEL EXPENSE FOR SPECIALIZED TREATMENT	\$2,500
TUTORING	\$2,500 (\$75/HR)
FIX OR REPLACE DENTAL OR HEARING AIDS	\$1,000
PROSTHETIC DEVICE	\$7,500
TRAVEL EXPENSE	\$1,500
SPECIAL CLOTHING	\$750
EMERGENCY TRANSPORTATION	\$750
EYEGASSES AND CONTACT LENSES	\$750
FRACTURE OR DISLOCATION	\$1,000

WHO IS ELIGIBLE FOR COVERAGE?

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

- a fee-paying student of Conestoga College; and
- enrolled on a full-time basis (minimum of 3 courses at the same time during any 4-month period during the Coverage Period) in a post-secondary or certificate program.

If the student is registered in an apprenticeship program or has taken full-time employment, they are not eligible for this coverage.

COVERAGE PERIOD

Coverage will begin on the later of:

- September 1, 2024;
- the first scheduled school day; or
- the date the student begins at Conestoga College Institute of Technology and Advanced Learning.

END DATE OF INSURANCE

The coverage will end the earlier of:

- 11:59 p.m. on August 31, 2025; or
- the date the *insured person* is no longer eligible for coverage.

WHAT WE COVER

The *insurer* provides the benefits described in this brochure if the *insured person* suffers an *injury* due to an *accident* during the Coverage Period. The Serious Illness Benefit applies whether or not an *accident* happens. All benefits are subject to the limitations, exclusions and provisions contained in the policy.

PERMANENT AND TOTAL DISABILITY - \$100,000

If an *insured person* becomes totally and permanently disabled within 365 days of the date of an *accident* and, as a result, is unable to perform at least 2 of the 6 *activities of daily living* without assistance from another person, and at the end of 12 consecutive months there is sufficient evidence from a *physician* to the *insurer* that such disability is total, permanent and irreversible for the remainder of the *insured person's* life, the *insurer* will pay \$100,000 less any amounts paid or payable under the *table of losses* as a result of the *accident*.

ACCIDENTAL DEATH AND DISMEMBERMENT

The insurer will pay up to the amount indicated in the following sections for a loss specified in the table of losses below if an insured person suffers an injury as the result of an *accident* which occurs during the coverage period. The loss must:

- occur within 365 days of the date of the *accident* causing such *loss*; and
- be the direct and sole result of the *accident*; and
- be independent of all other causes.

If more than one *loss* is suffered as the result of any *accident*, only one benefit, the largest of the eligible benefits will be payable.

ACCIDENTAL DEATH - \$10,000

If the *insured person* suffers an *injury* and dies due to an *accident*, the *insurer* will pay \$10,000.

DOUBLE BENEFIT FOR ACCIDENTAL DEATH - \$20,000

If the *insured* suffers an *injury* 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 Conestoga College the *insurer* will pay \$20,000.

TABLE OF LOSSES - UP TO \$100,000

Both hands or both feet at or above wrist or ankle	\$100,000
One hand and one foot at or above wrist or ankle	\$100,000
One hand or one foot at or above wrist or ankle and the sight of one eye	\$100,000
Sight in both eyes	\$100,000
One arm or one leg at or above the elbow or knee or the hearing in both ears or speech	\$35,000

One hand or one foot at or above the wrist or ankle, or the sight in one eye	\$25,000
Thumb and index finger at or above the knuckle (metacarpal-phalangeal joint)	\$12,500
One or more entire fingers or the entire thumb at or above the knuckle (metacarpal-phalangeal joint) or all the toes of one foot	\$1,250
Part of a finger or thumb at or above the knuckle (completely severed at or above the proximal interphalangeal joint)	\$450
One finger or one or more toes (the entire phalanx)	\$200

SERIOUS ILLNESS BENEFIT - UP TO \$7,500

If an insured person is diagnosed for the first time with one of the following Serious Illnesses during the Coverage Period, the insurer will cover the cost of treatment and services listed below for up to 3 years from the physician's first diagnosis.

