

STUDENT ACCIDENT INSURANCE

for

2018

POLICY BROCHURE

18128

**CONESTOGA COLLEGE
INSTITUTE OF TECHNOLOGY AND
ADVANCED LEARNING**

DEAR STUDENT:

Conestoga College Institute of Technology and Advanced Learning is providing you with accident insurance protection. Take the time to read the policy as it contains important information about your coverage. Bold words have a specific meaning which we define in the Definitions section.

Agent of Record



**STAEBLER
INSURANCE**

Be Wise, Staeblerize.

519-743-5221 or www.staebler.com

Underwritten by

 **OLD REPUBLIC INSURANCE COMPANY OF CANADA**

SUMMARY OF BENEFITS MAXIMUM PAYABLE

| | |
|--|-------------------|
| • TOTAL AND PERMANENT DISABILITY | \$100,000 |
| • ACCIDENTAL DEATH | \$ 10,000 |
| • DOUBLE BENEFIT FOR ACCIDENTAL DEATH | \$ 20,000 |
| • LOSS OF A LIMB OR LOSS OF USE | \$100,000 |
| • DREAD DISEASE | \$ 7,500 |
| • DENTAL TREATMENT | \$750/TOOTH |
| • OUT-OF-PROVINCE EMERGENCY MEDICAL | \$ 15,000 |
| • HOSPITAL ROOM EXPENSE | \$ 2,000 |
| • COUNSELLING | \$ 500 |
| • CONFINEMENT | \$ 6,100 |
| • MEDICAL AND REHABILITATION EXPENSE | \$ 2,000 |
| • SPECIAL TRAINING | \$ 5,000 |
| • TRAVEL EXPENSE FOR SPECIALIZED TREATMENT | \$ 2,000 |
| • TUTORING | \$2,000 (\$30/HR) |
| • FIX OR REPLACE DENTAL OR HEARING AIDS | \$ 250 |
| • PROSTHETIC DEVICE | \$ 5,000 |
| • TRAVEL EXPENSE FOR PARENT/LEGAL GUARDIAN | \$ 1,000 |
| • SPECIAL CLOTHING | \$ 200 |
| • EMERGENCY TRANSPORTATION | INCLUDED |
| • EYEGLASSES AND CONTACT LENSES | \$ 200 |
| • FRACTURE OR DISLOCATION | \$ 750 |

WHO IS ELIGIBLE FOR COVERAGE?

To be eligible for this coverage, the student must be:

- a fee paying student of Conestoga College; and
- enrolled on a full-time basis (minimum of 3 courses at the same time during any 4-month period during the Coverage Period) in a post secondary or certificate program.

If the student is registered in an apprenticeship program or has taken full-time employment they are not eligible for this coverage.

COVERAGE PERIOD

START DATE OF INSURANCE

Coverage will begin on the later of:

- September 1, 2018;
- the first scheduled school day; or
- the date the student begins at Conestoga College Institute of Technology and Advanced Learning.

END DATE OF INSURANCE

The coverage will end the earlier of:

- 11:59 p.m. on August 31, 2019; or,
- the date the **insured** is no longer eligible for coverage.

This policy is in effect 24 hours a day, 7 days a week during the Coverage Period.

SUBROGATION RIGHTS

If the **insured** files a claim with **us**, **we** are automatically subrogated to their right to collect from third parties and can act on their behalf to enforce this right.

CO-ORDINATION OF BENEFITS

If the **insured** files a claim for similar benefits with **us** and another excess insurer, **we** coordinate the payment of benefits with the other insurer to settle the actual eligible loss.

WHAT WE COVER

We provide the benefits described in this policy if the **insured** is **injured** due to an **accident** during the Coverage Period. The Dread Disease Benefit applies whether or not an **accident** happens. All benefits are subject to the Conditions, Limitations & Exclusions.

TOTAL AND PERMANENT DISABILITY - \$100,000

If the **insured** is **injured** due to an **accident** and is deemed **totally and permanently disabled** as a result of that **accident** we will pay \$100,000 one (1) year after the date of the **accident** and after a **physician** approved in the **company's** sole discretion confirms that the **insured** is **totally and permanently disabled** due to the **accident**. If other benefits have been paid under the policy, **we** will subtract the amount paid for other benefits from the Total and Permanent Disability Benefit. If the Total and Permanent Disability Benefit is paid, no further benefits are payable under the policy. If the **insured** dies within one (1) year after the **accident**, the Total and Permanent Disability Benefit is not payable.

