

# Reliable Life Insurance Company

## insuremykids®

### PROTECTION PLAN

For  
**2012/2013**

**This is Your Policy**

Please take the time to read your policy and review all of your coverage. If you have any questions you may contact us 1-800-463-5437. You may cancel this policy within 10 days of the date on the confirmation if there is no claim in process.

#### I. ELIGIBILITY

A Student or Mature Student, as defined herein.

#### II. EFFECTIVE DATE OF INSURANCE

Insurance coverage is effective on the later of: i) the date the application is received by Reliable Life Insurance Company or an authorized representative of the Company; or ii) the date the required premium is received by Reliable Life Insurance Company.

#### III. TERMINATION OF INSURANCE

For all plans, coverage terminates the earlier of:

- 11:59 p.m. on date shown on the Insured's Confirmation of Coverage; or
- on the date the Insured ceases to be a Student or a Mature Student as defined herein.

#### IV. COVERAGE TERM

For all plans, each plan covers all Accidents, 24 hours per day, every day, during the full Policy term.

#### V. ACCIDENT BENEFITS

If proof be furnished satisfactory to the Company that an Insured under this Policy has suffered any loss or incurred expense as a direct result of bodily Injury or Injuries and that such loss resulted within the time limit as specified herein and while this Policy is in force, then, except as provided in Section VIII: Conditions, Limitations & Exclusions, the Company upon approval of said proof will pay the benefits for such loss or expense as provided in this Policy.

#### VI. BENEFITS

##### 1. TOTAL AND PERMANENT DISABILITY **\$50,000 TO \$350,000**

When an Injury results in the Total and Permanent Disability, but not loss of life of the Insured, within 90 days of an Accident, the Company shall pay the sum of up to **\$350,000** less any amount paid/payable under any other Benefit Section of the Policy, subject to the following provision: the Total and Permanent Disability must be such that the Insured shall be judged by Competent Medical Authorities to be totally and permanently disabled. No benefit is payable under this provision if the Insured dies within 12 months after the Accident or prior to being so judged, whichever is later.

**NOTE: The amount of the maximum benefit payable is dependent upon the plan chosen and the premium received at the time of application.**

##### 2. DEATH BENEFIT **UP TO \$20,000**

The amount payable is dependent upon the Plan selected and premium submitted at the time of application to a maximum of **\$20,000**. The amounts payable are as follows:

BRONZE PLAN	\$ 7,500 any cause
SILVER PLAN	\$ 7,500 any cause
GOLD PLAN	\$10,000 any cause
PLATINUM PLAN	\$20,000 any cause
UNIVERSITY/COLLEGE	\$ 5,000 any cause

Death must be the result of an Injury or Sickness as defined in this Policy. For Death Benefit, injury includes self-inflicted injury.

##### 3. DOUBLE INDEMNITY

The amount of indemnity for loss of life caused by an Accident will be doubled if such loss occurs while riding, boarding or alighting from any school vehicle owned or leased by a proper school authority or any bus, streetcar or subway coach.

##### 4. PRINCIPAL SUM ACCIDENT BENEFITS FOR TOTAL AND PERMANENT LOSS OR TOTAL AND PERMANENT LOSS OF USE **UP TO \$150,000**

When Injury does not result in loss of life of the Insured within 90 days after the occurrence of the Accident but does result in any of the following losses within 365 days of the Accident, the Company will pay for such total and permanent loss or total and permanent loss of use as follows:

PLANS:	Bronze	Silver & Univ/Coll	Gold & Platinum
Both hands or both feet at or above wrists or ankles	<b>\$75,000</b>	<b>\$100,000</b>	<b>\$150,000</b>
One hand and one foot at or above wrist or ankle	<b>\$75,000</b>	<b>\$100,000</b>	<b>\$150,000</b>
One hand or one foot at or above wrist or ankle and the entire sight of one eye	<b>\$75,000</b>	<b>\$100,000</b>	<b>\$150,000</b>
The entire sight of both eyes	<b>\$75,000</b>	<b>\$100,000</b>	<b>\$150,000</b>
One arm at or above elbow or one leg at or above knee or hearing in both ears or speech	<b>\$22,500</b>	<b>\$ 30,000</b>	<b>\$ 45,000</b>
One hand at or above wrist or one foot at or above ankle, or the entire sight of one eye	<b>\$15,000</b>	<b>\$ 20,000</b>	<b>\$ 30,000</b>
Thumb and index finger at or above the metacarpal-phalangeal joint	<b>\$ 7,500</b>	<b>\$ 10,000</b>	<b>\$ 15,000</b>
One or more entire fingers or entire thumb at or above the metacarpal-phalangeal joint or all the entire toes of one foot	<b>\$ 750</b>	<b>\$ 1,000</b>	<b>\$ 1,500</b>
Part of any one finger or thumb (complete severance at or above the proximal interphalangeal joint)	<b>\$ 225</b>	<b>\$ 300</b>	<b>\$ 450</b>
One entire phalanx of any one finger or one or more toes	<b>\$ 150</b>	<b>\$ 150</b>	<b>\$ 150</b>

A benefit provided under this section will not be paid under any circumstances for more than one of the losses, the greatest loss sustained by the Insured as the result of any one Accident. When a benefit is payable under this section of the Policy for any loss, no amount shall be payable under any other section of the Policy with respect to such loss with the exception of any benefit otherwise payable for prosthetic appliances. Any amount payable under this benefit section shall be paid when proof is submitted that the loss or loss of use is total and permanent and has been continuous for a period of 12 months from the date of the Accident.

**Note: The amount of the maximum benefit payable is dependent upon the Plan chosen and the premium received at the time of enrollment.**

##### 5. EXTENDED HOSPITAL EXPENSE BENEFIT **UNLIMITED**

When, as the result of an Accident and within 30 days of the Accident, the Insured is confined to Hospital for one day or more, the Company will pay the actual expenses incurred for a semi-private or private room while the Insured is confined to Hospital. Also included is the rental of telephone or television subject to an overall limit of **\$25** for each day the Insured is confined to the Hospital. No benefit shall be paid with respect to confinement occurring more than 52 weeks from the date of the Accident.

##### 6. OUT-OF-PROVINCE/COUNTRY EMERGENCY **UP TO \$50,000** SURGICAL / MEDICAL ACCIDENT BENEFIT

If a bodily Injury sustained by the Insured, outside the Insured's province/territory of residence, shall within 30 days from the date of an Accident necessitate the services of a licensed doctor of medicine, osteopath or chiropractor, surgical operation, Hospital expenses, taking of x-rays, laboratory services or anaesthetist fees, the Company will pay for such charges outside the Insured's province/territory of residence less the amount normally allowed for such services by any GHIP, up to a maximum of **\$50,000**. (Max trip-30 days)

##### 7. BLANKET DENTAL ACCIDENT REIMBURSEMENT

Subject to sub-paragraph (a) - (e) inclusive, when an Injury to a whole or sound tooth including a filled or restored tooth manifests itself and requires and receives dental treatment within 60 days of the date of the Accident resulting in Injury, the Company shall pay the reasonable and necessary expense for such treatment rendered within 520 weeks of the Accident. If, due to the age of the Insured, dental development is not sufficient to complete dental treatment within 520 weeks of the Accident, a report from the attending Dentist (other than a family member) must be submitted to the Company within 90 days from the date of the Accident detailing the dental damage and the reason for the delay in completion of dental treatment beyond 520 weeks from the date of the Accident. Payment for all dental treatment rendered after 520 weeks shall be limited to only those teeth that sustained an Injury which first manifested itself within 60 days of the date of the Accident and required and received dental treatment within 60 days of the Accident. Payment with respect to all dental treatment rendered subsequent to the 520th week following the Accident resulting in the Injury shall be limited to a

maximum payment of up to **\$1,500** (dependent upon plan chosen) for each injured tooth for which coverage is available pursuant to this section.