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

Treatment and services up to an overall maximum of \$7,500:

- Up to \$5,000 for a registered nurse;
- \$100 a day to a maximum of \$2,000 for hotel, meal and laundry expenses if the *physician* recommends that the *insured person's* parent or legal guardian be with the *insured person* while they are ill;
- Up to \$500 for parking and other expenses related to the Serious Illness.

ACCIDENTAL DENTAL BENEFIT – UP TO \$1,000

If an *insured person* suffers damage to whole and sound teeth, within 60 days of the *accident* causing the damage, the *insurer* will reimburse the *reasonable and customary costs* for treatment in Canada by a legally qualified dentist or oral surgeon up to the amount allowed by the schedule of fees published by the medical/dental association of the province or territory in which the *insured person* receives the treatment up to \$1,000 per injured tooth.

To be eligible for reimbursement:

- a) The expenses must be incurred in Canada, within 52 weeks of the *accident* and incurred for therapeutic and not elective or aesthetic treatment.
- b) Original receipts must be provided to the *insurer*.

This benefit is in excess of any other insurance, including, but not limited to automobile insurance and any federal or provincial *hospital*, medical or drug plan.

- a) If the *insured person* has capped or crowned teeth, the *insurer* will consider them to be whole and sound teeth;
- b) If there is more than one treatment that is professionally acceptable, the *insurer* will cover the least expensive treatment only;
- c) There is no coverage for routine dental visits or dental maintenance including but not limited to cleanings and fillings;
- d) There is no coverage for orthodontic treatment;
- e) There is no coverage for artificial teeth or dentures;
- f) There is no coverage for cosmetic or aesthetic treatment.

HOSPITAL ROOM EXPENSE - UP TO \$2,500

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 the *accident*, the *insurer* will cover the cost of a private or semi-private room for up to one (1) year. The *insurer* will also cover up to \$25 a day for telephone and television services. The overall maximum is \$2,500. The *insured person* must have coverage under a *government health insurance plan* to receive this benefit.

COUNSELLING - UP TO \$1,000

If an *insured person* dies, loses a limb or use of a limb, loses their sight, hearing or speech or are diagnosed with a Serious Illness and the *insured person's physician* recommends counselling for the *insured*, their parents, legal guardian and/or siblings, the *insurer* will cover up to a combined maximum of \$1,000 for the actual costs incurred within 365 days of the *accident*, for counselling provided by a licensed, registered or certified therapist or counsellor.

IN-HOSPITAL - UP TO \$7,500

If the *insured person* is *injured* due to an *accident* and is continuously confined to a *hospital* or to the *insured's* home except for attending medical appointments, the *insurer* will pay the following amounts:

Days 1 to 14	\$50 per 24 hour period
Days 15 to 30	\$25 per 24 hour period
Each month thereafter	\$250 per complete month.

The *insured person* must be under a *physician's* care during the entire period of confinement. This benefit ends when the

insured person's continuous confinement ends or after 21 months, whichever comes first. The *insurer* covers only one period of continuous confinement per *accident*.

ACCIDENTAL PARAMEDICAL EXPENSE - UP TO \$3,000

If an *insured person* suffers an *injury* within 30 days of an *accident* causing such *injury*, the *insurer* will reimburse the *reasonable and customary costs* up to an aggregate maximum of \$3,000 for:

- a) Private duty nursing by a licensed graduate nurse up to \$50 per hour to a maximum of \$2,000 per *accident*.
- b) Ambulance service to the nearest approved *hospital* equipped to provide the required treatment to a maximum of \$750 per *accident*.
- c) Additional fees charged by a *hospital* for semi-private *hospital* room up to \$2,000 per *accident*.
- d) Fees for rental of wheelchair, iron lung or other durable equipment, not to exceed the purchase price.
- e) Fees for a licensed physiotherapist up to \$300 per *accident*.
- f) Cost of prescription drugs to a maximum of 30-day supply (except in the province of Quebec) to a maximum of \$1,000 per *accident*.
- g) Expenses for hearing aids, crutches, splints, casts, trusses and braces but excluding their replacement.
- h) Fees for a licensed chiropractor up to \$300 per *accident*.

To be eligible for reimbursement:

- a) The *insured person* must be covered under a Canadian federal, provincial or territorial *government health insurance plan*.
- b) The expenses must be incurred in Canada, within 52 weeks of the *accident* and recommended by a qualified *physician*.
- c) Original receipts must be provided to the *insurer*.

