



Values in the right place

1225 St-Charles Street West  
Suite 200  
Longueuil QC J4K 0B9

**Policy #1HB80 (It is specifically understood and agreed that the official policy for the Policyholder named herein is French policy No. 1HB80. This is a translation only.)**

In consideration of the statements set forth in the Schedule, **SSQ Insurance Company Inc.** (hereinafter called the "Insurer") agrees with:

Name: **LA FÉDÉRATION DE SOCCER  
DU QUÉBEC**  
(Hereinafter called the "Policyholder")

Address: 955 Bois-de-Boulogne Avenue  
Suite 210  
Laval (Québec) H7N 4G1

to insure eligible persons of the Policyholder (hereinafter individually called the "Insured Person") for whom application is made for Loss resulting from Injury, to the extent herein provided and subject to all of the exceptions, limitations and provisions of this policy.

**Schedule**

Principal Sum	
Class I:	\$20,000
Class II:	\$35,000
Accident Reimbursement Expense	\$20,000
Accidental Dental Expense	
Class I:	\$2,500
Class II:	\$3,000
Repatriation	\$25,000
Rehabilitation	\$15,000
Family Transportation	\$15,000
Identification	\$15,000

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Home Alteration and/or Vehicle Modification	\$15,000
Funeral Expense	\$5,000
Psychological Therapy	\$5,000
Fracture Indemnity	\$1,500
Emergency Taxi Benefit	\$75
Eyeglasses or contact lenses	\$200/\$100
Tutorial Fees	\$2,000
Special Transportation	
Sport	Soccer
Aggregate Limit	N/A
Effective Date:	April 1st, 2019
Expiry Date:	April 1st, 2020

**Effective Date and Policy Term**

As stated in the Schedule, this policy takes effect at 12:01 a.m., Standard Time, at the address of the Policyholder. It continues in force for the period for which premium has been paid and terminates at the address of the Policyholder at 12:01 a.m., Standard Time, on the Expiry Date stated in the Schedule.

**Renewal**

This policy may be renewed subject to consent of the Insurer for further consecutive terms on payment of premium at the rate(s) and in the amount determined at the time of renewal.

The Insurer reserves the right to decline renewal of this policy by giving written notice to the Policyholder of such declination at least thirty (30) days prior to such date.

**Territorial Limits**

When following an injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" such loss will be payable if incurred anywhere in the world. For all other indemnities payable, expenses are only reimbursed when incurred in Canada, as a result of an injury resulting from an accident incurred in Canada.

## Definitions

Wherever used in this policy:

"Accident" means a sudden and unexpected mishap or event in which an Insured Person is involved and which directly results in an Injury to the Insured Person.

"Accommodation" means lodging at a hotel, motel, inn, bed and breakfast or other like establishment as well as food reasonably required during the lodging, provided however that no indemnity will be paid for lodging at a private residence or for food not consumed as meals by the person seeking reimbursement of expenses.

"Fare" means the regular fare charged for:

- (1) an economy class seat on a regular flight by a domestic or international scheduled air carrier;
- (2) a coach seat on a passenger train;
- (3) a regular seat on a passenger bus;
- (4) an economy class accommodation on a boat.

Each of those carriers must hold a current and valid certificate issued by Transport Canada or, if subject to regulation in another country by a similar governmental authority having jurisdiction in that country.

"Hospital" means an institution licensed as a hospital within the jurisdiction in which it operates. To qualify under this definition, a hospital must be an active treatment hospital open at all times for the care and treatment of sick and injured persons, have a staff of one (1) or more Physicians available at all times, provide twenty-four (24) hour nursing service by graduate registered nurses and have organized facilities for diagnostics and surgery. A facility which is primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment is not a Hospital. For the purposes of this definition, a Hospital will include a facility or part of a facility used for rehabilitative care.

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, aunt, nephew, niece, grandson, granddaughter, grandfather, grandmother (all of the above include natural, adopted or step relationships) or the spouse of an Insured Person.