ACCIDENTAL DEATH - \$10,000

If the **insured** is **injured** and dies due to an **accident**, **we** pay \$10,000. Benefits are payable if death occurs within one (1) year of the **accident**.

DOUBLE BENEFIT FOR ACCIDENTAL DEATH - \$20,000

If the **insured** is **injured** and dies due to an **accident** while riding in or getting in or out of a bus, streetcar, subway train or a vehicle owned or leased by Conestoga College **we** pay \$20,000. Benefits are payable when death occurs within one (1) year of the **accident**.

LOSS OF A LIMB OR LOSS OF USE - UP TO \$100,000

If the **insured** is **injured** due to an **accident** resulting in the loss of a limb or use of a limb, or loss of sight, hearing or speech within one (1) year, **we** pay the benefit described in the **TABLE OF INJURIES** subject to Conditions a) to d) below.

TABLE OF INJURIES

| LOSS | BENEFIT |
|--|-----------|
| Both hands or both feet at or above wrist or ankle | \$100,000 |
| One hand and one foot at or above wrist or ankle | \$100,000 |
| One hand or one foot at or above wrist or ankle and the sight of one eye | \$100,000 |
| Sight in both eyes | \$100,000 |
| One arm or one leg at or above the elbow or knee or the hearing in both ears or speech | \$30,000 |
| One hand or one foot at or above the wrist or ankle, or the sight in one eye | \$20,000 |
| Thumb and index finger at or above the knuckle (metacarpal-phalangeal joint) | \$10,000 |
| One or more entire fingers or the entire thumb at or above the knuckle (metacarpal-phalangeal joint) or all the toes of one foot | \$1,000 |
| Part of a finger or thumb at or above the knuckle (completely severed at or above the proximal interphalangeal joint) | \$350 |
| One finger or one or more toes (the entire phalanx) | \$150 |

Conditions:

- a) If the **insured** has more than one **injury** from the same **accident**, **we** cover the one that pays the highest benefit only.
- b) If the **insured** dies within 90 days of the **accident** there is no coverage under this benefit.
- c) If **we** pay other benefits under the policy, **we** subtract them from this benefit, except for prosthetic devices.
- d) A **physician** approved in the **company's** sole discretion must confirm that the loss of use of a limb or loss of sight, hearing or speech is permanent and continuous for at least one (1) year after the **accident**.

DREAD DISEASE - UP TO \$7,500

If the **insured** is diagnosed for the first time with one of the following Dread Diseases during the Coverage Period, **we** cover the cost of treatment and services listed below for up to 3 years from the **physician's** first diagnosis.

Dread Diseases:

| | | |
|---|-----------------------|---------------|
| AIDS (Acquired Immune Deficiency Syndrome) | Leukaemia | Poliomyelitis |
| Cancer | Meningitis | Rabies |
| Cardiomyopathy | Multiple Sclerosis | Scarlet Fever |
| Diphtheria | Muscular Dystrophy | Tetanus |
| Encephalitis | Myocarditis | Tularaemia |
| Haemolytic Uremic Syndrome (Renal failure caused solely by E-coli bacterial infection) | Necrotizing Fasciitis | Typhoid |

Treatment and services up to an overall maximum of \$7,500:

- Up to \$5,000 for a registered nurse;
- \$100 a day to a maximum of \$2,000 for hotel, meal and laundry expenses if the **physician** recommends that the **insured's** parent or legal guardian be with the **insured** while they are ill;
- Up to \$500 for parking and other expenses related to the Dread Disease.

DENTAL TREATMENT

If the **insured's** whole or sound teeth are **injured** due to an **accident** and the **insured** needs dental treatment within 60 days of the **accident**, **we** cover up to \$750 for each injured tooth subject to the conditions below.