This benefit is in excess of any other insurance, including but not limited to automobile insurance and any federal or provincial *hospital*, medical or drug plan.

SPECIAL TRAINING - UP TO \$10,000

If an *insured person* suffers a *loss* for which a benefit is paid or payable under the *table of losses*, and as a result of such *loss* the *insured person* requires training in order to qualify for an occupation in which he/she would not have been engaged except for having suffered such *loss* the *insurer* will reimburse actual expenses incurred for occupational training. 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 \$10,000.

All expenses must be incurred within 36 months of the *accident* causing the *loss*.

TRAVEL EXPENSE FOR SPECIALIZED TREATMENT - UP TO \$2,500

If the *insured person* 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 person* lives, the *insurer* will cover their travel expenses up to \$60 a day, to an overall maximum of \$2,500.

TUTORING - UP TO \$2,500

If the *insured person* 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 person* needs during the period of confinement. The *insurer* will pay up to \$75 an hour for up to 6 months for a teacher to tutor the *insured person* and the cost to rent equipment and software that Conestoga College recommends. The overall maximum is \$2,500.

FIX OR REPLACE DENTAL AND HEARING AIDS - UP TO \$1,000

If the *insured person* is *injured* due to an *accident* and needs treatment from a *physician* or dentist within 30 days to repair or replace their dentures, removable teeth or hearing aid(s), the *insurer* will cover the cost up to an overall maximum of \$1,000.

PROSTHETIC DEVICE - UP TO \$7,500

If the *insured person* is *injured* due to an *accident* and a *physician* prescribes an artificial limb, artificial eye and/or hearing aid, the *insurer* will cover up to \$7,500 to purchase the device within 3 years after the *accident*. If the *insured person* damages or breaks their artificial limb, artificial eye and/or hearing aid due to an *accident*, the *insurer* will cover up to \$300 to fix or replace it.

TRAVEL EXPENSE - UP TO \$1,500

If the *insured person* is a patient in a *hospital* due to an *accident*, and the attending *physician* recommends that their parent or legal guardian be with *them*, the *insurer* will cover the expense for them to travel on a common carrier. The overall maximum is \$1,500.

SPECIAL CLOTHING - UP TO \$750

If the *insured person* is *injured* due to an *accident* and a *physician* recommends special protective clothing, the *insurer* will cover the cost up to \$750.

EMERGENCY TRANSPORTATION – UP TO \$750

If the *insured person* is *injured* due to an *accident* and travels by ambulance, taxi or other means of transport, to the nearest medical facility, the *insurer* will cover the cost up to \$750.

EYEGASSES AND CONTACT LENSES - UP TO \$750

If the *insured person* is *injured* due to an *accident* and:
a) damages or breaks their eyeglasses or contact lenses; or
b) needs eyeglasses or contact lenses for the first time the *insurer* will pay up to \$750 to fix, replace or buy new ones. The *insurer* does not cover the normal replacement of eyeglasses or contact lenses if the prescription changes or if they are lost.

FRACTURE OR DISLOCATION

If an *insured person* suffers an *injury* resulting in a fracture or dislocation within 30 days of the *accident* causing the *injury*, the *insurer* will pay the amount indicated in the table below subject to a maximum of \$1,000:

Body Part:	Amount
Cranium (depressed)	\$1,000
Cranium (other compound)	\$500
Spine (one or more vertebrae)	\$500
Lower jaw (except the alveolar process)	\$100
Upper jaw	\$150
Shoulder (dislocation), Collar Bone (clavicle), or Elbow	\$150
Hip, Pelvis, or Thigh (femur)	\$250
Kneecap	\$125
Bone-Base of the spine (sacrum) or	\$100
Bone that connects the spine with the pelvis (coccyx)	\$100
Breastbone (sternum)	\$100
Leg (tibia or fibula)	\$200
Upper Arm (humerus), or Shoulder Bone (scapula)	\$250
Forearm (radius or ulna), Hand or Wrist (except fingers)	\$150
Foot (except toes)	\$100
Ankle	\$100
Two or more Toes, Fingers or Ribs	\$100
One toe, Finger or Rib	\$100
Any bone not specified above	\$100