"Injury" means bodily injury caused by an Accident occurring while the Policy is in force as to the Insured Person whose loss is the basis of claim and resulting directly and independently of all other causes in loss covered under the Policy, provided such injury is sustained under the circumstances and in the manner described in the section entitled "Description of Hazards" but in no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Motorized Vehicle" means a passenger car, van, jeep-type automobile, sports utility vehicle (SUV), any truck-type automobile, truck, ambulance, or any type of motorized vehicle used by municipal, provincial or federal police forces.

"Nurse" means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor a Member of the Immediate Family.

"Physician" means an individual who is legally licensed to practice medicine and provide treatment within the scope of his licence by:

- (a) a recognized medical licensing organization in the jurisdiction where the treatment is rendered, provided he is a member in good standing of such licensing body, or
- (b) a governmental agency having jurisdiction over such licensing where the treatment was rendered.

The Physician must not ordinarily reside in the Insured Person's residence. The Physician must not be an Insured Person, an Immediate Family Member or business associate of an Insured Person.

"Policy" means Policy #1HB80 any endorsements and attached papers.

"Principal Sum" means the amount indicated in the Schedule of Benefits.

"Professional Counsellor" means a therapist or counsellor who is licensed or registered within the jurisdiction in which he practices to provide psychological treatment or counselling.

The Professional Counsellor must not ordinarily reside in the Insured Person's residence. The Professional Counsellor must not be an Insured Person, an Immediate Family Member or business associate of an Insured Person.

"Residence" means both the dwelling of which an Insured Person is an occupant and the premises on which it is situated.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing and recognized standards of medical practice.

"Sickness or Disease" means the alteration of a person's state of health resulting from internal or external cause(s), creating objectively verifiable symptoms and/or signs, and revealing itself by the impairment of physiological or mental functions.

"Spouse" means an individual:

- (a) who is legally married to or in a civil union with the Insured Person; or
- (b) with whom the Insured Person has continuously cohabited in a conjugal relationship for a minimum of one (1) year immediately before the date of the event insured against.

However, if an individual is the biological or adoptive mother or father of at least one of the children of the Insured Person and is cohabitating with the Insured Person, the individual shall be deemed to be a Spouse from the date of birth or adoption of that child, if that date precedes the end of the period of one (1) year of cohabitation.

Only one (1) individual qualifies as the Spouse of any Insured Person. If the Insured Person is legally married or in a civil union but is also cohabiting with an individual as described under Item (b) above, the Insured Person may elect in writing which one of the individuals will qualify as a Spouse under the Policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the occurrence of the event insured against. If an election is not filed, the Spouse will be the individual to whom the Insured Person is legally married or in a civil union.

"Transportation" means conveyance from one place to another by private or public Motorized Vehicle, bus, train, boat, ferry, airplane or helicopter.

**Description of Hazards**

The hazards against which insurance is provided under this policy are bodily injury caused by an Accident and sustained by the Insured Person while and in consequence of:

- 1) With respect to members or elite players:
  - a) participating in a practice session or game of the Sport(s) for which coverage is indicated in the Schedule, which session or game is approved by and under the supervision of proper authority of the team, club, organization or the Policyholder of which the Insured Person is a member; or
  - b) travelling directly to or from such practice session or game with other Insured Persons, under the supervision of proper authority of the team, club, organization or the Policyholder of which the Insured Person is a member.
- 2) With respect to administrators, employees or volunteers: while performing the normal and regular duties which pertain to his/her occupation, participating in any meeting, convention or competition and while travelling directly to or from his/her residence and the place of such meeting, convention or competition along a normal and reasonable route, without delay or stop-over.

**Eligibility For Insurance**

All members and elite players of the Policyholder, whose names are on file with the Policyholder, and all administrators, employees and volunteers, are eligible for insurance hereunder.

