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Student Insurance Booklet

This booklet, as may be amended, provides only a summary of the provisions for the Accidental Death & Dismemberment coverage and the Additional Benefits. The full coverage details are contained in the policy including, without limitation, eligibility, limitations, exclusions and termination provisions. In the event of a conflict between any term set out in this booklet and a term set out in the policy, to the extent of the conflict, it is the term of the policy which shall govern.

The booklet is provided for information purposes only and does not create or confer any contractual rights or obligations. Possession of this booklet alone does not mean that you or your dependents are covered. The policy must be in effect and you must satisfy all the requirements.

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

Class II

Registered Students in Newfoundland and Labrador under age 70

For NL Schools and CSFP, this policy provides 24-hour coverage while attendance is required, attending or participating in activities approved and supervised by a proper authority and travelling directly to or from place of residence for the purpose of attending classes or any other approved related activity.

Benefits and Coverages

Accidental Death, Dismemberment, Paralysis and Loss of Use

Your plan provides Accidental Death & Dismemberment benefits for Injuries as a result of covered accidents. You are covered for a Principal Sum amount of $50,000.

If a covered **Loss** occurs within three hundred and sixty-five (365) days after the date of the accident causing the **Loss**, the **Company** will pay the indicated percentage of the Principal Sum as set out in the following Table of Losses. If you sustain more than one **Loss** as a result of the same accident, only one amount, the largest, will be paid.

Table of Losses	Percentage Principal Sum Payable
Loss	
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and the Entire Sight of One Eye	100%
Loss of One Foot and the Entire Sight of One Eye	100%
Brain Death	100%
Loss of One Arm or One Leg	80%
Loss of One Hand or One Foot	75%
Loss of The Entire Sight of One Eye	75%
Loss of Thumb and Index Finger of the Same Hand	33.3%
Loss of Speech and Hearing	100%
Loss of Speech or Hearing	75%
Loss of Hearing in One Ear	66.7%
Loss of Four Fingers of One Hand	33.3%
Loss of All Toes of One Foot	25%
Loss of Use	
Loss of Use of Both Arms or Both Hands	100%
Loss of Use of One Hand or One Foot	75%
Loss of Use of One Arm or One Leg	80%
Paralysis	
Quadriplegia (total paralysis of both upper and lower limbs)	Two times the Principal Sum up to a maximum of $1 million
Paraplegia (total paralysis of both lower limbs)	Two times the Principal Sum up to a maximum of $1 million
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	Two times the Principal Sum up to a maximum of $1 million

Additional AD&D Benefits

The Benefit Description is a summary only and does not include all of the provisions, sub-limits, conditions and exclusions.

Benefit	Maximum	Benefit Description
DISAPPEARANCE AND EXPOSURE	Principal Sum	Pays the **Loss of Life** Principal Sum if your body has not been found within one year only if your disappearance involved the forced landing, stranding, sinking or wrecking of a conveyance. If you have been unavoidably exposed to the elements and as a result suffer a **Loss**, such **Loss** will be covered.
PERMANENT AND TOTAL DISABILITY	Principal Sum	Pays the Principal Sum less any amounts under the Table of Losses which have been paid or which are payable for the same **Loss**, if you suffer an **Injury** causing **Permanent and Total Disability.**
REHABILITATION	$15,000	Pays the expenses incurred for occupational training up to the Maximum if such expenses are incurred within three years of the accident and are as a result of an **Injury** for which you receive a benefit under the policy.
HOME ALTERATION AND VEHICLE MODIFICATION	$15,000	Pays a one-time benefit up to the Maximum for covered home alternation and vehicle modification expenses if you suffer an **Injury** for which you receive a benefit under the policy and require a wheelchair to be ambulatory.
WORKPLACE MODIFICATION AND ACCOMMODATION	$5,000	Pays a one-time benefit to the **Insured Student's** employer up to the Maximum if you suffer an **Injury** for which you receive a benefit under the policy and require special adaptive equipment or workplace modification in order for you to return to work full-time for your employer.
PSYCHOLOGICAL THERAPY	$5,000	Pays a benefit up to the Maximum if you suffer an **Injury** for which you receive a benefit under the policy and require Psychological Therapy within two years of the **Injury.**
IN-HOSPITAL BENEFIT	$2,500/month	Pays a benefit of (i) 1% of the Principal Sum up to the Maximum for **Hospital** confinements of more than 30 nights, or (ii) 1/30th of the amount determined under (i) for **Hospital** confinements of more than five but fewer than 30 nights, if you suffer an **Injury** for which you receive a benefit under the policy and are confined to **Hospital** as a result of such **Injury**, for a maximum of twelve months.
FAMILY TRANSPORTATION	$15,000	Pays a benefit up to the Maximum for the expenses incurred for the transportation of an **Immediate Family** member to your **Hospital** if you suffer an **Injury** for which you receive a benefit under the policy and as a result are confined to a **Hospital** more than 100 kilometres from home.
REPATRIATION BENEFIT	$15,000	Pays a benefit up to the Maximum to cover the expenses to return your body to your city of residence if you suffer a covered accidental death while at least 50 kilometres from home.
IDENTIFICATION BENEFIT	$15,000	Pays a benefit up to the Maximum for the transportation and commercial lodging of an **Immediate Family** member to identify your body if you suffer a covered accidental death at least 150 kilometres from home and a law enforcement agency requests such identification.
DAY CARE	$5,000/year	Pays an annual benefit of up to 5% of the Principal Sum up to the Maximum for the day care costs of each **Dependent Child** under age 13 who is enrolled, or who enrolls within 90 days, in a day care facility if you suffer a covered accidental death. The benefit is payable for up to four consecutive years.
DEPENDENT CHILD EDUCATIONAL BENEFIT	$5,000/school year	Pays an annual benefit of up to 5% of the Principal Sum up to the Maximum for the tuition costs of each **Dependent Child** who is enrolled as a full-time student in post-secondary education if you suffer a covered accidental death. The benefit is payable for up to four consecutive years.

