Ryerson Students’ Union

Billing Division: 70000

Revised Effective Date: September 1, 2018
WELCOME TO YOUR BENEFIT PLAN

ABOUT THIS BOOKLET

This booklet provides a summary of your benefits under your benefit plan. It includes:

- a Table of Contents, to allow easy and quick access to the information you are looking for
- a Schedule of Benefits, listing all the deductibles, co-pays and maximums that may impact the amount paid to you
- a Definitions section, to explain common terms used throughout the booklet
- detailed benefit descriptions for each benefit in your group benefits plan
- information you need to submit a claim

You are encouraged to read this booklet carefully; please keep it in a safe place so that you may refer to it when submitting claims.

Your Identification Card can be found on the Student Centre website at student.greenshield.ca. Your GSC Identification Number is to be used on all claims and correspondence. Your unique GSC Identification Number is your student identification number with the prefix “RSU” and ends with -00 – e.g. RSU111222333-00. If you have any eligible dependents, they share the same number as you except their number ends with their own unique dependent code.

YOUR BENEFIT PROVIDERS ARE:

Green Shield Canada (GSC)
- Prescription Drugs, Health and Dental Benefit Plans

Chubb Life Insurance Company of Canada
- Accidental Death and Dismemberment Benefit Plan

RSA Travel Insurance Inc.
- Travel Benefit Plan

PLAN MEMBER ONLINE SERVICES

In addition to this booklet and our Customer Service Centre, we also provide you with access to our secure website. Self-service through the GSC website makes things quick, convenient and easy. Register today to:

- View your Benefit Plan Booklet
- Access your personal claims information, including a breakdown of how your claims were processed
- Simulate a claim to instantly find out what portion of a claim will be covered
- Submit claims online
- Arrange for claim payments to be deposited directly into your bank account
- Print personalized claim forms and replacement Identification Cards
- Print personal Explanation of Benefits statements for when you need to co-ordinate benefits
- Search for a drug to get information specific to your own coverage (or coverage for your family)
- Search for eligible dental and paramedical providers in a particular location (within Canada)
- Search for vision and hearing care providers who offer discounts to GSC plan members through our Preferred Provider Network
OUR COMMITMENT TO PRIVACY

The GSC Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service.

To read our privacy policies and procedures, please visit us at greenshield.ca.
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**SCHEDULE OF BENEFITS**

**HEALTH BENEFIT PLAN**

This schedule describes the deductibles, co-pays and maximums that may be applicable if you are included in the Billing Division shown on the cover of this booklet.

Complete benefit details are provided in the Description of Benefits section of this booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are expressed in Canadian dollars. You are covered for only those specific benefits for which you have applied.

The health benefits are intended to supplement your provincial health insurance plan or provincial equivalent plan. The benefits shown below will be eligible if they are medically necessary for the treatment of an illness or injury, and reimbursement will be limited to reasonable and customary charges, in addition to any specific limitations and maximums stated below.

<table>
<thead>
<tr>
<th>Deductible:</th>
<th>Nil</th>
<th>Overall Maximum:</th>
<th>Unlimited</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Your Plan Covers:</th>
<th>Your Co-Pay:</th>
<th>Maximum Plan Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drugs</strong> – Pay Direct Drug Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HPV Vaccines</td>
<td>35% per prescription or refill</td>
<td>$5,000 per benefit year for all prescription drugs combined</td>
</tr>
<tr>
<td>• All other covered drugs</td>
<td>20% per prescription or refill</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Items and Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Footwear</td>
<td>20%</td>
<td>One pair per benefit year up to $750 every 3 benefit years combined</td>
</tr>
<tr>
<td>• custom made boots or shoes, adjustments to custom made footwear; or footwear as an integral part of a brace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• custom made foot orthotics</td>
<td></td>
<td>$300 every 3 benefit years</td>
</tr>
<tr>
<td>• Bra (mastectomy)</td>
<td>0%</td>
<td>2 per benefit year</td>
</tr>
<tr>
<td>• Compression Stockings</td>
<td>0%</td>
<td>$50 per benefit year</td>
</tr>
<tr>
<td>• Wigs</td>
<td>0%</td>
<td>$500 per lifetime</td>
</tr>
<tr>
<td>• Wheelchair/Scooter modifications/repairs</td>
<td>0%</td>
<td>$250 per lifetime</td>
</tr>
<tr>
<td>• Wheelchair Ramp (portable)</td>
<td>0%</td>
<td>$2,000 per lifetime</td>
</tr>
<tr>
<td>• Patient Lift</td>
<td>0%</td>
<td>1 every 5 benefit years up to $2,000</td>
</tr>
<tr>
<td>• TENS Unit</td>
<td>0%</td>
<td>$700 per lifetime</td>
</tr>
<tr>
<td>• Myo-electric arm</td>
<td>0%</td>
<td>$10,000 per prosthesis</td>
</tr>
<tr>
<td>• External Breast Prosthesis</td>
<td>0%</td>
<td>1 per benefit year</td>
</tr>
<tr>
<td>• Blood Glucose Meter</td>
<td>0%</td>
<td>$150 every 5 benefit years</td>
</tr>
<tr>
<td>• Other items and services – See the Description of Benefits section for details</td>
<td>0%</td>
<td>Reasonable and customary charges</td>
</tr>
<tr>
<td>Service</td>
<td>Your Co-Pay</td>
<td>Maximum Plan Pays</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Emergency Transportation</td>
<td>0%</td>
<td>$100 per day</td>
</tr>
<tr>
<td>Private Duty Nursing in the Home</td>
<td>0%</td>
<td>$25,000 per benefit year</td>
</tr>
<tr>
<td>Professional Services</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>• Chiropractor</td>
<td></td>
<td>$15 per visit up to 20 visits per benefit year</td>
</tr>
<tr>
<td>• Chiropodist, Podiatrist, Acupuncturist</td>
<td></td>
<td>$20 per visit up to $300 for all practitioners</td>
</tr>
<tr>
<td>• Registered Massage Therapist</td>
<td></td>
<td>$25 per visit up to 20 visits per benefit year</td>
</tr>
<tr>
<td>(Physician (M.D.) or nurse practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>recommendation required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Naturopath</td>
<td></td>
<td>$250 per benefit year</td>
</tr>
<tr>
<td>• Osteopath</td>
<td></td>
<td>$20 per visit up to $300 per benefit year plus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 X-ray per benefit year</td>
</tr>
<tr>
<td>• Physiotherapist (Physician (M.D.) or</td>
<td></td>
<td>$55 per visit up to $240 per benefit year</td>
</tr>
<tr>
<td>nurse practitioner recommendation required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Psychologist or Master of Social Work</td>
<td></td>
<td>$500 per benefit year combined</td>
</tr>
<tr>
<td>• Speech Therapist</td>
<td></td>
<td>$250 per benefit year</td>
</tr>
<tr>
<td>Accidental Dental</td>
<td>0%</td>
<td>Reasonable and customary charges</td>
</tr>
<tr>
<td>Tutorial Benefit</td>
<td>0%</td>
<td>Private tutorial service of a qualified teacher at</td>
</tr>
<tr>
<td>Note: Your dependents are not eligible for</td>
<td></td>
<td>$15 per hour, up to $1,000 per disability. You must be</td>
</tr>
<tr>
<td>this benefit</td>
<td></td>
<td>confined to home or hospital for a minimum of 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>consecutive days to qualify</td>
</tr>
</tbody>
</table>

For a full description of the Health Benefit, refer to the Benefit Description section.
DENTAL BENEFIT PLAN

This schedule describes the deductibles, co-pays and maximums that may be applicable if you are included in the Billing Division shown on the cover of this booklet.

Complete benefit details are provided in the Description of Benefits section of this booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are expressed in Canadian dollars. You are covered for only those specific benefits for which you have applied.

<table>
<thead>
<tr>
<th>Deductible:</th>
<th>Nil</th>
</tr>
</thead>
</table>

| Fee Guide: | The current Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered
For independent Dental Hygienists, the lesser of, the current Provincial Dental Hygienists’ Association Fee Guide and Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered |

<table>
<thead>
<tr>
<th>Your Plan Covers:</th>
<th>Your Co-Pay:</th>
<th>Maximum Plan Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Services</strong></td>
<td>20%</td>
<td>$750 per covered person per benefit year (Basic, Comprehensive Basic and Major Services combined)</td>
</tr>
<tr>
<td>• Diagnostic and preventive</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive oral surgery</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>• All other basic services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comprehensive Basic Services</strong></td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>• Endodontics and periodontics (excluding periodontal scaling and root planing)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>• Periodontal scaling and root planing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>• Crowns, bridges and dentures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For a full description of the Dental Benefit, refer to the Benefit Description section.
DEFINITIONS

Unless specifically stated otherwise, the following definitions will apply throughout this booklet.

Allowed amount means, as determined by GSC:
   a) Drugs – the GSC National Pricing Policy and/or the reasonable and customary charge;
   b) Extended Health Services – the reasonable and customary charge for the service or supply but not more than the prevailing charge in the area in which the charge is made for a like service or supply;
   c) Dental – the fee guide as specified in the Schedule of Benefits.

Benefit Year means the 12 consecutive months commencing September 1st to August 31st.

Calendar year means the 12 consecutive months January 1st to December 31st of each year.

For Drugs
Co-pay is the rendered amount that must be paid by you or your dependent before reimbursement of an expense will be made.

For other Health and Dental Benefits
Co-pay is the eligible allowed amount that must be paid by you or your dependent before reimbursement of an expense will be made.

Covered person means the plan member who has been enrolled in the plan or his or her enrolled dependents.

Custom made boots or shoes means footwear used by an individual whose condition cannot be accommodated by existing footwear products. The fabrication of the footwear involves making a unique cast of the covered person’s feet and the use of 100% raw materials. (This footwear is used to accommodate the bony and structural abnormalities of the feet and lower legs resulting from trauma, disease or congenital deformities).

Custom made foot orthotics means a device made from a 3-dimensional model of an individual’s foot and made from raw materials. (This device is used to relieve foot pain related to biomechanical misalignment to the feet and lower limbs.)

Deductible is the amount that must be paid by or on behalf of you and your dependent in any benefit year before reimbursement of an eligible expense will be made.

Dependent means
   a) your spouse, if you are legally married or if not legally married, you have lived in a common-law relationship for more than 12 continuous month. Only one spouse will be considered at any time as being covered under the group contract;
   b) your unmarried child under age 21;
   c) your unmarried child under age 25, if enrolled and in full-time attendance at an accredited college, university or educational institute;
   d) your unmarried child (regardless of age) who became totally disabled while eligible under b) or c) above, and has been continuously so disabled since that time and is considered a dependent as defined under the Income Tax Act, also qualify as a dependent.

Your child (your or your spouse’s natural, legally adopted or stepchildren) must reside with you in a parent-child relationship or be dependent upon you (or both) and not regularly employed.
Children who are in full-time attendance at an accredited school do not have to reside with you or attend school in your province. If the school is in another province, you must apply to your provincial health insurance plan for an extension of coverage to ensure your child continues to be covered under a provincial health insurance plan.

**Fee guide** means the list of dental procedure codes developed by and maintained by the Canadian Dental Association, adopted by the provincial or territorial dental association of the province or territory in which the service is provided (or your province of residence if any dental service is provided outside Canada) and in effect at the time the service is provided.

**First paid** claim means the actual date of service of the initial or a prior claim paid by GSC.

**Injury** means an unexpected or unforeseen event that occurs as a direct result of a violent, sudden and unexpected action from an outside source.

**Plan member** means you, the student, when you are enrolled for coverage.

**Reasonable and customary** means in the opinion of GSC, the usual charge of the provider for the service or supply, in the absence of insurance, but not more than the prevailing charge in the area for a like service or supply.

**Rendered amount** means the amount charged by a provider for a service and submitted for payment of a claim.
ELIGIBILITY

For You
To be eligible for coverage, you must be a plan member who is:
   a) a resident of Canada;
   b) covered under your provincial health insurance plan;
   c) a member or staff member of the student association shown on the cover of this booklet.

For your Dependents
To be eligible for coverage you must be:
   a) covered under this plan; and;
   b) each dependent must be covered under a provincial health insurance plan.

Coverage Effective Date
Your coverage begins on the date you become eligible for coverage, have satisfied the eligibility requirements and you are enrolled under the plan.

Your plan sponsor is solely responsible for submitting all required forms to GSC as of the Effective Date of this plan or as of the first date that you become eligible.

Your dependent coverage will begin on the same date as your coverage.

Termination
Your coverage will end on the earliest of the following dates:
   a) the date you are no longer a member or staff member of the student association shown on the cover of this booklet;
   b) the end of the period for which rates have been paid to GSC for your coverage;
   c) the date the group contract terminates.

Dependent coverage will end on the earliest of the following dates:
   a) the date your coverage terminates;
   b) the date your dependent is no longer an eligible dependent;
   c) the end of the calendar year in which your dependent child attains the specified age limit;
   d) the end of the period for which rates have been paid for dependent coverage;
   e) the date the group contract terminates.

