

CHUBB

Your Insurance Plan for Students

Designed especially for :
Collège Boréal



Policy Number :
SG10318201

Underwritten by:
Chubb Life Insurance Company of Canada

Effective Date :
September 1, 2018

This brochure has been prepared in connection with a group plan underwritten by Chubb Life Insurance Company of Canada (“Chubb Life”). For ease of reference it contains a brief description only and does not mention every provision of the contract issued. Please remember that rights and obligations are determined in accordance with the contract and not this brochure. For the exact provisions applicable, please consult your Employer.

BENEFITS SCHEDULE

- 1. Accidental Death Benefit..... \$25,000
- 2. Accidental Dismemberment Benefit
 Various amounts, as indicated under
 Accidental Death and Dismemberment Benefits
- 3. Accident Medical Reimbursement Expense Benefit,...\$10,000
- 4. Excess Hospital/Medical Reimbursement
 Out of Province \$5,000
- 5. Accident Dental Expense Benefit \$3,000
- 6. Prescription Drug Reimbursement..... \$5,000
- 7. Ambulance Expense Reimbursement..... \$250
- 8. Tutorial Expense..... \$ 300
- 9. Repatriation Benefit \$1,000
- 10. Eye glasses and Contact Lens Benefit.....\$200 (result of an accident only)

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If such injuries shall result in any one of the following specific losses within one year from the date of accident, Chubb Life will pay the benefit specified as applicable thereto, based upon the Principal Sum stated in Schedule III; provided, however, that not more than one (the largest) of such benefits shall be paid with respect to all injuries resulting from one accident.

Loss of:	Principal Sum
Life	\$25,000
Both Hands or Both Feet	\$15,000
Entire Sight of Both Eyes	\$15,000
One Hand and One Foot	\$15,000
One Hand or One Foot and Entire Sight of One Eye	\$15,000
Speech and Hearing	\$15,000
One Arm or One Leg or Use of One Arm or One Leg.....	\$11,250
One Hand or One Foot or Use of One Hand or One Foot	\$7,500
Entire Sight of One Eye.....	\$7,500
Speech or Hearing	\$7,500
Thumb and Index Finger of Same Hand.....	\$2,500
One Finger	\$ 500
Quadriplegia.....	\$50,000

Paraplegia	\$50,000
Hemiplegia	\$50,000

"Loss" shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to thumb and index finger, the actual severance through or above the first phalange; with respect to a finger, the actual severance through or above the first phalange.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.

ACCIDENT MEDICAL REIMBURSEMENT EXPENSE

When, by reason of bodily injury, the Insured Person requires treatment administered by a legally qualified physiotherapist, chiropractor, massage therapist, chiropodist, podiatrist or speech therapist, and (or) incurs expense for crutches, splints, trusses, braces, permanent prostheses, rental of a wheelchair or hospital-type bed, X-rays, services of a registered nurse, medicines prescribed in writing by a legally qualified physician or treatment in a semi-private room in a hospital, Chubb Life shall reimburse the Insured Person for reasonable and customary expense incurred and payable by the Insured Person within 156 weeks of the date of the accident. Reimbursement for treatments by a physiotherapist, chiropractor, massage therapist and chiropodist are subject to a maximum of \$1,000 per school year. Payment for hospital room shall be limited to the difference between public ward accommodations and semi-private accommodations.

Reimbursement under this section shall not duplicate payment provided by any other part of the policy (other than benefits of Accidental Loss of Life and Dismemberment).

Chubb Life shall not be liable for any portion of costs resulting from accidental injuries for which third party liability is established and for which payment is made by the third party.

Reimbursement under Accident Medical Reimbursement Expense is subject to a maximum of \$10,000 with respect to any one accident.

EXCESS HOSPITAL/MEDICAL REIMBURSEMENT OUT OF PROVINCE
(applicable only to Residents of Canada covered under Provincial Medicare)

When, the Insured Person suffers bodily injuries as a result of an accident, anywhere in the world outside Ontario or province or residence if not Ontario, Chubb Life will reimburse the Insured Person for reasonable and customary expenses incurred as follows:

- a) services and supplies rendered by a licensed hospital while the Insured Person is confined as a resident in-patient in standard ward or semi-private accommodation. This does not include a convalescent or nursing home for the aged, health spa, or a facility for the treatment of alcoholism, drug addiction or mental illness;
- b) services of legally qualified physician, surgeon or anaesthetist (other than a relative);
- c) services of a registered nurse (other than a relative);
- d) Diagnostic x-ray examination by a legally qualified doctor or medicine; cost of licensed ambulance, rental of crutches, splints, trusses, or braces (excluding the expense of a brace or similar device for non-therapeutic purposes or used solely for the purpose of participating in sports or other leisure activities).

Benefits are payable only for that portion of any covered expense which is in excess of the benefits provided under any government plan. Benefits will be calculated on a prorata basis if the Insured Person is covered by another insurance plan reimbursing any portion of the covered expense (for example, the parents insurance plan).

Reimbursement under Excess Hospital/Medical Reimbursement out of Province section is subject to a maximum of \$5,000 with respect to any one accident.

ACCIDENT DENTAL EXPENSE

When injury to whole and sound teeth shall, within thirty (30) days from the date of the accident, require treatment Chubb Life will pay the necessary expense actually incurred therefore by or on behalf of and Insured Person to a maximum of \$3,000 as the result of any one accident within fifty-two (52) weeks after the date of the accident. Teeth, which have been capped or crowned, shall be considered whole and sound, except where they have undergone endodontics treatment. Any payments made under this section shall be in accordance with the schedule of fees published by the Dental Association in the Province or territory of the Insured Person's residence.

