

CANADIAN UNIVERSITY RECIPROCAL INSURANCE EXCHANGE
SUMMARY OF INSURANCE COVERAGE
Policy No. 100011319 issued by Special Markets Solutions, a division of
Industrial Alliance Insurance and Financial Services Inc.

ACCIDENTAL INJURY COVERAGE FOR STUDENT PLACEMENTS

Name of University	Grant MacEwan University
Policy Term	May 1, 2022 to May 1, 2023
Eligibility	Active students, attending a Canadian University, who are under the age of 70, enrolled in a university approved work placement or volunteer setting and are not covered for Workers' Compensation, WSIB, or MAESD coverage.
Principal Sum Amount	\$100,000
Scope of Coverage	Injury sustained by the insured student while and in consequence of participating in paid or unpaid work placement or volunteer setting arranged or approved by the university and while on the business of such arrangement. Coverage is extended to include traveling directly to the site of such work placement or volunteer setting or vice-versa, along a normal or reasonable route, without delay or stopover.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

The "loss" or "loss of use" must occur within 365 days of the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

	% of Principal Sum
Life.....	100%
Both Hands or Both Feet	100%
Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Entire Sight of One Eye or One Foot and Entire Sight of One Eye	100%
Speech and Hearing in both Ears.....	100%
One Arm or One Leg	75%
One Hand or One Foot	66 2/3%
Entire Sight of One Eye or Speech or Hearing in both Ears	66 2/3%
Thumb and Index Finger of Either Hand or Four Fingers of Either Hand.....	33 1/3%
Hearing in One Ear	33 1/3%
All Toes of One Foot.....	25%
Quadriplegia (total paralysis of all four limbs).....	200%
Paraplegia (total paralysis of the lower limbs).....	200%
Hemiplegia (total paralysis of one side of the body)	200%

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT (\$2,000)

If, due to a force or blow external to the mouth, injury results to whole or sound teeth (capped or crown teeth will be considered whole or sound) and treatment is required within 30 days, the Company will pay the treatment expenses actually incurred.

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT (\$25,000)

If injury requires medical treatment within 30 days from an accident, the Company will pay the reasonable expenses actually incurred within 12 months from the date of the accident for: a) hospital services: semi-private or private ward accommodation (including rental of television, radio or telephone, subject to a maximum of \$10.00 per day); b) ground ambulance service; c) the employment of a nurse or certified nursing aid if requested by the attending physician; d) treatment by a licensed chiropractor or licensed osteopath, subject to a maximum of \$300.00; e) treatment by a licensed physiotherapist or licensed registered massage therapist when requested by the attending physician, subject to a maximum of \$300.00; f) rental of crutches and appliances, wheelchair, or hospital-type bed (limited to purchase price); g) prescription drugs; h) splints (including cast and cast materials), trusses and braces requested by the attending physician for curative or therapeutic purposes only (braces are limited to one purchase only with respect to any one injury).

BEREAVEMENT BENEFIT (\$1,000)

If injury results in loss of life, the Company will pay the reasonable and necessary expenses actually incurred by the Spouse and Dependent Children for up to six (6) sessions of grief counselling, by a professional counsellor.

BURN BENEFIT

If injury results in disfigurement due to a third degree burn, the Company will pay according to the burn schedule below. If the insured sustains burns in more than one area as a result of any one accident, the total benefits for all such burns will not exceed the principal sum.

<u>Body Part</u>	<u>Maximum % of Principal Sum Payable</u>
Face	100% of The Principal Sum
Neck	100% of The Principal Sum
Head.....	100% of The Principal Sum
One Hand and Forearm	25% of The Principal Sum
One Upper Arm.....	15% of The Principal Sum
Front or Back Torso.....	35% of The Principal Sum
One Thigh or One Lower Leg (below Knee)	10% of The Principal Sum

CONTAGIOUS DISEASE BENEFIT

If, during the performance of his duties, an insured contracts and/or becomes infected by Hepatitis B, Hepatitis C, Tuberculosis, Meningococcal Meningitis or Yersinia Pestis, resulting in loss of life within 12 months following such exposure, the Company will pay the principal sum. There must be supporting medical evidence that the disease was acquired from exposure which has been confirmed, and the disease must first manifest itself and be diagnosed by a physician while the policy is in force.