Conditions:

- To evaluate a claim, **we** use the Dental Association's Fee Guide for General Practitioners that is in effect at the time and place where the **insured's dentist** provides treatment;
- If the **insured** has capped or crowned teeth, **we** consider them to be whole and sound teeth;
- If there is more than one treatment that is professionally acceptable, **we** cover the least expensive one only;
- All dental work must be completed within one (1) year from the time of the **accident**;
- There is no coverage for routine dental visits or dental maintenance including but not limited to cleanings and fillings;
- There is no coverage for orthodontic treatment;
- There is no coverage for artificial teeth or dentures;
- There is no coverage for cosmetic or aesthetic treatment.

OUT OF PROVINCE ACCIDENT EMERGENCY MEDICAL - UP TO \$15,000

If the **insured** travels during the Coverage Period and is **injured** due to an **accident** outside the province or territory where they live and need **emergency treatment**, **we** cover it. **We** cover **emergency treatment** from a licensed **physician**, registered nurse, **hospital**, x-ray clinic, ground ambulance or up to \$1,000 for reasonable alternative ambulance transport if needed. **We** cover the cost of crutches, braces, splints, trusses or other prosthetic devices, emergency medicine, blood and/or plasma and the rental of a wheelchair and/or a hospital type bed. **We** do not cover the services of a family member.

With respect to **emergency treatment**, the **insured** or someone with the **insured** must notify the emergency assistance provider right away. **Our** emergency assistance provider must approve all **emergency treatment**.

24 HOUR EMERGENCY ASSISTANCE

**1-800-334-7787 (Canada/USA) or elsewhere
collect 1-905-667-0587**

Once the **emergency treatment** is over, **we** have the right to return **you** to the place where **your** trip began. Based on medical evidence, if the attending **physician** says the **insured** is healthy enough to travel without danger to their life and health, **we** will proceed to make travel arrangements. If the **insured** refuses to be returned to the place where the trip began, all benefits stop immediately.

If **we** return the **insured** to the place where **your** trip began and then the **insured** decides to go back to the trip destination or rejoin the trip or tour itinerary, the **policy** will not cover the **insured**.

The overall maximum under this benefit is \$15,000 if the **insured** has government health insurance coverage and \$5,000 if they do not.

The **company** and the emergency assistance provider **we** appoint are at your service according to the conditions, limitations and exclusions of the policy. The medical providers **we** suggest when contacted for help are not **our** employees. Neither **we** nor the emergency assistance provider are responsible for their negligence or other acts or omissions. Neither **we** nor the emergency assistance provider are responsible for the **emergency treatment** or service you receive or do not receive, or for its availability, quality, quantity or results.

HOSPITAL ROOM EXPENSE - UP TO \$2,000

If the **insured** is **injured** due to an **accident** and is admitted to a **hospital** in Canada for more than 24 continuous hours within 30 days of that **accident**, **we** cover the cost of a private or semi-private room for up to one (1) year. **We** also cover up to \$25 a day for telephone and television service. The overall maximum is \$2,000. **You** must have Canadian government health insurance coverage to receive this benefit.

COUNSELLING - UP TO \$500

If the **insured** dies, loses a limb or the use of a limb, loses their sight, hearing or speech or are diagnosed with a Dread Disease and the **insured's physician** recommends counselling for the **insured**, the **insured's** parents, legal guardian and/or siblings, **we** cover up to a combined total of \$500 for the services of a licensed psychologist.

CONFINEMENT - UP TO \$6,100

If the **insured** is **injured** due to an **accident** and is continuously confined to **hospital** or to the **insured's** home except for attending medical appointments, **we** pay the following amounts:

| | |
|---------------------------|--------------------------|
| Days 1 to 14 | \$50 per 24 hour period |
| Days 15 to 30 | \$25 per 24 hour period |
| For each month thereafter | \$250 per complete month |

The **insured** must be under a **physician's** care during the entire period of confinement. This benefit ends when the **insured's** continuous confinement ends or after 21 months, whichever comes first. **We** cover only one period of continuous confinement per **accident**.

MEDICAL AND REHABILITATION EXPENSE - UP TO \$2,000

If the **insured** is **injured** due to an **accident**, **we** cover the medical and rehabilitation expenses to an overall maximum of \$2,000 for the providers and devices as outlined below.

If a legally qualified chiropractor, osteopath, physiotherapist or registered nurse begins treating the **insured injury** within 30 days, **we** pay up to \$20 per visit to a maximum of \$400 for all providers. **We** do not cover athletic or massage therapy.