Benefit	Maximum	Benefit Description
SPOUSAL EDUCATIONAL BENEFIT	$15,000	Pays a benefit up to the Maximum for your **Spouse**'s expenses in enrolling in a professional or trades training program for the purpose of obtaining an independent source of income, if you suffer a covered accidental death and such expenses are incurred within 36 months of your death.
FUNERAL EXPENSE	$5,000	Pays a benefit up to the Maximum to reimburse funeral expenses if you suffer a covered accidental death.
BEREAVEMENT BENEFIT	$1,000	Pays up to the Maximum if you suffer **Loss of Life** in a covered accident and your eligible dependents require counselling within one year of your **Loss of Life**
SEAT BELT AND AIR BAG BENEFIT	$50,000	Pays an additional benefit of 10% of the Principal Sum up to the Maximum if you suffer a covered accident while operating or riding as a passenger in a Private Passenger Type Automobile in which your seatbelt was properly fastened. If the seat belt benefit is payable and you were in a seat protected by a properly functioning Supplemental Restraint System which inflated on impact, an additional benefit of 10% of the Principal Sum will be paid. The Seat Belt and Air Bag Benefit is payable up to the Maximum combined.
DISABILITY FITNESS BENEFIT	$5,000	Pays a benefit up to the Maximum if you suffer an **Injury** for which you receive a benefit under the policy and require specially designed fitness training or athletic equipment for disabled persons, which would not have been required except for such **Injury**. Only such expenses incurred within the first two years from the date of **Injury** are eligible. Only one benefit shall be payable, the largest, under the policies issued by the **Company** and shall not duplicate benefits payable under any other insurance.
PARENTAL CARE BENEFIT	$10,000	Pays a benefit of an additional 10% of the Principal Sum up to the Maximum for any Dependent Parents, if you suffer a covered accidental death. The benefit is payable if at the time of accident, your Dependent Parent is in a licensed nursing care facility, enrolled in a home health care program, living with you or receiving financial support and care by you. Only one Parental Care Benefit will be payable regardless of the number of eligible Dependent Parents.
CARJACKING BENEFIT	$25,000	Pays an additional benefit of 10% of the Principal Sum up the Maximum if you suffer a covered accidental **Injury** and the **Injury** which caused the **Loss** is a result of a Carjacking while you were operating or riding in, or getting in or out of, a Private Passenger Type Automobile.
CRIMINAL ASSAULT BENEFIT	10% of Principal Sum	Pays an additional benefit of 10% of the Principal Sum if you suffer an **Injury** for which you receive a benefit under the policy as a result of a deliberate felonious act of another person directed at you as an **Insured Person**, unless such an act was committed by a fellow **Insured Person** or a member of your family or household.
COSMETIC DISFIGUREMENT	$25,000	Pays a percentage of the Principal Sum up to the Maximum if you suffer a third degree burn by means of exposure to fire, heat, caustics, electricity or radiation. Please see the policy for details including the percentage payable.
COMA BENEFIT	Principal Sum	Pays the Principal Sum, if you suffer an **Injury** and within 90 days of the date of the covered Accident are disabled by coma, less any other amount paid or payable under this policy in connection with the same accident. which lasts for at least 96 hours, and for which period the Glasgow Coma Scale score must be 4 or less.
FRACTURE BENEFIT	$1,000	Pays a percentage of the Principal Sum to up the Maximum. Percentage of the Fracture Benefit Payable is listed in the Fracture Table for each scheduled fracture and dislocation multiplied by the Maximum Amount Payable per **Insured Person** per Accident listed in the Policy Schedule.

