Group Student Accident Insurance Policy Declarations

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

This policy contains a clause(s) which may limit the amount payable.

In return for the payment of premium expressed in the **Declarations Page**, **we** agree to pay the benefits set out in this Group Student Accident Insurance **policy** to the persons insured hereunder, subject to the terms and conditions, which follow. **We** have issued the Group Student Accident Insurance **policy** to the **policyholder**. The Group Student Accident Insurance **policy** is executed as of the **policy** date which is its date of issue, and from which anniversary dates are measured. The Group Student Accident Insurance **policy** is delivered in, and subject to the laws of the Province or Territories in which it is issued.

THIS GROUP STUDENT ACCIDENT INSURANCE POLICY PROVIDES ACCIDENT COVERAGE ONLY. THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

The following pages, including any riders, endorsements, schedule pages, **insured** enrollment forms, applications or amendments, are a part of this Group Student Accident Policy. **We** and the **policyholder** have agreed to all the terms of this Group Student Accident Policy. This is a legal contract between the **policyholder** and **us**.

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

In witness whereof, the Insurer has caused this policy to be signed by its Chief Executive Officer and Chief Agent in Canada



Chief Executive Officer and Chief Agent, Canada

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ELIGIBILITY AND CLASSIFICATION OF INSURED PERSONS

The following individuals are eligible to become **insured persons** upon completion of the eligibility **waiting period** as indicated below, and the submission of completed enrollment material, if required:

Eligible person(s) means:

Class I: All **active** full-time **students** of the **policyholder**.

If an **insured person** suffers an **injury** resulting in a **covered loss**, and they are covered under more than one class, **we** shall pay only one benefit, the largest benefit.

TERMINATION OF AN INSURED PERSON

Insured

Insurance terminates at the end of the date for which premium has been paid and during which any of the following occurs:

1. The date the **policy** is terminated;
2. The date the **insured** ceases to be eligible for insurance;
3. The expiration date of the period for which required premium has been paid for such **insured**;
4. The date the **insured** fails to pay the required premium, if the **insured** is so required;
5. The date the **insured** reaches age eighty-five (85).

PREMIUM INFORMATION

Coverages:

24-Hour **Accident** Protection Worldwide H-1

Aggregate Limit of Liability:

Coverage	Aggregate Limit of Liability
Per Covered Accident	$500,000

SCHEDULE OF BENEFITS

Coverage	Maximum Benefit Payable	Coverage Included/Not Included	Classes Covered
Accidental Death and Dismemberment Insurance	Terminates at the earlier of the **student's** attainment of age 85 years or the **student** is no longer eligible.	Included	All Classes
Principal Sum for the **insured**	Class I: $10,000	Included	All Classes

CORE BENEFITS			
Benefits	Maximum Benefit Payable	Coverage Included	Classes Covered
Accidental Death Benefit			
Loss of Life	100% of the Principal Sum	Included	All Classes
Accidental Dismemberment Benefit			
Dismemberment of: • Both hands or both feet • One hand and one foot • One hand or one foot plus the loss of sight in one eye • Sight of both eyes • Speech and hearing	100 % of Principal Sum	Included	All Classes
• Speech or hearing • Loss of sight from one eye • One hand; one foot; or sight in one eye • One limb (hand, foot, arm, leg)	80% of the Principal Sum		
• Hearing in one ear	66.67% of Principal Sum		
• Loss of four fingers on one hand • Thumb and index finger of the same hand	33.33% of the Principal Sum		
• All toes on one foot	25% of Principal Sum		
Loss of Use Benefit			
Loss of use of: • Four **limbs**	100% of Principal Sum	Included	All Classes
• Three **limbs**	100% of Principal Sum		
• Two **limbs**	100% of Principal Sum		
• One **limb**	80% of Principal Sum		
Plegia Benefit			
Plegia of: • Quadriplegia (total paralysis of all four **limbs**) • Triplegia (total paralysis of three **limbs**) • Paraplegia (total paralysis of two **limbs**) • Hemiplegia (total paralysis of upper and lower **limbs** on one side of the body)	200% of the Principal Sum	Included	All Classes
• Uniplegia (total paralysis of one **limb**)	75% of the Principal Sum		
Exposure and Disappearance Benefit			
	100% of Principal Sum	Included	All Classes
Babysitting Benefit			
	Aggregate limit of $500 per insured **child** during the **policy** period	Included	All Classes