Dependent Children Continuation of Coverage
Any child whose coverage would end because they have reached the specified age limit may qualify for continued coverage, subject to the following conditions:
   a) your child became dependent upon you by reason of a mental or physical disability prior to reaching this age; and
   b) your child has been continuously so disabled since that time.

Group Conversion – GSC Health Assist LINK Program
The GSC Health Assist LINK program offers guaranteed coverage (no medical questionnaire) for you and your family for day-to-day medical, dental and travel expenses, as well as unforeseen health expenses.

This program may be your solution if you, your spouse or your dependent children are losing or have lost group health and/or dental benefits within the last 90 days and are looking for coverage.

Click here to apply, or contact Prosum Health Benefits Inc. at 1.855.751.6590 for assistance.
DESCRIPTION OF BENEFITS

HEALTH BENEFIT PLAN

The benefits shown below will be eligible, up to the amount shown in the Schedule of Benefits, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury.

Prescription Drugs
Prescription drug benefits, up to the amount shown in the Schedule of Benefits, that:

a) are prescribed by a legally qualified medical practitioner or dental practitioner as permitted by law;

and

b) legally require a prescription and has a Drug Identification Number (DIN); and

c) are paid on a Pay Direct basis.

If approved by GSC, this plan includes drugs with a Drug Identification Number (DIN) that do not legally require a prescription, including insulin and all other approved injectables, as well as related supplies such as diabetic syringes, needles and testing agents. In addition, this plan includes all vaccines.

Certain drugs may require prior approval. Your Pharmacist is aware of the drugs that fall into this category.

Maintenance drugs required to treat lifelong chronic conditions must be purchased in a 90-day supply of a prescription at any one time. Non-maintenance drugs may be purchased in a supply not exceeding 3-months (90-day) supply of a prescription at any one time. However, for all drugs, 6 months for a vacation supply may be purchased and not more than a 13-month supply in any 12 consecutive months.

Generic drug substitution
Reimbursement will be made for the cost of the lowest priced equivalent drug based on specific provincial regulations, unless your medical or dental practitioner has written that there is to be no substitution of the prescribed drug or medicine.

NOTE:
Drug Benefit over age 65: The Drug Benefit co-pay and the deductible (where applicable) in your province of residence are eligible benefits.

Quebec residents only: The Student is responsible for complying with RAMQ rules, your student drug plan does not replace the RAMQ (The Regie de l’assurance maladie du Quebec) provincial plan, you are required to enroll for RAMQ. The Student Health and Dental plan pays only to the stated maximums noted in this booklet.

Eligible benefits do not include and no amount will be paid for:

a) Drugs for the treatment of obesity, erectile dysfunction and infertility;

b) Vitamins that do not legally require a prescription;

c) Smoking cessation drugs and Nicotine replacement products, such as patches, gum, lozenges, and inhalers;

d) Products which may lawfully be sold or offered for sale other than through retail pharmacies, and which are not normally considered by practitioners as medicines for which a prescription is necessary or required;

e) Ingredients or products which have not been approved by Health Canada for the treatment of a medical condition or disease and are deemed to be experimental in nature and/or may be in the testing stage;

f) Mixtures, compounded by a pharmacist, that do not conform to GSC’s current Compound Policy.
Extended Health Services

1. **Medical Items and Services**: When prescribed by a legally qualified medical practitioner, unless specified otherwise below, reimbursement for reasonable and customary charges, up to the amount, where applicable, as shown in the Schedule of Benefits for:
   - **a) Aids for daily living**: such as hospital style beds, including rails and mattresses; bedpans; standard commodes; decubitus (bedridden) supplies; I.V. stands; portable patient lifts; trapezes; urinals;
   - **b) Footwear**, when prescribed by your attending physician, nurse practitioner, podiatrist or chiropodist and dispensed by your podiatrist, chiropodist, chiropractor, orthotist, or pedorthist):
     1. Custom made foot orthotics or adjustments to custom made foot orthotics
     2. Custom made boots or shoes, adjustments to custom made footwear; or footwear as an integral part of a brace, (subject to a medical pre-authorization);
   - **c) Braces, casts**;
   - **d) Diabetic equipment**, such as:
     1. Blood glucose meters;
     2. Lancets;
     3. Insulin pump supplies;
     4. Glucose monitoring systems (GMS) such as continuous and flash type monitors subject to medical pre-authorization and reimbursed to the cost of a blood glucose meter. Disposable GMS supplies (used with the monitor), such as, but not limited to sensors and transmitters, are included and subject to any overall annual maximum applicable to diabetic testing and monitoring equipment and supplies;
   - **e) Medical services**, such as diagnostic tests, X-rays and laboratory tests;
   - **f) Incontinence/Ostomy equipment**, such as catheter supplies and ostomy supplies;
   - **g) Mobility aids**, such as canes, crutches, walkers and wheelchairs (including wheelchair batteries);
   - **h) Standard prosthetics**, such as an arm, hand, leg, foot, breast, eye and larynx;
   - **i) Respiratory/Cardiology equipment**, such as compressors, inhalant devices, tracheotomy supplies and oxygen;
   - **j) Compression stockings**;
   - **k) Wigs**, for temporary or permanent hair loss as a result of a chemotherapy or radiation treatment.

   Some items may require pre-authorization. To confirm eligibility prior to purchasing or renting equipment, submit a Pre-Authorization Form to GSC.

2. **Emergency Transportation**: Reimbursement for professional land or air ambulance to the nearest hospital equipped to provide the required treatment, when medically required as the result of an injury, illness or acute physical disability, up to the amount shown in the Schedule of Benefits.
3. **Private Duty Nursing in the Home:** Reimbursement for the services of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.) in the home on a visit or shift basis, up to the amount shown in the Schedule of Benefits. No amount will be paid for services which are custodial and/or services which do not require the skill level of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.)

A Pre-Authorization Form for Private Duty Nursing must be completed by the attending physician and submitted to GSC.

4. **Professional Services:** Reimbursement for the services of the practitioners included, up to the amount shown in the Schedule of Benefits, when the practitioner rendering the service is licensed by their provincial regulatory agency or a registered member of a professional association and that association is recognized by GSC. Please contact the GSC Customer Service Centre to confirm practitioner eligibility.

**NOTE:**
- Podiatry services are not eligible until your provincial health insurance plan annual maximums have been exhausted

5. **Accidental Dental:** Reimbursement for the services of a licensed dental practitioner for dental care to natural teeth when necessitated by a direct blow to the mouth and not by an object wittingly or unwittingly placed in the mouth. The accident must occur while the coverage is in force. When natural teeth have been damaged eligible services are limited to one set of artificial teeth. You must notify GSC immediately following the accident and the treatment must commence within 180 days of the accident.

GSC will not be liable for any services performed after the earlier of a) 365 days following the accident, or b) the date you or your dependent cease to be covered under this plan.

No amount will be paid for periodontia or orthodontia treatments or the repair or replacement of artificial teeth.

Charges will be based on the current Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered. Approval will be based on the current status and/or benefit level of the covered person at the time that we are notified of the accident. Any change in coverage will alter GSC’s liability.

In the event of a dental accident, claims should be submitted under the health benefit plan before submitting them under the dental plan.
Health Exclusions

Eligible benefits do not include and reimbursement will not be made for:

1. Services or supplies received as a result of disease, illness or injury due to:
   a) an act of war, declared or undeclared;
   b) participation in a riot or civil commotion; or
   c) committing a criminal offence;

2. Services or supplies provided while serving in the armed forces of any country;

3. Failure to keep a scheduled appointment with a legally qualified medical or dental practitioner;

4. The completion of any claim forms and/or insurance reports;

5. Any form of medical cannabis for the treatment of any medical condition, regardless of whether it is authorized by way of a medical document from a legally-authorized medical practitioner and obtained from a Health Canada-licensed producer pursuant to the Access to Cannabis for Medical Purposes Regulations;

6. Any specific treatment or drug which:
   a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada’s approved indication for use);
   b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
   c) is administered in a hospital or is required to be administered in a hospital in accordance with Health Canada’s approved indication for use;
   d) is not dispensed by the pharmacist in accordance with the payment method shown under the Prescription Drugs benefit;
   e) is not being used and/or administered in accordance with Health Canada’s approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;

7. Services or supplies that:
   a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of GSC) medical practitioner or dental practitioner as permitted by law;
   b) are legally prohibited by the government from coverage;
   c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than GSC, your plan sponsor or you;
   d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
   e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
   f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
   g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
   h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
i) are provided by your plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;

j) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence. Replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required;

k) are video instructional kits, informational manuals or pamphlets;

l) are for medical or surgical audio and visual treatment;

m) are special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;

n) are delivery and transportation charges;

o) are for Insulin pumps and supplies (unless otherwise covered under the plan);

p) are for medical examinations, audiometric examinations or hearing aid evaluation tests;

q) are batteries, unless specifically included as an eligible benefit;

r) are a duplicate prosthetic device or appliance;

s) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;

t) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;

u) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as a result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;

v) may include but are not limited to, drugs, laboratory services, diagnostic testing or any other service which is provided by and/or administered in any public or private health care clinic or like facility, medical practitioner’s office or residence, where the treatment or drug does not meet the accepted standards or is not considered to be effective (either medically or from a cost perspective, based on Health Canada’s approved indication for use);

w) are provided by a medical practitioner who has opted out of any provincial health insurance plan and the provincial health insurance plan would have otherwise paid for such eligible service;

x) relates to treatment of injuries arising from a motor vehicle accident;

Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if—

i) the service or supplies being claimed is not eligible; or

ii) the financial commitment is complete;

A letter from your automobile insurance carrier will be required;

y) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.
DENTAL BENEFIT PLAN

The benefits shown below will be eligible, if based on the licensed dental practitioner’s reasonable and customary charge in accordance with the Fee Guide and the maximum shown in the Schedule of Benefits.

Basic Services
1. Basic Diagnostic and Preventive Services:
   - complete oral examinations once every 3 benefit years
   - emergency and specific oral examinations
   - full series X-rays and panoramic X-rays once every 3 benefit years
   - bitewing X-rays once per benefit year
   - recall examinations once per benefit year
   - cleaning of teeth (up to 1 unit of polishing plus up to 1 unit of scaling) once per recall period
   - topical application of fluoride twice per benefit year for covered persons 19 years of age and under
   - oral hygiene instruction once per lifetime
   - denture cleaning once per recall period
   - pit and fissure sealants on molars only
   - space maintainers
   - mouth guards once per benefit year

2. Basic Restorative Services:
   - amalgam, tooth coloured filling restorations, and temporary sedative fillings
   - inlay restorations – these are considered basic restorations and will be paid to the equivalent non-bonded amalgam

3. Basic oral surgery:
   - extractions of teeth and/or residual roots

4. General anaesthesia, deep sedation, and intravenous sedation in conjunction with eligible oral surgery only

5. Standard denture services:
   - denture repairs and/or tooth/teeth additions
   - standard relining and rebasing of dentures, once every 3 benefit years, only after 6 months have elapsed from the installation of a denture
   - denture adjustments and remount and equilibration procedures, only after 3 months have elapsed from the installation of a denture
   - soft tissue conditioning linings for the gums to promote healing
   - remake of a partial denture using existing framework, once every 5 benefit years

6. Comprehensive oral surgery:
   - surgical exposure, repositioning, transplantation or enucleation of teeth
   - remodeling and recontouring - shaping or restructuring of bone or gum
   - excision - removal of cysts and tumors
   - incision - drainage and/or exploration of soft or hard tissue
   - fractures including the treatment of the dislocation and/or fracture of the lower or upper jaw and repair of soft tissue lacerations
   - maxilofacial deformities - frenectomy - surgery on the fold of the tissue connecting the lip to the gum or the tongue to the floor of the mouth
Comprehensive Basic Services
1. Endodontic treatment including:
   - root canal therapy
   - pulpotomy (removal of the pulp from the crown portion of the tooth)
   - pulpectomy (removal of the pulp from the crown and root portion of the tooth)
   - apexification (assistance of root tip closure)
   - apical curettage, root resections and retrograde fillings (cleaning and removing diseased tissue of the root tip)
   - root amputation and hemisection
   - bleaching of non-vital tooth/teeth
   - emergency procedures including opening or draining of the gum/tooth

2. Periodontal treatment of diseased bone and gums including:
   - periodontal scaling and/or root planing 1 time unit per benefit year
   - occlusal equilibration - selective grinding of tooth surfaces to adjust a bite 4 time units per benefit year
   The fees for periodontal treatment are based on units of time (15 minutes per unit) and/or number of teeth in a surgical site in accordance with the General Practitioners Fee Guide.

   - bruxism appliance once every 2 benefit years

Major Services
1. Standard onlays or crown restorations to restore diseased or accidentally injured natural teeth, once every 5 benefit years

2. Standard bridges, including pontics, abutment retainers/crowns on natural teeth, once every 5 benefit years

3. Standard dentures including complete, immediate, transitional, and partial dentures, once every 5 benefit years

4. Standard repair or recementing of crowns, onlays and bridge work on natural teeth

Alternate Treatment
The group benefit plan will reimburse the amount shown in the Fee Guide for the least expensive service or supply, provided that both courses of treatment are a benefit under the plan.