Orthodontic treatment required due to Accident related dental Injuries and received within 520 weeks of the date of the Accident will be paid up to a maximum of **\$1,500** per Accident.

The following provisions apply also:

- (a) any payment made under this section shall be made in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the Insured's province or territory of residence;
- (b) capped or crowned teeth shall be deemed as whole or sound teeth;
- (c) Mature Students and University/College Students with valid dental claims will be allowed a period of one year from the date of the Accident for the completion of any necessary dental treatment covered under this benefit;
- (d) no benefit will be payable for replacement, adjustment or repair of artificial teeth or dentures (except as otherwise provided herein) or for any dental treatment provided solely for cosmetic or esthetic reasons;
- (e) Alternative Treatment - where there exists more than one customarily employed and professionally adequate method of treating an Injury to the teeth, the Company will pay an amount equal to the cost of the least expensive treatment.

#### **8. DREAD DISEASE UP TO \$12,000**

When, as a result of becoming afflicted with one of the following diseases which first manifests itself while this Policy is in force, AIDS (Acquired Immune Deficiency Syndrome), Diphtheria, Encephalitis, Cancer, Hemolytic Uremic Syndrome (Renal Failure caused solely by E-coli Bacterial Infection), Leukaemia, Muscular Dystrophy, Multiple Sclerosis, Myocarditis, Poliomyelitis, Rabies, Scarlet Fever, Spinal Meningitis, Tetanus, Tularaemia, Typhoid, an Insured requires confinement in a Hospital or the employment of a licensed or graduate nurse, the Company shall pay the excess expenses incurred, to a maximum of **\$9,000** for such confinement or employment. The Company will also pay the cost of commercial lodging, laundry expenses and meals, at the rate of **\$100** per day to a maximum of **\$2,500** should the attending Physician advise that the parent or legal guardian leave their usual place of residence to stay with or closer to the Insured with respect to any one illness. Also the Company will pay up to **\$500** for parking or other incidental expenses with regard to this benefit. Expenses under this section must be incurred within 3 years from the date the disease is diagnosed by a Physician or surgeon.

#### **9. COUNSELLING BENEFIT UP TO \$750**

If, as a result of the Insured's death, dismemberment or dread disease (as described elsewhere in this Policy), counselling for the Insured, his/her parents and/or siblings by a licensed psychologist is recommended by a legally qualified Physician, the Company will pay the cost of such counselling up to a maximum of **\$750**.

#### **10. CONFINEMENT DISABILITY BENEFIT UP TO \$21,000**

If, as a result of an Accident, continuous uninterrupted confinement (except for necessary medical attention) of the Insured to home or Hospital is required from the date of the Accident, the Company shall pay **\$500** per month from the 31st day of confinement for a maximum period of 42 months. The Insured must be under the regular care and attendance of a licensed Physician or surgeon continuously throughout the period of confinement.

#### **11. REHABILITATION BENEFITS UP TO \$6,000**

If an Accident causes Injury to the Insured which requires that the Insured undergo special training in order to be qualified to engage in a special occupation in which he would not have engaged except for such Injury, the Company will pay the reasonable and necessary expense actually incurred by the Insured but shall not exceed **\$6,000** nor shall payment be made for any expenses incurred more than three years after the date of the Accident nor shall payment be made for room, board or other ordinary living, travelling or clothing expense.

#### **12. BLANKET ACCIDENT EXPENSE REIMBURSEMENT**

The Company will pay for reasonable and medically necessary expenses for which coverage is not available under any other Canadian government health insurance plan, incurred within 156 weeks of the date of the Accident resulting in an Injury which requires, within 30 days of the date of the Accident services of a legally qualified chiropractor, osteopath, physiotherapist (excluding athletic therapy) or registered nurse or expense for crutches, splints, orthotic devices, trusses, braces, rental of wheel chair or Hospital bed, prescription drugs, cast and cast materials and Hospital services for which benefits are not provided by any Canadian government health insurance plan. The Insured must be under the regular care and attendance of a legally qualified Physician or surgeon while receiving such services. Also covered is emergency local licensed ground

ambulance service to the nearest medical facility. In the event that necessary services be performed by a chiropractor, osteopath or physiotherapist, benefits will be limited to **\$25** per visit or a maximum of **\$400** per Policy term.