DAY CARE BENEFIT (\$5,000)

If injury results in loss of life, the Company will pay 5% of the principal sum for each year the dependent child is enrolled in a legally licensed day care (not to exceed four years) for each dependent child who is under 13 years of age and enrolled in a legally licensed day care centre on the date of, or within 12 months following the accident.

EDUCATION BENEFIT (\$10,000)

If injury results in loss of life, the Company will pay 5% of the principal sum to any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the secondary school level (not to exceed four years). If, at the time of loss, there are no dependent children eligible for the Education Benefit, the Company shall pay an additional amount of \$2,500.00 to the designated beneficiary.

EYEGLASSES AND CONTACT LENSES BENEFIT

If injury is treated by a physician, dentist or nurse within 30 days of the accident resulting in broken eyeglasses or loss or breakage of a contact lens or lenses, the Company will pay the cost of repair or replacement, subject to a maximum of \$200.00, or if the injury necessitates the purchase of eyeglasses or contact lenses (not previously required or worn) upon the advice of a physician, the Company will pay the reasonable and necessary expense.

FAMILY TRANSPORTATION BENEFIT (\$15,000)

If injury results in confinement as an inpatient in a hospital, and such injury results in a loss being payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, and the hospital is located at least 150 km from the insured's residence, the Company will pay the expenses actually incurred by a member of the immediate family for hotel accommodation and transportation by the most direct route to the confined insured. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometre travelled.

FELONIOUS ASSAULT BENEFIT (\$25,000)

If injury results in a loss payable under Accidental Death, Dismemberment and Specific Loss Indemnity, the principal sum will be increased by 10% if, such injury is as a result of a criminal act of violence.

FRACTURE, DISLOCATION AND MISCELLANEOUS INDEMNITY

If injury requires medical or surgical treatment, the Company will pay the amount specified below for one indemnity (the greatest) as the result of any one accident.

For complete dislocation:

Hip	\$125.00	Ankle or Wrist	\$50.00
Knee - with open primary repair	\$100.00	Elbow	\$35.00
Should - with open reduction	\$ 75.00	Bones of foot (other than toes)	\$25.00

For complete fracture (including Greenstick type fractures):

Skull (depressed)	\$750.00	Upper Jaw	\$75.00
Skull (not depressed)	\$250.00	Forearm	\$75.00
Spine (one or more vertebrae)	\$250.00	Ankle or Wrist (small bones)	\$75.00

FRACTURE, DISLOCATION AND MISCELLANEOUS INDEMNITY (CONT'D)

Pelvis.....	\$150.00	Calcaneus (heel bone).....	\$75.00
Shoulder blade	\$130.00	Lower Jaw	\$50.00
Arm, between elbow and shoulder.....	\$130.00	Sternum	\$50.00
Thigh	\$125.00	Sacrum or coccyx	\$50.00
Lower Leg	\$100.00	Two or more ribs	\$45.00
Collar bone	\$ 80.00	Nose.....	\$35.00
One hand (one or more metacarpals).....	\$ 80.00	One rib	\$25.00
One foot (one or more metacarpals).....	\$ 80.00	One finger	\$25.00
Knee cap	\$ 80.00	Or of any bone not specified above	\$25.00
Miscellaneous:			
Eye surgery	\$100.00	Bone Operation - injured portion removed (when there is no fracture or dislocation).....	\$60.00
Ruptured Kidney, Liver or Spleen (Operative)	\$ 80.00	Severance of tendon or tendons: Hand (including fingers), elbow, wrist, knee, ankle, foot (not toes), or heel (Achilles)	\$50.00
Punctured Lung - with open surgery	\$ 70.00	Emergency Surgery (excluding dental surgery) requiring general anaesthetic.....	\$50.00
Burns - requiring one or more skin grafts.....	\$ 65.00		
Knee - injured and requiring surgery (when there is no fracture or dislocation).....	\$ 65.00		

FUNERAL EXPENSE BENEFIT (\$5,000)

If injury results in loss of life, an additional amount is payable for funeral expenses actually incurred.