**Specific Loss Accident Indemnity**

When Injury results in any of the following losses within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay:

For Loss of

- Life.....The Principal Sum
- The Entire Sight of
- Both Eyes..... Two Times the Principal Sum

Speech and Hearing  
 in Both Ears..... Two Times the Principal Sum  
 One Hand and the Entire  
 Sight of One Eye ..... Two Times the Principal Sum  
 One Foot and the Entire  
 Sight of One Eye ..... Two Times the Principal Sum  
 The Entire Sight of  
 One Eye.....One & One third Times the Principal Sum  
 Speech.....One & One third Times the Principal Sum  
 Hearing in Both  
 Ears .....One & One third Times the Principal Sum  
 Hearing in One Ear..... Two Thirds of the Principal Sum  
 All Toes of One Foot..... One-Half of the Principal Sum

For Loss or Loss of Use of

Both Hands..... Two Times the Principal Sum  
 Both Feet..... Two Times the Principal Sum  
 One Hand and One Foot ..... Two Times the Principal Sum  
 One Arm .....One & One Half Times the Principal Sum  
 One Leg .....One & One Half Times the Principal Sum  
 One Hand ..... One & One Third Times the Principal Sum  
 One Foot..... One & One Third Times the Principal Sum  
 Thumb and Index Finger or  
 t Least Four Fingers of  
 One Hand .....Two-Thirds of the Principal Sum

For Paralysis of

Both Upper and Lower Limbs  
 (Quadriplegia)..... Two Times the Principal Sum  
 Both Lower Limbs  
 (Paraplegia)..... Two Times the Principal Sum  
 Upper and Lower Limbs of  
 One Side of Body  
 (Hemiplegia)..... Two Times the Principal Sum

"Loss of Life" means the death of the Insured Person.

"Loss" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb means the complete severance of one (1) entire phalanx of the thumb; as used with reference to finger means the complete severance of two (2) entire phalanges of the finger; as used with reference to toes mean the complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes; as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

"Paralysis" means the loss of ability to move all or part of the body.

"Quadriplegia" means the permanent Paralysis and functional loss of use of both upper and lower limbs.

"Paraplegia" means the permanent Paralysis and functional loss of use of both lower limbs.

"Hemiplegia" means the permanent Paralysis and functional loss of use of upper and lower limbs on the same side of the body.

"Loss" as above used with reference to loss of use means the total and irrecoverable loss of use, provided the loss is continuous for twelve (12) consecutive months and such loss of use is determined to be permanent at the end of such period.

Indemnity provided under this section will not be paid under any circumstances for more than one (1) of the Losses, the greatest, sustained for multiple injuries to the same limb by any one (1) Insured Person as the result of any one (1) Accident.

Indemnity provided under this section will not be paid under any circumstances for more than one (1) of the Losses, the greatest, sustained by any one (1) Insured Person as the result of any one (1) accident. In the event Loss of Life occurs within ninety (90) days after the date of the accident, the maximum amount payable will be the Principal Sum.

**Accident Reimbursement Expense**

When by reason of Injury, an Insured Person requires and receives medical treatment within thirty (30) days from the date of the accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician who is not the Insured Person or a member of his Immediate Family with respect to Items 1 to 7; the Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident, not to exceed the amount of Accident Reimbursement Expense stated in the Schedule as the result of any one (1) accident.

- (1) Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- (2) expenses for the services of a Nurse ordered or prescribed by a Physician, provided such Nurse does not ordinarily reside in the Insured Person's Residence;
- (3) expenses for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines;
- (4) a) With respect to Members, Class I only:  
  
expenses charged for the services of a licensed professional physiotherapist or certified athletic sports therapist ordered or prescribed by a Physician, up to thirty-five dollars (\$35) per treatment, subject to a maximum reimbursement of three hundred and fifty dollars (\$350) as the result of any one (1) accident and seven hundred dollars (\$700) during any one (1) policy term;  
  
b) With respect to Elite players, Class II only:  
  
expenses charged for the services of a licensed professional physiotherapist or certified athletic sports therapist ordered or prescribed by a Physician, up to fifty dollars (\$50) per treatment, and one thousand two hundred dollars (\$1,200) during any one (1) policy term;
- (5) expenses for a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, including air ambulance, to or from the nearest Hospital which is equipped to provide the required treatment;
- (6) expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of one thousand dollars \$1,000 per policy term;
- (7) expenses for rental of a wheelchair, an iron lung and other durable equipment for temporary therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary;
- (8) a) With respect to Members, Class I only:  
  
expenses for the services of a licensed chiropractor, up to thirty-five dollars (\$35) per treatment, subject to a maximum reimbursement of three hundred and fifty dollars (\$350) as the result of any one (1) accident and seven hundred dollars (\$700) during any one (1) policy term.  
  
