

Insurance for me
and peace of mind for
my family back home



IMPORTANT CONTACT INFORMATION

Advice and Customer Care

If you have any questions about your coverage, please call the program manager, Ingle International. Friendly and knowledgeable staff can answer questions and help you with your insurance needs.

Ingle INTERNATIONAL™
You are not alone

Ingle International Customer Care Centre

U.S.A. and Canada: Toll-free 1.888.386.8888

Worldwide: 416.730.8488

Email: helpline@ingleinternational.com

Worldwide Emergency Assistance

This insurance plan includes 24-hour a day, 7-day a week worldwide emergency assistance.

When it comes to an emergency, time is a critical factor both for your safety and for the security of your financial obligations. You will receive a wallet card printed with a toll-free worldwide assistance number, which connects you with a courteous and professional care coordinator who will answer questions and assist in obtaining medical care day or night, year round.

IN THE EVENT OF HOSPITALIZATION, YOU MUST CALL WTP WITHIN 24 HOURS OF ADMISSION TO HOSPITAL:

From Canada and U.S., call toll free **1.877.605.7078**

From anywhere, call collect **+1 647.258.7055**

Failure to notify WTP prior to surgery or within 24 hours in case of hospitalization limits benefits to 80% of all eligible expenses incurred. (Please refer to Section VII – Exclusions & Limitations.)

Imagine Financial Ltd., operating as Ingle International, works with licensed insurance agents across Canada.

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SILVER

INTERNATIONAL STUDENT HEALTH INSURANCE
POLICY BOOKLET

Master Policy Number
SRG9127262S



Ingle INTERNATIONAL™
You are not alone

Effective Date: August 15, 2009



you **must**
have it

**Insurance for me
and peace of mind for
my family back home**



About Ingle International

Ingle International is a premium provider of international student health insurance for groups and individuals. In the insurance industry, Ingle exceeds the competition with its unique combination of the best products backed by the best service. With products to suit every need and service that makes your worries vanish, you'll never have to worry about insurance again.

Ingle International is a member of The Ingle Group. Founded in 1946, the Ingle Group provides a wide range of products and services in the insurance, financial, health care and technology industries. Our mission is to find the best product for every customer, and we offer our products and services through multiple channels of distribution: insurance agents, financial institutions, groups and associations, online portals, direct to consumers and through the travel industry.

Emergency Assistance: we're here to help

In a medical emergency, you need to know who to count on. Toll-free, 24/7 Emergency Assistance makes sure that you get the care you need. When you call the emergency assistance line, we will open a case file for you, and medical staff will review your case to make sure you receive the best care possible for your situation. We'll even arrange direct payment to hospitals and other service providers, so you don't need to worry about the bills.

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About Ingle International

Ingle International provides students with the protection they need while studying in Canada, the USA or anywhere in the world at the best rates available! Ingle International uses technology to lower costs and create convenient access to insurance and financial products.

Since 1946, Ingle has been specializing in health and travel insurance products. Ingle was created by insurance and financial industry professionals with a great deal of experience in designing, developing and marketing student health, life, travel, property and casualty and investment products in North America and worldwide.

We offer a wide range of products for students. Not only do we sell international and domestic student insurance for students from anywhere in the world studying anywhere in the world; we also sell travel, life, health and expatriate insurance. We even maintain an accurate and up-to-date information centre filled with tips on insurance, travel, health coverage and more!

Visit us online at www.ingleinternational.com to learn more about other products and services.

contact
Ingle
today!



Easy access and simple enrolment
Call 1.888.386.8888

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Imagine Financial Ltd., operating as Ingle International, works with licensed insurance agents across Canada.

Ingle International & Imagine Financial are Trademarks of Ingle International Inc.

POLICY FOR INTERNATIONAL STUDENT HEALTH INSURANCE

SILVER PLAN



PLEASE READ THIS POLICY CAREFULLY

This insurance is designed to cover medical expenses from sickness or injury, and losses arising from sudden and unforeseeable circumstances. Coverage is subject to certain limitations and exclusions, which are explained in this policy.