HIV ADJUSTMENT BENEFIT (\$10,000)

If, during the performance of his duties, the insured sustains an injury which results in his acquiring and testing positive for the Human Immunodeficiency Virus (HIV) within 12 months following the date of the accident, the Company will pay a lump sum amount of \$10,000.00.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT (\$15,000)

If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the insured's principal residence and/or the cost of modification to one motor vehicle utilized by the insured, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

HOSPITAL INDEMNITY EXPENSE (\$2,500)

A daily benefit, subject to the above-mentioned monthly maximum, will be payable when the insured is in a hospital if such period of hospitalization is necessary for the treatment of an injury which results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity of the policy and begins while insurance is in force.

A period of hospitalization necessary for an injury other than for a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity will be covered as stated above, provided such hospitalization is of at least a four day period.

IDENTIFICATION BENEFIT (\$10,000)

If injury results in loss of life, and requires body identification, the Company will pay the expenses actually incurred by a member of the immediate family for lodging, board and transportation by the most direct route, provided the body is located not less than 150 kilometres from the member of the immediate family's residence and the identification of the body is required by the police or a similar law enforcement agency having authority over such matters. If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometre travelled.

PARENTAL CARE BENEFIT (\$5,000)

If injury results in loss of life, the Company will pay 5% of the principal sum to any eligible dependent parent who, at the time of the accident, is a resident in a licensed nursing care facility, or enrolled in a home health care program, or living in the insured's residence, or receiving support and care provided by the insured.

PERMANENT TOTAL DISABILITY

If injury totally and permanently disables an insured, under age 65, within 12 months of the date of the accident, preventing the insured from engaging in any and every occupation, the Company will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, the principal sum less any amounts already paid under the Accidental Death, Dismemberment and Specific Loss Indemnity as the result of the same accident.

PRIVATE TUITION EXPENSE (\$2,500)

If injury results in a disability within 100 days of the accident which confines an Insured Person to home or hospital for 30 consecutive days, the Company will pay for a qualified teacher's private tutorial service, subject to a maximum of \$40.00 per hour. In addition, the Company will pay the labour charges, wiring and rental of communication equipment to provide tutorial service from the school to home or hospital. Approval must be obtained from the proper school authority.

REHABILITATION BENEFIT (\$15,000)

If injury requires that the insured undergo special training in order to be qualified to engage in a special occupation in which the insured would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

REPATRIATION BENEFIT (\$15,000)

If injury results in loss of life, the Company will pay the expense incurred for shipment of the body to the city of residence of the deceased.

SEAT BELT BENEFIT

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, the principal sum will be increased by 10% if, at the time of the accident, the insured was driving or riding in a vehicle and wearing a properly fastened seat belt.

SPOUSAL RETRAINING BENEFIT (\$15,000)

If injury results in loss of life, the Company will reimburse the spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which the spouse would not otherwise have sufficient qualifications.

WEEKLY ACCIDENT INDEMNITY

A. For those who are gainfully employed immediately before the date of the accident.

If injury results in total disability within 30 days of an accident (prior to age 65), the Company will pay an amount up to 90% of the provincial minimum wage, subject to a maximum of \$500.00 for each week of total disability, following the elimination period of 7 days and subject to the maximum period payable of 104 weeks.

You must be under the regular care and attendance of a physician for such disability. Payments made for periods less than one week will be paid on the basis of one seventh of the weekly indemnity, for each day of total disability.

Successive periods of disability due to the same or related causes will be considered one period of disability, unless they are separated by a 30 day period during which you were actively at work.

