FAMILY ACCIDENT REIMBURSEMENT INSURANCE

INSURANCE BENEFITS SUMMARY

*This Insurance Benefits Summary is designed to outline the Family Accident Reimbursement Insurance benefits which are available to you and your dependents under the Group Policy endorsed by a participating school board and issued by Industrial Alliance Insurance and Financial Services Inc. ("**the Company**"), and is available to you upon request. In the event of any variation between the Group Insurance Certificate, this Insurance Benefits Summary and the provisions of the Group Policy, the latter will prevail. All rights with respect to the benefits of an Insured Person will be governed solely by the Group Policy which may be amended from time to time.*

BENEFIT SCHEDULE

You, your Spouse and Dependent Children are insured for the benefits described in this Insurance Benefits Summary, as evidenced by your certificate and approval notice.

POLICY DEFINITIONS

"Accident" means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while the policy is in force and be the basis of claim.

"Cancer (Life-Threatening)" means a definite Diagnosis of a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma. The Diagnosis of Cancer (Life Threatening) must be made by a Specialist.

Exclusion: No benefit will be payable under this Covered Condition if, within the first 90 days following the later of the issue date of an Insured Person's coverage, or the last Reinstatement Date of an Insured Person's coverage, such Insured Person has any of the following:

- *signs, symptoms or investigations that lead to a Diagnosis of cancer (covered or excluded under the policy), regardless of when the Diagnosis is made; or*
- *a Diagnosis of cancer (covered or excluded under the policy).*

Medical Information about the Diagnosis and any signs, symptoms or investigations leading to the Diagnosis must be reported to the Company within 6 months of the Date of Diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for Cancer (Life Threatening) or any Critical Illness caused by any cancer or its treatment.

No benefit will be payable for the following:

- lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumours classified as Ta;
- malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- any non-melanoma skin cancer, without lymph node or distant metastasis;
- prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;
- chronic lymphocytic leukemia classified less than Rai stage 1; or
- malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

"Cerebral Palsy" means a non-progressive neurological defect characterized by spasticity and incoordination of movements.

"Congenital Heart Disease" means a Diagnosis of one of the following heart conditions following a 30 day survival period from Diagnosis or birth, whichever comes later. The Diagnosis must be made by a qualified pediatric cardiologist and supported by appropriate cardiac imaging.

- Atresia of any heart valve
- Coarctation of the Aorta
- Double Inlet Ventricle
- Double Outlet Left Ventricle
- Ebstein's Anomaly
- Eisenmenger Syndrome
- Hypoplastic Left Heart Syndrome
- Hypoplastic Right Ventricle
- Single Ventricle
- Tetralogy of Fallot
- Total Anomalous Pulmonary Venous Connection
- Transposition of the Great Vessels
- Truncus Arteriosus

Exclusion: Trans-catheter procedures such as balloon valvuloplasty or percutaneous Atrial Septal Defect closure are excluded. All other congenital cardiac conditions are excluded.

"Coronary Artery Bypass Surgery" means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s).

The surgery must be determined to be medically necessary by a Specialist.

Exclusion: No benefit will be payable under this Covered Condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

"Covered Conditions" with respect to an Insured Participant, Insured Spouse or Insured Dependent Child are Cancer (Life-Threatening), Coronary Artery Bypass Surgery, Heart Attack, and Stroke.

"Covered Conditions" with respect to an Insured Dependent Child only are Cerebral Palsy, Congenital Heart Disease, Cystic Fibrosis, Down Syndrome, Muscular Dystrophy and Type 1 Diabetes.

"Cystic Fibrosis" means a definitive Diagnosis of Cystic Fibrosis with evidence of chronic lung disease and pancreatic insufficiency.

"Date of Diagnosis" means the date on which a Specialist diagnoses the Insured Person with one of the Covered Conditions.

"Dependent Child" means any natural child, step-child or legally adopted child of a Participant who is over 14 days of age and under 21 years of age, unmarried and receives full parental support and maintenance; or 21 years of age or over but under 25 years of age, unmarried and receives full parental support and maintenance for reason of full-time attendance at a School for Higher Learning. Notwithstanding the foregoing, this definition will also include a child of the Participant's Spouse who is in the care, custody and control of the Participant and living in a parent-child relationship.