All benefit limits are expressed in Canadian currency.

This document becomes a contract when you enrol, pay the required premium, and have received confirmation of insurance. This contract provides complete descriptions of the benefits, terms, conditions, limitations and exclusions of the insurance plan.

You must call the assistance provider, WTP, to ensure coverage of certain expenses. See the Pre-Approval Requirements in Section VII for further detail. You may be responsible for a portion of the expenses if the Company is not notified promptly.

A pre-existing condition exclusion applies to medical conditions and/or symptoms that exist prior to travel. An Insured Person who has a pre-existing condition may not be covered for that condition.

SECTION I - POLICY INTRODUCTION AND ELIGIBILITY

This policy is underwritten by AIG Commercial Insurance Company of Canada (Company). Imagine Financial Ltd., operating as Ingle International (Ingle), performs enrolment and provides customer service. Assistance and claim services are provided by World Travel Protection Canada Inc. (WTP) and coordinated through WTP's network of field agents and service representatives. Some of WTP's services may be restricted or unavailable in certain countries or regions due to war, civil unrest, political instability, and other factors beyond the control of the Company and WTP.

The Company will pay the benefits stated in this policy, subject to all of its terms, conditions, limitations, exclusions and other provisions, for Reasonable and Customary expenses that are incurred, to the lesser of the benefit maximum for that particular benefit, or to the policy maximum. All maximums stated in this policy are per Insured Person per 365 day period unless otherwise stated, and are stated in Canadian Dollar currency. Coverage under this policy will not be provided for any medical condition that, at the time of departure, has not been Stable and Controlled for at least 90 days.

This policy is in force only if Ingle has received and accepted Your fully completed application and premium remittance, and has in turn issued a Letter of Confirmation with this policy. If You have not received confirmation of coverage, contact Ingle immediately at **1-888-386-8888**.

This policy terminates on the earliest of the following dates:

- the date the required premium is due and unpaid,
- the renewal date coincident with or next following the date the Insured Student attains age 70,
- for family coverage, the date Your parent, legal guardian or chaperone attains age 70, or
- the date You are no longer eligible for insurance.

SECTION II - DEFINITIONS

Whenever used in this policy, the following terms shall be capitalized and have the meaning specified below.

“Air Transportation” means any land, water or air conveyance required in connection with the transport of the Insured Person by air.

“Common Carrier” means any person or agency publicly engaged in the business of transporting passengers by land, water, or air for profit. Common carriers include railroads, steamships, airlines, buses, and taxis where passengers are charged a fare.

“Company” means AIG Commercial Insurance Company of Canada.

“Coverage Period” means the period of time that an Insured Person is insured under the policy. Coverage begins on the Effective Date of Coverage. Coverage ends on the earlier of the date that no further premium has been paid, the date the Insured Person returns to their Home Country, and 365 days after the Effective Date of Coverage.

“Dependent Children” means persons that are either natural children (regardless of the parents’ marital status) of the Insured Person, or adopted children of the Insured Person, or step-children of the Insured Person, or infants to which the Insured Person is “in loco parentis”, and who are:

- (a) over 14 days old, and
- (b) under 21 years of age, unmarried and dependent upon the Insured Person for maintenance and support, or
- (c) under 26 years of age and unmarried and in attendance at an institution of higher learning and dependent upon the Insured Person for maintenance and support, or
- (d) by reason of mental or physical infirmity, is incapable of self-sustaining employment, and is totally dependent upon the Insured Person for support within the terms of the Income Tax Act of Canada.

“Emergency” means Medical Treatment or surgery for an unforeseen Sickness or Injury which makes it necessary to receive immediate treatment from a Physician or Surgeon for the immediate relief of an acute symptom of which upon the advice of a Physician or Surgeon cannot be delayed until the Insured Person returns to his or her Home Country.

“Effective Date of Coverage” means the latest of:

- a) the date Ingle confirms that You are insured under the policy;
- b) the date You depart your Home Country for Canada; and
- c) the date shown on the application.

“Excursion” means any continuous travel outside of Canada, provided that the majority of the policy term is spent in Canada.