b) With respect to Elite players, Class II only:  
  
expenses for the services of a licensed chiropractor; up to fifty dollars (\$50) per treatment and one thousand two hundred dollars (\$1,200) during any one (1) policy term.

#### **Accidental Dental Expense**

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon who does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident for such treatment or services, but not to exceed the amount of Accidental Dental Expense maximum stated in the Schedule as the result of any one (1) accident, provided the Insured Person consults with the dentist or oral surgeon within thirty (30) days from the date of the accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the province or territory of the Insured Person's Residence.

#### **Co-insurance**

Expenses incurred under the sections entitled "Accident Reimbursement Expense" and "Accidental Dental Expense", except for hospitalisation charges (item 1 in the section entitled "Accident Reimbursement Expense") are refundable at 80% of the incurred cost.

### **Repatriation Benefit**

In the event an Insured Person suffers a Loss of Life resulting from Injury more than fifty (50) kilometres from that Insured Person's normal place of residence and indemnity for such loss becomes payable under the section entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to a resting place (including but not limited to a funeral home or the place of interment) in proximity to the normal place of residence of the deceased Insured Person, including charges for the preparation of the body for such transportation, not to exceed, in the aggregate, the amount of twenty-five thousand dollars (\$25,000) for all such expenses paid under this section as a result of one (1) Accident.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be coordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

### **Rehabilitation Benefit**

In the event an Insured Person sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy, and such Injury requires that the Insured Person participate in a rehabilitation program in order to be qualified to engage in an occupation in which he would not have engaged except for such Injury, the Insurer will pay the reasonable and necessary expenses actually incurred, within three (3) years from the date of Loss, by the Insured Person for such program.

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed fifteen thousand dollars (\$ 15,000) as the result of any one (1) Accident. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

The above benefit will only be payable under one (1) of the policies issued to the Policyholder by the Insurer.

### **Family Transportation Benefit**

When, following an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy, an Insured Person is confined (confinement as a result of any Injury other than for a specific Loss will be covered, subject to a period of at least four (4) days of continuous hospitalization which begins within twenty-four (24) hours following the date of the Accident) as an inpatient in a Hospital located more than one hundred and fifty(150) kilometres from his normal place of residence and such Insured Person is under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable expenses actually incurred by any Immediate Family Member(s) or a family representative for Accommodation and transportation by the most direct route from the normal place of residence of the Immediate Family Member(s) or family representative to the confined Insured Person and return to the normal place of residence of such Immediate Family Member(s) or family representative, not to exceed in the aggregate the amount of fifteen thousand dollars (\$ 15,000) for all such expenses as a result of any one (1) Accident. Payment will not be made for board or other ordinary living, travelling or clothing expenses. 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 thirty-five cents (\$ 0.35) per kilometre travelled.

The benefit is payable under only one of the policies issued to the Policyholder by the Insurer.

### **Identification Benefit**

In the event an Insured Person suffers a Loss of Life resulting from an Injury and indemnity for such loss becomes payable under the section entitled "Specific Loss Accident Indemnity" and the police or similar governmental authority requires identification of the Insured Person's body, the Insurer will pay the reasonable and necessary expenses actually incurred by one (1) Immediate Family Member or family representative for Transportation to the location of the Insured Person's body by the most direct route from the normal place of residence of the Immediate Family Member or family representative, Accommodation in the vicinity, and return to the normal place of residence of such Immediate Family Member or family representative by the most direct route, if, at the time of death, the Insured Person had been travelling

unaccompanied by an Immediate Family Member. Payment will not be made for other ordinary living, travelling or clothing expenses.