"Diagnosis" means the certified diagnosis of the Insured Person with a Covered Condition by a Specialist.

"Down Syndrome" means a definitive Diagnosis of Down Syndrome supported by chromosomal evidence of Trisomy 21.

"Heart Attack" means a definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

- heart attack symptoms
- new electrocardiogram (ECG) changes consistent with a heart attack
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusions: No benefit will be payable under this condition for:

- *elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves, or*
- *ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above.*

"Injury" means bodily injury caused by an Accident occurring while the Family Accident Reimbursement Insurance is in force as to the Insured Person whose injury is the basis of a claim and resulting directly and independently of all other causes in a loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease.

"Insured Dependent Child" means an Insured Person who is a Dependent Child.

"Insured Participant" means an Insured Person who is a Participant.

"Insured Person" means a person who is insured under the policy.

"Insured Spouse" means an Insured Person who is a Spouse.

"Muscular Dystrophy" means a definitive Diagnosis of Muscular Dystrophy, characterized by well defined neurological abnormalities, confirmed by electromyography and muscle biopsy.

"School for Higher Learning" means any university, college, CEGEP (Collège D'Enseignement Général et Professionnel) or trade school.

"Participant" means the parent or legal guardian of a Dependent Child who is attending a school within a participating school board at the time of application.

"Qualified Teacher" means a tutor who has a valid teaching certificate or written letter from the school confirming the credentials of the tutor and that the tutor is recognized by the school board as a qualified tutor.

"Specialist" means a licensed medical practitioner who

- has been trained in the specific area of medicine relevant to the Covered Condition for which a benefit is being claimed;
- has been certified by a specialty examining board; and
- Is currently practicing in their area of specialty in Canada or the United States of America

Specialist includes but is not limited to: cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist. The Specialist must not be the Insured Person, a relative or business associate of the Insured Person.

In the absence or unavailability of a Specialist, and as approved by the Company, a Covered Condition may be diagnosed by a qualified medical practitioner practicing in Canada or the United States of America.

"Spouse" means the legal or common-law spouse of a Participant. Legal spouse is a person who is legally married to and cohabiting with the Participant and with whom there is no formal or informal agreement of separation. Common-law spouse is a person who has been cohabiting in a marriage-like relationship with the Participant for a period of not less than twelve consecutive months. Only one individual is eligible to be the Spouse of an eligible Participant under the policy.

"Stroke (Cerebrovascular Accident)" means a definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source with:

- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination,

persisting for more than 30 days following the Date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- *Transient Ischaemic Attacks; or*
- *Intracerebral vascular events due to trauma; or*
- *Lacunar infarcts which do not meet the definition of stroke as described above.*

"Type 1 Diabetes" means a Diagnosis of type 1 mellitus, characterized by absolute insulin deficiency and continuous dependence on exogenous insulin for survival. The Diagnosis must be made by a qualified pediatrician or endocrinologist licenced and practicing in Canada or the United States of America and there must be evidence of dependence on insulin for a minimum of three months.

"You" or **"your"** refers to the insured Participant.

Family Accident Reimbursement Insurance

You, your Spouse and all of your Dependent Children will be insured for the benefit amounts indicated in the Benefit Schedule, and subject to the terms and conditions of the benefits under the policy.

Dental

When Injury to whole or sound teeth requires and first receives treatment by a dentist within 30 days from the date of an Accident, benefits will be paid for customary treatment within 7 years following the date of the Accident for Insured Dependent Children, or within 1 year for Insured Participants and Insured Spouses. Teeth that have crowns, bridges, and/or implants are considered whole or sound under this section.

Benefits are not payable for expenses incurred for dental sedation. Commercial lab fees are limited to 60% of the eligible dentist's professional fee.

If treatment cannot be completed within 7 years due to the development of an Insured Dependent Child's teeth, the Company will pay up to the specified maximum per injured tooth as shown the Benefit Schedule, for the expense incurred to cap, crown, replace, or restore each injured tooth, provided treatment is completed prior to the Insured Dependent Child reaching the age of 25.

Benefits payable under this section for an Insured Dependent Child will cease to be payable when such Dependent Child no longer meets the definition of a Dependent Child under the policy.

