

A PROGRAM OF STUDENT ACCIDENT INSURANCE FOR STUDENTS OF

**Nova Central
School District**

underwritten by



POLICY # 9226102

Who is eligible?

All registered full and part-time students and Faculty Members of the Nova Central School District covered under a Canadian Federal or Provincial Hospital or Medical plans, are automatically covered under this Program.

What am I covered for?

Any bodily injury caused by an accident occurring:

- 1) 24 hours per day on any day designated as a regular school day on which attendance is required including professional development days and attendance at summer school; or while the Insured Person
- 2) is attending or participating in an activity approved and supervised by a proper authority of the Policyholder on any day other than a regular school day; and
- 3) is travelling directly to or from an approved activity of the Policyholder with other members as a group, provided that such group is at the time under the supervision of a proper authority of the Policyholder; and;
- 4) is travelling directly to or from his or her residence and buildings or premises of the Policyholder for the purpose of attending classes on any regular school day, or for the purpose of an activity such as described in (2).

BENEFITS

Specific Loss and Paralysis Accident Indemnity

When injury results in any of the following losses within 365 days after the date of the accident, the Insurer will pay for:

Loss of Life	\$ 10,000
Loss of Both Hands, Both Feet or the Entire Sight of Both Eyes	\$40,000
Loss of One Hand and One Foot.....	\$30,000
Loss of One Hand and the Entire Sight of One Eye	\$30,000
Loss of One Foot and the Entire Sight of One Eye	\$30,000
Loss of One Arm or One Leg.....	\$20,000

Loss of One Hand or One Foot.....	\$ 15,000
Loss of the Entire Sight of One Eye or Thumb and Index Finger of One Hand.....	\$ 6,000
Loss of Speech and Hearing in Both Ears.....	\$40,000
Loss of Speech or Hearing in Both Ears.....	\$20,000
Loss of Hearing in One Ear.....	\$ 3,000
Loss of One Finger of a Hand	\$ 1,500
Quadriplegia, Paraplegia, or Hemiplegia.....	\$40,000

*If the loss of life occurs while in or on school buildings or premises or while the student is riding in, boarding or alighting from any school bus, or school vehicle leased by the proper authority, the amount of indemnity for loss of life caused by an accident will be increased to \$20,000.

“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;

arm or leg: means complete severance through or above the elbow or knee joint;

thumb: means the complete severance of the entire phalanx of the thumb;

finger: means the complete severance of two entire phalanges of the finger;

eye: means the irrecoverable loss of the entire sight thereof.

speech: means complete and irrecoverable loss of the ability to utter intelligible sounds;

hearing: means complete and irrecoverable loss of hearing.

quadriplegia, paraplegia and hemiplegia: means the complete and irreversible paralysis of such limbs.

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 for all losses sustained by any one Insured Person as the result of any one accident will not exceed \$40,000.

Accident Reimbursement Expense

When by reason of Injury, an Insured Person requires medical treatment within 30 days from the date of the accident and incurs expenses for any of the following **Physician recommended services** or supplies, while under the Regular Care and Attendance of a Physician with respect to Items 1 to 10:

- 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, subject to a maximum of \$5,000 per accident;
- 3) expenses for prescription drugs, sera and vaccines, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a 30 day supply;
- 4) expenses charged for the services of a licensed professional physiotherapist or certified athletic sports therapist;
- 5) expenses for a licensed ambulance service or, 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, subject to a maximum of \$1,000 per accident;
- 6) expenses for crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces;
- 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, subject to a maximum of \$5,000 per accident;
- 8) expenses for medical care and treatment rendered or surgical procedure performed by a Physician;
- 9) expenses incurred for laboratory or x-ray examination for diagnosis, provided the Insured Person is not confined within a Hospital as a resident patient charged for room and board during the time such expense is incurred;
- 10) expenses for the services of a licensed anaesthetist;

11) expenses for the services of a licensed chiropractor.

The Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within three (3) years after the date of the accident, not to exceed in the aggregate the amount of:

- 1) \$20,000 as the result of any one (1) accident when incurred in the Insured Person's province of residence.
- 2) \$15,000 as the result of any one (1) accident when incurred outside the Insured Person's province of residence but within Canada.
- 3) \$5,000 as the result of any one (1) accident when incurred outside Canada anywhere in the world.