Predetermination
Before your treatment begins:
- for all proposed treatment for crowns, onlays and bridges, an estimate completed by your dental practitioner, **must** be submitted for assessment. Our assessment of the proposed treatment, may result in a lesser benefit being payable or may result in benefits being denied. Failure to submit an estimate prior to beginning your treatment will result in the delay of the assessment.
- if the total cost of any other proposed treatment is expected to exceed $300, it is recommended that you submit an estimate completed by your dental practitioner.
Limitations
1. Laboratory services must be completed in conjunction with other services and will be limited to the co-pay of such services. Laboratory services that are in excess of 40% of the dentist's fee in the applicable Fee Guide shown in the Schedule of Benefits will be reduced accordingly; co-pay is then applied;

2. Reimbursement will be made according to standard and/or basic services, supplies or treatment. Related expenses beyond the standard and/or basic services, supplies or treatment will remain your responsibility;

3. Reimbursement will be pro-rated and reduced accordingly, when time spent by the dentist is less than the average time assigned to a dental service procedure code in the applicable Fee Guide shown in the Schedule of Benefits;

4. Reimbursement for root canal therapy will be limited to payment once only per tooth. Extra charges for difficult access, exceptional anatomy, calcified and retreatments are not included. The total fee for root canal includes all pulpotomies and pulpectomies performed on the same tooth;

5. Common surfaces on the same tooth/same day will be assessed as one surface. If individual surfaces are restored on the same tooth/same day, payment will be assessed according to the procedure code representing the combined surface. Payment will be limited to a maximum of 5 surfaces in any 36 month period;

6. When more than one surgical procedure, including multiple periodontal surgical procedures, is performed during the same appointment in the same area of the mouth, only the most comprehensive procedure will be eligible for reimbursement, as the fee for each procedure is based on complete, comprehensive treatment, and is deemed part of the multiple services factor;

7. The multiple services factor occurs when a minimum of 6 or more restorations (fillings) or multiple periodontal services are performed at the same appointment and the full fee guide price is charged for each restoration or periodontal service, the first service will be paid in full and all remaining services will be reduced by 20%;

8. Core build-ups are eligible only for the purpose of retention and preservation of a tooth when performed with crown treatment. Necessity must be evident on mounted pre-treatment X-rays. Core build-ups to facilitate impression taking and/or block out undercuts are considered included in the cost of a crown;

9. Root planing is not eligible if done at the same time as gingival curettage;

10. In the event of a dental accident, claims should be submitted under the health benefits plan before submitting them under the dental plan.
Dental Exclusions
Eligible benefits do not include and reimbursement will not be made for:

1. Services or supplies received as a result of disease, illness or injury due to:
   a) an act of war, declared or undeclared;
   b) participation in a riot or civil commotion; or
   c) committing a criminal offence;

2. Services or supplies provided while serving in the armed forces of any country;

3. Failure to keep a scheduled appointment with a legally qualified dental practitioner;

4. The completion of any claim forms and/or insurance reports;

5. Any dental service that is not contained in the procedure codes developed and maintained by the Canadian Dental Association, adopted by the provincial or territorial dental association of the province or territory in which the service is provided (or your province of residence if any dental service is provided outside Canada) and in effect at the time the service is provided;

6. Implants;

7. Restorations necessary for wear, acid erosion, vertical dimension and/or restoring occlusion;

8. Appliances related to treatment of myofascial pain syndrome including all diagnostic models, gnathological determinants, maintenance, adjustments, repairs and relines;

9. Posterior cantilever pontics/teeth and extra pontics/teeth to fill in diastemas/spaces;

10. Service and charges for sleep dentistry;

11. Diagnostic and/or intraoral repositioning appliances including maintenance, adjustments, repairs and relines related to treatment of temporomandibular joint dysfunction;

12. Any specific treatment or drug which:
   a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada’s approved indication for use);
   b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
   c) will be administered in a hospital or is required to be administered in a hospital in accordance with Health Canada’s approved indication for use;
   d) is not dispensed by the pharmacist in accordance with the payment method shown under the Health Benefit Plan Prescription Drugs benefit;
   e) is not being used and/or administered in accordance with Health Canada’s approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;
13. Services or supplies that:
   a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of GSC) medical practitioner or dental practitioner as permitted by law;
   b) are legally prohibited by the government from coverage;
   c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage; or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than GSC, your plan sponsor or you;
   d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
   e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
   f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
   g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
   h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
   i) are provided by your plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;
   j) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence. Replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required;
   k) are video instructional kits, informational manuals or pamphlets;
   l) are delivery and transportation charges;
   m) are a duplicate prosthetic device or appliance;
   n) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
   o) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
   p) relates to treatment of injuries arising from a motor vehicle accident;
      Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if—
      i) the service or supplies being claimed is not eligible; or
      ii) the financial commitment is complete;
      A letter from your automobile insurance carrier will be required;
   q) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.
CLAIM INFORMATION

Inquiries
For detailed inquiries:
♦ Call our Customer Service Centre at 1.888.711.1119 to determine eligibility for a specific item or service and GSC’s pre-authorization requirements, or
♦ Visit our website at greenshield.ca to e-mail your question

Pre-authorization
For pre-authorization forward a pre-authorization form OR a physician’s prescription indicating the diagnosis and what is prescribed.

Submitting Claims
All claims submitted to GSC require your GSC Identification number. Your GSC Identification Number is your student number with the prefix “RSU” – e.g. RSU111222333.

For claims reimbursement forward an original itemized paid receipt (cash receipts or credit card receipts alone are not acceptable) including:

- Covered person’s name, address and GSC Identification Number
- Provider’s name and address
- Date of service
- Charges for each service or supply
- A detailed description of the service or supply
- Medical referral/physician prescription when required

For certain claims, we may require additional confirmation of payment so we recommend you keep a copy of some other identifiable confirmation of payment, such as a cancelled cheque (copy is acceptable if both sides of the cheque are provided), an authorized electronic credit card receipt and/or statement, direct payment /debit receipt or bank statements.

For dental claims, forward a dental claim form, completed by both the plan member and the dentist. If your claim is the result of an accident, a Dental Accident Report Form and your dental X-rays must be submitted to GSC for prior approval. Failure to comply may result in non-payment.

When GSC is identified as a secondary carrier, submit the original Explanation of Benefits statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

All claims must be received by GSC no later than 12 months from the date the eligible benefit was incurred.

Submit all Claim Forms to:
GSC

<table>
<thead>
<tr>
<th>Attn: Drug Department</th>
<th>PO Box 1652</th>
<th>Windsor, ON</th>
<th>N9A 7G5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Medical Items</td>
<td>PO Box 1623</td>
<td>Windsor, ON</td>
<td>N9A 7B3</td>
</tr>
<tr>
<td>Attn: Professional Services</td>
<td>PO Box 1699</td>
<td>Windsor, ON</td>
<td>N9A 7G6</td>
</tr>
<tr>
<td>Attn: Dental Department</td>
<td>PO Box 1608</td>
<td>Windsor, ON</td>
<td>N9A 7G1</td>
</tr>
</tbody>
</table>
Reimbursement
Reimbursement will be made by one of the following methods:
   a) Direct deposit to your personal bank account, when requested;
   b) A reimbursement cheque; or
   c) Direct payment to the provider of services, where applicable.

All dollar maximums and limitations stated are expressed in Canadian dollars. Reimbursement will be made in Canadian funds for both providers and plan members.

Direct Payment to the Provider of Service (where applicable)
Provide your GSC Identification number to your provider and, after you pay any applicable co-payment, they may bill GSC directly and in many cases, payment will be made directly to your provider of service. Most providers will also have a supply of claim forms.

Subrogation
GSC retains the right of subrogation if benefits paid on behalf of you or your dependent are or should have been paid or provided by a third party liability. This means that GSC has the right to recover payment for reimbursement where you or your dependent receives reimbursement, in whole or in part, in respect of benefits or payments made or provided by GSC, from a third party or other coverage(s). In cases of third party liability, you must advise your lawyer of our subrogation rights.
Co-ordination of Benefits (COB)
If you are covered for extended health and dental benefits under more than one plan, your benefits under this plan will be coordinated with the other plan so that you may be reimbursed up to 100% of the eligible expense incurred.

Claims must be submitted to the primary payor first. Any unpaid balances should then be submitted to the secondary plan(s). Use the following guidelines to identify the primary and secondary plans:

GSC Plan Member
This GSC student plan is always your primary plan. If you are the plan member under two group plans, priority goes in the following order:
- The plan where you are a full-time plan member
- The plan where you are a part-time plan member
- The plan where you are a retiree

Spouse
If your spouse is a plan member under another benefit plan, this GSC coverage is always secondary. Your spouse must first submit claims to his/her benefit plan.

Children
When dependent children are covered under both your GSC plan and your spouse’s benefit plan, use the following order to determine where to submit the claims:
- The plan of the parent whose birth date (month and day) occurs earliest in the calendar year
- The plan of the parent whose first name begins with the earlier letter of the alphabet, if the parents have the same birth date
- In cases of separation or divorce with multiple benefit plans for the children, the following order applies:
  - The benefit plan of the parent who has custody of the dependent child
  - The plan of the spouse of the parent who has custody of the dependent child
  - The plan of the parent who does not have custody of the dependent child
  - The plan of the spouse of the parent who does not have custody of the dependent child

If the parents have joint custody and both have the children listed as dependents under their plans, claims should first be submitted to the plan of the parent whose birth date (month and day) occurs earliest in the calendar year. Balances can then be submitted to the other parent’s plan.
DISCLAIMER

The Travel benefits are provided by RSA Travel Insurance Inc.

The Accidental Death & Dismemberment Insurance benefits are provided by Chubb Life Insurance Company of Canada. Accidental Death & Dismemberment Insurance is not a benefit if you opt out of the Health Benefits Plan.
Notice to all employees/members of the
Ryerson Students' Union
covered under Viator Group Out-of-Province/Canada
Travel Medical Emergency Insurance Policy

Please note that your coverage is amended as follows:

The Schedule of Benefits is amended to include Class A and Class B as follows:

- **Class A**: All eligible full-time Canadian domestic students
- **Class B**: All eligible full-time International students

The following wording is added and replaces any previous wording contained in the important Notice section of the benefit booklet advising of a restriction on the right to designate a beneficiary:

This policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

Section I - Individual Coverage – Eligibility, Effective Date and Termination of the benefit booklet is replaced as follows:

**CLASS A**

**Participant Coverage**

To be covered under the policy as a participant of Class A, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence; and
2. have your permanent residence in Canada; and
3. be enrolled as a participant of the policyholder and attending a program at Ryerson University on a full-time basis.

**Participant coverage will become effective on the policy effective date.**

**Participant coverage will terminate immediately on the earliest of:**

1. the date the participant ceases to meet any of the eligibility requirements for the participant coverage; or
2. the date the participant is no longer a participant of Ryerson Students' Union and attending a program at Ryerson University on a full-time basis; or
3. the date following the 31st day after the premium is due, if the policyholder does not remit the participant’s premium to the insurer, except where this is a result of a clerical error; or
4. the date the policy is terminated.
Dependent Coverage

To be covered under the policy as a dependent of Class A, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence; and
2. meet the definition of dependent in the policy.

Dependent coverage will become effective on the policy effective date.

Dependent coverage will terminate immediately on the earliest of:

1. the date the dependent ceases to meet any of the above eligibility requirements for dependent coverage; or
2. the date the participant’s coverage terminates; or
3. the date the policy is terminated.

CLASS B

Participant Coverage

To be covered under the policy as a participant of Class B, you must meet the following eligibility requirements:

1. be covered under the Health Insurance Plan provided by the policyholder; and
2. be enrolled as a participant of the policyholder and attending a program at Ryerson University on a full-time basis; and
3. reside in Canada.

Participant coverage will become effective on the later of:

1. the date the policy becomes effective; or
2. the date the participant arrives in Canada; or
3. the effective date of coverage under the policyholder’s Health Insurance Plan. In no event will this coverage become effective prior to the effective date of coverage under the participant’s Health Insurance Plan.

Participant coverage will terminate immediately on the earliest of:

1. the date the participant ceases to meet any of the eligibility requirements for the participant coverage; or
2. the date the participant is no longer a participant of Ryerson Students’ Union and attending a program at Ryerson University on a full-time basis; or
3. the date the participant permanently returns to his country of origin; or
4. the date following the 31st day after the premium is due, if the policyholder does not remit the participant’s premium to the insurer, except where this is a result of a clerical error; or
5. the date the policy is terminated.

