

Urban School Insurance Consortium
(The Policyholder)

Policy No. 100006766

issued by
Industrial Alliance Pacific Insurance and
Financial Services Inc.
(The Company)

The Program

A specialized program of travel insurance to protect you.

Who Is Eligible?

Students and chaperones under age 70 of a participating school board of the Policyholder, excluding foreign exchange students and international students.

“Student” means a resident of Canada over six months of age, who is presently enrolled with and attending regularly any Canadian licensed or registered day care, preschool, playschool, kindergarten, elementary or secondary school of a participating school board of the Policyholder, who is not a foreign exchange student or an international student and who has not taken or arranged to take full-time permanent employment.

What Does It Cover?

Coverage is restricted to one of the following Options as specified on the participating school board’s Enrollment Requisition form:

Option 1 - Plan 1

Plan 1 of the policy takes effect with respect to an Insured Person when the Insured Person leaves his residence to undertake an insured trip approved by the Policyholder and shall continue until he returns to his residence upon completion of the trip.

Option 2 - Plan 1 and Plan 2

Plan 1 of the policy takes effect with respect to an Insured Person when the Insured Person leaves his residence to undertake an insured trip approved by the Policyholder and shall continue until he returns to his residence upon completion of the trip.

Plan 2 of the policy shall take effect with respect to an Insured Person on the date of the Enrollment Requisition form provided no trip cancellation penalties have become chargeable.

“Chronic Condition” means a disease or disorder which has existed for a minimum of six months. Only one, the first, occurrence per Insured Person per insured trip is eligible as the basis of claim.

“Injury” means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in 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.

What Does It Cover? (Continued...)

“Sickness” means a sickness, disease or Chronic Condition occurring while the policy is in force as to the Insured Person whose sickness is the basis of claim.

What Benefits Are Provided?

Plan 1

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

The loss or permanent and total loss of use must occur within 12 months after the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits which may be payable.

\$25,000.00 Accidental death, loss or loss of use of: both hands or feet; entire sight of both eyes; one hand and one foot; one hand or one foot and the entire sight of one eye; speech and hearing in both ears

\$18,750.00 Loss or loss of use of: one arm or one leg

\$16,500.00 Loss or loss of use of: one hand or one foot; entire sight of one eye; speech or hearing in both ears

\$ 8,250.00 Loss or loss of use of: thumb and index finger of either hand; four fingers of either hand; hearing in one ear

\$ 6,250.00 Loss or loss of use of: all toes of one foot

\$50,000.00 Paralysis Benefits

ARTIFICIAL LIMBS, EYES, HEARING AIDS AND OTHER PROSTHETIC APPLIANCES BENEFIT

When Injury results in these appliances prescribed by a physician and purchased within one year from the date of the accident, the Company will pay the cost to a maximum of \$2,000.00.

DOUBLE INDEMNITY

If Injury is sustained while riding as a passenger in or on, including boarding or alighting from or being struck by any public conveyance licensed for the conveyance of passengers for hire and results in a loss payable under “Accidental Death, Dismemberment and Specific Loss Indemnity” of the policy, the Principal Sum payable will be doubled to \$50,000.00.

HOSPITAL AND MEDICAL EXPENSES

If Injury or Sickness of an Insured Person requires:

- (a) treatment at a hospital;
- (b) blood plasma, whole blood or oxygen, including administration thereof;
- (c) emergency treatment by a legally qualified physician or surgeon;

What Benefits Are Provided? (Continued...)

Plan 1 (Continued...)

HOSPITAL AND MEDICAL EXPENSES (Continued...)

- (d) medical care and treatment rendered or surgical procedure performed by a physician, subject to the health insurance plan schedule of fees published by the province or territory of the Insured Person’s residence;
- (e) x-rays and laboratory examinations which are required for diagnostic purposes;
- (f) x-rays and laboratory examinations which are required for diagnostic purposes;
- (g) the service of a licensed ambulance from the scene of the accident or place of onset of the Sickness to the nearest hospital;
- (h) drugs or medicines prescribed by the attending physician (oral contraceptives and patent medicines excluded);
- (i) employment of a nurse or certified nursing aid when recommended by the attending physician;
- (j) treatment by a licensed chiropractor, osteopath, chiropodist or podiatrist;
- (k) the service of a licensed anaesthetist when recommended by the attending physician, subject to the health insurance plan schedule of fees published by the province or territory of the Insured Person’s residence;
- (l) rental of crutches and appliances, or hospital-type bed;
- (m) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary;
- (n) splints, trusses and braces; or
- (o) physiotherapy when recommended by the attending physician,

the Company will pay the reasonable and customary expense incurred within three years from the date of the accident or onset of the Sickness for such treatment or services. Benefits payable shall be reduced by any benefits paid or payable under any government sponsored hospital or medical plans or any other student insurance plan underwritten by the Company. Benefits payable which are also paid or payable under any other insurance program shall be reduced to the extent that in no event will payment from all sources exceed 100% of the actual expenses incurred for such treatment or service.