AMBULANCE EXPENSE REIMBURSEMENT

When injury requires immediate medical attention, Chubb Life will pay the reasonable and customary charges for licensed ambulance services. The maximum benefit for ground and air ambulance is \$250 per occurrence.

PRESCRIPTION DRUG REIMBURSEMENT

When, by reason of bodily injury and within 30 days from the date of the accident or by reason of sickness, the Insured Person incurs expense for prescription drugs or medicines prescribed in writing by a legally qualified physician, Chubb Life will pay the actual cost of such prescription drugs or medicines excluding:

- a) contraceptives;
- b) fertility drugs;
- c) male pattern baldness remedies;
- d) anti-smoking remedies (nicorette gum, patches or similar products);
- e) medicines which are available without a prescription;
- f) accutane;
- g) vaccines

up to a maximum of \$5,000 per Insured Person during the term of this insurance as to the Insured Person provided that such drugs or medicines are prescribed and purchased for use during the term of the insurance as to the Insured Person.

Insulin will be considered to be a covered expense under this section. Syringes and testing supplies for diabetics required for use during the term of this insurance with respect to the Insured Person are a covered expense under this provision, subject to a maximum of \$200 per policy year.

TUTORIAL EXPENSE

When, by reason of bodily injury, and within 100 days of the date of the accident, the Insured Person becomes disabled and confined to home or hospital and confinement continues for 30 consecutive school days, Chubb Life will pay from the first day the actual expense incurred for the private tutorial service of the qualified teacher, subject to a maximum of \$10 per hour, limited to a maximum of \$300.

REPATRIATION BENEFIT

When injuries covered by this policy result in loss of life of an Insured Person outside 150 km from their city of residence or outside Canada and within 365 days from the date of the accident, Chubb Life will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed the maximum amount of \$1,000.

Eye Glasses and Contact lens Benefit (applicable only as a result of an Accident)

Expenses incurred for the purchase of eye glasses or contact lens required as a result of accidental injury and prescribed by a physician or ophthalmologist and:

- a. neither eyeglasses or contact lenses were worn by the Insured Person and are now prescribed as the result of such accident; or
- b. the Insured Person required medically subscribed eyeglasses or contact lenses prior to the date of accident and such eyeglasses or contact lenses must be replaced because of a change in vision as a result of accident or if such eyeglasses or contact lenses were broken or lost as the result of accident.

Reimbursement for Eye Glasses and Contact Lens is subject to a maximum of \$200 with respect to any one accident.

EXCLUSIONS

The policy does not cover: (1) expense for dental treatment, other than as provided under the Accident Dental Expense section, nor the cost of repair to artificial teeth, dentures, or dental appliances; (2) expense or repairing, supplying or replacing eyeglasses, contact lenses or prescriptions thereof; (3) massage therapy; (4) suicide or attempted suicide or intentionally self-inflicted injuries while sane or insane; (5) sickness or disease either as a cause of effect, other than as provided under the Prescription Drug Reimbursement section; (6) injury that is compensable under any Worker's Compensation board, Criminal Injuries Compensation Board or similar legislation; (7) air travel, other than while riding as a passenger in a licensed passenger aircraft provided by an incorporated passenger carrier; (8) declared or undeclared war or any act thereof.

NOTE: THE LAW FORBIDS OFFERING COVERAGE OR GUARANTEES THAT ARE AVAILABLE THROUGH THE ONTARIO HEALTH INSURANCE PLAN.

CLAIMS

All claims must be submitted on the standard forms available from the Health Care Centre on Campus.

At the insurer's request, the student must obtain any additional information from his/her physician or surgeon, as the case may be.

Claims related to the loss of a life or limb must be submitted to the Insurer within 90 days following the date of the said loss.

NOTE: CLAIMS SHOULD BE SUBMITTED ON THE EARLIER OF THE FOLLOWING: (a) YOU HAVE ACCUMULATED \$30.00 OF ELIGIBLE EXPENSES, OR (b) EVERY THREE MONTHS. CLAIMS RELATED TO

ACCIDENTAL INJURIES MUST BE SUBMITTED TO THE INSURER
WITHIN 30 DAYS FOLLOWING THE DATE OF THE ACCIDENT.

INSURANCE TERMINATION

A student's insurance coverage ends at the end of the school semester for which he/she is registered.

The insurance coverage of a student who terminates his/her program of studies shall end on Graduation Day.

GENERAL PROVISIONS

Beneficiary

An employee or any spouse has the right to name a beneficiary when he applies for insurance.

It is understood that the beneficiary designation made under the Policyholder's Group Life Insurance Policy shall be recognized as the beneficiary under the policy, unless a further designation has been made that specifically identifies the policy. Failing such designation, all benefits will be paid to the estate of the insured person.

All other indemnities of the policy will be payable to the insured person.

An insured person can change his beneficiary at any time, where permitted by law. The Company assumes no responsibility for the validity of such designation or change of beneficiary.

The beneficiary designation made by the insured person (if any) under the replaced policy has been retained. The insured person should review the existing designation to ensure it reflects his/her current intention.

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

Legal Actions

No action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with requirements of the policy. For residents of Alberta and British Columbia: 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. For residents of Manitoba: 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. For residents of Ontario: 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 Limitations Act, 2002. Otherwise, every action must be brought within one year from the date of loss or such longer period as may be required under the law applicable in the

insured person's province of residence.

Change of Insurer

An insured person under a former policy may not be excluded from the new policy or be denied benefits solely because of a pre-existing condition limitation that was not applicable or that did not exist in the former policy, or because the person is not at work on the date of coming into force of the new policy.

The insured person and any claimant under the policy has the right, as determined by law applicable in the insured person's province of residence, to obtain a copy of his/her application, any written evidence of insurability (as applicable) and the Policy, on request, subject to certain access limitations.