Dependent Coverage

To be covered under the policy as a dependent of Class B, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence; or
2. be covered under the Health Insurance Plan provided by the policyholder; and
3. meet the definition of dependent in the policy.
Dependent coverage will become effective on the later of:

1. the date the policy becomes effective; or
2. the date the dependent’s coverage becomes effective under the Health Insurance Plan provided by the policyholder, if the dependent is not covered under a Canadian government health insurance plan. In no event will this dependent coverage become effective prior to the date the participant’s insurance under this policy becomes effective.

Dependent coverage will terminate immediately on the earliest of:

1. the date the dependent ceases to meet any of the above eligibility requirements for dependent coverage; or
2. the date the participant’s coverage terminates; or
3. the date the dependent returns to his country of origin permanently; or
4. the date the policy is terminated.

Section II – Benefits of the benefit booklet is amended as follows:

9. Emergency Air Transportation: When approved and arranged in advance by Global Excel:
   a) air ambulance to return you to the nearest appropriate medical facility or to a Canadian hospital for immediate emergency treatment; or
   b) transport on a licensed airline with an attendant (when required) to return you to your province or territory of residence for immediate emergency treatment; or
   c) For Class B participants only: reasonable and customary costs to return the participant to his country of origin in the event that the participant is unable to resume his studies in Canada due to a medical condition that requires complex, continuous and prolonged care. This benefit also includes reasonable and customary costs for transportation to return the participant’s dependents to accompany him back to their country of origin.

If the insured person refuses the decision of the insurer to repatriate him back to his country of origin, the insurer will be released from any liability for expenses incurred for such injury or sickness after the proposed date of repatriation.

10. Transportation to Bedside: When approved in advance by Global Excel, a single round-trip economy airfare from Canada or from your country of origin, plus up to $150 per day to a maximum of $3,000 for the cost of meals and commercial accommodation for one of the following: spouse, parent, child, brother or sister, to:
   a) be with you if you are travelling alone and have been hospitalized as the result of an emergency. To be payable, this benefit requires that you eventually be hospitalized as an in-patient for at least three consecutive days outside your province or territory of residence and that the attending physician provide written certification that the situation was serious enough to warrant the visit; or
   b) identify the deceased insured person prior to the release of the body, where necessary.

The insurer will only reimburse covered expenses evidenced by original receipts.

11. Return of Travel Companion: If the participant is returned to his province or territory of residence or his country of origin under the Emergency Air Transportation benefit or the Return of Deceased benefit, the insurer will reimburse the cost of a single one-way economy airfare for a travel companion to return to Canada or the country of origin, when approved in advance by Global Excel.
15. **Return of Deceased:** Up to a maximum of $5,000 towards the cost of preparation and transportation of the deceased insured person to his province or territory of residence or his country of origin, in the event of death due to sickness and/or injury.

In the case of cremation and/or burial at the place of death of the insured person, this benefit is limited to $2,500.

The cost of the casket or urn is not covered.

**Trip Cancellation and Trip Interruption Benefits**

At the time you purchase your travel arrangements, you must not know of nor be aware of any reason, circumstance, event, activity or medical condition affecting you, an immediate family member, a travel companion, a travel companion's immediate family member, a caregiver, or a host at trip destination, which may eventually prevent you from starting and/or completing your covered trip as booked.

**You must report the cancellation or interruption of your covered trip immediately.** See Section VIII – Claims, for instructions.

17. **Trip Cancellation:** Coverage includes the cost of trip cancellation up to a maximum of $5,000 per insured person per trip for any of the following occurrences that prevents an insured person from departing on a scheduled trip. To be payable, the prepaid travel arrangements must be cancelled prior to the scheduled departure date. Only the expenses that are non-refundable on the date of the event forcing cancellation shall be considered for the purpose of the claim. The insured person must contact Global Excel and the supplier of travel services on the day the event occurs or the next business day to advise of the cancellation, failure to notify Global Excel may limit the benefits payable.

   a) Quarantine, death, injury or sickness of an insured person, a travel companion, an immediate family member, a travel companion's immediate family member, a caregiver or the host at trip destination. To file a claim, the insured person must supply a claim form and supporting medical records, or a death certificate and proof of cancellation of travel arrangements.

   b) A formal travel warning issued by Foreign Affairs, Trade and Development Canada of the Canadian government after the purchase of your trip and prior to your departure, advising Canadians not to travel to a country, region or city that is part of your trip.

   c) The insured person is summoned to jury duty or subpoenaed as a witness in a case. This applies only when the trial is scheduled to be heard during the scheduled trip dates and the summons or subpoena is received after the travel arrangements were purchased.

   This must be substantiated by court documents.

The following exclusion in Section III - Exclusions of the benefit booklet is removed as follows:

2. For actively at work employees and their dependents: Any sickness, injury or medical condition (other than a minor ailment) that was not stable at any time during the 90 days prior to each departure date.

The following exclusions in Section III - Exclusions of the benefit booklet are amended as follows:

The policy does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Treatment or services normally covered or reimbursable under a government health insurance plan (for an insured person under Class A) or under the Health Insurance Plan provided by the policyholder (for an insured person under Class B), or under any other group, individual, private insurance plan you may have.

17. Suicide (including any attempt thereat) or self-inflicted injury.
25. Treatment or services you received in the province where you attend school on a full-time basis or in your country of origin.

27. A trip cancelled due to quarantine, death or any sickness, injury or medical condition that was not stable at any time in the 90 days prior to the date of purchase of the travel arrangements. This exclusion applies to each insured person and the following persons who are age 60 or over: an immediate family member, a travel companion, a travel companion's immediate family member, a caregiver at the destination and a host at the trip destination.

The following wording is amended in Section IV - General Provisions and Limitations of the benefit booklet:

2. **Transfer or Medical Repatriation:** During an emergency (whether prior to admission or during a covered hospitalization), the insurer reserves the right to:
   a) transfer you to one of Global Excel’s preferred health care providers; and/or
   b) return you to Canada; or
   c) return the participant and dependents to their country of origin, when the participant is unable to resume his studies in Canada for the medical treatment of your sickness and/or injury where this poses no danger to your life or health. If you choose to decline the transfer or return when declared medically stable by the Medical Director of Global Excel, the insurer will be released from any liability for expenses incurred for such sickness and/or injury after the proposed date of transfer or return. Global Excel will make every provision for your medical condition when choosing and arranging the mode of the transfer or return and, in the case of a transfer, when choosing the hospital.

3. **Limitation Of Benefits:** Once you are deemed medically stable to return to Canada or your country of origin (with or without medical escort) either in the opinion of the Medical Director of Global Excel or by virtue of discharge from a medical facility, the emergency will be deemed to have ended, whereupon any further consultation, treatment, recurrence or complication related to the emergency will no longer be eligible for coverage under the policy.

11. **Limitation Periods:** 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 (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

The following wording is removed from Section IV - General Provisions and Limitations of the benefit booklet:

16. **Continuance of Participant Coverage during Absence from School or Work:**
   a) if you are a covered student who is absent from attendance at a participating school due to disability, authorized leave of absence, strike or any other program stoppage at the participant's school, or
   b) if you are a covered employee who is absent from work due to disability, temporary lay-off, authorized leave of absence, strike, or any other work stoppage; the insurance will be continued as long as the participant remains covered under the policyholder's basic group extended health care plan.

The following definitions are added to Section VII - Definitions of the benefit booklet:

"**Country of Origin**" means Canada for an insured person under Class A of the policy or the country of permanent residence for an insured person under Class B of the policy.

"**Program**" means a course load which consists of five to six courses per semester (and is equivalent to 15-20 hours per week), for a time period of one to four academic years in duration (depending on the program chosen), which leads to a certificate, diploma or degree.
The following definitions are removed from Section VII – Definitions of your benefit booklet:

"Active Student" means a student enrolled and attending a program at a participating school of the policyholder.

"Actively at Work" means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of a minimum of 20 hours worked per week. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee’s normal duties at the employee’s normal place of employment on the same basis as the employee who is actively at work.

"Key Employee" means an employee whose continued presence is critical to the ongoing affairs of the business during the insured person’s absence.

The following definitions are amended in Section VII – Definitions of your benefit booklet:

"Coverage Period" means up to the number of consecutive days specified in the Schedule of Benefits during which you are covered under this policy when travelling on a trip.

"Dependent" means the spouse and the unmarried child(ren) of the participant or his spouse, who are dependent on the participant for support and are not employed on a full-time basis. Maximum age limit for dependent child(ren) is under age 25, as specified in the Schedule of Benefits. Coverage will not continue beyond attainment of age 25, except for a covered dependent child who is physically or mentally disabled and totally dependent on the participant for support on the date he reached the age when insurance would normally terminate.

"Health Insurance Plan" means the health care coverage provided by the policyholder in Canada to their participants of Class B who are not eligible for coverage under a Canadian government health insurance plan.

"Participant" means a full-time student enrolled and attending a program at Ryerson University under Class A or B of this policy whom the policyholder identifies as being entitled for coverage under this policy and for whom the policyholder has paid the required premium. Full-time status is considered as taking 60 percent or more of a program course load. Class A means all eligible full-time students who are covered under a Canadian government health insurance plan and Class B means all eligible full-time international students who are covered under the Health Insurance Plan provided by the policyholder.

"Policyholder" means the Ryerson Students’ Union to whom this policy is issued.

"Spouse" means the person to whom the participant is legally married or with whom the participant has been residing for at least the last 12 months.

"Trip" means a journey that you undertake which commences on the date of departure from your Canadian province or territory of residence and ends when you return to your Canadian province or territory of residence.

This notice is intended to provide information on the changes brought to your plan but it does not list all the conditions and exclusions that apply. The actual wording of the policy and any endorsements govern all situations.
NOTICE

This notice is attached to and forms part of the benefit booklet provided by Royal & Sun Alliance Insurance Company of Canada.

It is hereby agreed and understood that the terms of the benefit booklet are amended as follows:

The following wording is added and replaces any previous endorsement or wording contained in the policy and the benefit booklet advising of a restriction on the right to designate a beneficiary:

This policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

The following wording is added and replaces any previous endorsement or wording contained in the policy and the benefit booklet relating to the Limitation Period or Limitation of Actions:

Limitation Periods

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 (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

The following wording is added and replaces any wording contained in the policy and the benefit booklet relating to the Sanctions clause:

The Insurer is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with economic, financial and trade sanctions imposed by the European Union and the United Kingdom and the parties acknowledge that the Insurer intends to adhere to the same standard.

The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this policy which would breach economic, financial or trade sanctions ("Sanctions") imposed under the laws of Canada; or would breach Sanctions imposed by the European Union or the United Kingdom if provided under an insurance contract issued by an insurer in the United Kingdom.

Nothing herein contained shall vary, alter, waive or extend any provision or condition of the policy, other than as stated above.
.:Viator™
Group Out-of-Province/Canada
Travel Medical Emergency Insurance

BENEFITS
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<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
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Schedule of Benefits

<table>
<thead>
<tr>
<th>Ryerson Students' Union</th>
</tr>
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<tbody>
<tr>
<td>Policyholder Name</td>
</tr>
<tr>
<td>1167965</td>
</tr>
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</tbody>
</table>

This booklet contains further clauses which may limit coverage. Please read this booklet carefully. Please note that all dollar amounts are expressed in Canadian currency.

Overall Maximum per Insured Person

<table>
<thead>
<tr>
<th>Class A:</th>
<th>$5,000,000 per coverage period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class B:</td>
<td>$5,000,000 per coverage period</td>
</tr>
</tbody>
</table>

Description of Classes

<table>
<thead>
<tr>
<th>Class A:</th>
<th>All eligible full-time Canadian domestic students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class B:</td>
<td>All eligible full-time International students</td>
</tr>
</tbody>
</table>

Common Law Spouse Cohabitation Period

<table>
<thead>
<tr>
<th>Class A:</th>
<th>Continuous cohabitation: 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class B:</td>
<td>Continuous cohabitation: 12 months</td>
</tr>
</tbody>
</table>

Age Limits for Dependent Children

| Under age 21, or under age 25 if a full-time student at a recognized educational institution |

Coverage Period

<table>
<thead>
<tr>
<th>Class A:</th>
<th>60 days per trip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class B:</td>
<td>60 days per trip</td>
</tr>
</tbody>
</table>
## Benefit Summary

Refer to SECTION II for benefit details.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
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<tr>
<td>Hospital Accommodation</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Physician Charges</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Paramedical Services</td>
<td>$250 per profession</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>30-day supply per prescription</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Medical Appliances</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Private Duty Nurse</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Emergency Air Transportation</td>
<td>Reasonable and customary costs</td>
</tr>
<tr>
<td>Transportation to Bedside</td>
<td>Economy round-trip airfare plus up to $150 per day to a maximum $3,000 per trip</td>
</tr>
<tr>
<td>Return of Travel Companion</td>
<td>One-way airfare</td>
</tr>
<tr>
<td>Treatment of Dental Accidents</td>
<td>Up to $2,000</td>
</tr>
<tr>
<td>Meals and Accommodation</td>
<td>Up to $150 per day, to a maximum $3,000 per trip</td>
</tr>
<tr>
<td>Vehicle Return</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Return of Deceased</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Incidental Expenses</td>
<td>Up to $250</td>
</tr>
<tr>
<td>Trip Cancellation</td>
<td>Up to $5,000 per insured person per trip</td>
</tr>
<tr>
<td>Trip Interruption</td>
<td>Up to $2,000 per insured person per trip</td>
</tr>
</tbody>
</table>
Group Out-of-Province/Canada Travel Medical Emergency Insurance

Throughout this policy, words in italics have a specific meaning and are defined in Section VII - Definitions.