Benefits will be paid for dental implants (subject to a maximum of two implants for any one Accident) required solely as a result of an Accident provided treatment is received within 7 years following the date of the Accident for Dependent Children (1 year for a Participant and a Spouse), up to the maximum per implant per Accident as shown in the Benefit Schedule.

Benefits will be paid for Injury related orthodontic treatment required solely as a result of an Accident provided treatment is received within 7 years following the date of the Accident for Dependent Children (one year for Participants and Spouses), up to the specified maximum per Accident as shown in the Benefit Schedule.

Where one or more customarily employed and professionally adequate methods of treating an Injury to the teeth exists, the Company will pay an amount equal to the cost of the least expensive treatment.

Maximums payable under this benefit are based on the fee specified in the general practitioner schedule of fees and treatment services of the Provincial Dental Association or its equivalent as determined by the insurance industry.

Dentures and Artificial Teeth

If an Injury sustained by an Insured Person results in the breakage of dentures or an artificial tooth or teeth, and such Insured Person requires and receives treatment by a dentist, the Company will pay the actual cost of repair or replacement subject to the maximum shown in the Benefit Schedule.

Eyeglasses and Contact Lenses

If, as the result of an Injury, an Insured Person requires and receives treatment by a physician, dentist, or nurse practitioner within 30 days of the Accident, which

a) results in broken eyeglasses or loss or breakage of a contact lens or lenses, the Company will pay the cost of repair or replacement up to a maximum of $250.00.

b) necessitates the purchase of eyeglasses or contact lenses within 12 months of the date of the Accident, where none of which were previously required or worn, upon the advice of a physician, the Company will pay the reasonable and necessary expenses actually incurred, subject to a maximum of $250.00 for the initial purchase.

Fracture, Dislocation, Or Surgery

If an Injury sustained by an Insured Person results in any of the fractures, dislocations, or surgeries indicated in the Benefit Schedule, and requires medical or surgical treatment, the Company will pay the Insured Person the benefit amount specified in the Benefit Schedule. In the event an Insured Person sustains multiple fractures, dislocations, and/or surgeries requiring medial or surgical treatment as the result of any one Accident, only the greatest benefit amount under the Fracture, Dislocation, or Surgery section of the Benefit Schedule will be payable for those injuries. For the shoulder or knee cap dislocation benefit to be payable, there must be open reduction/open primary repair.

In the event of compound, comminuted, or bi-lateral fractures, the amount payable will be double the benefit amount indicated within the Fracture, Dislocation, or Surgery section of the Benefit Schedule for such fracture.

Hospital and Paramedical

When an Insured Person under the regular care and attendance of a physician requires and receives treatment as a result of an Injury, the Company will pay the reasonable and customary expense for the Hospital and Paramedical items listed in the Benefit Schedule up to the maximums specified on a per Injury basis. Benefits are not payable for medicines which are available without a prescription. The Insured Person must be under the regular care and attendance of a physician within 30 days from the date of the Accident causing the Injury in order to be eligible for this benefit. The expense must be submitted to the Company within 1 year from the date of the Accident.

Counselling

If, as a result of an Insured Person's death, Injury, or Critical Illness, and upon the medical advice and recommendation of the attending physician, an Insured Person or member of the immediate family undergoes counselling performed by a registered psychologist or professional counsellor, the Company will pay the reasonable and necessary expenses incurred for such counselling within 1 year from the date of death, Injury, or Critical Illness, subject to the maximum indicated in the Benefit Schedule.

Artificial Limbs, Eyes, Hearing Aids, And Other Prosthetic Appliances

When as a result of the Injury the Insured Person is required to purchase any of the above appliances within 3 years from the date of an Accident, the Company will pay the cost up to the maximum amount indicated in the Benefit Schedule as a result of any one Accident.

If a prosthetic appliance is damaged in an Accident which causes Injury to an Insured Person and the appliance requires commercial repair,

the Company will pay the cost of repair up to a maximum of $500 for all such repairs.

Emergency Transportation

When Injury requires immediate medical attention, but does not necessitate an ambulance, the Company will pay up to the maximum shown in the Benefit Schedule for the expense to transport the Insured Person via private vehicle/taxi from the location of the Accident to a physician's office or the nearest hospital, and return to the school, workplace, or residence of the Insured, and to transport the Insured Person to and from school or work if the Injury requires special transportation. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of $0.35 per kilometre travelled.