If the indemnity is payable for total disability, either alone or in concert with any of the benefits outlined, exceeds 75% of the pre-disability gross earnings, the amount payable will be reduced by any amount exceeding said percentage.

Amounts payable will take into account any of the benefits payable under the following: (a) disability or retirement provisions of the Canada/Quebec Pension Plans; (b) benefits payable in accordance with the Workers' Compensation or Occupational Disease Act or Law, or any other law which provides compensation for an occupational injury; (c) income benefits provided by or through any Government Plan of automobile insurance or similar legislations; (d) disability, retirement or other income benefits provided by or through the Policyholder; (e) amounts paid or payable under a group insured or non-insured disability plan (including association group), and (f) amounts paid or payable under an individual insured or non-insured disability plan. Any subsequent changes to the amounts payable under the above stated benefits which are specifically designated as cost-of-living adjustments will neither reduce nor increase the amount payable.

"Total Disability" means the insured (1) is unable to perform the substantial and material duties pertaining to his occupation and (2) requires the regular care and attendance of a physician.

B. For those who are not gainfully employed or receiving employment insurance benefits before the date of the accident.

If injury results in total and continuous disability within 30 days of an accident (prior to age 65) which prevents the performance of any and all of the duties related to the work placement or volunteer setting, the Company will pay a weekly accident indemnity of \$200.00, while under the regular care and attendance of a physician, following the elimination period of 7 days and subject to the maximum period payable of 52 weeks.

LIMITED AIR TRAVEL COVERAGE

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

- (a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or

LIMITED AIR TRAVEL COVERAGE (CONT'D)

- (b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the university.

TERMINATION OF INSURANCE OF AN INSURED

Coverage will terminate immediately on the earliest of: (a) the policy termination date; (b) the premium due date if the Policyholder fails to pay the insured's premium, except as a result of an inadvertent error; (c) attainment of age 65 for the Permanent Total Disability and Weekly Accident Indemnity benefits and age 70 for all other benefits; (d) the date an insured is ineligible for coverage.

WHEN DOES THIS INSURANCE NOT APPLY?

- » declared or undeclared war or any act thereof;
- » active full-time service in the armed forces of any country;
- » suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- » injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the "Limited Air Travel Coverage".
- » purchase, repair or replacement of eyeglasses or contact lenses or prescriptions therefor;
- » charges of masseur;
- » x-rays, repairs or replacement of pre-existing dentures fillings or crowns, except as provided in the "Accidental Dental Reimbursement Benefit";
- » sickness or disease, either as a cause or effect;
- » expenses incurred by an insured who is not covered under any Federal or Provincial Hospital Plan or its equivalent;
- » expenses incurred by an insured while in his country of domicile if an international student.

BENEFICIARY

If the insured is a minor, all indemnities payable will be payable to the custodial guardian parent or, if there is none, to the legally appointed guardian of the insured.

If the insured is not a minor, loss of life is payable to the estate of the insured. All other indemnities will be paid to the insured, with the exception of indemnities payable under the following parts:

Bereavement Benefit	Identification Benefit
Day Care Benefit	Parental Care Benefit
Education Benefit	Repatriation Benefit
Family Transportation Benefit	Spousal Retraining Benefit
Funeral Expense Benefit	

The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

HOW DO I MAKE A CLAIM?

For ALL claims, contact your school or the Company for a claim form. Written notice of accidental death, dismemberment, loss of sight, hearing, paralysis, or Loss of Use of limbs is to be given to the Company within a period of 30 days from the date of loss. For all other claims, completed claim forms must be filed with the Company within 90 days after the date of the injury and no later than 12 months regardless of whether expenses have been incurred. Mail the original receipts and completed claim form to:

Industrial Alliance Insurance and Financial Services Inc.
Claims Department
400-988 Broadway West, PO Box 5900, Vancouver, BC V6B 5H6
1-800-549-7227 or
outside North America, collect to 1-604-737-9377

This summary is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. The 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 issued by Special Markets Solutions, a division of Industrial Alliance Insurance and Financial Services Inc., not this summary.