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances occurring while you are temporarily travelling outside your province or territory of residence. It is important that you read and understand your plan before you travel. In the event of any discrepancy between the provisions of a booklet or other document you hold and the provisions of the policy, the provisions of the policy shall govern. The Insurer has contracted Global Excel Management Inc. (called "Global Excel") to provide medical assistance and claims services under the policy.

This benefit booklet contains a provision removing or restricting the right of the group person to designate persons to whom or for whose benefit insurance money is to be payable.

IN THE EVENT OF AN EMERGENCY, YOU MUST CALL GLOBAL EXCEL IMMEDIATELY:

- From Canada and the U.S., call toll-free .................................................. 1-866-870-1898
- From anywhere else, call collect .......................................................... + 619-566-1898

The emergency telephone numbers are also shown on the back of the medical assistance card provided.

Global Excel must be contacted before you seek medical treatment. If your condition renders you unable to do so, then someone else must contact Global Excel immediately for you. Do not assume that someone will contact Global Excel on your behalf. It remains your responsibility to ensure that Global Excel has been contacted prior to receiving medical treatment or as soon as reasonably possible.

Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed prior to your trip. Refer to your policy to determine how these exclusions may affect your coverage and how they relate to your departure date, date of purchase or effective date.

If you incur any expenses without prior approval by Global Excel, such expenses will be covered, except where the policy expressly requires the prior approval or authorization of Global Excel, on the basis of the reasonable and customary costs that would have been payable for such expenses by the Insurer in accordance with the terms and conditions of the policy. Such expenses may be higher than this amount, therefore you will be responsible for paying any difference between the amount you incur and the reasonable and customary costs reimbursed by the Insurer.
SECTION I — INDIVIDUAL COVERAGE - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

Participant Coverage

To be covered under the policy as a participant, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence or a Health Insurance Plan which provides equivalent benefits to the government health insurance plan of the province or territory of the participating school and is provided through a participating school of the policyholder in Canada; and

2. be covered under the basic group extended health care plan of the policyholder; and

3. have your permanent residence in Canada; and

4. a) if you are covered as an active student of the policyholder, you must be enrolled and attending a program at a participating school in Canada of the policyholder; and

   b) if you are covered as an actively at work employee in Canada of the policyholder, you must be working a minimum of 20 hours per week.

Participant coverage will become effective on the later of:

1. the date the policy becomes effective; or

2. the date your coverage becomes effective under the basic group extended health care plan of the policyholder.

Coverage for disabled employees or employees who are not actively at work on the date their coverage would normally become effective will become effective on the date the employee resumes active work, for a minimum of 20 hours per week.

Participant coverage will terminate immediately upon the first to occur of:

1. the date you cease to meet any of the above eligibility requirements for participant coverage;

2. if you are a covered active student:

   a) the 31st of August following the completion of the program; or

   b) the date you are no longer an active student in the participating university or college;

3. the date the premium is due if the policyholder does not remit your premium to the Insurer, except where this is the result of a clerical error; or

4. the date the policy is terminated.

Dependent Coverage

To be covered under the policy as a dependent, you must meet the following eligibility requirements:

1. be covered under the government health insurance plan of your province or territory of residence or a Health Insurance Plan which provides equivalent benefits to the government health insurance plan of the province or territory of the participating school and is provided through a participating school of the policyholder in Canada; and

2. be covered as a dependent under the basic group extended health care plan of the policyholder; and

3. meet the definition of dependent in the policy.

Dependent coverage, if any, will become effective on the later of:

1. the date the policy becomes effective; or

2. the date the dependent's coverage becomes effective under the basic group extended health care plan of the policyholder, but in no event prior to date the participant's insurance becomes effective.

Dependent coverage will terminate immediately upon the first to occur of:

1. the date the dependent ceases to meet any of the above eligibility requirements for dependent coverage;

2. the date the participant's coverage terminates, except if termination is due to the death of the participant, in which case your coverage will continue until the earlier of the expiry of two years or the date you cease to meet the definition of dependent or remarry or die, provided the policyholder continues to make the required premium payments; or

3. the date the policy is terminated.
The policy covers expenses that are:

- incurred outside the province or territory of residence of the insured person;
- medically necessary;
- reasonable and customary costs;
- incurred as a result of an emergency due to sudden and unforeseen sickness and/or injury occurring during the coverage period;
- in excess of those covered by the government health insurance plan or other insurance under which you may have coverage; and
- legally insurable;

subject to the Overall Benefit Maximum per insured person specified in the Schedule of Benefits.

In the event of an emergency, the following benefits are payable under the policy. However, certain expenses, as specified below, are covered only if you obtain the prior approval of Global Excel.

1. **Hospital Accommodation**: Room and board costs up to the semi-private room rate charged by the hospital. If medically necessary, expenses for treatment in an intensive or coronary care unit are also covered. If coverage terminates for any reason during your hospital stay, benefits continue until discharge, to a maximum of one year. In no case will expenses for in-patient stays be covered for a period greater than 365 days per insured person.

2. **Physician Charges**: Charges for treatment by a physician.

3. **Diagnostic Services**: Laboratory tests and x-rays prescribed by the attending physician and that are part of the emergency treatment. The policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel.

4. **Paramedical Services**: The services (including x-rays) of a licensed chiropractor, physiotherapist, podiatrist or osteopath, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per insured person, per profession listed above, when approved in advance by Global Excel.

5. **Prescriptions**: Drugs, including injectable drugs, and sera that can only be obtained upon medical prescription, that are prescribed by a physician and that are supplied by a licensed pharmacist when medically necessary for emergency treatment, except when needed to stabilize a chronic condition or a medical condition which you had before your trip. This benefit is limited to a 30-day supply per prescription, unless you are hospitalized.

6. **Ambulance Services**: When reasonable and medically necessary, licensed ground ambulance service to the nearest medical facility.

7. **Medical Appliances**: When approved in advance by Global Excel, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending physician, obtained outside your province or territory of residence and medically necessary.

8. **Private Duty Nurse**: The professional services of a registered private nurse, when medically necessary and while hospitalized, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per insured person, when approved in advance by Global Excel.

9. **Emergency Air Transportation**: When approved and arranged in advance by Global Excel:
   a) air ambulance to the nearest appropriate medical facility or to a Canadian hospital for immediate emergency treatment;
   b) transport on a licensed airline with an attendant (where required) to return you to your province or territory of residence for immediate emergency treatment.

10. **Transportation to Bedside**: When approved in advance by Global Excel, a single round-trip economy airfare from Canada plus up to the maximum amount specified in the Benefit Summary section of Schedule of Benefits for the cost of meals and commercial accommodation for one of the following: spouse, parent, child, brother, sister or business partner, to:
    a) be with you if you are travelling alone and have been hospitalized as the result of an emergency. To be payable, this benefit requires that you eventually be hospitalized as an in-patient for at least three consecutive days outside your province or territory of residence and that the attending physician provide written certification that the situation was serious enough to warrant the visit; or
    b) identify the deceased insured person prior to the release of the body, where necessary.

   The Insurer will only reimburse covered expenses evidenced by original receipts.

11. **Return of Travel Companion**: If you are returned to your province or territory of residence under the Emergency Air Transportation benefit or the Return of Deceased benefit, the Insurer will reimburse the cost of a single one-way economy airfare for a travel companion to return to Canada, when approved in advance by Global Excel.

12. **Treatment of Dental Accidents**: Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits per insured person for emergency dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth provided the injury was caused by an external, accidental blow to the mouth or face. You must consult a physician or dentist immediately following the injury.
Treatment must begin during the coverage period and be completed prior to returning to your province or territory of residence. An accident report is required from a physician or dentist for claims purposes.

13. **Meals and Accommodation:** Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits per insured person, for the cost of commercial accommodation and meals for the insured person and/or any of his/her dependants when their trip is extended beyond the last day of the scheduled trip due to the sickness and/or injury suffered by an insured person. This benefit must be authorized in advance by Global Excel. The fact that you are unable to travel must be certified by the attending physician and supported with original receipts from commercial organizations.

14. **Vehicle Return:** Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits, if neither you, nor someone travelling with you, are able to operate your vehicle, whether owned or rented, during your trip due to sickness and/or injury. Arrangements and payment will be made for the return of the vehicle to your home in your province or territory of residence or the nearest available rental agency. Benefits will only be payable for a single person to return the vehicle when approved and/or arranged in advance by Global Excel. This benefit does not cover wages lost by the person driving your vehicle. The Insurer will only reimburse covered expenses evidenced by original receipts.

15. **Return of Deceased:** Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits, for a covered active student who has been granted a student visa to study in the US, up to a maximum of $15,000 while travelling in the US, towards the cost of preparation and transportation of the deceased insured person to their province or territory of residence in the event of death due to sickness and/or injury. In the case of cremation and/or burial at the place of death of the insured person, this benefit is limited to $2,500. The cost of the casket or urn is not covered.

16. **Incidental Expenses:** Up to the maximum specified in the Benefit Summary section of the Schedule of Benefits for your out-of-pocket expenses such as telephone charges, television rental and parking while you are hospitalized for an emergency, and the expenses are incurred as a direct result of such hospitalization. The Insurer will only reimburse covered expenses evidenced by original receipts.

**Trip Cancellation and Trip Interruption Benefits**

At the time you purchase your travel arrangements, you must not know of nor be aware of any reason, circumstance, event, activity or medical condition affecting you, an immediate family member, a travel companion, a travel companion's immediate family member, a business partner, a key employee, a caregiver, or a host at trip destination, which may eventually prevent you from starting and/or completing your covered trip as booked.

You must report the cancellation or interruption of your covered trip immediately. See Section VIII – Claims, for instructions.

17. **Trip Cancellation:** Coverage includes the cost of trip cancellation up to a maximum of $5,000 per insured person per trip for any of the following occurrences that prevents an insured person from departing on a scheduled trip. To be payable, the prepaid travel arrangements must be cancelled prior to the scheduled departure date. Only the expenses that are non-refundable on the date of the event forcing cancellation shall be considered for the purpose of the claim. The insured person must contact Global Excel and the supplier of travel services on the day the event occurs or the next business day to advise of the cancellation, failure to notify Global Excel may limit the benefits payable.

a) Quarantine, death, injury or sickness of an insured person, a travel companion, an immediate family member, a travel companion's immediate family member, a business partner, a key employee, a caregiver or the host at trip destination. To file a claim, the insured person must supply a claim form and supporting medical records, or a death certificate and proof of cancellation of travel arrangements.

b) A formal travel warning issued by Foreign Affairs, Trade and Development Canada of the Canadian government after the purchase of your trip and prior to your departure, advising Canadians not to travel to a country, region or city that is part of your trip.

c) The insured person is summoned to jury duty or subpoenaed as a witness in a case. This applies only when the trial is scheduled to be heard during the scheduled trip dates and the summons or subpoena is received after the travel arrangements were purchased. This must be substantiated by court documents.

18. **Trip Interruption:** If, after departure and during a covered trip, an insured person is forced to interrupt or discontinue or extend the trip due to an injury, sickness or death of:

a) the insured person, or

b) an immediate family member who is or is not on the trip, the insured person will be reimbursed for:

i. the non-refundable proportionate cost of the remaining trip excluding the cost of prepaid unused transportation back to the departure point, which an insured person was unable to complete because of early return; plus

ii. the cost of one-way fare for similar type of transportation, by the most direct route, to allow the insured person to either:

   • rejoin the trip; or

   • return to the departure point.

The insured person must contact Global Excel on the day the event occurs to advise of the trip interruption. The maximum amount payable is $2,000 per insured person per trip. **Note:** this benefit does not reimburse the unused portion of any travel ticket.
SECTION III — EXCLUSIONS

The policy does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Treatment or services normally covered or reimbursable under a government health insurance plan, a Health Insurance Plan, or under other insurance you might have.

2. For actively at work employees and their dependents: Any sickness, injury or medical condition (other than a minor ailment) that was not stable at any time during the 90 days prior to each departure date.

3. Any trip booked or commenced contrary to medical advice or after you are diagnosed with a terminal illness.

4. Any medical condition for which, prior to departure, medical evidence suggests a reasonable expectation that treatment or hospitalization could be required while travelling.

5. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering or that you elect to have provided outside your province or territory of residence when medical evidence indicates that you could return to your province or territory of residence to receive such treatment. The delay to receive treatment in your province or territory of residence has no bearing on the application of this exclusion.

6. Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or hospital services, whether or not such trip is taken on the advice of a physician.

7. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by Global Excel prior to being performed, except in extreme circumstances where such surgery is performed on an emergency basis immediately upon admission to hospital.

8. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel.

9. Hospitalization or services rendered in connection with general health examinations for "checkup" purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse 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 Global Excel).

10. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature, unless hospitalized.

11. Emergency Air Transportation and/or car rental unless approved and arranged in advance by Global Excel.

12. Treatment not performed by or under the supervision of a physician or licensed dentist.

13. Treatment or hospitalization of mother or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the four weeks before or after the expected delivery date.

14. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution or military power.

15. Terrorism or by any activity or decision of a government agency or any other entity to prevent, respond to or terminate terrorism except for ensuing loss or damage which results directly from fire or explosion. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

16. Committing or attempting to commit an illegal act or a criminal act.

17. Suicide (including any attempt thereof) or self-inflicted injury, whether or not you are sane.

18. Service in the armed forces.

19. Participation in any sport as a professional athlete (for which you are remunerated), or in motorized or mechanically-assisted racing or speed contests (defined as an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event).

20. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.

21. 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.

22. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by Global Excel.

23. The cost of any airline ticket covered under the policy where your ticket may be exchanged or used for the same purpose.


25. Treatment or services received in the province where you attend school or work on a full-time basis or in your home country, if you are a foreign student studying in Canada or a non-resident working in Canada.
26. An accident occurring while you were operating a motorized vehicle, vessel or aircraft, if you:
   a) were under the influence of drugs or toxic substances, or
   b) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood, or
   c) had a blood alcohol level higher than the legal limit in the location where the accident occurred.

27. A trip cancelled due to quarantine, death or any sickness, injury or medical condition that was not stable at any time in the 90 days prior to the date of purchase of the travel arrangements. This exclusion applies to each insured person and the following persons who are age 60 or over: an immediate family member, a travel companion, a travel companion’s immediate family member, a business partner, a key employee, a caregiver at the destination and a host at the trip destination.

28. A trip interrupted due to any sickness, injury or medical condition that was not stable at any time in the 90 days prior to the date of purchase of the travel arrangements. This exclusion applies to each insured person, and to the insured person’s immediate family member, when the immediate family member is age 60 or over.

29. Any injury, sickness or medical condition which, prior to the date of purchase of the insured person’s travel arrangements:
   a) was such as to render medical consultation or hospitalization expected; or
   b) which has been shown, by prior medical history, as probable or certain to occur.

30. Sickness, injury or medical condition if an insured person, a travel companion, or an immediate family member of the insured person or the insured person’s travel companion are awaiting or undergoing any surgery, medical test(s), examination(s), monitoring or consultation prior to the date of purchase of the insured person’s travel arrangements:
   a) for an existing medical condition, other than a regular medical check-up. (In the eventuality of a claim, the dates of the last and next medical check-up must be provided); or
   b) for a new or changed medical condition, which may eventually cause an insured person, a travel companion, or an immediate family member of the insured person or of the insured person’s travel companion, to seek medical attention.

31. A trip undertaken for the purpose of visiting a sick or injured person when the covered trip is cancelled, interrupted or delayed due to such person’s medical condition or death therefrom.

32. Any sickness, injury or medical condition you suffer or contract, or any loss you incur in a specific country, region or area for which the Government of Canada, including Foreign Affairs, Trade and Development Canada, has issued a travel advisory or formal notice, before your departure date advising travellers to avoid non-essential travel or to avoid all travel to that specific country, region or area.

   If the travel advisory or formal notice is issued after your departure date, your coverage under this policy in that specific country, region or area will be limited to a period of 10 days from the date the travel advisory or formal notice was issued, or to a period that is reasonably necessary for you to safely evacuate the country, region or area.

SECTION IV — GENERAL PROVISIONS AND LIMITATIONS

1. Notice to Global Excel: In the event of a sickness and/or injury likely to give rise to an emergency, you must give immediate notice to Global Excel. Failure to do so may limit the benefits payable under the policy. If you incur any expenses without prior approval by Global Excel, such expenses will be covered, except where the policy expressly requires the prior approval or authorization of Global Excel, on the basis of the reasonable and customary costs that would have been payable for such expenses by the Insurer in accordance with the terms and conditions of the policy. Such expenses may be higher than this amount, therefore you will be responsible for paying any difference between the amount you incur and the reasonable and customary costs reimbursed by the Insurer.

2. Transfer or Medical Repatriation: During an emergency (whether prior to admission or during a covered hospitalization), the Insurer reserves the right to:
   a) transfer you to one of Global Excel’s preferred health care providers, and/or
   b) return you to your province or territory of residence

   for the medical treatment of your sickness and/or injury where this poses no danger to your life or health. If you choose to decline the transfer or return when declared medically stable by the Medical Director of Global Excel, the Insurer will be released from any liability for expenses incurred for such sickness and/or injury after the proposed date of transfer or return. Global Excel will make every provision for your medical condition when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the hospital.

3. Limitation of Benefits: Once you are deemed medically stable to return to Canada (with or without medical escort) either in the opinion of the Medical Director of Global Excel or by virtue of discharge from a medical facility, your emergency will be deemed to have ended. Whereupon any further consultation, treatment, recurrence or complication related to the emergency will no longer be eligible for coverage under the policy.

4. Misrepresentation and Non-Disclosure: Your entire coverage under the policy shall be voidable if the Insurer determines, whether before or after loss, that you or the policyholder have concealed, misrepresented or failed to disclose any material fact or circumstance concerning the policy or your interest therein, or if you or the policyholder refuse to disclose information or to permit the use of such information,
pertaining to any of the insured persons under the policy. Consequently and following a loss, no claim shall be payable by the insurer and you shall be solely responsible for all expenses relating to your claim, including medical repatriation costs.

5. **Subrogation:** If you suffer a loss covered under the policy, the insurer is granted the right from you to take action to enforce all your rights, powers, privileges, and remedies, to the extent of benefits paid under the policy, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of medical expenses are available to you, regardless of fault, the insurer is granted the right to make demand for, and recover, those benefits. If the insurer institutes an action it may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action. In addition to providing the insurer all information, cooperation and assistance the insurer may reasonably require. If you institute a demand or action for a covered loss, you shall immediately notify the insurer so that the insurer may safeguard its rights. You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.

6. **Arbitration:** Notwithstanding any clause in the policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by the arbitration law in force in the Canadian province or territory of residence of the participant. The parties agree that any action will be referred to arbitration.

7. **Applicable Law:** The policy is governed by the law of the Canadian province or territory of residence of the participant. Any legal proceeding by the insured person, his heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the participant.

8. **Other Insurance:** This insurance is a second payer plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing hospital, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which an insured person is insured under such other coverage.

All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is $50,000 or less.

9. **Coordination and Order of Benefits:** If a person has coverage under another plan that does not provide for coordination of benefits, that plan will be considered primary carrier and will be responsible for making the initial payment. If the other plan does provide for coordination of benefits, the order of benefit will be as follows:

- **Participant and dependent spouse**
  The plan insuring the participant or the participant's dependent spouse as an employee/member pays benefits before the plan insuring the participant or the participant's spouse as a dependent.

- **Dependent child**
  If the dependent child is insured as a dependent under the participant's and the spouse's plans, benefits will first be payable under the plan of the parent whose birthday comes first in the calendar year. The balance of eligible expenses can then be submitted to the plan of the other parent.

  If both parents have the same birthday (month/day), the claims for children must be submitted to the plan in the alphabetical order of the parents' first names.

When a person is insured under other group or individual policies or government plans, the benefits payable from all sources cannot exceed one hundred percent of expenses incurred.

10. **Rights of Examination:** To be entitled to payment of benefits provided under the policy, the participant, on his own behalf and on behalf of his dependents hereby authorizes any physician, health professional, hospital, institution and any other organization to forward to the insurer or its representatives, all information, reports or documents that they may require.

The participant hereby authorizes the Insurer to communicate directly with any physician, health professional, hospital, institution or other organization to obtain any information required for the assessment of claims and hereby relieves the persons concerned of all legal responsibility which could arise from the disclosure of such information.

In the event of death, the Insurer will require that a death certificate be filed with the claim. Furthermore, the Insurer has the right to request an autopsy and review any autopsy report, if not prohibited by law.

11. **Limitation Period:** 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 (British Columbia, Alberta and Manitoba). 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 Limitations Act (Ontario), or other applicable legislation.

12. **Availability of Care:** Neither the Insurer nor Global Excel shall be responsible for the availability or quality of any medical treatment (including the results thereof) or transportation at the vacation destination, or your failure to obtain medical treatment during the coverage period.

13. **Evidence of Age:** The Insurer reserves the right to request proof of age of any insured person.
14. **Assignment:** Benefits under the policy may not be assigned to a third party. However and exceptionally, in no event will this affect Global Excel's ability to make payment, for the benefit of the insured person, directly to the hospital or clinic as provided for under the International Assistance Service section of the policy.

15. **When Money Payable:** All money payable under the policy shall be paid by the insurer within 60 days after it has received due proof of claim.

16. **Continuance of Participant Coverage During Absence from School or Work:**
   a) If you are a covered student who is absent from attendance at a participating school due to disability, authorized leave of absence, strike or any other program stoppage at the participant’s school; or
   b) If you are a covered employee who is absent from work due to disability, temporary lay-off, authorized leave of absence, strike, or any other work stoppage;
   the insurance will be continued as long as the participant remains covered under the policyholder’s basic group extended health care plan.

17. **Examination of the Policy:** The policy, including any endorsements, will be kept at the office of the policyholder. You may consult the policy during the regular business hours of the policyholder.

18. **Sanctions:** The Insurer is a member of the RSA Group whose principal insurance company in the United Kingdom is required to comply with economic, financial and trade sanctions ("Sanctions") imposed by the European Union and the United Kingdom and the parties acknowledge that the Insurer intends to adhere to the same standard.

The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this policy which would breach Sanctions imposed under the laws of Canada; or would breach Sanctions imposed by the European Union or the United Kingdom if provided under an insurance contract issued by an Insurer in the United Kingdom.

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**SECTION V — AUTOMATIC EXTENSION OF COVERAGE PERIOD**

The coverage period per trip will automatically be extended up to 72 hours if:

a) you are hospitalized due to a medical emergency on the last day of coverage. Your coverage will remain in force for as long as you are hospitalized and the 72-hour extension commences upon release from hospital;

b) a late train, boat, bus, plane, or other vehicle in which you are a passenger causes you to miss your scheduled return to your province or territory of residence (including by reason of weather);

c) the vehicle in which you are travelling is involved in a traffic accident or mechanical breakdown that prevents you from returning to your province or territory of residence on or before your return date;

d) you must delay your scheduled return to your province or territory of residence due to a medical emergency.

All claims incurred after your original scheduled return date must be supported by documented proof of the event resulting in your delayed return.

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**SECTION VI — INTERNATIONAL ASSISTANCE SERVICE**

**Global Excel** is available to take your calls 24 hours a day, 7 days a week.

**Emergency Call Centre** — No matter where you travel, professional assistance personnel are ready to take your call. Global Excel can also provide you with Canada Direct instructions and codes so that you only deal with Canadian telephone operators.

**Referrals** — Global Excel can refer you to the preferred medical providers (hospitals, clinics and physicians) that are closest to where you are staying. With a referral, it is less likely that you will have to pay for services out of pocket.

**Benefit Information** — Explanation of your coverage is available to you and to the medical providers who are treating you.

**Medical Consultants** — Global Excel’s team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious emergency. If necessary, Global Excel will help you return to Canada for the care required.

**Urgent Message Relay** — In the event of a medical emergency, Global Excel will contact your travel companion to keep him advised of your medical situation and will help you exchange important messages with your family.

**Interpretation Service** — Global Excel can connect you to a foreign language interpreter when required for emergency services in foreign countries.

**Direct Billing** — Whenever possible, Global Excel will instruct the hospital or clinic to bill the insurer directly.

**Claims Information** — Global Excel will answer any questions you have about the eligibility of your claim, standard verification procedures and the way that the benefits under the policy are administered.

**Doctor-On-Call™** — Doctor-On-Call™ service for travellers to the United States provides you with access to a licensed US physician, if applicable, including the possibility of receiving a home visit in case of emergency.
Throughout this policy, defined words are written in italics.

"Accident" means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury.

"Active Student" means a student enrolled and attending a program at a participating school of the policyholder.

"Actively at Work" means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of a minimum of 20 hours worked per week. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee’s normal duties at the employee’s normal place of employment on the same basis as the employee who is actively at work.

"Caregiver" means a person entrusted with the care of a dependent child on a permanent, full-time basis and whose services cannot reasonably be replaced.

"Coverage Period" means up to the number of consecutive days specified in the Schedule of Benefits during which you are covered under the policy when you take a trip and which is calculated as of the departure date from your province or territory of residence for that trip.

"Departure Point" means the place the insured person departs from on the first day and returns to on the last day of the trip.