The Insurer will not pay any indemnity under this section unless the Insured Person's body is located more than fifty (50) kilometres from the Insured Person's normal place of residence.

Reimbursement of Transportation expenses under this section is limited to the cost of a single return trip to identify the deceased Insured Person. More than one form of conveyance may be used for the Transportation if necessary, but the indemnity paid will be limited to the Fare or Fares reasonably required for a single return trip. If Transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers, then reimbursement of Transportation expenses will be limited to a maximum of thirty-five cents (\$0.35) per kilometre travelled for such return trip.

The total maximum amount payable under this section by the Insurer will not exceed twenty-five thousand dollars (\$25,000) as a result of any one (1) Accident.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be coordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

#### **Home Alteration and/or Vehicle Modification Benefit**

In the event an Insured Person suffers a Specific Loss listed below resulting from an Injury:

- (1) Loss of both feet or legs; or
- (2) Loss of Use of both feet or legs; or
- (3) Quadriplegia, Paraplegia or Hemiplegia,

and indemnity for such loss becomes payable under the section entitled "Specific Loss Accident Indemnity" and such Insured Person requires the use of a wheelchair, as result of such loss, in order to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within three (3) years following the date of Loss for home alteration and/or vehicle modification as provided under this section.

To be covered under this section, the alteration or modification must enable the Insured Person to access his residence and/or his vehicle in a wheelchair and must be approved, where required by law, by licensing authorities.

The total maximum amount payable under this section by the Insurer will not exceed fifteen thousand dollars (\$15,000) as a result of any one (1) Accident.

The amount payable under this section will be coordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

#### **Funeral Expense Benefit**

In the event an Insured Person suffers a Loss of Life resulting from Injury and indemnity for such loss becomes payable under the section entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary expenses actually incurred at the time of the Insured Person's death for the services and/or materials provided by a mortician, undertaker, crematorium or funeral home that are related to the burial or cremation of a deceased Insured Person, as well as charges for the purchase of a burial plot, gravesite or mausoleum for the interment of the remains of the Insured Person, including any markers or monuments. The aggregate amount payable under this section shall not exceed the amount of five thousand dollars (\$5,000), and the Insurer shall deduct from the amount payable under this section any expenses incurred for preparation of the remains for travel paid or payable under the section entitled "Repatriation Benefit".

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be coordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

#### **Psychological Therapy Benefit**

In the event an Insured Person suffers a Specific Loss resulting from an Injury and indemnity for such loss becomes payable under the section entitled "Specific Loss Accident Indemnity" and such Injury requires such

Insured Person to undergo psychological therapy, the Insurer will pay an indemnity equivalent to the reasonable and necessary expenses actually incurred within three hundred and sixty-five (365) days after the date of the Accident resulting in such loss for psychological therapy provided by a Professional Counsellor. The Insurer will pay up to a maximum of twelve (12) counselling sessions to an overall maximum of five thousand (\$5,000) dollars per any one (1) Accident. This benefit will not pay for any counselling provided by persons who would not ordinarily charge a fee for their services

The above indemnity will be paid to the person who actually incurred the expenses.

Indemnity under this section will be paid in excess of any other insurance or indemnity plans only for the amount which has not been covered after all other insurance or indemnity plans or other form of reimbursement have been exhausted, provided the amount is equal to or less than the reasonable and necessary charge.

**Fracture, Dislocation, Tendon Severance And Miscellaneous Indemnity**

When Injury results in any of the following fractures, dislocations, severances or miscellaneous conditions within three hundred and sixty-five (365) days after the date of the accident, the Insurer will pay up to the Fracture Indemnity maximum stated in the Schedule in accordance with the percentages indicated below but not more than one (1) such indemnity, the largest, will be payable as the result of any one (1) accident.