Tuition Expense Benefit			
	• Tutorial services will not exceed the rate of $20.00 per hour. • A maximum of $300 will be provided for the rental of necessary equipment and required software as the result of one (1) **accident.**	Included	All Classes
Wage Loss Benefit			
	Benefits will be paid from the eighth (8th) day of the **total disability** to a maximum of $500 during the term of the **policy.**	Included	All Classes
Smartphone or Tablet Benefit			
	• Maximum of $250 • The **insured person** must provide proof of receipt for repair or replacement of the smartphone or tablet within thirty (30) days from the date of the covered **accident**.	Included	All Classes
Therapeutic Counseling Benefit			
	$1,000 for any one covered **accident**	Included	All Classes
Dental Accident Expense Benefit			
If an **insured person** suffers an **injury** which requires **treatment** for damage to **sound natural teeth**, **we** shall pay a benefit for the **reasonable and customary expenses** incurred for the **medically necessary treatment**, replacement, or diagnosis provided: • Damage to the teeth occurs within thirty (30) days of the covered **injury**; • The expenses are incurred and paid within twenty-six (26) weeks of the **injury**; and • The services are performed by a licensed dentist or dental surgeon.	$5,000 for any one covered **accident**	Included	All Classes
Comprehensive Medical Accident Expense Benefit			
1. **Hospital** Charges	The total maximum benefit payable for this endorsement is $10,000 per **accident**. The difference in charges between the public ward allowance and the charge for semi-private accommodation (or private accommodation charge if recommended by a **physician**).	Included	All Classes
2. Services of a nurse	Maximum of $5,000 per **accident.**		
3. Prescription drugs, sera, and vaccines	Maximum of a 30-day supply.		
4. **Treatment** by a Physiotherapist or Chiropractor	Maximum of $300 per practitioner, per **accident**.		

5. Ambulance	Maximum of $5,000 per **accident**.		
6. Expenses for hearing aids, crutches, splints, casts, trusses and braces	Maximum of $1,000 per **policy** term.		
7. Expenses for rental of a wheelchair, an iron lung and other durable equipment for temporary therapeutic **treatment**	Maximum of $5,000 per **accident**.		

Privacy Consent Notice

By submitting the requested information, which may include, but is not limited to, an individual's name, address, date of birth, and medical information, you covenant and warrant that you have obtained the appropriate consent from such individual to disclose their personal information to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in your country of residency or abroad (collectively, "Zurich"), for the collection, storage, use, disclosure, and processing of such personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You also covenant and warrant that you have obtained consent from the individual for Zurich's disclosure of their personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties").

Zurich is committed to protecting the privacy and confidentiality of information provided. Personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. Individuals may request to review the personal information Zurich maintains about them and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

Individuals may refuse to consent or withdraw their consent to the collection, storage, use, disclosure or processing of their personal information; however, their refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay any claim benefits payable under the policy.

Please contact the Zurich Privacy Officer for further information regarding the collection, use, disclosure, processing and storage of personal information or for any complaints via email at privacy.zurich.canada@zurich.com. Our Privacy Policy is available at https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement.

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Signature



Head of Underwriting, Canada
Authorized representative

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• Thumb and index finger of the same hand	66.67% of Principal Sum		
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1. **Hospital** Charges	The total maximum benefit payable for this endorsement is $10,000 per **accident**. The difference in charges between the public ward allowance and the charge for semi-private accommodation (or private accommodation charge if recommended by a **physician**).	Included	All Classes
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6. Expenses for hearing aids, crutches, splints, casts, trusses and braces	Maximum of $1,000 per **policy** term.		
7. Expenses for rental of a wheelchair, an iron lung and other durable equipment for temporary therapeutic **treatment**	Maximum of $5,000 per **accident**.		