If the **insured** needs crutches, splints, an orthotic truss, a brace, prescription drugs, any type of cast or the rental of a wheel chair or hospital-type bed due to the **accident**, **we** cover one purchase of each device for one injury. A splint, brace or orthotic device used for sports or non-therapeutic purposes is not covered.

The **insured** must have Canadian government health insurance coverage to receive this benefit.

SPECIAL TRAINING - UP TO \$5,000

If the **insured** is **injured** due to an **accident** and needs special training to be employed, **we** provide coverage for up to 3 years after the **accident**. **We** cover up to \$150 a day for hotel and meals if the training is located more than 160 km from where the **insured** lives. The overall maximum is \$5,000.

TRAVEL EXPENSE FOR SPECIALIZED TREATMENT - UP TO \$2,000

If the **insured** is **injured** due to an **accident** and within one (1) year needs specialized treatment that is located more than 160 km from where the **insured** lives, **we** cover their travel expenses up to \$60 a day. The overall maximum is \$2,000.

TUTORING - UP TO \$2,000

If the **insured** is **injured** due to an **accident** and is continuously confined to **hospital** or to the **insured's** home under a **physician's** care for more than 30 days, **we** cover the cost of tutoring and equipment that the **insured** needs. **We** pay up to \$30 an hour for up to 6 months for a teacher to tutor the **insured** and the cost to rent equipment and software that Conestoga College recommends. The overall maximum is \$2,000.

FIX OR REPLACE DENTAL AND HEARING AIDS - UP TO \$250

If the **insured** is **injured** due to an **accident** and need treatment from a **physician** or **dentist** within 30 days because they broke their dentures, removable teeth or hearing aid, **we** cover the cost to fix or replace them. The overall maximum for these aids together is \$250.

PROSTHETIC DEVICE - UP TO \$5,000

If the **insured** is **injured** due to an **accident** and a **physician** prescribes an artificial limb, artificial eye and/or hearing aid, **we** cover up to \$5,000 to purchase the device within 3 years after the **accident**. If the **insured** damages or breaks their artificial limb, artificial eye and/or hearing aid due to an **accident**, **we** cover up to \$300 to fix or replace it.

TRAVEL EXPENSE FOR PARENT/LEGAL GUARDIAN OR SPOUSE - UP TO \$1,000

If the **insured** is a patient in a **hospital** due to an **accident**, and the attending **physician** recommends that the **insured's** parent, legal guardian or spouse be with the **insured**, **we** cover the expense for them to travel on a common carrier. The overall maximum is \$1,000.

SPECIAL CLOTHING - UP TO \$200

If the **insured** is **injured** due to an **accident** and a **physician** recommends special protective clothing, **we** cover the cost up to \$200.

EMERGENCY TRANSPORTATION

If the **insured** is **injured** due to an **accident** and travels by ambulance to the nearest medical facility for help, **we** cover the cost. If the **insured** takes a taxi or another means of transport, **we** pay up to \$200.

EYEGLASSES AND CONTACT LENSES - UP TO \$200

If the **insured** is **injured** due to an **accident** and need treatment from a **physician** within 30 days because they:

- a) damage or break their eyeglasses or contact lenses; or
- b) need eyeglasses or contact lenses for the first time

we pay up to \$300 to fix or replace them or to buy new ones.

We do not cover the normal replacement of eyeglasses or contact lenses if **your** prescription changes or if they are lost.

FRACTURE OR DISLOCATION

If the **insured** is **injured** due to an **accident** and fractures or dislocates a body part that is listed below, **we** pay the benefit that corresponds to the **injury**. If they have more than one **injury** from the same **accident**, **we** cover the one that pays the highest benefit only.

| FRACTURE / DISLOCATION: | WE PAY |
|---|--------|
| The skull (depressed) | \$750 |
| The skull (not depressed) | \$250 |
| The spine (one or more vertebrae) | \$250 |
| The lower jaw (except the alveolar process) | \$ 50 |
| The upper jaw | \$ 75 |
| The shoulder (dislocation), the collar bone (clavicle), or elbow | \$ 75 |
| The hip, the pelvis, or the thigh (femur) | \$125 |
| The knee cap | \$ 80 |
| The bone at the base of the spine (sacrum) or the bone that connects the spine with the pelvis (coccyx) | \$ 50 |
| The breastbone (sternum) | \$ 50 |
| The leg (tibia or fibula) | \$100 |
| The upper arm (humerus), or the shoulder bone (scapula) | \$125 |
| The forearm (radius or ulna), hand or wrist (except fingers) | \$ 75 |
| The foot (except toes) | \$ 40 |
| The ankle | \$ 50 |
| Two or more toes, fingers or ribs | \$ 45 |
| One toe, finger or rib | \$ 25 |
| Any bone not specified above | \$ 25 |

DEFINITIONS

Accident: an unexpected event that is beyond the **insured's** control.