For complete fracture (including Greenstick type fracture):

	Percentage of Fracture Indemnity
Of the skull (depressed).....	100%
Of the skull (not depressed).....	33%
Of the spine (one or more vertebrae).....	50%
Of the jawbone (mandible or maxilla).....	33%
Of the thigh (femur).....	33%
Of the pelvis.....	33%
Of the knee cap.....	27%
Of the lower leg.....	25%
Of the shoulder blade.....	25%
Of the ankle (small bones).....	25%
Of the wrist (small bones).....	25%
Of the forearm (compound or comminute).....	23%

Of the forearm (not compound).....	12%
Of the sacrum or coccyx.....	17%
Of the sternum.....	17%
Of the arm, between elbow and shoulder.....	17%
Of the collarbone.....	12%
Of the nose.....	12%
Of two or more ribs.....	10%
Of one hand (one or more metacarpals).....	8%
Of one foot (one or more metatarsals).....	8%
Of the facial bones.....	8%
Of one rib.....	5%
Of any bone not specified above.....	3%

For complete dislocation:

Of the hip.....	42%
Of the knee (with open primary repair).....	33%
Of the shoulder (with open reduction).....	25%
Of the wrist.....	17%
Of the ankle.....	17%
Of the elbow.....	12%
Of the bones of foot, other than toes.....	8%

Severance of tendon or tendons:

Heel (achilles).....	22%
Ankle.....	20%
Knee.....	18%
Foot (not toes).....	17%
Elbow.....	17%
Wrist.....	12%
Hand (including fingers).....	12%

Miscellaneous:

Ruptured kidney (operative).....	27%
Ruptured liver (operative).....	27%
Ruptured spleen (operative).....	27%
Punctured lung-with open surgery.....	23%
Burns-requiring one or more skin grafts.....	22%
Knee-injured and requiring surgery (when there is no fracture or dislocation).....	22%
Bone operation-injured portion removed (when there is no fracture or dislocation).....	20%

**Emergency Taxi Benefit**

When, due to Injury, an Insured Person requires immediate medical attention, the Insurer will pay the reasonable expenses actually incurred for a licensed taxi to transport the Insured Person to either a Physician's office or the nearest Hospital, subject to the maximum amount of Emergency Taxi Benefit stated in the Schedule as the result of any one (1) accident.

### **Eyeglasses or Contact Lenses Benefit**

When, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician or ophthalmologist within thirty (30) days from the date of the accident and, upon advice of the Physician or ophthalmologist, incurs expenses for

- 1) The purchase of eyeglasses or contact lenses when neither of which were previously required or worn, the Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident, not to exceed two hundred dollars (\$200) as the result of any one (1) accident.
- 2) the repair or replacement of the Insured Person's eyeglasses or contact lenses, the Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident, not to exceed one hundred dollars (\$100) as the result of any one (1) accident.

### **Tutorial Fees**

When, within thirty (30) days from the date of the accident, Injury totally confines an Insured Person to Residence or Hospital for a period in excess of forty (40) consecutive school days, the Insurer will pay the expenses incurred, within twelve (12) months immediately following the date of the accident, for the tutorial services of a qualified teacher, who does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family, holding a current Provincial Department of Education Teaching Certificate for the grade attained by the Insured Person, up to a maximum rate of twenty dollars (\$20) per hour, but not to exceed the amount of Tutorial Fees stated in the Schedule as the result of any one (1) accident.

### **Special Transportation Benefit**

When, by reason of Injury, an Insured Person, who requires medical treatment within thirty (30) days from the date of the accident, is referred by a Physician to a medical specialist located at least one hundred and fifty (150) kilometres from the Insured Person's normal place of Residence and within the Insured Person's province of Residence, the Insurer will pay, provided such specialist's services are not available in the vicinity of the Insured Person's Residence and subject to receipt of

satisfactory proof other than for automobile transportation, the following reasonable expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident:

- (1) Transportation by the most direct route, up to one hundred and fifty dollars (\$150) per round trip and subject to a maximum of five (5) trips during any one (1) policy term. 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 the equivalent cost of bus fare.
- (2) Hotel accommodation in the vicinity of the specialist's office, up to fifty dollars (\$50) per day and subject to a maximum of six (6) days during any one (1) policy term.