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Institutional Fees Reimbursement Benefit Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No.	Effective Date:

This endorsement modifies insurance provided under the Group Student Accident Insurance **policy**.

The following changes are made and incorporated into the **policy**:

modifying the Schedule of Benefits in the **Declarations Page** to add the below **coverage,** limits and maximum benefit payable under the benefits, offered in the **policy,** Section III – Core Benefits, as follows:

Benefit	Maximum Benefit Payable	Coverage Included/Not Included	Classes Covered
Institutional Fees Reimbursement Benefit	Maximum amount payable is 50% of the institutional fees charged (excluding room and board charges) up to a maximum of $1,250 per term for university.	Included	All Classes

Institutional Fees Reimbursement Benefit

If an **insured** is enrolled in **academic studies** and suffers a **covered loss** that is payable under the **Accidental** Death or **Accidental** Dismemberment, **Loss of Use** and Plegia Benefit and which prevents the injured **insured** from continuing to participate in **academic studies** for the term, **we** will reimburse the non-refundable portion of the paid **tuition expense(s)** up to the coverage amount shown in the table above.

At the time of **covered loss**, the **insured** must be enrolled as a **student** or have already been accepted by an accredited university, college, or other such similar school where a **tuition expense** is incurred for **academic studies**.

This benefit does not apply to:

1. The **insured** if they are unable to complete the school session for reasons not directly resulting from an **injury**, including but not limited to illness.
2. Expenses previously reimbursed to the **tuition payor** or **insured** through any employment tuition reimbursement program.
3. Academic Scholarships provided to the **insured**.
4. Athletic Scholarships provided to the **insured**.
5. Student loans made by or facilitated by the **policyholder** or student loans made by a third party, to or on behalf of the **tuition payor** or the **insured.**

Exclusions

For purposes of this benefit only, the following additional exclusions apply:

1. Acts committed with the intent to cause a loss under this **policy**.
2. Failure to attend **class** for any reason other than a **covered loss** that is payable under the **Accidental** Death or **Accidental** Dismemberment, Loss of Use and Plegia Benefit.
3. The commission of or an attempt to commit a felony;
4. Any criminal, fraudulent or dishonest act, error or omission, or any intentional or knowing violation of the law by the **insured** or the **tuition payor**.
5. Temporary non-medical absences, suspensions, changes of status or schedule reductions.

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Payment of Claims

The **Company** will reimburse the higher education institution upon receipt of an unpaid invoice of the academic session or the **tuition payor** who incurred the actual **institutional fees**, upon receipt of proof payment for the term of that session.

Definitions

For the purposes of this endorsement, the following definitions which are emphasized in bold, apply:

Academic studies means the attendance at an educational institution or school for the purpose of advancing education and for which the **tuition payor** incurred **student tuition** to attend. This includes the ability to attend classes and carry out school work or exams.

Class means a course of instruction including but not limited to online study, virtual instruction, independent study, eLearning, and physical classroom instruction.

Covered term means the academic terms for which coverage was purchased as listed on the **Declarations Page.**

Institutional fees means the actual unreimbursed amount of school tuition incurred or that would have been incurred by the **tuition payor** on behalf of an **insured** to attend the school for **academic studies** including expenses incurred for learning material such as books.

Student means the **insured** who is eligible for this insurance and is designated under the Class defined in the **Declarations Page**.

Student tuition means the amount of money paid or to be paid, including administrative fees, by the **tuition payor** to an educational institution or school, including trade schools, university, or college. Student tuition does not include housing or other living expenses.

Tuition payor means the individual(s) that is/are financially responsible for paying the **institutional fees** for the **insured** that is a full-time student of the educational institute school of the **policyholder**.

This benefit is subject to the General Exclusions and General Limitations in the **policy**.

Bolded terms used throughout this endorsement which are not defined in the Definitions section, are defined in the in the policy wording.

All other terms, conditions, provisions and exclusions of this policy remain the same.