**Note:** An expense for a splint, brace or orthotic device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities is not covered. Under this section a benefit for an orthotic device, truss, splint, cast or brace for curative or therapeutic purposes only is limited to one purchase per any one Injury. (For expenses incurred where coverage is not available under any Canadian government health insurance plan whether enrolled in such a plan or not.)

#### **13. SPECIAL TREATMENT TRAVEL EXPENSE BENEFIT UP TO \$3,000**

If, within 52 weeks from the date of the Accident, an Injury requires special treatment that cannot be obtained within a 100-mile (160 km) radius of the Insured's residence, the Company will pay up to a maximum of **\$60** per day for travel expenses and necessary expense incurred away from home, not to exceed the maximum limit of **\$3,000**.

#### **14. TUTORING BENEFIT UP TO \$6,000**

When, within 90 days from the date of the Accident, an Injury shall disable totally and confine the Insured to his or her residence for a period in excess of 30 days, the Company shall pay the expense incurred within six months from the date of the Accident for tutorial services of a qualified teacher holding a current Provincial Ministry of Education Teaching Certificate at a rate not to exceed **\$30** per hour. In addition, the Company shall pay for the rental of necessary equipment and required programme software as suggested and approved by the Board of Education in which the Insured is in attendance. All benefits payable under this section are subject to an aggregate amount of **\$6,000**.

#### **15. DENTURE, HEARING AID AND REMOVABLE TEETH EXPENSE (resulting from Injury) UP TO \$300**

If Injury requires and receives treatment by a Physician or Dentist within 30 days of the date of the Accident and results in the breakage of dentures, hearing aids or a removable artificial tooth or teeth of the Insured, the Company shall pay the actual cost of repair or replacement of said denture, hearing aids or artificial tooth or teeth up to a maximum of **\$300** in respect to all such repairs or replacements during the term of this insurance.

#### **16. PROSTHETIC APPLIANCES UP TO \$5,500**

When prescribed by a Physician or surgeon and purchased within 156 weeks of the date of the Accident, the Company will pay benefits for expenses incurred for artificial limbs, eyes and/or hearing aids up to a maximum of **\$5,500** for each Injury resulting in a loss requiring such an appliance. Repairs, adjustments or replacement of same are limited to **\$300** per Accident.

#### **17. FAMILY TRANSPORTATION EXPENSE UP TO \$1,000**

Should the Insured be hospitalized as a result of a covered Accident and the attending Physician advises the necessary attendance of a parent or legal guardian, the Company shall pay up to **\$1,000** for the reasonable cost of transportation by economy class.

#### **18. SPECIAL CLOTHING BENEFIT UP TO \$400**

When as the result of an Injury, the attending Physician advises the purchase of special protective clothing, the Company will pay up to **\$400** in respect of all such purchases.

#### **19. EMERGENCY TRANSPORTATION UP TO \$350**

If an Accident occurring in or on school premises or buildings requires immediate medical treatment, the Company will pay the reasonable travel expense incurred per kilometre, as defined by Revenue Canada, in transporting the Insured to a doctor's office or nearest Hospital, subject to a maximum payable of **\$350**.

#### **20. EYEGLASS AND CONTACT LENS EXPENSE (Applies only if there is concurrent bodily Injury) UP TO \$300**

If Injury requires and receives treatment by a Physician, Dentist or registered nurse within 30 days of the date of the Accident and such Injury: (1) results in the breakage of eyeglasses or loss or breakage of a contact lens or lenses of the Insured, the Company will pay the actual cost of repair or replacement of the eyeglasses or contact lens or lenses up to a maximum of **\$300** in respect to all such repairs or replacements during the term of this insurance; or, (2) results in the purchase of eyeglasses or contact lenses upon the advice of the Physician when neither were a requirement with respect to a condition existing prior to the Injury, the Company shall pay the necessary and reasonable expense.