"Dependent" means the spouse and/or the unmarried child of the participant or spouse, who is dependent on the participant for support and is not employed on a full-time basis. Age limits for a dependent child are specified in the Schedule of Benefits. However, coverage will not continue beyond attainment of age 26, except for a covered dependent child who is physically or mentally disabled and totally dependent on the participant for support on the date he reached the age when insurance would normally terminate.

"Emergency" means the occurrence of a sickness and/or injury during the coverage period that requires immediate medically necessary treatment for the relief of acute pain or suffering, other than experimental or alternative treatment, and such treatment cannot be delayed until your return to Canada.

"Global Excel" means Global Excel Management Inc. the company appointed by the Insurer to provide medical assistance and claims services under the policy.

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

"Health Insurance Plan" means the health care coverage provided by the participating school in Canada to their International Students, which provides benefits that are equivalent to the government health insurance plan of the province or territory of the participating school.

"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, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, or drug or alcohol abusers.

"Immediate Family Member" means your spouse, son, daughter, father, mother, brother, sister, stepson, stepdaughter, stepfather, stepmother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandson, granddaughter, grandfather or grandmother of the insured person.

"Injury" means an unexpected and unforeseen harm to the body that is caused by an accident, that you sustained during the coverage period and that requires emergency treatment that is covered by the policy.

"In-patient" means a patient who occupies a hospital bed for more than 24 hours for medical treatment and for which admission was recommended by a physician when medically necessary.

"Insured Person", "You" and "Your" mean any one of the participant or participant’s dependents covered under the policy.

"Key Employee" means an employee whose continued presence is critical to the ongoing affairs of the business during the insured person’s absence.

"Medically Necessary" in reference to a given service or supply, means such service or supply:
   a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
   b) is not experimental or investigatory in nature;
   c) cannot be omitted without adversely affecting the condition of the insured person or quality of medical care;
   d) cannot be delayed until the insured person returns to his province or territory of residence.

"Minor Ailment" means any sickness or injury which does not require the use of medication for a period greater than 15 days, more than one follow-up visit to a physician, hospitalization, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive days prior to the departure date. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.
“Ongoing Condition” means an acute sickness and/or injury that requires continuing care and/or treatment after the initial emergency has ended as determined by the Medical Director of Global Excel.

“Participant” means an eligible active student or actively at work employee whom the policyholder identifies as being entitled to coverage under the policy and for whom the policyholder has paid the required premium.

“Physician” means a medical practitioner whose legal and professional standing within his jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his licensed authority. A physician must be a person other than you or your immediate family member.

“Policy” means the group travel emergency medical insurance contract, (master policy), issued by the Insurer to the policyholder.

“Policyholder” means the company or organization specified in the Schedule of Benefits and 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 sickness and/or injury.

“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.

“Spouse” means either the person who is lawfully married to the participant or the person who has been living with the participant for one year without interruption in a relationship of a conjugal nature, who has been publicly represented as such.

“Stable” means any medical condition (other than a minor ailment) for which all the following statements are true:
   a) there has been no new diagnosis, treatment or prescribed medication;
   b) there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);
   c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
   d) there have been no test results showing deterioration;
   e) there has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting the results of further investigations for that medical condition.

“Supplier of Travel Services” means a travel agent, a tour operator, a travel wholesaler, an airline, a cruise line, a provider of ground transportation, a provider of travel accommodations who is legally authorized and licensed to sell travel services to the general public.

“Terminal Illness” means you have a condition that is cause for the physician to estimate that you have less than six months to live.

“Terrorism” means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

“Travel Companion” means a person who is sharing travel arrangements with the insured person from the point of departure on a covered trip, including accommodation and transportation, and who has paid for such accommodation or transportation in advance of departure. A maximum of three persons will be considered travel companions.

“Trip” means a journey that you undertake which commences on the date of your departure from your province or territory of residence and ends when you return to your province or territory of residence.

“Vehicle” means an automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pickup truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which you are a passenger or driver during the trip.

SECTION VIII — CLAIMS

Notice and Proof of Claim
In the event that Global Excel is not contacted immediately, the insured person, or a beneficiary entitled to make a claim, or the agent of any of them, shall:
   a) give written notice of claim by delivery thereof or by sending it by registered mail to Global Excel not later than 30 days from the date the claim arises under the policy;
   b) within 90 days from the date a claim arises under the policy, furnish Global Excel such proof of claim as is reasonably possible in the circumstances of the emergency giving rise to the claim and the loss occasioned thereby; the right of the claimant to receive payment, his age and the age of the beneficiary, if relevant; and
   c) if required by Global Excel, provide a satisfactory certificate stating the cause for which the claim is made and the duration of the disability, if applicable.
Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of injury or the date a claim arises under the policy on account of sickness if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms For Proof of Claim

Global Excel, on behalf of the Insurer, 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 he may submit his proof of claim in the form of a written statement of the cause or nature of the emergency giving rise to the claim.

Claims Procedures

You are responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, you must:

a) include the policy number, the patient's name (married and maiden, if applicable), date of birth, and Canadian provincial or territorial government health insurance plan number with its expiry date or version code (if applicable); and

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; and

c) provide the 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; and

d) provide proof of the departure date(s) and return date(s); and

e) provide written proof of claim within 30 days of the date of receipt of services covered under the policy; and

f) provide additional information pertinent to your claim, as may be required by Global Excel after receipt of your claim; and

g) sign and return the authorization form, provided by Global Excel, allowing the Insurer to recover payment from the Canadian provincial or territorial government health insurance plan or the Health Insurance Plan, or any other insurance plan. The Insurer will coordinate and pay your claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial government health insurance plan on your behalf; and

h) return the unused portion of your air ticket to Global Excel if the Emergency Air Transportation benefit is used; and

i) for trip cancellation claims, provide a claim form, an explanation of the reason for cancelling the trip, including details and dates of the event, hospital records, death certificate, physician's note, original receipts as proof of payment for the covered trip showing dates and amounts paid, supplier of travel services fees and penalties and the method of payment, the original airline tickets, electronic copy of the airline booking if applicable, proof of the reason for cancellation of the trip and/or proof of all requested applicable refunds; and

j) for trip interruption claims, provide a claim form, an explanation of the reason for interrupting the trip, including details and dates of the event, hospital records, death certificate, physician's note, original receipts, airline tickets, transfer vouchers, meal vouchers, accommodation and other travel documents pre-paid for your covered trip; and

k) Global Excel may ask you or the attending physician to provide additional evidence to support your claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant's attending physician(s) or any hospital(s) for the purpose of determining the validity of a claim. In this event, you will be responsible for any fees required to substantiate your claim. You may also be required to undergo examination by one or more of our physicians. In this event, Global Excel will cover any associated costs.

All sums in the plan are in Canadian currency unless otherwise indicated. If you have paid a covered expense in a currency other than Canadian currency, you will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance will not pay interest.

Any information not provided may result in a delay in processing your claim.

All pertinent documents should be sent to:

Global Excel Management Inc.
73 Queen St.
Sherbrooke, Quebec
J1M 0C9

Tel.: 1-866-870-1898 (toll free) or +619-566-1898 (collect) during business hours (EST).
SECTION IX – IMPORTANT NOTICE ABOUT THE INSURED PERSON’S PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada ("we", "us") collect, use and disclose, personal information (including to and from your agent or broker, our affiliates and/or subsidiaries, referring organizations and/or third party providers/suppliers) for insurance purposes, such as administering insurance, investigating and processing claims and providing assistance services.

Typically, we collect personal information from individuals who apply for insurance, and from policyholders, insureds and claimants. In some cases we also collect personal information from and exchange personal information with family, friends or travelling companions when a policyholder, insured or claimant is unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of policyholders, insureds or claimants.

In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada, particularly in those jurisdictions to which an insured may travel. As a result, personal information may be accessible to authorities in accordance with the law of these other jurisdictions. For more information about our privacy practices or for a copy of our privacy policy, visit www.rsatravelinsurance.com.

SECTION X – IDENTIFICATION OF INSURER

RSA

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* ™ "Global Excel" and the Global Excel logo are registered trademarks of Global Excel Management Inc.
Basic Accidental Death & Dismemberment Insurance

For the Students of:
Ryerson Students’ Union

Policy Number:
SG10476301

Underwritten by:
Chubb Life Insurance Company of Canada

Effective Date:
October 01, 2016
This brochure has been prepared in connection with a group plan underwritten by Chubb Life Insurance Company of Canada (“Chubb Life”). For ease of reference it contains a brief description only and does not mention every provision of the contract issued. Please remember that rights and obligations are determined in accordance with the contract and not this brochure. For the exact provisions applicable, please consult your Plan Administrator.
COVERAGE

The plan offers you full 24-hour protection against accidents, on or off the job, on business, on vacation, at home, regardless of your health history.

ELIGIBILITY

All active, students enrolled under the health plan of the policyholder, under age 70.

BENEFIT AMOUNT

Flat $5,000

In the event of your death, the benefit amount is payable to the beneficiary you have named under your Group Life Insurance Plan or in the absence of such designation, to your Estate.

SCHEDULE OF LOSSES

Accidental Death & Dismemberment

If such injuries shall result in any one of the following specific losses within one year from the date of the accident, Chubb Life Insurance Company of Canada (“Chubb Life”) will pay the percentage of the benefit amount, based on the amount stated under the benefit amount section, however, that not more than one (the largest) of such benefits shall be paid with respect to injuries resulting from one accident.

<table>
<thead>
<tr>
<th>Loss Description</th>
<th>Percentage of Benefit Amount</th>
</tr>
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<tbody>
<tr>
<td>Loss of Life</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Both Hands or Both Feet</td>
<td>300%</td>
</tr>
<tr>
<td>Loss of Entire Sight of Both Eyes</td>
<td>300%</td>
</tr>
<tr>
<td>Loss of One Hand and One Foot</td>
<td>300%</td>
</tr>
<tr>
<td>Loss of One Hand and Entire Sight of One Eye</td>
<td>300%</td>
</tr>
<tr>
<td>Loss of One Foot and Entire Sight of One Eye</td>
<td>300%</td>
</tr>
<tr>
<td>Loss of Speech and Hearing in Both Ears</td>
<td>300%</td>
</tr>
<tr>
<td>Brain Death</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Use of Both Arms, Both Hands, Both Legs or Both Feet or combination of Hand and Foot or Arm and Leg</td>
<td>300%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>300%</td>
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<tr>
<td>Paraplegia</td>
<td>300%</td>
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<tr>
<td>Hemiplegia</td>
<td>300%</td>
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<tr>
<td>Loss of One Arm or One Leg</td>
<td>225%</td>
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<tr>
<td>Loss of Use of One Arm or One Leg</td>
<td>210%</td>
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<tr>
<td>Loss of One Hand or One Foot</td>
<td>210%</td>
</tr>
<tr>
<td>Loss of Entire Sight of One Eye</td>
<td>210%</td>
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<tr>
<td>Loss of Use of One Hand or One Foot</td>
<td>210%</td>
</tr>
<tr>
<td>Loss of Speech or Hearing in One Ear</td>
<td>150%</td>
</tr>
<tr>
<td>Loss of Thumb and Index Finger of Same Hand</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of Use of Thumb and Index Finger of Same Hand</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of Four Fingers of Same Hand</td>
<td>33 1/3%</td>
</tr>
<tr>
<td>Loss of Hearing in One Ear</td>
<td>150%</td>
</tr>
<tr>
<td>Loss of All Toes of Same Foot</td>
<td>25%</td>
</tr>
<tr>
<td>Loss of One Finger</td>
<td>10%</td>
</tr>
</tbody>
</table>
"Loss" shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to thumb and index finger, the actual severance through or above the first phalange; with respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand; with regard to toes, the actual severance of both phalanges of all toes of the same foot. If an Insured Person suffers complete severance of a hand, foot, arm or leg as described above, then Chubb Life will pay the amount specified in the Schedule of Losses even if the severed limb is surgically reattached, whether successful or not.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand, foot, or leg provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to Chubb Life to be permanent.

“Brain Death” means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.

**Repatriation Benefit**

When injuries covered by this plan result in a loss of life outside fifty (50) kilometers from your city of permanent residence or outside Canada and the loss of life occurs within 365 days from the date of the accident, Chubb Life will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed $15,000.

**Rehabilitation Benefit**

When injuries result in a payment being made by Chubb Life under any benefit excluding the Loss of Life Benefit, Chubb Life will also pay the reasonable and necessary expenses actually incurred up to a limit of $15,000 for special training provided:

a. such training is required because of such injuries and in order for you to become qualified to engage in an occupation in which you would not have been engaged except for such injuries;

b. expenses are to be incurred within two years from the date of the accident;

c. no payment will be made for ordinary living, travelling, or clothing expenses.

**Family Transportation Benefit**

When injuries result in your confinement as an in-patient in a hospital outside one hundred and fifty (150) kilometers from your city of permanent residence or outside Canada and requires personal attendance of a member of your immediate family as recommended by the attending physician, in writing, Chubb Life will pay for the expense incurred by your family member, for the transportation by the most direct route by a licensed common carrier to you, while confined, but not to exceed an amount of $15,000.