The lifetime maximum amount payable by the Company under this part with respect to an Insured Person is \$1,000,000.00.

What Benefits Are Provided? (Continued...)

Plan 1 (Continued...)

REPATRIATION, BOARD, LODGING AND ADDITIONAL TRAVEL EXPENSES

In the event of: (a) the death of the Insured Person, (b) the Injury or Sickness of the Insured Person and certified as medically necessary by the attending physician, (c) the death of a member of the immediate family, (d) the Injury or Sickness of a member of the immediate family certified by the attending physician to be of a severity requiring the attendance of the Insured Person, the Insured Person requires transportation to his place of residence, the Company will pay the necessary actual expense incurred for such transportation, less any refund due as the result of cancellation or rescheduling of transportation previously arranged.

In the event of (a) the death of the Insured Person or (b) the Injury or Sickness of the Insured Person certified by the attending physician to be of a severity requiring the attendance of a medical attendant, chaperone or member of the immediate family, the Company will pay the reasonable board, lodging and additional travel expenses incurred by such medical attendant, chaperone or member of the immediate family to remain with the Insured Person or accompany the Insured Person on return to his place of residence. Board and lodging expenses are restricted to a maximum of \$100.00 per day and for a maximum period of 30 consecutive days. All benefits payable for such board, lodging and additional travel expenses are limited to an aggregate of \$5,000.00 as the result of any one Injury, Sickness or death. Additional travel expenses are restricted to the round-trip economy airfare for a member of the immediate family or medical attendant (not accompanying the Insured Person prior to such Injury, Sickness or death) and the one-way economy airfare for a chaperone.

In the event Injury, Sickness or quarantine of the Insured Person after departure temporarily prevents the Insured Person from continuing the trip, the Company will pay the reasonable cost of transportation by the most direct route to allow the Insured Person to rejoin the original tour or group.

The total of all benefits payable under this part shall not exceed an aggregate amount of \$10,000.00 as the result of any one Injury, Sickness or death.

Plan 2

TRIP CANCELLATION

In the event that the Insured Person is unable to undertake or continue the scheduled trip as a result of a Canadian government travel advisory or International SOS security alert, or the Injury, Sickness or death of the Insured Person or a member of the immediate family, the Company will reimburse the Insured Person the non-refundable, pre-paid travel arrangements which are non-refundable on the day when the covered reason for cancellation occurs.

When Does This Insurance Not Apply?

The policy does not cover loss, fatal or non-fatal, caused by or resulting from:

- declared or undeclared war or any act thereof;
- pregnancy or childbirth;
- air travel except as a fare paying passenger in a scheduled aircraft;
- suicide or any attempt thereof or intentionally self-inflicted Injury, while sane or insane;
- participating in terrorist activities of any kind;
- any loss as the sole result of the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined;
- any ailment or condition for which an Insured Person undertakes a journey for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or hospital services.

How Do I Make A Claim?

During regular business hours, contact the IAP Claims Department at (800) 556-7411 (in Canada and the USA) or at (604) 737-9377 collect (outside North America).

After hours or for medical emergencies, call (800) 255-2008 (in Canada and the USA) or (305) 865-8895 collect (outside North America).

Written notice of accidental death, dismemberment, loss of sight, hearing, paralysis, or loss of use of limbs is to be given to the Insurance Company within a period of 30 days from the date of loss. For all other claims, completed claim forms must be filed with IAP within 90 days after the date of the Injury or Sickness and no later than 12 months regardless of whether expenses have been incurred. Attach original receipts for all eligible expenses being claimed.

To Whom Are Benefits Paid?

Benefits payable under the policy are payable to the parent or guardian when you are a minor, otherwise to you or your estate.

Underwritten by:
**Industrial Alliance Pacific Insurance and
Financial Services Inc.**



This brochure is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. This group Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy, not this brochure.

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Urban School Insurance Consortium

Blanket Student Travel Insurance Plan