Special Treatment Travel

If Injury requires special medical or dental treatment by a physician or dentist that is unavailable within a 100 mile (160 km) radius of an Insured's residence, the Company will pay the reasonable travel expense incurred. If the Insured's age necessitates an escort, the escort and the insured will be paid for reasonable travel expenses plus up to a combined maximum of $150 per day for the insured and the escort for essential accommodation and meals, provided all receipts are submitted to the Company. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of $0.35 per kilometre travelled.

All benefits under this section are payable for 1 year from the date of the Accident and subject to the maximum shown in the Benefit Schedule. Payment will not be made for other ordinary living, travelling or clothing expenses.

Accidental Death

Upon receipt of satisfactory evidence that Injury resulted in the death of an Insured Person within 1 year from the date of an Accident, the Company will pay the Accidental Death benefit as shown in the Benefit Schedule. The benefit payable under this section will be the only amount payable under the policy as a result of such Insured Person's death, unless benefits are claimed under the Counselling subsection and/or the Repatriation subsection.

The Accidental Death Benefit will be reduced by any amount previously paid to the Insured Person under any other benefits under the policy.

Double Indemnity: If an Injury sustained by an Insured Person results in loss of life and indemnity becomes payable in accordance with the terms of the policy, the Company will pay two times the amount applicable if such loss of life occurs as a result of an Accident which occurs while the Insured Person is riding as a fare-paying passenger in or on, including boarding, or alighting from any public conveyance operated under a license for the conveyance of passengers for hire, or any vehicle owned or leased by a school authority. In no event will the liability of the Company exceed twice the amount of the applicable Accidental Death benefit.

Repatriation

If Injury results in an Insured Person's loss of life outside his/her province of residence within 1 year of an Accident, the Company will pay the expense incurred for preparing the deceased for burial or cremation and transportation to the deceased's city of residence, subject to a maximum of $5,000. Travelling expenses will be paid for a family member to identify the Insured Person's remains, up to a maximum of $100 per day, subject to an aggregate limit of $500.

Permanent Total Disability

If, within 120 days of the date of an Accident, Injury totally and permanently disables an Insured Person, and prevents the Insured Person from ever engaging in any occupation or employment for compensation or profit, the Company will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous, and permanent at the end of this period, the Permanent Total Disability benefit as shown in the Benefit Schedule.

The benefit payable for Permanent Total Disability will be reduced by any amount paid or payable under any other section of the policy for the same Injury.

Funeral Expense

If an Injury sustained by an Insured Person results in loss of life, and such loss becomes payable in accordance with the Accidental Death benefit, the Company will pay an additional amount for the reasonable and necessary expenses actually incurred for preparing the deceased for burial or cremation, and for the funeral expenses if a funeral service is conducted, to a maximum amount indicated in the Benefit Schedule.

Benefits payable under this part shall be limited to only one policy in the event this benefit is contained in two or more policies endorsed by a participating school board and issued by the Company.

Confinement Disability

If, within 30 days from the date of an Accident, an Insured Dependent Child is continuously confined to home or hospital while under the care and on the advice of a physician and unable to attend classes of any type, the Company will pay the monthly Confinement Disability benefit as shown in the Benefit Schedule, commencing with the 31st day up to a maximum of 36 consecutive months of confinement. This benefit is only applicable to a Dependent Child/Children.

Retraining

If an Injury sustained as a result of an Accident requires that an Insured Person undergoes special training in order to be qualified to engage in a special occupation in which such Insured Person would not have engaged except for such Injury, the Company will pay the reasonable and necessary expenses actually incurred within 3 years from the date of the Accident, subject to the maximum indicated in the Benefit Schedule. Payment will not be made for room, board, or other ordinary living, travelling or clothing expenses.

Private Tutor

If, within 100 days of the date of the Accident, Injury results in a disability which confines an Insured Dependent Child to home or hospital for 30 consecutive days, the Company will pay up to $40 per hour for a Qualified Teacher's private tutorial service. In addition, the Company will pay the labour charges, wiring, and rental of communication equipment to provide tutorial service from the school to home or hospital. Approval must be obtained from the proper school authority. All benefits payable under this benefit are subject to the maximum indicated in the Benefit Schedule, and will not extend beyond the Insured Dependent Child's completion of secondary school.