## 21. FRACTURE OR DISLOCATION BENEFIT

When an Injury results in any of the fractures (including greenstick) or dislocations listed in the following schedule, the Company will pay the amount specified for such fracture or dislocation provided that not more than one such benefit (the largest) shall be payable as the result of any one Accident.

FRACTURE / DISLOCATION OF:	MAXIMUM BENEFIT
the skull (depressed)	\$750
the skull (not depressed)	\$250
the spine (one or more vertebrae)	\$250
the lower jaw (alveolar process excepted)	\$ 50
the upper jaw	\$ 75
the shoulder (dislocation), the clavicle (collar bone), or elbow	\$ 75
the hip, the pelvis, or the thigh (femur)	\$125
the knee cap	\$ 80
the sacrum or coccyx	\$ 50
the sternum	\$ 50
the leg (tibia or fibula)	\$100
the upper arm (humerus), or the scapula (shoulder bone)	\$125
the forearm (radius or ulna), the hand or wrist (other than phalanges)	\$ 75
the foot (other than phalanges)	\$ 40
the ankle	\$ 50
two or more toes, fingers or ribs	\$ 45
one rib	\$ 25
one finger or one toe	\$ 25
any bone not specified above	\$ 25

## 22. PLATINUM TRAVEL PROTECTION PLAN (Included with the PLATINUM PLAN only)

**Cancellation Insurance:** The Company shall pay the Insured the prepaid monies forfeited up to a maximum of **\$1,000** for the entire cancellation of the Insured's reservation, prior to departure, provided the Company is notified immediately, in accordance with the Limitations, as soon as a cause for cancellation arises and provided further that the loss is due to the Sickness, Injury or death of the Insured.

**Air Flight Accidental Death Insurance:** If the Insured sustains a covered Injury during the period of coverage which results in Accidental loss of life within 90 days of the covered Accident, the Company will pay the amount of **\$20,000**. The death must be as a result of Injuries sustained while riding as a fare paying passenger on a certified Aircraft provided by a regularly scheduled airline maintaining published schedules or charter airline operated by a properly certified pilot.

**Emergency Hospital/Medical Services:** When as a result of an Injury or Sickness which occurred outside the Insured's province/territory of residence while this Policy is in force, the Insured requires the emergency services of a Physician; emergency Hospital services; emergency x-ray clinic services; emergency local licensed ground ambulance service; emergency necessary and reasonable alternative ambulance service up to **\$1,000**; emergency air ambulance if ordered by the attending Physician and the Company's medical assistance provider and pre-approved by the Reliable Life Insurance Company claims department; the necessary services of a registered graduate nurse (other than a relative of the Insured by blood or marriage) if recommended in writing by the attending Physician; rental of a standard wheelchair, crutches, braces, Hospital type bed or the cost of splints, trusses or other prosthetic appliances, emergency medicine, drugs, blood, plasma or x-rays (if recommended by the attending Physician); the Company will pay reasonable and customary excess expenses incurred, up to this Policy total of **\$100,000**, for emergency Hospital/Medical Services listed above provided such services are prescribed in writing by the attending Physician. Emergency Hospital services shall include all necessary services provided normally by a duly registered and licensed Hospital excluding services of a nursing home, rest home or by other non-Hospital institutions.

When as a result of a covered Injury or Sickness, the attending Physician prescribes and recommends transportation to the Insured's original point of departure for further medical treatment and to be accompanied by a trained medical attendant, the Company shall pay the cost of one return Economy Airfare by the most direct route for such trained medical attendant. As well, the Company shall pay the extra one-way Economy Airfare costs should the Insured be required by the Physician to travel bound to a stretcher. The emergency transportation must be approved in advance by the Company.

Excess Hospital/medical coverage is provided only for expenses incurred by Canadian residents, which are in excess of the benefits available under the Insured's applicable GHIP if the Insured is enrolled in such a plan. Insureds not covered by a GHIP are limited to **\$3,000** coverage.