Benefit	Maximum	Benefit Description
SURGICAL REATTACHMENT BENEFIT	Percent of Principal Sum	Pays a percentage of the Principal Sum if, as the result of an **Injury** a limb or an appendage or part of either a limb or appendage is completely severed and is surgically reattached.
ACCIDENTAL PARAMEDICAL EXPENSE	Overall Maximum $50,000	Pays the following subject to the Overall Maximum: (a) Private Duty Nursing up to sublimit of $10,000 (b) Transportation Costs up to sublimit of $5,000 (c) **Hospital** Charges up to sublimit of $10,000 (d) Rental of Wheelchair, Iron Lung or Other Durable Equipment included, no sublimit (e) Licensed physiotherapist, athletic therapist, sports therapist, kinesiologist, physical therapist up to sublimit of $1,500 each (f) Prescription Drugs and Medicines included, no sublimit (g) Hearing Aid, Crutches, Splints, Casts, Trusses and Braces included, no sublimit (h) Licensed chiropractor, occupational therapist, osteopath, massage therapist up to a sublimit of $1,500 each (i) Tutoring Fees, $35.00 per hour to a maximum of $3,500 (j) Confinement Indemnity up to a maximum of $5,000 (k) Special Transportation: $850 per trip maximum of five trips; $100 per day maximum of six days for accommodations (l) Eyeglasses/contact lenses $300 - Benefit is available regardless of whether an injury occurs, provided the damage is the result of a covered activity. (m) Critical Disease: poliomyelitis, scarlet fever, diphtheria, spinal meningitis, encephalitis, rabies, tetanus, tularaemia, typhoid or leukaemia, $3,000 (n) Prosthetic Appliance: $5,000 (o) Dentures, Removable Teeth up to a maximum of $150 (p) Emergency taxi up to a maximum of $100
ACCIDENTAL DENTAL EXPENSE	$2,000	Pays a benefit up to the Maximum if you suffer from an **Injury** to whole and sound teeth, and within 30 days from the date of the Accident causing such **Injury** obtain treatment in Canada for such **Injury** from a legally qualified dentist or dental surgeon and incur related dental expenses.

Definitions

The following is an explanation of commonly used terms in this benefit booklet. For the full list of definitions refer to the policy.

Activities of Daily Living means the following six activities:

1. Maintaining continence: ability to control urination and bowel movements, including the use of ostomy supplies or other devices such as catheters if required;
2. Transferring: ability to move in and out of a bed, between a bed and a chair, or a bed and a wheelchair;
3. Dressing: putting on and taking off all necessary items of clothing including braces, artificial limbs or other surgical appliances;
4. Toileting: use of a lavatory including getting to and from and getting on and off, to manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Eating: ability to consume food or drink that already has been prepared and made available, with or without the use of adaptive utensils; and
6. Bathing: washing in either a tub or shower, including the task of getting in or out of the tub or shower or washing satisfactorily by other means.

Company means AIG Insurance Company of Canada.

Dependent Child means a person who is either your natural child, adopted child or step-child or a child to whom you are *in loco parentis* and who is (i) under 23 years of age, unmarried and dependent upon you for maintenance and support and not employed for more than 25 hours per week ; or (ii) under 26 years of age, unmarried and enrolled in an Institution of Higher Learning and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (iii) by reason of mental or physical infirmity is incapable of self-sustaining employment and who is considered your Dependent Child within the terms of the Income Tax Act (Canada).

Employer means the Policyholder or an affiliate or subsidiary thereof, for which you are employed.