Dismemberment or Total and Permanent Loss of Use

Should Injury result in any of the scheduled Losses, within 1 year from the date of an Accident, the Company will pay the Dismemberment or total and permanent Loss of Use benefit, as shown in the Benefit Schedule.

"**Loss**" as used with reference to:

a) arm or leg means complete severance at or above the elbow or knee joint;

b) hand or foot means complete severance at or above the wrist or ankle joint;

c) eye means the irrecoverable loss of the entire sight thereof;

d) speech and hearing means the total and irrecoverable loss thereof;

e) thumb or finger means complete severance at or above the metacarpophalangeal joint;

f) toe means complete severance at or above the metatarsophalangeal joint;

g) one phalanx of any finger means complete loss of one entire phalanx.

"**Loss of Use**" means permanent, total and irrecoverable Loss which is continuous for a period of twelve months from the date of the Accident.

No more than the greatest amount will be paid as the result of any one Accident sustained by any one Insured Person, except that when death occurs within 90 days after the date of the Accident, indemnity will only be paid for Accidental Death. The Accidental Death Benefit will be reduced by any amount previously paid to the Insured Person under any other benefits under the policy for the same Accident. Benefits paid for any of the scheduled losses under this section will be the only amount payable for such Insured Person under the policy unless benefits are payable for artificial limbs, eyes, hearing aids, and other prosthetic appliances. In the event that the amount payable for a scheduled Loss under this benefit is less than the amount payable under any other section of the policy, the section providing the greater benefit will apply.

Critical Illness Benefit

If an Insured Participant or Insured Spouse is diagnosed by a Specialist with a Covered Condition and survives for 30 days following the Date of Diagnosis or such longer survival period as described in certain Covered Conditions, the Company will pay to such Insured Participant or Insured Spouse an amount of $10,000, subject to the terms and conditions of the policy. The Date of Diagnosis must be later than the issue date of the Insured Person's coverage under the policy.

If an Insured Dependent Child is diagnosed by a Specialist with a Covered Condition and survives for 30 days following the Date of Diagnosis or such longer survival period as described in certain Covered Conditions, the Company will pay to the Insured Participant an amount of $10,000, subject to the terms and conditions of the policy. The Date of Diagnosis must be later than the issue date of the Insured Dependent Child's coverage under the policy.

Notwithstanding the foregoing, with respect to an Insured Dependent Child who is a natural child of the Insured Participant born on or after the issue date of such Insured Participant's coverage under the policy:

(a) if such Insured Dependent Child, while in the womb, is diagnosed by a Specialist with a Covered Condition, excluding Cancer (Life-Threatening), and such Insured Dependent Child survives for 30 days following the issue date of such Insured Participant's coverage under the policy in respect of such Dependent Child, the Company will pay the Critical Illness Benefit to the Insured Participant;

(b) if such Insured Dependent Child, while in the womb, is diagnosed by a Specialist with Cancer (Life-Threatening), the terms under the Critical Illness Limitations apply.

In the case of cancer recurrences or metastases: no benefit will be payable for any recurrence or metastases of a cancer if that cancer was originally diagnosed prior to the issue date of the Insured Person's coverage, regardless of the date of the recurrence or metastases.

If the Insured Participant or Insured Spouse dies before the Critical Illness Benefit is paid, the Critical Illness Benefit will be paid to the estate of such Insured Person. Payment of the Critical Illness Benefit is limited to only the first Covered Condition that occurred. The Critical Illness Benefit is a one-time benefit which the Company will pay for one Covered Condition only.