EXCLUSIONS

The policy does not cover any loss or claim resulting in whole or in part, directly or indirectly, contributed to or by any of the following:

- a) Sickness, disease, or bodily infirmity.
- b) Any *loss* sustained while the *insured person* is undergoing medical or surgical treatment for sickness, disease, or bodily or mental infirmity.
- c) Stroke or cerebrovascular *accident* or event, cardiovascular *accident* or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm.
- d) Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
- e) Mental incapacity whether the *loss* or claim results directly or indirectly from any mental incapacity.
- f) Any *loss*, death or *injury* which occurred while the *insured person* was operating any vehicle or means of transportation or conveyance while his/her blood alcohol level, THC level, other drug impairment or any combination was over the level permitted by law in the jurisdiction where the incident happens.
- g) Any *loss*, death or *injury* which occurred while the *insured person* is under the influence of a drug or substance, unless taken pursuant to the advice of and in strict accordance with the instructions of a *physician*.
- h) Committing or attempting to commit an illegal act or a criminal act by an *insured person*.
- i) An *insured person's* suicide or any attempted suicide.
- j) An *insured person's* self-inflicted *injury* or attempted self-inflicted *injury*.
- k) Death or *injury* sustained while operating, learning to operate or instructing others to perform in any aircraft as pilot or crew.
- l) Death or *injury* sustained while riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.
- m) Death or *injury* sustained while riding as a passenger in an owned aircraft or leased aircraft operated by the *policyholder*.
- n) Declared or undeclared war or any act thereof.
- o) An act, attempted act or omission taken or made by the *insured person*, or an act, attempted act or omission taken or made with the *insured person's* consent, for the purposes of interrupting the blood flow to the *insured person's* brain or to cause asphyxiation to the *insured person* whether with intent to cause harm or not.

- p) Service in, or training for, the armed forces, National Guard or organized reserve corps of any country or international authority.
- q) Natural causes.

NOTE: Exclusions a), c), d) and q) only do not apply to the Serious Illness benefit provided for in the policy.

EMERGENCY OUT-OF-PROVINCE TRAVEL MEDICAL - UP TO:

- a) With *Government Health Insurance Plan*: \$25,000
- b) Without *Government Health Insurance Plan*: \$7,500

If the *insured person* travels during the Coverage Period and suffers an *injury* due to an *accident* outside of the province or territory where the *insured person* lives and needs *emergency medical treatment*, the *insurer* will reimburse the *reasonable and customary costs* for eligible expenses for *reasonable and customary treatment* up to the limits listed above.

The *insurer* will cover *emergency medical treatment* from a licensed *physician*, registered nurse, *hospital*, x-ray clinic, ground ambulance or up to \$1,000 for a reasonable alternative ambulance transport if needed.

The *insurer* will 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.

The *insurer* does not cover the services of a family member. With respect to *emergency medical treatment*, the *insured person* or someone with the *insured person* must notify the *emergency Assistance Company* right away. The *emergency Assistance Company* must approve all *emergency medical treatment*.

24 HOUR EMERGENCY ASSISTANCE
1-844-879-8379 (toll-free from Canada/USA)
1-416-285-1722 (collect where available)
email: assist@epicamericas.com

Once the *emergency treatment* is over, the *insurer* has the right to return you to the place where your trip began. Based on medical evidence, if the attending *physician* determines that the *insured person* is healthy enough to travel without danger to their life and health, the *insurer* will proceed to make travel arrangements. If the *insured person* refuses to be returned to the place where the trip began, all benefits stop immediately. If the *insurer* returns the *insured person* to the place where the trip began and then the *insured person* decides to go back to the trip destination or rejoin the trip or tour itinerary, the policy will not cover the *insured person*.

The overall maximum under this benefit is \$25,000 if the *insured person* has coverage under a *government health insurance plan* and \$7,500 if the *insured person* does not have coverage under a *government health insurance plan*.

The *insurer* and the emergency *Assistance Company* are at your service according to the conditions, limitations and exclusions of the policy.