Hospital An establishment which:

(a) holds a licence as a hospital (if licencing is required in the jurisdiction);

(b) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;

(c) provides 24 hour a day nursing service by registered or graduate nurses;

(d) has a staff of one or more licenced Physicians available at all times;

(e) provides organized facilities for diagnosis, and major medical surgical facilities;

(f) is not primarily a clinic, nursing, rest or convalescent home or similar establishment; and

(g) is not, other than incidentally, a place for the treatment of alcohol or drug addiction.

Immediate Family A person who is related to you in any of the following ways: a Spouse, parent (includes stepparent), father-in-law, mother-in-law, a child (including legally adopted or stepchild), son-in-law, daughter-in-law, brother or sister (includes stepbrother or stepsister), brother-in-law, sister-in-law, grandparent, grandchildren, aunt, uncle, niece, nephew or first cousin.

Injury Bodily injury which is sustained by you as a direct result of an unintended unanticipated accident, provided such accident is external to the body and occurs while your insurance under this policy is in force.

Insured Employee means you if you belong to an Eligible Class specified in the Policy Schedule Declarations. provided your name is on file with the Policyholder as being insured under this policy.

Insured Student means you if you belong to an Eligible Class of Eligible Members specified in the Policy Schedule Declarations provided your name is on file with the Policyholder as being insured under this policy.

Insured Member means you if you belong to an Eligible Class of Eligible Members specified in the Policy Schedule Declarations provided your name is on file with the Policyholder as being insured under this policy.

Insured Person means you and any additional **Insured Person**s as described in the Eligible Classes in the Policy Schedule Declarations.

Loss when used with reference to:

(a) ***Quadriplegia***, ***Paraplegia***, and ***Hemiplegia*** means the complete and irreversible Paralysis of such limbs;

(b) ***Hand or Foot*** means the complete and irrecoverable severance through or above the wrist or ankle joint, but below the elbow or knee joint;

(c) ***Arm or Leg*** means the complete and irrecoverable severance through or above the elbow or knee joint;

(d) ***Thumb and Index Finger*** means the complete and irrecoverable severance through or above the first phalange;

(e) ***Fingers*** means the complete and irrecoverable severance through or above the first phalange of all four Fingers of one Hand**;**

(f) ***Toes*** means the complete and irrecoverable severance of both phalanges of all the toes of one foot;

(g) ***The Entire Sight of One Eye*** means the total and irrecoverable loss of sight such that corrected visual acuity must be 20/200 or less in such eye;

(h) ***The Entire Sight of Both Eyes*** means the total and irrecoverable loss of sight in both eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than 20 degrees in both eyes. A Physician certified in ophthalmology must clinically confirm the diagnosis in writing;

(i) ***Hearing in One Ear*** means the diagnosis of permanent loss of Hearing in One Ear, with an auditory threshold of more than 90 decibels. A Physician certified in otolaryngology must confirm the diagnosis in writing;

(j) ***Hearing*** means the diagnosis of permanent loss of Hearing in both ears, with an auditory threshold of more than 90 decibels in each ear. A Physician certified in otolaryngology must confirm the diagnosis in writing;

(k) ***Speech*** means complete and irrecoverable loss of the ability to utter intelligible sounds; and

(l) ***Loss of Use*** means the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss of use is determined to be permanent.

Loss when used herein may also include ***Loss of Life.***

Medical Emergency A condition caused by an **Injury** which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of your condition or place your life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the policy is in force.

Scope of Coverage for registered Students in Newfoundland and Labrador under age 70 means 24 hours while attendance is required, attending or participating in activities approved and supervised by a proper authority and travelling directly to or from place of residence for the purpose of attending classes or any other approved related activity.

Special Transportation When, by reason of **Injury**, an **Insured Person**, who requires medical treatment within thirty days from the date of the Accident, is referred by a Physician to a medical specialist located at least 100 kilometres from the **Insured Person**'s normal place of residence and within the **Insured Person**'s province of residence, the **Company** will pay, provided such specialist's services are not available in the vicinity of the **Insured Person**'s residence and subject to receipt of satisfactory proof of other than for automobile transportation, the reasonable expenses actually incurred by the **Insured Person** within 52 weeks after the date of the Accident.