**Emergency Return Flight:** If illness or Injury forces the Insured to return early or miss the scheduled return flight, this insurance will reimburse the Insured for the cost of a one way Economy Airfare, to a maximum of **\$1,000**, for the additional airfare paid to return to the original departure point. Written justification must be obtained from the local attending Physician.

**Repatriation Expense:** In the event of covered death of the Insured, occurring after the departure date, the Company will pay either the cost of the actual expense incurred for conveyance of the body of the Insured to the outbound point of departure or for the reasonable cost for burial or cremation abroad, not to exceed **\$3,000**.

## 24 HOUR EMERGENCY ASSISTANCE 1-800-334-7787 (in Canada or U.S.) or call collect 1-905-667-0587

**PRE-EXISTING MEDICAL** or related conditions are covered provided that the Insured had not received treatment or required the use of medication for said condition during the three (3) month period preceding the departure date. Pre-existing Medical Conditions are not covered if the condition was present prior to or on the date of departure and would have prevented an ordinarily prudent person from travelling.

**Limitations:** Cancellation Insurance settlements are limited to the amount of penalty involved at the time cancellation is first recommended by the Physician. In the presence of any Injury or Sickness, the attending Physician must be informed promptly of the Insured's travel plans and any cancellation of a trip must take place immediately after being advised by that Physician due to such Sickness or Injury. No benefit will be payable if the Insured does not cancel the insured travel arrangements within 48 hours after the cause for cancellation arises. Emergency Hospital/Medical coverages are effective on the date of departure and shall terminate on the originally scheduled date of return or when the Insured returns to his/her province/territory of residence, whichever occurs first. Expenses incurred for necessary emergency services outside the Insured's province/territory of residence as provided in Emergency Hospital/Medical Services are covered only if the Insured returns to his permanent place of residence as soon as medically possible. In addition, no benefit will be payable if the Insured receives substitute transportation to the scheduled return destination or to rejoin the trip or tour. Duration of any one trip or tour is limited to 30 days.

**Exclusions:** Cancellation Insurance and Emergency Return Flight do not cover any loss caused or resulting from: suicide or any attempt thereat or intentionally self-inflicted Injuries, while sane or insane; declared or undeclared war, hostility, civil war, riot, insurrection, invasion or any act thereof; emotional or mental disorders unless hospitalized.

All other Benefits under the Platinum Travel Protection do not cover any expenses incurred directly or indirectly as a result of: Injury or Sickness for which Hospital/medical benefits are provided under any other insurance policy or plan except for the excess not covered under such other insurance; maintenance therapy for existing medical conditions or Hospital/medical expenses incurred on an elective non-emergency basis; suicide or self destruction, intentionally self-inflicted Injuries or any attempt thereat, while sane or insane; declared or undeclared war, civil war, riot, insurrection, invasion, terrorism or any act of hostility thereof; an illegal act by the Insured or beneficiary; participation in armed forces training exercises or maneuvers; participation in sporting events of a professional nature for remuneration; participation in motor or motorized racing competition, mountaineering, parachuting, skydiving, parasailing, bungee jumping, gliding or piloting an aircraft or underwater activities of a professional nature; a payment which contravenes any plan of any government or political subdivision or law in Canada; pregnancy, miscarriage, childbirth or complications within two months of the expected date of birth; a journey undertaken for the purpose of securing or with the intent of receiving medical attention, Hospital or dental services; expenses incurred while under the influence of drugs, medication, alcohol or other intoxicants; mental health disorders; expenses incurred inside of the Insured's province or territory of residence.

## VII. POLICY DEFINITIONS

This Policy contains capitalized key words or phrases that are defined herein.

**Accident:** means a happening due to external, violent, sudden, fortuitous causes beyond the Insured's control. This happening must occur while this insurance is in force.

**Aircraft:** means a properly licensed, fixed wing, multi-engined aircraft with an authorized take off weight of not less than 4,536 kg. (10,000 lbs.), operating through licensed airports by an airline holding a valid Canadian Air Transportation Board Scheduled Carriers Licence or authorized under a valid Canadian Air Transport or regular specific Air Carrier Licence.