Neither the *insurer* or the emergency *Assistance Company* are responsible for the *emergency treatment* or service you receive or do not receive, or for its availability, quality, quantity or results.

EXCLUSIONS

Emergency Hospital & Medical does not cover *losses* or expenses related in whole or in part, directly or indirectly, to any of the following:

- a) Any *medical treatment* that is not *emergency medical treatment* for the immediate relief of acute pain and suffering, including any elective or cosmetic surgery or treatment, or that the *insured person* elects to have provided outside his/her province or territory of residence when medical evidence indicates that the *insured person* could return to his/her province or territory of residence to receive such treatment.
The delay to receive treatment in the *insured person's* province or territory of residence has no bearing on the application of this exclusion.
- b) Expenses incurred during a trip when the trip is undertaken specifically to obtain *medical treatment*, whether or not recommended by the *insured person's* attending *physician*.
- c) Transplants including, but not limited to, cornea or organ transplants or bone marrow transplants, artificial joints, prosthetic devices or implants including any associated charges. Implants required to stabilize an *emergency* medical condition may be covered if pre-approved by the *Assistance Company*.
- d) The replacement of an existing prescription whether by reason of *loss*, unless otherwise specified elsewhere in the policy, 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 or which are not required as a result of an *emergency*.
- e) Expenses for any benefit or *medical treatment* that requires prior approval by the *Assistance Company* if such approval was not provided, except in extreme circumstances where such *medical treatment* is performed on an *emergency* basis immediately upon admission to *hospital*.
- f) Any *medical treatment* of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care, or non-compliance with any prescribed medical therapy or treatment and *medical treatment* of an acute sickness and/or injury after the initial *emergency* has ended (as determined by the Medical Director of the *Assistance Company*).
- g) Non-compliance with any prescribed medical therapy or treatment.
- h) A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless the *insured person* is *hospitalized*.
- i) Any *loss*, death or *injury* which was contributed to by the *insured person's* misuse or chronic abuse of alcohol.
- j) Any *loss*, death or injury which occurred while the *insured person* was operating any vehicle or means of transportation or conveyance while his/her blood alcohol level, THC level, other drug impairment or any combination was over the level permitted by law in the jurisdiction where the incident happens.
- k) Any *loss*, death or *Injury* which occurred while the *insured person* is under the influence of drug or substance, unless taken pursuant to the advice of and in strict accordance with the instructions of a *physician*.
- l) Routine pre-natal care; the *insured person's* pregnancy or childbirth or complications thereof.
- m) Committing or attempting to commit an illegal act or a criminal act by an *insured person*.
- n) An *insured person's* suicide, attempted suicide or self-inflicted *Injury*.
- o) Rock or mountain climbing, hang gliding, parachuting, bungee jumping, or skydiving; participation in any motorized race or speed contest; participation in any sport as a professional athlete (for which the *insured person* is remunerated); scuba diving (except if certified by an internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 metres).
- p) Death or *Injury* sustained while operating, learning to operate or instructing others to perform in any aircraft as pilot or crew.
- q) Travel to, from or through any country, region or city for which, prior to the effective date or departure date, any department of the Canadian Government has issued a warning to avoid all travel or to avoid non-essential travel if the *loss* is the result of the reason for which the warning was issued.
- r) War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, riot, rebellion, revolution or military power or an *insured person's* unlawful visit in any country.

- s) Contamination resulting from radioactive material or nuclear fuel or waste or the release of weapon(s) of mass destruction (nuclear, chemical or biological).
- t) Service in, or training for, the armed forces, national guard or organized reserve corps of any country or international authority.
- u) Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by the *Assistance Company*.
- v) The cost of any airline ticket covered under the policy where the *insured person's* ticket may be exchanged or used for the same purpose.
- w) Treatment or services received in the country where an *insured person* attends school or works on a full-time basis, or in his/her home country, if such *insured person* is a foreign student studying in Canada or a non-resident working in Canada.
- x) *Medical treatment* or services normally covered or reimbursable under a *government health insurance plan* or under other insurance the *insured person* might have.
- y) Any services or supplies provided by an *insured person* or an *insured person's* immediate family member or an individual who resides in the *insured person's* home.