Permanent and Total Disability Injury which prevents you from performing at least two of the six **Activities of Daily Living**, without assistance from another person and you have been determined on evidence satisfactory to the **Company**, to be and remain, as of 12 months after the date of the **Injury**, incapable of performing at least two of the six **Activities of Daily Living** without assistance from another for the remainder of your life. The disability must be determined to be total, permanent, and irreversible and certified to be such by a Physician acceptable to the **Company**. Your inability to obtain employment is not a criteria to qualify for the **Permanent and Total Disability** benefit.

Spouse A person who is either legally married to you, or if there is no such person, is a person who, although not legally married to you, is cohabitating with you, and is publicly represented as your domestic partner in the community in which you reside.

Claims Process for AD&D

Beneficiary Designation

In the event of accidental **Loss of Life** of an **Insured Student**, the benefit will be paid to the **Insured Student**'s legal parent or legal guardian.

All other benefits will be payable to the **Insured Student**'s legal parent or legal guardian.

How to Make a Claim

In the event of claim, claim forms can be obtained from NL Schools/CSFP.

Written notice of claim to the **Company** must be given no later than 30 days from the date of Accident. Within 90 days from the date of the Accident, proof of claim must be submitted to the **Company**. Proof may include a certificate as to the cause and nature of the Accident or **Injury** caused thereby, for which the claim is made and as to the duration of the **Injury** or **Loss**, from a legally qualified medical practitioner.

Failure to give notice of claim or furnish proof of claim within the time prescribed above will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and in no event later than one year from the date of the Accident or the **Injury** and if it is shown that it was not reasonably possible to give notice or furnish proof within the time as prescribed.

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General Policy Provisions

Effective Date

Your coverage begins on the date you satisfy the eligibility requirements to become an Insured Employee/Member.

Termination Date

Coverage ends on the earliest of:

1. the date you retire or attain age 70; or
2. the date you no longer belong to an Eligible Class; or
3. the date you no longer satisfy the definition of an Insured Person; or
4. the date you return to your province/country of residence; or
5. the date the policy is terminated.

Aggregate Limit Per Accident

The maximum amount the **Company** will pay for two or more **Insured Person**s injured in one Accident is the amount of the **Aggregate Limit Per Accident** set out in the policy schedule, if any. If the total of the benefits which would be paid by the **Company** would exceed the **Aggregate Limit Per Accident**, each **Insured Person** shall receive their proportionate share of the amount of the **Aggregate Limit Per Accident** paid by the **Company**.

Policy Exclusions

The policy will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

Accidental Death & Dismemberment (AD&D)

(a) suicide or any attempt thereat;

(b) self-inflicted **Injury** or any attempt thereat;

(c) declared or undeclared war or any act thereof;

(d) sickness, disease, or bodily infirmity whether the **Loss** or claim results directly or indirectly from any of these;

(e) **Injury** sustained while you are undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;

(f) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;

(g) travel or flight in or on (including getting in or out of, or on or off of) any Aircraft**,** if you are:

(i) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
(ii) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
(iii) riding as a passenger in an Owned Aircraft, Leased Aircraft or on a Charter Flight ,

(h) travel or flight in or on (including getting in or out of, or on or off of) any Aircraft or craft designed to fly or glide above the Earth's surface:

(i) except as a passenger on a regularly scheduled commercial airline; or
(ii) being used for crop dusting, spraying or seeding, firefighting, traffic patrol, air ambulance, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
(iii) operating to or from offshore landing sites; or
(iv) used in any operation that requires a special permit from the Civil Aviation Branch of Transport Canada, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

(i) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;

(j) **Injury** or **Loss** sustained if you are on full-time active duty in the armed forces or organized reserve corps of any country or international authority; (Unearned premium for any period for which the **Insured Employee** is on full-time active duty shall, upon application to the **Company** by the Policyholder, be refunded)

(k) **Injury** or **Loss** sustained while you are under the influence of alcohol and operating any vehicle or means of transportation or conveyance while your blood alcohol is over 80 milligrams in 100 millilitres of blood;

(l) **Injury** or **Loss** sustained while you are under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act (Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed Physician**;**

(m) the committing of or the attempt to commit assault or criminal offence

(n) an act, attempted act or omission taken or made by you, or an act, attempted act or omission taken or made with your consent, for the purposes of interrupting the blood flow to your brain or to cause asphyxiation to you whether with intent to cause harm or not;

(o) death by natural causes;

Important Notes

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 actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), The Limitations Act (for actions or proceedings governed by the laws of Saskatchewan) or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Insurance is underwritten by AIG Insurance Company of Canada.