Benefit Schedule

Type of Benefit	Benefit amounts	
	Participant & Spouse	Dependent Child
Dental Treatment and Eyewear — Payable as a maximum for reimbursement of expenses		
Dental treatment within 7 years following Accident for Dependent Children (1 year for Participants and Spouses)	Prov Fee Guide	Prov Fee Guide
Dental treatment after 7 years following Accident for Dependent Children	Not available	$1,500
Dental Implants (each)	$1,750	$1,750
Orthodontics	$2,500	$2,500
Dentures and artificial teeth	$500	$500
For eyeglasses/contact lenses: Initial purchase when not previously required or worn	$250	$250
For eyeglasses/contact lenses: Repair/replacement	$250	$250
Fracture, Dislocation or Surgery — Payable as a lump sum payment		
Skull (depressed) or spine (three or more vertebrae)	$1,000	$1,000
Skull (not depressed) or spine (less than three vertebrae) or pelvis	$500	$500
Arm between elbow and shoulder, or thigh, or hip, or shoulder blade, or shoulder	$300	$300
Lower leg, or knee cap, or ankle, or calcaneus (heel bone), or bone(s) of the feet (metatarsals) or hand(s) (metacarpals), or collar bone, or forearm, or wrist, or elbow	$250	$250
Sternum, or sacrum/coccyx, or upper jaw, or lower jaw, or nose, or two or more toes, fingers or ribs	$200	$200
One toe, finger or rib, or any bone not specified above	$125	$125
Surgery for: severed tendon(s) or burns (requiring skin graft), or ruptured kidney/liver/spleen, or punctured lung, or knee (when there is no fracture or dislocation), or eye surgery, or emergency surgery requiring general anaesthetic (excluding dental surgery)	$150	$150
Hospital, Paramedical, Counselling, and Prosthetics — Payable as a maximum for reimbursement of expenses		
Private or semi-private room if requested by attending physician while in hospital; licensed ambulance service; registered nurse or certified nursing aid; rental of crutches, appliances, wheelchair, or hospital-type bed (limited to purchase price); prescription drugs; splints, casts and cast materials, trusses, pressure garments requested by attending physician for curative or therapeutic purposes only	Full Cost	Full Cost
Rental of TV, radio, or telephone while in hospital	$25/day	$25/day
Treatment by a physiotherapist, athletic therapist, or registered massage therapist; treatment by a chiropractor or osteopath; acupuncture; medical supplies for the purpose of dressing changes	$800	$800
Braces prescribed by the attending physician for curative or therapeutic purposes only (limited to one purchase per Injury)	$1,250	$1,250
Counselling	$1,000	$1,000
Purchase of artificial limbs, eyes, hearing aids, and other prosthetic appliances	$5,000	$5,000
Commercial repair of a prosthetic appliance	$500	$500
Travel and Transportation - Payable as a maximum for reimbursement of expenses		
Emergency Transportation	$250	$250
Special Treatment Travel	$2,500	$2,500
Death or Disability — Repatriation and Funeral Expense are payable as a maximum for reimbursement of expenses. All other benefits in this section are payable as a lump sum payment.		
Accidental Death	$20,000	$20,000
Double Indemnity	$40,000	$40,000
Repatriation	$5,500	$5,500
Permanent Total Disability	$100,000	$100,000
Funeral Expense	$5,000	$5,000
Rehabilitation and Special Services — Confinement Disability is payable as a lump sum payment. All other benefits in this section are payable as a maximum for reimbursement of expenses.		
Confinement Disability	Not available	$750/month
Retraining	$10,000	$10,000
Private Tutor	Not available	$5,000
Dismemberment or Total and Permanent Loss of Use — Payable as a lump sum payment		
Both hands, or both feet, or one hand and one foot, or one hand or one foot and entire sight of one eye, or entire sight of both eyes, or speech and hearing	$100,000	$100,000
One entire arm or leg, or one hand or foot, or entire sight of one eye, or speech, or hearing in both ears	$60,000	$60,000
Entire thumb and index finger (same hand)	$30,000	$30,000
Thumbs, fingers, or toes (each entire thumb, finger, or toe)	$4,000	$4,000
One entire phalanx of any one finger, or hearing in one ear	$2,000	$2,000
Critical Illness — Payable as a lump sum payment		
Diagnosis of a Covered Condition	$10,000	$10,000

Policy Exclusions and Limitations – Applicable to all benefits

a) The policy does not cover:

i) sickness or disease either as a cause or effect except as otherwise provided under the Critical Illness Benefit;

ii) suicide or attempt thereat;

iii) Injury for which compensation is payable under any Workers' Compensation Act, except in the case of Accidental Death, and Dismemberment or Total and Permanent Loss of Use benefits;

iv) the expense of a brace or similar device used for non- therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;

v) expenses incurred for mouthguards or treatment of Temporal Mandibular Joint (TMJ) dysfunction, whatever the cause;

vi) expenses incurred for private MRI scans;

vii) Injury resulting from repetitive/strenuous activity (e.g. overexertion, strains, etc.);

viii) taking any drug other than as prescribed by a licensed physician;

ix) participation in a criminal act or any attempt to commit a criminal offense, including but not limited to operating a motor vehicle while the concentration of alcohol in 100 milliliters of the Insured Person's blood exceeds 80 milligrams.