DEFINITIONS

Certain italicized terms used in this brochure are defined in this section.

Accident means a sudden, unforeseen, unexpected and unintentional event exclusively attributable to an external cause resulting in bodily *injury* during the coverage period.

Assistance Company means the company appointed by the *insurer* to provide medical assistance and claims services under the policy.

Activities of Daily Living means the following 6 activities:

1. maintaining continence: controlling urination and bowel movements, including the ability to use ostomy supplies or other devices such as catheters;
2. transferring: moving between a bed and a chair, or a bed and a wheelchair;
3. dressing: putting on and taking off all necessary items of clothing;
4. toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene;
5. eating: performing all major tasks of getting food into the body; and
6. bathing: washing in either a tub or shower, including the task of getting in or out of the tub or shower.

Emergency means an unexpected and unforeseen *injury* occurring during the coverage period for which the *insured person* requires immediate *medical treatment* to alleviate

danger to life or health occurring while on a covered trip, and that such *medical treatment* cannot be delayed until the *insured person* returns to his/her province or territory of residence or Canada by the next available means, whether the *insured person intends to or not*. An emergency no longer exists when the *insured person* is deemed medically fit to travel or is discharged from the *hospital* and no further benefits are payable in respect of the medical condition which caused the emergency.

Government Health Insurance Plan means the health care coverage provided by Canadian federal, provincial and territorial governments to their residents.

Hospital means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* available at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a sickness and/or *injury* in the acute phase, or active treatment of a chronic condition; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities whether separate from or part of a regular general hospital, or a facility operated mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre or health spa.

Hospitalization or **Hospitalized** as it relates to the In-Hospital benefit means an *insured person* occupies a *hospital* bed for more than 5 consecutive days under the care of a *physician* for *medical treatment* and for whom admission was recommended by a *physician* when medically necessary because of an *injury*.

Injury means unexpected and unforeseen harm to the body that is caused by an *accident* which is external to the body, sustained by an *insured person* during the coverage period.

Insured, Insured Person means an eligible student whose name is on file with the *policyholder* as being covered under the policy and for whom the *policyholder* has paid the required premium.

Insurer means Berkley Insurance Company (a Berkley Company), which provides this insurance.

Loss means with reference to:

- a) "**Quadriplegia**", "**Paraplegia**", and "**Hemiplegia**" the complete and irrecoverable paralysis of such limbs;
- b) "**Hand**" or "**Foot**" the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;
- c) "**Arm**" or "**Leg**" the complete severance through or above the elbow or knee joint;
- d) "**Thumb and Index Finger**" the complete severance through or above the 1st phalange;
- e) "**Fingers**" the complete severance through or above the 1st phalange of all 4 fingers of one hand;

- f) **“Toes”** the complete severance of both phalanges of all the toes of one foot;
- g) **“The Entire Sight of One Eye”** the total and irrecoverable loss of sight in one eye such that corrected visual acuity must be 20/200 or less in such eye. A *physician* certified in ophthalmology must confirm the diagnosis in writing;
- h) **“The Entire Sight of Both Eyes”** the total and irrecoverable loss of sight in both eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than 20 degrees in both eyes. A *physician* certified in ophthalmology must confirm the diagnosis in writing;
- i) **“Hearing in One Ear”** the total and irrecoverable loss of hearing in one ear, with an auditory threshold of more than 90 decibels. A *physician* certified in otolaryngology must confirm the diagnosis in writing;
- j) **“Hearing”** the total and irrecoverable loss of hearing in both ears, with an auditory threshold of more than 90 decibels in each ear. A *physician* certified in otolaryngology must confirm the diagnosis in writing;
- k) **“Speech”** the total and irrecoverable loss of the ability to utter intelligible sounds; and
- l) **“Loss of Use”** the total and irrecoverable loss of use of any limb, provided the loss of use is continuous for 12 consecutive months and is determined to be permanent; and
- m) **“Brain Death”** the total and irrecoverable loss of brain function and complete absence of electrical activity of the brain, even though the heart is still beating.

Loss may also include accidental loss of life.

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 *injury*.

Physician means a medical practitioner who is registered and licensed to practice in accordance with the regulations applying in the jurisdiction where the person practices.