“Member of your immediate family” means your spouse, (legal or common-law), parents, grandparents, children over age 18, brother, or sister.

**Spousal Occupational Training Benefit**

When injuries to you result in a payment being made by Chubb Life under the Loss of Life Benefit, Chubb Life will pay in addition, the expenses actually incurred, within 365 days from the date of the accident, by your spouse for a formal occupation training program for the purpose of specifically qualifying your spouse to gain active employment in an occupation for which your spouse would otherwise not have sufficient qualifications. The maximum payable hereunder is $15,000.
Home Alteration and Vehicle Modification Benefit

In the event you sustain an injury which results in a payment being made under the Schedule of Losses, excluding the Loss of Life Benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, Chubb Life will pay the reasonable and necessary expenses actually incurred within 3 years from the date of the accident for:

1. the one-time cost of alterations to your principal residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to a motor vehicle utilized by you to make the vehicle accessible or operable for you.

Benefit payments herein will not be paid unless:

i. home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
ii. vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum amount payable under both items 1 and 2 will not exceed $10,000.

Special Education Benefit

If you suffer a loss of life in a covered accident while the policy is in force, Chubb Life will pay, in addition to all other benefits payable under this policy, a “Special Education Benefit” up to 5% of your benefit amount, (subject to a maximum of $5,000 per year), on behalf of any dependent child who, on the date of the accident, is enrolled as a full-time student in any post-secondary institution beyond the 12th grade level, or was at the 12th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.

The “Special Education Benefit” is payable annually for a maximum of four consecutive annual payments but only if the dependent child continues his/her education as a full-time student in an institution of higher learning.

Day Care Benefit

If you suffer a loss of life in a covered accident while the policy is in force, Chubb Life will pay, in addition to all other benefits payable under the policy a "Day Care Benefit" equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of your benefit amount or a maximum of $5,000 per year, on behalf of your dependent child who is enrolled in a legally licensed day care centre on the date of the accident or who enrolls in a legally licensed day care centre within 365 days following the date of the accident. The "Day Care Benefit" will be paid each year for 4 consecutive years, but only upon receipt of satisfactory proof that your child is enrolled in a legally licensed day care centre.

“Dependent Child” means either a legitimate or illegitimate child, adopted child, step-child or any child who is in a parent-child relationship with you and who is twelve (12) years of age and under and dependent upon you for maintenance and support.

Seat Belt Benefit

In the event you sustain an injury which results in a payment being made under the Schedule of Losses, your benefit amount will be increased by 10%, if, at the time of the accident, you were driving or riding in a vehicle and wearing a properly fastened seat belt. Due proof of seat belt use must be provided as part of the written proof of loss.

“Vehicle” means a private passenger car, station wagon, van, or jeep-type automobile. “Seat Belt” means those belts that form a restraint system.

Continuance of Coverage

If you are temporarily absent from the curriculum due to short-term disability, coverage shall be extended for 12 months, subject to the payment of premiums.
Conversion Privilege

On the date of termination of enrollment as a student or during the 60 day period following termination of enrollment as a student, you may convert your insurance to an individual insurance policy of Chubb Life. The individual policy will be effective either as of the date that the application is received by Chubb Life or on the date that coverage under the group policy ceases, whichever occurs later. The premium will be the same, as a person would ordinarily pay when applying for an individual policy at that time. The amount of insurance benefit converted will not exceed that amount prior to the termination of coverage.

In-Hospital Confinement Monthly Income

In the event you sustain an injury which results in a payment being made under the Schedule of Losses excluding the Loss of Life Benefit and you are hospital confined as an in-patient and are under the care of a legally qualified and registered physician or surgeon other than himself, Chubb Life will pay for each full month, one percent (1%) of your Principal Sum, subject to a maximum benefit of $2,500, or one-thirtieth of such monthly benefit for each day of partial month, retroactive to the 1st full day of such confinement but not to exceed 365 days in the aggregate for each period of hospital confinement.

"Hospital" as used herein means a legally constituted establishment which meets all of the following requirements: (1) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (2) provides 24 hour a day nursing service by registered or graduate nurses; (3) has a staff of one or more licensed physicians available at all times; (4) provides organized facilities for diagnosis and surgical facilities; and (5) is not primarily a clinic, nursing home or convalescent home or similar establishment nor, other than incidentally, a place for alcoholics or drug addicts.

"In-Patient" means a person admitted to a hospital as a resident or bed-patient and who is provided at least one day's room and board by the hospital.

Accidental Dental Expense Benefit

When injury to whole and sound teeth shall, within thirty (30) days from the date of the accident, require treatment, replacement or x-rays by a legally qualified dentist or dental surgeon, Chubb Life will pay the necessary expense actually incurred therefore by or on behalf of you within fifty-two (52) weeks after the date of the accident, not to exceed in the aggregate the amount of $1,000 and does not duplicate the cost of any such services covered under the terms of any existing plan of dental insurance services - Benefits as the result of any one accident subject to a deduction of $100.

Teeth which have been capped or crowned shall, for purposes of this policy, be considered whole and sound except where they have undergone endodontic treatment. If an injury to a capped or crowned tooth causes damage to the remaining tooth structure requiring the preparation of a new cap or crown, the policy shall cover the cost of treatment necessitated thereby. If a cap or crown is damaged or dislodged without injury to the remaining tooth structure, the policy shall not cover the cost of treatment necessitated thereby.

Any payments made under this section shall be in accordance with the schedule of fees published by the Dental Association in the Province or territory of the Insured Person’s residence.

Accidental Medical Reimbursement Expense Benefit

If on account of such injuries the Insured Person shall require treatment by a legally qualified physician or surgeon, confinement in a legally constituted hospital, employment of a trained nurse, x-ray examination, the use of an ambulance or prescribed prosthetic appliance up to $1,000, Chubb Life, subject to the maximum amount of $10,000, will pay the actual expense incurred therefore within 52 weeks from the date of accident to the extent that such expense (1) exceeds the deductible amount (if any) and (2) exceeds and does not duplicate the cost of any such services covered under the terms of any existing plan of health insurance services.
Cosmetic Disfigurement Benefit

If an Insured Person suffers a third degree burn due to a non-occupational accident, Chubb Life will pay a percentage of the Principal Sum depending on the area of the body which was burned according to the following table:

<table>
<thead>
<tr>
<th>Body Part</th>
<th>(A) Area Classification</th>
<th>(B) Maximum Allowable % for Area Burned</th>
<th>(C) Maximum % of Principal Sum Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face, Neck, Head</td>
<td>11</td>
<td>9%</td>
<td>99%</td>
</tr>
<tr>
<td>Hand &amp; Forearm</td>
<td>5</td>
<td>4.5%</td>
<td>22.5%</td>
</tr>
<tr>
<td>Either Upper Arm</td>
<td>3</td>
<td>4.5%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Torso (Front or Back)</td>
<td>2</td>
<td>18%</td>
<td>36%</td>
</tr>
<tr>
<td>Either Thigh</td>
<td>1</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Either Lower Leg (below knee)</td>
<td>3</td>
<td>9%</td>
<td>27%</td>
</tr>
</tbody>
</table>

The maximum percent of Principal Sum Payable (C) is determined by multiplying the Area Classification (A) by the Maximum Allowable percent for Area Burned (B). In the event of a 50% surface burn, the Maximum Allowable percent for Area Burned (B) is reduced by 50%. This table only represents the maximum percent of the Principal Sum payable for any one accident. If the Insured suffers burns in more than one area as a result of any one accident, benefits will not exceed a maximum of $25,000.

Identification Benefit

In the event accidental Loss of Life is sustained by you not less than one hundred and fifty (150) kilometers from your normal place of residence and identification of the body by a member of the immediate family has been requested by the police or a similar governmental authority, Chubb Life will reimburse the reasonable expenses actually incurred by such member for:

a. transportation by the most direct route to the city or town where the body is located; and
b. hotel accommodation in such city or town, subject to a maximum duration of three (3) days.

The reimbursement of such expenses incurred is subject to the accidental loss of life indemnity being subsequently payable in accordance with the terms of this policy following the identification of the body as the Insured Person. The maximum amount payable will not exceed $15,000 for all such expenses.

Payment will not be made for board or other ordinary living, travelling or clothing expenses, and transportation must occur in a vehicle or device operated under a license for the conveyance of passengers for hire.

Benefits payable under this section will be limited to only one (1) policy in the event this benefit is contained in two (2) or more policies issued to the Policyholder by Chubb Life.

Bereavement Benefit

When injuries covered by this policy result in loss of life of an Insured Person within 365 days from the date of the accident, Chubb Life will pay the reasonable and necessary expenses actually incurred by the Spouse and Dependent Children of the Insured Person for up to six (6) sessions of grief counseling, by a Professional Counsellor, subject to a maximum of $500.

“Professional Counsellor” means a therapist or counsellor who is licensed, registered, or certified to provide such treatment.
**Funeral Expense**

When injuries covered by this policy result in loss of life of an Insured Person within 365 days from the date of the accident, Chubb Life will pay the actual expense incurred for customary funeral expenses but shall not exceed the maximum amount of $2,500.

The term ‘customary funeral expenses” as used in this policy means the services and materials provided by an undertaker, crematorium or funeral home relative to the burial of the deceased Insured Person and the costs incurred for the purchase of a cemetery plot, tomb or a mausoleum for the burial or internment of the deceased including a plaque, tombstone or monument.

**Psychological Therapy Benefit**

When injuries covered by this policy result in loss of life of an Insured Person within 365 days from the date of the accident, Chubb Life will pay the reasonable and necessary expenses actually incurred by the spouse and dependent children of the Insured Person for up to three (3) sessions of grief counseling, by a Professional Counsellor, subject to a maximum of $5,000.

“Professional Counsellor” means a therapist or Counsellor who is licensed, registered, or certified to provide such treatment.

**Exposure and Disappearance**

Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded you. If your body has not been found within one year of disappearance, stranding, sinking or wrecking of the conveyance in which you were riding at the time of the accident, it shall be presumed, subject to all other conditions of this policy, that you suffered a loss of life resulting from bodily injuries sustained in an accident covered under this policy.

**Waiver of Premium**

If you are under age 65 and become totally disabled* while you are insured under this plan and satisfactory evidence of your total disability is provided to Chubb Life on an annual basis, payment of premium will be waived until the earlier of the following occurs:

a. you return to school;
b. you attain age 65;
c. the master policy underwritten by Chubb Life is terminated.

Once you return to school, your coverage will continue only upon the commencement of premium payments.

*You will be considered totally disabled if your disability prevents school attendance and has existed continuously for a period of at least 12 months or is in accordance with the waiver of premium requirements under the Policyholder’s Group Life Insurance Policy.

**EXCLUSIONS**

The plan does not cover any loss, which is the result of:

1. intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;
2. war or any act thereof;
3. flying in an aircraft owned or leased by your employer, yourself or a member of your household, or aircraft being used for any test or experimental purpose, firefighting, power line inspection, pipeline inspection, aerial photography or exploration;
4. full-time, active duty in the armed forces.
5. flying as pilot or crew member in any aircraft or device for aerial navigation.
HOW TO CLAIM

In the event of a claim, claim forms can be obtained from the Plan Administrator. Notice of claim must be given to Chubb Life within 30 days from the date of the accident, the beginning of the disability or after the survival period, and subsequent proof of claim must be submitted to Chubb Life within 90 days from the date of the accident or after survival period.

Failure to give notice of claim or furnish proof of claim within the time prescribed in the policy condition will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed. In no event, will Chubb Life accept notice of claim beyond one (1) year.

GENERAL PROVISIONS

Beneficiary

A student or any spouse has the right to name a beneficiary when he applies for insurance. Failing such designation, all benefits will be paid to the estate of the insured person.

All other indemnities of the policy will be payable to the insured person. An insured person can change his beneficiary at any time, where permitted by law. The Company assumes no responsibility for the validity of such designation or change of beneficiary.

The beneficiary designation made by the insured person (if any) under the replaced policy has been retained. The insured person should review the existing designation to ensure it reflects his/her current intention.

The policy contains a provision removing or restricting the right of the insured person to designate persons to whom or for whose benefit insurance money is to be payable.

Legal Actions

No action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with requirements of the policy. For residents of Alberta and British Columbia: 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. For residents of Manitoba: 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. For residents of Ontario: 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 Limitations Act, 2002. Otherwise, every action must be brought within one year from the date of loss or such longer period as may be required under the law applicable in the insured person's province of residence.

Change of Insurer

An insured person under a former policy may not be excluded from the new policy or be denied benefits solely because of a pre-existing condition limitation that was not applicable or that did not exist in the former policy, or because the person is not at work on the date of coming into force of the new policy. The insured person and any claimant under the policy has the right, as determined by law applicable in the insured person's province of residence, to obtain a copy of his/her application, any written evidence of insurability (as applicable) and the Policy, on request, subject to certain access limitations.