**Company, Our, Us, We:** means Reliable Life Insurance Company.

**Competent Medical Authorities:** means legally licensed Physicians who hold a specialty directly related to the nature of the cause of disability and who are recognized by the Company as qualified to make an assessment.

**Dentist:** means any person, other than the Insured or any member of his or her family, who is duly licensed to practice dentistry in any province/territory of Canada.

**Economy Airfare:** means the lowest one-way single seat fare of any ATC or IATA Air Carrier, on any flight departing from the return point of departure to the return destination.

**Emergency Treatment:** treatment required for the immediate relief of acute pain or suffering which cannot be delayed without endangering health or life.

**GHIP** means any Canadian government health insurance plan.

**Hospital:** means a duly licensed hospital with facilities to accommodate inpatient care with a registered nurse on a full time duty basis, a laboratory and an operating room where surgical operations are performed by a qualified surgeon. Not included are convalescent homes, homes for the aged, rest homes, nursing homes, drug & alcohol treatment centres, health spas, clinics or any institution which is not covered for benefits from the GHIP plan in the Insured's province or territory of residence.

**Injury:** means bodily injury suffered by the Insured while this insurance is in force, caused directly by an Accident as described above independent of any sickness or other causes.

**Insured:** means an individual who meets the Eligibility requirement, has applied for the insurance and for whom the appropriate premium has been received by Reliable Life Insurance Company or its authorized agent.

**Loss:** (Cancellation Insurance) means the amount of money paid to or due for travel arrangements (air fares, land arrangements, hotel deposits, etc.) which amount has not been refunded to the Insured or for which the Insured has not been, nor will be, reimbursed other than as provided herein.

**Mature Student:** means an adult who has returned to a Canadian educational institution on a full time or credit course basis taking a minimum of 3 courses concurrently in order to upgrade an interrupted education.

**Medical Services:** means services of a legally qualified doctor of medicine, use of x-ray & laboratory facilities, emergency local licensed ground ambulance service and prescription medications on the written advice of a Physician.

**Physician:** means any person, other than the Insured or any member of his or her family, who is a practitioner of the healing arts and whose legal and professional standing within his/her jurisdiction is equivalent to a doctor of medicine (M.D.) duly licensed to practice in any province/territory in Canada.

**Pre-existing Medical Condition:** means an injury or sickness existing prior to the departure date of the trip under the Platinum Plan.

**Sickness:** wherever used herein means sickness or disease contracted and commencing while this Policy is in force.

**Student:** means a person, over six months of age who resides in Canada, is enrolled with and in regular attendance on a full time basis (minimum of 3 concurrent courses) with a Canadian kindergarten, elementary or secondary school, college or university or any licensed or registered daycare, playschool or preschool and who has not taken or made arrangements to take full time permanent employment. Students enrolled in home schooling programmes are eligible only if their curriculum is approved by the school board or Provincial Ministry of Education.

**Total and Permanent Disability:** means the inability to ever engage in any occupation or employment for wages or profit.