Dental Expense

When injury to whole and sound teeth (including capped, crowned, filled or restored teeth) or orthodontic appliances shall, due to a force or blow external to the mouth and, within thirty (30) days from the date of the accident, require treatment, replacement or x-rays by a legally qualified dentist or dental surgeon, the Insurer will pay the reasonable and necessary expense actually incurred by or on behalf of an Insured Person within four (4) years after the date of the accident for such treatment or services, but not to exceed two thousand dollars (\$2,000) per tooth as a result of any one (1) accident.

All payments made shall not exceed the Provincial Dental Association Schedule of Fees of the Province in which such expenses are incurred. Where no Schedule of Fees is available, the Provincial Dental Association Schedule of Fees of the Province of the Insured Person's residence will be used.

If due to age, dental development is not sufficient to permit completion of treatment within four years of the date of the accident, a satisfactory report from the physician or dental surgeon must be filed with the Insurer within ninety (90) days. Upon completion of such treatment, the Insurer will pay the cost of such services subject to a maximum of five hundred dollars (\$500) per tooth.

Repair or replacement of temporary crowns, caps, fillings and any other form of temporary restoration or partial plates requiring treatment in the interim is not covered.

Dentures or Bridgework Benefit

When, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician or

legally qualified dentist who does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family, within thirty (30) days from the date of the accident and damage to or breakage of removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth occurs as the result of such Injury, 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 the repair or replacement of such removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth, subject to a maximum of one hundred and fifty dollars (\$150) as the result of any one (1) accident for all such repairs or replacements.

Eyeglasses or Contact Lenses Benefit

When, by reason of an 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 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 \$200 as the result of any one (1) accident.

In the event the insured person already has 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 for repair or replacement of the Insured Person's eyeglasses or contact lenses, not to exceed \$150 as the result of any one (1) accident.

Other Benefits subject to their internal maximums stipulated in the contract on file with the Nova Central School District:

- * **Rehabilitation Benefit**
- * **Hearing Aid Indemnity**
- * **Special Confinement Benefit**
- * **Prosthetic Appliances**
- * **Emergency Taxi Benefit**
- * **Fracture, Dislocation, Tendon Severance and Miscellaneous Indemnity**
- * **Tutorial Fees**

* **Dread Disease Benefit**

* **Special Transportation Benefit**

Aggregate limit: \$1,000,000

When does insurance coverage stop?

On the date the Insured Person ceases to be a registered day student with the Nova Central School District in a capacity making him 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 of the policy entitled "**Eyeglasses 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 sections entitled "**Accidental Dental Expense**" and "**Dentures or Bridgework**";
 - 4) for sickness or disease, either as a cause or effect, except as provided in the section of the policy entitled "**Dread Disease**";
 - 5) charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, contraceptives of any type or form 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;
- 9) for any loss caused or contributed to by the use of hallucinogenic drugs or substance;
- 10) for loss covered by Workmen's Compensation, except as provided in the section of the policy entitled "Specific Loss and Paralysis Accident Indemnity".

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.

In the event of a claim

The Insured Person or his beneficiary must notify their Principal.

In the case of claim, Written Notice of Injury must be given to SSQ Insurance Company Inc. within 30 days after the date of the accident and Written Proof of Loss must be furnished to them within 90 days after the date of such Loss. Failure to furnish such Notice or Proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such Notice or Proof and that such Notice or Proof was furnished as soon as was reasonably possible, but in no event later than one year after the date of the accident.

This Brochure is an outline of the coverage held under the Program of Student Accident Insurance and should be retained for reference. The group master Policy #9226102 sets forth in detail the terms and conditions of the Program and all rights and obligations are determined in accordance with the Master Policy, not this Brochure.

For exact provisions of coverage and general enquiries, please contact;

<p style="text-align: center;">Steve Macdonald, RHU Financial Security Advisor Phone: (709) 722-7861 ext. 251 Fax: (709) 739-0424 E-mail: steve.macdonald@freedom55financial.com</p>