b) No benefits or expenses are payable for treatment or services which are insured services or basic health services (e.g. physician's fees) under the provincial medical care or hospital plan applicable to an Insured Person whether or not they are covered thereunder.

c) Benefits payable under the Dental Provision shall be for the excess of expenses paid, payable, or insured under any government sponsored dental care plan or other dental plan or policy or any health plan providing accidental dental benefits.

d) Coverage under the policy will be secondary to any other benefits from a primary insurer or plan and will be coordinated with any other insurer or plan so that the total benefits from all insurers or plans shall not exceed the actual loss incurred, in accordance to the CLHIA Guidelines.

e) No benefits or expenses will be payable

i) for treatment or services if the Accident causing the claimable event occurs, or

ii) if the expenses for such treatment or services for the Injury caused by such Accident is incurred,

outside of Canada.

f) An Insured Person cannot be covered under more than one Family Plan. In the event an Insured Person is inadvertently covered under more than one Family Plan, the Company's liability is limited to the return of premiums paid for the Insured Person on the second Family Plan, if, under such plan, the Insured Person is the Insured Participant, and the Insured Spouse under the same plan is not eligible to continue coverage as per the Special Continuation provision.

Policy Exclusions and Limitations – Applicable to the Critical Illness Benefit only

a) Exclusions:

In addition to the above-noted policy Exclusions and Limitations, and the exclusions included within the definition of certain Covered Conditions, the Critical Illness Benefit will not be paid if a Covered Condition results directly or indirectly from any one or more of the following:

i) any illness, disease, mental, nervous or psychiatric condition or disorder for which any one of medical advice, treatment, service, prescribed medication, diagnosis or consultation, including consultation to investigate and/or diagnose (where diagnosis has not yet been made) was received by the Insured Person or would have been received by a prudent individual within the 24 months immediately preceding the issue date of an Insured Person's coverage. This exclusion applies for the first 24 months following the issue date of the Insured Person's coverage;

ii) taking poison or inhaling gas, whether voluntarily or involuntarily, not connected with the employment of the Insured Person;

iii) taking any drug other than as prescribed by a licensed physician;

iv) participation in a criminal act or any attempt to commit a criminal offense, including but not limited to operating a motor vehicle while the concentration of alcohol in 100 milliliters of the Insured Person's blood exceeds 80 milligrams;

v) declared or undeclared war or any act thereof;

vi) active full-time service in the armed forces of any country;

vii) intentionally self-inflicted injury, while sane or insane; or

viii) flying as a student pilot or flying as a privately licensed pilot for less than 25 hours or more than 400 hours per year.

In addition, no benefit will be paid if the Insured Person suffers a Stroke as a result, directly or indirectly, from amateur or professional boxing, bungee jumping, B.A.S.E. jumping, cliff diving, mountain climbing, motor vehicle racing or speed competition on land and/or water, parachuting or underwater activities, including scuba diving and snuba diving.

b) Limitations:

i) Cancer (Life-Threatening)

The Critical Illness Benefit for Cancer (Life-Threatening) will not be paid if, within the first 90 days following the issue date of the coverage, such Insured Person has a Diagnosis of Cancer (Life-Threatening) or any signs, symptoms or investigations that lead to a Diagnosis of Cancer (covered or excluded under the policy), regardless of when the Diagnosis is actually made.

In addition, an Insured Dependent Child who is a natural child of an Insured Participant born on or after the issue date of such Insured Participant's coverage is not entitled to the Critical Illness Benefit for Cancer (Life-Threatening) if Cancer (Life-Threatening) was diagnosed while such Dependent Child was in the womb.

This medical information must be reported to the Company within six months of the Date of Diagnosis. If this information is not provided, the Company has the right to deny any claim for Cancer (Life-Threatening) or any Covered Condition caused by any Cancer or its treatment.

ii) All Covered Conditions excluding Cancer (Life-Threatening)

An Insured Dependent Child who is a natural child of the Insured Participant born in the 10-month period immediately following the issue date of such Insured Participant's coverage will not be entitled to the Critical Illness Benefit if, within 30 days of birth such Insured Dependent Child has any of the following:

1. a Diagnosis of a Covered Condition; or
2. the Dependent Child's parent or physician notice or become aware of any sign, symptom, condition or medical problem that leads to a Diagnosis of a Covered Condition at any time in the future.