## VIII. CONDITIONS, LIMITATIONS & EXCLUSIONS

- 1) In the event of death, only one benefit (the largest) will be paid.
- 2) No benefit shall be payable for any loss resulting directly or indirectly, wholly or partially from any of the following causes:
  - (a) any intentionally self inflicted injury (except for Death Benefit);
  - (b) sickness or disease either as a cause or effect (except for Death Benefit, Platinum Travel Protection and Dread Disease as described herein);
- 3) No benefit shall be payable for the purchase, repair or replacement of eyeglasses, contact lenses, orthotic devices, trusses, braces or prescriptions thereof (except as otherwise provided herein).
- 4) In no case may an Insured be covered under more than one plan with the Company. Excess premiums paid shall be refunded upon request.
- 5) Any benefits payable under this Policy are excess of any other coverages the Insured may have with any other insurance company or any other source of recovery.
- 6) Any benefits that are available under any Canadian government health insurance plan are excluded under this Policy, whether enrolled in such a plan or not.
- 7) In the case of visitors or immigrants who are ineligible to enroll in a GHIP, the Company shall pay only the benefits that are in excess of the benefits that would have been available under any GHIP if the Insured were eligible to enroll in such a plan.
- 8) Mature Students are only eligible for the Bronze Plan. University and college students are only eligible for the University/College Plan. If the premium paid is in excess of the required premium, the excess will be refunded.
- 9) Mature Students are not eligible for benefits under Total and Permanent Disability, Principal Sum Accident Benefits For Total and Permanent Loss or Total and Permanent Loss of Use, orthodontic treatment, Future Dental Benefit and Dread Disease.
- 10) For university, college and Mature Students - No benefit shall be payable for any loss resulting directly or indirectly, wholly or partially from any of the following causes:
  - (a) the Insured's commission or attempt to commit a willful, criminal or

malicious act;

- (b) the Insured's abuse of drugs or medications, use of illicit drugs or a blood alcohol level in excess of 80 milligrams of alcohol in 100 millilitres of blood.

- 11) The Company shall have the right to have the Insured examined by one or more Physicians of its choice during the pendency of any claim under this Policy.

## IX. SUBROGATION RIGHTS

Reliable Life Insurance Company, upon making any payment or assuming liability under this Policy, shall be subrogated to all rights of recovery of the Insured against any person or corporation and may bring action in the name of the Insured to enforce such rights.

## X. CO-ORDINATION OF BENEFITS

If an Insured is entitled to similar benefits through any other insurer, the benefits payable under this insurance shall be co-ordinated so that total benefits from all insurers shall not exceed the actual loss incurred.

## XI. SUBMITTING A CLAIM

Your Policy Number is located on your confirmation of coverage.

- (a) Obtain a claim form from your school office, or the insuremykids Claims Department at:

Reliable Life Insurance Company  
toll free 1-800-463-5437  
or log on to website [www.insuremykids.com](http://www.insuremykids.com)

- (b) Parent to complete front portion only.
- (c) The attending Physician or Dentist is to complete the back portion of the appropriate claim form and attach an itemized account.
- (d) Submit to:

Reliable Life Insurance Company,  
insuremykids Claims Department,  
P.O. Box 557,  
Hamilton, Ontario. L8N 3K9

The Company must be notified within 60 days of the occurrence of any covered risk. Claim forms along with the initial dental report or Physician's statement must be submitted within 90 days of the date of the Accident or date of death. It is the entire responsibility of the parent or legal guardian to forward the claim forms as indicated.

If proof be furnished satisfactory to the Company that an Insured under this policy has suffered any loss or incurred expense as a direct result of bodily Injury or Injuries and that such loss resulted within the time limit as specified herein and while this policy is in force, then, except as provided in the schedule of Conditions, Limitations & Exclusions, the Company upon approval of said proof will pay the benefits for such loss or expense as provided in the benefits in this form. Any action or proceedings against the Company for the recovery of any claim under this Policy shall not be commenced more than two years after the date the insurance money became payable or would have become payable if it had been a valid claim.

All benefits payable under this Policy are payable to the parent or legal guardian when the Insured is a minor, otherwise to the Insured or the Insured's estate.

Notwithstanding any other provision herein contained, this contract is subject to the statutory conditions in The Insurance Act respecting contracts of Accident Insurance.

**THIS POLICY IS EFFECTIVE FROM THE DATE FULL AND PROPER PAYMENT IS RECEIVED BY RELIABLE LIFE INSURANCE COMPANY.**

**IF YOU HAVE ANY QUESTIONS, CALL TOLL FREE AT  
1-800-463-5437**

## XII. 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 at 905-523-5587 or by email at: [privacy@oldrepublicgroup.com](mailto:privacy@oldrepublicgroup.com).

Underwritten by  
Reliable Life Insurance Company



Paul M. Field, C.A.  
Chief Executive Officer

**STDESA1213**