Policyholder means the company or organization to which the policy is issued.

Reasonable and Customary Costs means costs that are incurred for approved, covered 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 *injury* to provide an appropriate level of care or treatment given the severity of the *injury* being treated.

Reasonable and Customary Treatment means appropriate level of care or treatment given the severity of the *injury* being treated in order to stabilize the condition.

Table of Losses means the table set out in the Accidental Death & Dismemberment section of this brochure.

PROTECTING YOUR PRIVACY

The insurer places great importance on the protection of your privacy. Your personal information will be collected, used and disclosed only for the purpose of providing you with the insurance services you requested. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, the *Assistance Company* and the *insurer* may collect your personal health information held by a third party. This information may be released to employees of the *Assistance Company* and the *insurer* for claims analysis and to better serve you.

In no case will the *insurer* release this information to any person or organization that is not clearly entitled to it without first seeking *your* consent.

For details of the *insurer's* privacy policy please see:

www.berkleycanada.com/privacy

COMPLAINT PROCEDURE

If an *insured* has a complaint or inquiry, the *insured* may communicate their complaint or inquiry in writing to *our* Ombudsperson:

Berkley Canada
1000-145 King Street West
Toronto, Ontario, M5J 2H2

Email: ombudsman@berkleycanada.com

ACCIDENTAL DEATH & DISMEMBERMENT CLAIMS PROCEDURES

Claims must be submitted within 30 days of the date of the *accident* causing *injury*. The *insured person* is responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, the *insured person* must:

- a) complete and submit a claim form for each new *accident* or *injury*;
- b) provide written proof of claim within 90 days of the date of the *accident* or *injury* covered under the policy;
- c) provide additional information pertinent to the *insured person's* claim, as may be required by the *insurer* after receipt of the claim; and
- d) if so required by the *insurer*, furnish a certificate as to the cause and nature of the *accident* or *injury* for which the claim is made and as to the duration of the *injury* or *loss*, from a legally qualified *physician*.

To obtain a claim form please contact:

ahclaims@berkleycanada.com

If an *insured person*, or someone on his/her behalf, is submitting a claim for accidental death or dismemberment the following documents are required:

- a) police report, as applicable; and

- b) medical records; and
- c) original or certified death certificate; and
- d) coroner and/or autopsy report; and
- e) proof of *gross weekly income*; and
- f) confirmation of any weekly income benefit payments for which the *insured person* is eligible.

PAYMENT OF CLAIMS

The benefit for *loss of life* will be payable in accordance with the Beneficiary Designation Section.

Unless otherwise specified herein:

- a) any accrued other benefits payable but unpaid at the *insured person's* death will be paid to the *insured person's* beneficiary or estate; and
- b) all other benefits are payable to the *insured person*; or
- c) the *insurer* will reimburse the person who has incurred the actual expenses.

EMERGENCY MEDICAL CLAIMS PROCEDURES

Claims must be submitted within 30 days of the *accident* or *injury* or first medical expense. The *insured person* is responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, the *insured person* must:

- a) complete and submit a claim form for each new *injury*;
- b) submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and type of treatment and the name of the medical facility and/or *physician*;
- c) provide original prescription drug receipts (not cash receipts) from the pharmacist, *physician* or *hospital* showing the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost;
- d) provide proof of the *departure date(s)* and return date(s);
- e) provide written proof of claim within 90 days of the date of receipt of services covered under the policy;
- f) provide additional information pertinent to the *insured person's* claim, as may be required by the *Assistance Company* after receipt of the claim;
- g) sign and return the authorization form, provided by the *Assistance Company*, allowing the *insurer* to recover payment from the Canadian provincial or territorial *government health insurance plan*. The *insurer* will coordinate and pay the *insured person's* claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial *government health insurance plan* on the *insured person's* behalf; and
- h) return the unused portion of the *insured person's* air ticket to the *Assistance Company*, if the Emergency Transportation benefit is used.

All pertinent documents should be sent to the *Assistance Company*.

This booklet outlines the main features of your insurance plan through Conestoga College but the policy issued by Berkley Insurance Company is the governing document. If there are any variations between this booklet and the provisions of the policy, the policy will prevail