### **Aircraft Coverage**

Insurance provided under this policy includes Injury sustained while and in consequence of:

- a) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated on a regular, special or chartered flight by a domestic or international scheduled air carrier, licensed by the Department of Transport of Canada or the governmental authority having jurisdiction over such air carrier in the country of its registry.
- b) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country.
- c) boarding or alighting from or being struck by any aircraft.

Notwithstanding (a) and (b) above, this policy excludes Injury sustained while and in consequence of riding in or on any aircraft owned, operated, leased or chartered by or on behalf of the Policyholder.

### **Exposure and Disappearance**

If, by reason of an accident covered by this policy, an Insured Person is unavoidably exposed to the elements and, as the result of such exposure, suffers a loss for

which indemnity is otherwise payable hereunder, such loss will be covered under the terms of this policy.

If the Insured Person is not found within one (1) year after the date of the disappearance, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the accident and under such circumstances as would otherwise be covered hereunder, it will be presumed the Insured Person suffered Loss of Life resulting from bodily Injury caused by an accident at the time of such disappearance, sinking or wrecking.

### **Aggregate Limit of Indemnity**

The Insurer's aggregate limit of indemnity for all losses arising out of any one (1) accident, for which coverage is provided hereunder, is as stated in the Schedule. In the event said limit of indemnity for any one (1) accident is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person will be in the proportion that the limit of indemnity for any one (1) accident bears to the total amount of insurance that would have been payable, except for such limit of indemnity.

This section only applies to losses payable under the section entitled "Specific Loss Accident Indemnity".

### **Indemnity Payments**

In the event the Insured Person is a minor, all indemnities payable hereunder will be payable to the custodial parent, or if there is none, to the Insured Person's guardian who has been legally appointed to manage the person of the child.

If the Insured Person is not a minor, indemnity payable in the event of the Loss of Life of the Insured Person will be payable to the surviving Spouse or, if there is no Spouse, to the estate of the Insured Person. All other indemnities payable will be payable to the Insured Person.

### **Effective Date of Individual Insurance**

Insurance as to each person will take effect on the date such person becomes eligible, but in no event prior to the effective date of the policy.

### **Individual Terminations**

The insurance of an Insured Person will immediately terminate on the earliest of the following dates:

- 1) on the date this policy is terminated;
- 2) on the Term Premium due date if the Policyholder fails to pay the required premium for the Insured Person, except as the result of an inadvertent error; or
- 3) on the date the Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

### **Exclusions**

- A. This policy does not cover loss, fatal or non-fatal, caused by or resulting from:
  - 1) suicide or intentionally self-inflicted Injury;
  - 2) war, whether declared or not.
  - 3) participation in a riot, insurrection, civil commotion or disturbance.
  - 4) active full-time, part-time or temporary service in the armed forces of any country.
  - 5) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage".
  - 6) medical treatment or surgery, except if the medical treatment or surgery was needed because of an Accident.
- B. This policy does not cover any of the following supplies or services or costs thereof:
  - 1) for the purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions therefore, except as provided in the section entitled "Eyeglasses or Contact Lenses Benefit".
  - 2) for the services of a masseur.

- 3) for x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the section entitled "Accidental Dental Expense".
- 4) for sickness or disease, either as a cause or effect.
- 5) charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, oral contraceptives and patent medicines;
- 6) charges for any experimental medical treatments.
- 7) charges for medical services rendered by nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder.
- 8) expenses incurred by an Insured Person who is not covered under any Federal or Provincial Hospital or Medical Plan.

This policy is subject to and will not contravene any Federal or Provincial statutory requirement with respect to Hospital and/or Medical plans. Benefits will be reduced under the Accident Reimbursement Expense and Accidental Dental Expense sections of this policy by any amount paid or payable under any other policy providing similar reimbursement expenses.