Company, our, us, we: Old Republic Insurance Company of Canada, Hamilton, Ontario.

Dentist: a person, other than a family member, who is legally qualified to practice dentistry in the place where services are provided.

Emergency treatment: any immediate medical care provided by a **physician** that is necessary to prevent or reduce existing danger to life or health.

Hospital, hospitalized: a licensed institution that is staffed and operated for the care and treatment of in-patients. Treatment must be supervised by **physicians** and registered nurses must be on duty 24 hours a day. A laboratory and an operating room must also exist on the premises or in facilities controlled by the establishment. A hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Injury, injured: sudden bodily damage due to an **accident** causing the **insured** to seek **emergency treatment**.

Insured: a person who is eligible for coverage and for whom the required premium has been paid.

Physician: a person, other than a family member, who is legally qualified to practice medicine in the place where medical services are provided.

Totally and permanently disabled: the **insured** cannot ever be employed.

CONDITIONS, LIMITATIONS & EXCLUSIONS

1. In the event of death, only one benefit (the largest) will be paid.
2. The policy does not cover:
 - (a) intentionally self inflicted **injuries**;
 - (b) sickness except under the Dread Disease Benefit and Counselling Benefit;
 - (c) the purchase, repair or replacement of eyeglasses, contact lenses, orthotic devices, trusses, braces or prescription medication except as otherwise provided;
 - (d) losses caused directly or indirectly, in whole or in part if the **insured**:
 - i) commits a crime or malicious act;
 - ii) uses drugs, alcohol or medication.

3. The **insured** can only be covered under one policy with **us**. Benefits will only be paid under one policy.
4. The benefits **we** pay under the policy are in excess of the **insured's** coverage from any other source.
5. The policy only covers expenses incurred inside of Canada except as provided under the Out of Province Accident Emergency Medical Benefit.
6. If the **insured** files a claim with **us**, **we** have the right to have a **physician** approved in **our** sole discretion examine them.
7. The policy is subject to the statutory conditions of the Insurance Act of the province or territory where the **insured** lives. If the policy and the Insurance Act disagree, the Insurance Act prevails.

SUBMITTING A CLAIM

(a) Obtain a claim form by contacting:

Old Republic Insurance Company of Canada
Student Insurance Claims Department
905-523-5587 or toll free 1-800-463-5437

You can also download a copy from:

www.insuremykids.com

- (b) **We** must be notified of the event that caused the claim within 60 days.
- (c) You must complete a claim form, attach a dental or medical report and submit them to **us** within 90 days of the event that caused the claim.
- (d) Submit all information to:
- Old Republic Insurance Company of Canada**
Student Insurance Claims
P.O. Box 557
Hamilton, Ontario. L8N 3K9
- (e) **We** pay benefits to:
- i) the **insured**; or
 - ii) the **insured's** estate; or
 - iii) the **insured's** parent or legal guardian if the **insured** is less than 18 years old.
- (f) **We** evaluate claims based on the terms and conditions of the policy. If you do not agree with how **we** evaluated the claim, you have 2 years from the date the claim is payable or would have been payable to begin legal proceedings.

PRIVACY POLICY

The **company** is committed to protecting your privacy. Collecting personal information about you is essential to **our** ability to offer you high quality insurance products and service. The information provided by you will only be used for determining your eligibility for coverage under the **policy**, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that **we** must share your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. **We** take great care to keep your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If you have any questions about the **company's** privacy policy, please contact **our** Privacy Officer by phone at 905-523-5587 or by email at: privacy@oldrepublicgroup.com.

Underwritten by
Old Republic Insurance Company of Canada



Paul M. Field, CPA, CA
President and Chief Executive Officer
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