GENERAL PROVISIONS

PAYMENT OF BENEFITS

Accidental Death Benefit: You may designate a beneficiary of your choice. If you do not have a beneficiary, the benefit will be paid to your estate. You are the beneficiary for your Spouse's and Dependent Child's insurance under this benefit.

Critical Illness Benefit: Benefits for you or your Insured Spouse will be paid to you or your Insured Spouse, respectively. Benefits for your Dependent Child will be paid to you.

All other benefits: Benefits for you or your Insured Spouse will be paid to, or at the direction of, you or your Insured Spouse, respectively. Benefits for your Dependent Child will be paid to you or at your direction.

TERMINATION OF INSURANCE

An Insured Person's insurance will terminate automatically on the earliest of the following dates:

a) the termination date of the Group Policy;
b) the August 31st coincident with or next following a Participant's 65th birthday, unless the Insured Spouse and Insured Dependent Children are eligible to continue coverage in accordance with the Special Continuation provision;
c) the date of death of the Insured Participant, unless the Insured Spouse and Insured Dependent Children are eligible to continue coverage in accordance with the Special Continuation provision;
d) the due date of any unpaid premiums;
e) the end of the month coincident with or next following the date that the Company receives written notice from you requesting cancellation of all or part of the insurance;
f) with respect to a Spouse's insurance, the earliest of the above or the August 31st coincident with or following an insured Spouse's 65th birthday, or the end of the month coincident with or next following the date on which he/she no longer qualifies as a 'Spouse'; and
g) with respect to a Dependent Child's insurance, the earliest of a) through e) and the end of the month coincident with or next following the date on which he/she no longer qualifies as a 'Dependent Child'.

SPECIAL CONTINUATION

a) Special Continuation – Insured Participants

If an Insured Participant is the only eligible Insured Person under a Family Plan due to any Insured Spouses and/or Insured Dependent Children no longer being eligible for coverage, the Insured Participant can continue their coverage.

b) Special Continuation – Insured Spouses

If an Insured Participant dies or is no longer eligible for insurance, the Insured Spouse may be eligible to continue their coverage as an Insured Participant as per item (a) above, subject to the terms and conditions of the policy.

c) Special Continuation - Insured Participants & Insured Spouses

If an Insured Participant and Insured Spouse are insured under a Family Plan where all Insured Dependent Children are no longer eligible for insurance, the Insured Participant and Insured Spouse will be eligible to continue to be insured under such Family Plan.

COORDINATION OF BENEFITS

In the event that an Insured Person is entitled to similar benefits under a primary insurer or plan, benefit payments under this Family Accident Reimbursement Insurance policy will be secondary to and coordinated with any other insurer or plan so that the total benefits from all insurers or plans does not exceed the actual loss incurred, in accordance to the Canadian Life and Health Insurance Association Inc. (CLHIA) Guidelines.

MONEY BACK GUARANTEE

You have 60 days from the effective date of your coverage to decide if the coverage meets your needs. If the coverage does not meet your needs, simply mark "**Cancel**" on your Certificate and return it to the Company address below. We will cancel your coverage from the effective date and refund any premium paid.

CLAIMS PROCEDURES

Before paying a benefit under the Group Policy, we will require our claims forms to be duly completed and sent to the Company's address below. Please call us toll-free at: 1.800.266.5667 to obtain the appropriate forms and for details on claims procedures.

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. Insurance Act means the applicable insurance legislation in the applicable provincial jurisdiction.

Note: With respect to the Critical Illness Benefit**,** all claims will be adjudicated according to the definition at the time of Diagnosis of the Covered Condition.

QUESTIONS? WE'RE HERE TO HELP.

Contact a Client Service Specialist at:

1.800.266.5667 (toll free)
604.737.3802 (Vancouver)
solutions@ia.ca
Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time

Or write to:

Special Markets Solutions
Industrial Alliance Insurance and Financial Services Inc.
400-988 Broadway W PO Box 5900
Vancouver, BC V6B 5H6