### Claims Provisions

**Notice of Claim** Written notice of Injury on which claim may be based must be given to the Insurer within thirty (30) days after the date of the Accident resulting in such Injury. Such notice given by or on behalf of the Insured Person or beneficiary, as the case may be, to the Insurer at its Head Office, 1225, St-Charles Street West, Suite 200, Longueuil, Québec, J4K 0B9 or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed notice to the Insurer. Failure to give such notice within the time provided in this policy will not invalidate any claim if it is shown not to have been reasonably possible to give such notice during such time and that such notice was given as soon as reasonably possible, but in no event later than one (1) year after the date of the Accident.

**Claim Forms** The Insurer, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proof of Loss. If such forms are not so furnished within fifteen (15) days after the Insurer's receipt of such notice, the claimant will be deemed to have complied with the requirements of this policy as to proof of such Loss upon submitting, within the time fixed in the policy for filing proofs of Loss, written proof covering the occurrence, character and extent of the Loss for which claim is made.

**Proof of Loss** Written proof of Loss must be given to the Insurer within ninety (90) days after the date of Accident resulting in such Loss. Failure to give such proof within such time will not invalidate any claim if it is shown not to have been reasonably possible to give such proof during such time and that such proof was given as soon as reasonably possible, but in no event later than one (1) year after the date of the Accident.

**Physical Examination and Autopsy** The Insurer will have the right and opportunity to examine, at its own expense, the person of the Insured Person whose Loss is the basis of claim under this policy, where and so often as it may reasonably require during the pendency of claim hereunder, and in the case of death, the right and opportunity to require an autopsy where it is not forbidden by law.

**Payment of Claims** All indemnities provided in this policy for Loss will be paid after due proof of Loss satisfactory to the Insurer has been given in accordance with the requirements of this policy.

All moneys payable under this policy is payable in the lawful money of Canada.

**Legal Actions** Legal action will not be taken to recover indemnities under this policy until sixty (60) days after proof of Loss has been given in accordance with the requirements of this policy to the Insurer. Thereafter, the claimant will be limited to a one (1) year period [ three (3) years in the province of Quebec ] during which legal action may be taken.

**Conformity with Provincial Law** If any time limitation specified in this policy for giving notice of claim, or giving proof of Loss, or undertaking legal action is less than that permitted by law of the province in which the Insured Person is residing at the time of the Accident resulting in Loss, then the time limitation will not be less than that provided for by provincial law.

## General Provisions

**The Contract** This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No statement made by the applicant for insurance will void the insurance or reduce benefits hereunder unless contained in a written application signed by the applicant. No agent has authority to change this policy or to waive any of its provisions. No change in this policy will be valid unless approved by an officer of the Insurer and such approval be endorsed hereon or attached hereto.

All statements contained in any such application for insurance will be deemed representations and not warranties.

**Certificate of Insurance** The Policyholder shall not deliver to any Insured Person any written description of the benefits available under this policy without first allowing the Insurer to review the description. The Insurer may at its discretion require the Policyholder to make changes to the description if the description contains a discrepancy with the wordings of the policy. Where the Insurer has not been allowed to review the description, or where the Policyholder does not make a change to the description as required by the Insurer, then the Policyholder will indemnify and hold harmless the Insurer against all claims that may be paid by or made against the Insurer and which arise out of a discrepancy between the description and the wording of the policy. In addition, the Policyholder will indemnify and hold harmless the Insurer from all losses, costs, charges and expenses, including but not limited to legal fees, that the Insurer may incur as a result of any such claims.

**Termination** The Policyholder may cancel this policy by mailing to the Insurer written notice stating when thereafter such cancellation will be effective. The Insurer may cancel this policy by mailing to the Policyholder at the address shown in this policy written notice stating when, not less than thirty (30) days prior to the Anniversary Date of this policy, such cancellation will be effective. The mailing of such notice as aforesaid will be sufficient proof of notice and the effective date of cancellation stated in the notice will become the end of the policy period. Delivery of such written notice either by the Policyholder or by the Insurer will be equivalent to mailing.

**Inspection of Records** The Insurer will be permitted to examine the Policyholder's records relating to this policy at any reasonable time, and from time to time until two (2) years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is the later.

(04/2019)