“GHIP” (Government Health Insurance Plan) means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

“Home Country” means the country where the Insured Student maintained a permanent residence prior to entry into Canada.

“Hospital” means an establishment which:

- holds a license as a Hospital (if licensing is required in the jurisdiction);
- operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- provides twenty-four (24) hour a day nursing service by registered or graduate nurses;
- has a staff of one (1) or more Physicians available at all times;
- provides organized facilities for diagnosis, and major medical surgical facilities;
- is not primarily a clinic, nursing, rest or convalescent home or similar establishment; and
- is not, other than incidentally, a place for the treatment of alcohol or drug addiction.

“Immediate Family Member” means the Insured Person’s Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (including legally adopted child or stepchild).

“Injury” means bodily injury which is sustained by an Insured Person as a direct result of an unintended and unanticipated accident, occurring in Canada or while on an excursion, that is external to the body and that occurs while the Insured Person’s coverage under this policy is in force, which causes a loss covered by this policy.

“Insured Student” means an international student at a recognized Canadian institution of learning with a current passport or student visa, under the age of 70 and whose name is on file with Ingle as being insured under this policy during the Coverage Period, and whose place of regular residence is located outside of Canada. Canadian citizens or a permanent resident can only be an Insured Student if they are not covered by GHIP.

“Insured Person” means a person under the age of 70 and any or all of the following:

- the Insured Student; or
- the Insured Student’s parent, legal guardian, teacher, or chaperone as declared on the application and on file with Ingle; and
- if coverage has been elected, the Spouse and/or Dependent Children who reside in Canada in the same residence with any of the persons listed above, and are declared on the application on file with Ingle.

“Letter of Confirmation” means the letter issued with this policy setting out the name(s) of the person(s) who is/are insured under this policy and the Effective Date of Coverage, among other matters, which forms part of the Company’s contract of insurance with You.

“Medically Necessary” means the services or supplies provided by a Hospital or Physician, licensed dentist or other licensed provider that are required to identify or treat an Insured Person’s Sickness or Injury and that are defined as follows:

- Consistent with the symptom or diagnosis and treatment of the Insured Person’s Sickness or Injury;
- Appropriate with regard to standards of good medical practice;
- Not solely for the convenience of the Insured Person, a Physician or Surgeon or other licensed provider; and
- When applied to the care of an in-patient, it further means that the Insured Person’s medical symptoms or conditions require that the services cannot be safely provided as a Hospital Outpatient.

“Medical Treatment” means any reasonable medical, therapeutic or diagnostic measure prescribed by a medical Physician in any form including prescribed medication, reasonable investigative testing, Hospitalization, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem. Medical Treatment does not include: a) the unchanged use of prescribed drugs or medication for a Stable and Controlled condition, symptom, or problem; or, b) a check-up where the Physician observes no change in a previously noted condition, symptom or problem.

“Physician” or **“Surgeon”** means a medical doctor, other than the Insured Person or an Immediate Family Member, who is licensed to administer medical treatment and prescribe drugs in the jurisdiction where he or she provides medical services. The following are not considered to be Physicians: naturopath, herbalist and homeopath.

“Pre-Existing Condition” is any medical or physical condition, symptom, illness or disease for which Medical Treatment was received or for which an ordinarily prudent person would have sought Medical Treatment in the ninety (90) days immediately prior to the Insured Person’s Effective Date of Coverage unless such condition was Stable and Controlled. A “Pre-Existing Condition” does not include:

- (a) the unchanged use of prescribed medication for a medical condition, symptom or problem which is Stable and Controlled;
- (b) treatment that is a medical or physical examination in which a Physician observes no change in a previously identified condition, symptom or problem and no new treatment is prescribed or recommended;
- (c) a Physician-prescribed decrease or cessation in cholesterol lowering medication;
- (d) a change in any medication from a brand name medication to a generic brand medication (provided the dosage is not modified); and
- (e) the adjustment in dosage of medication that is either Coumadin (warfarin) or insulin only to ensure correct blood levels are maintained provided the medical or physical condition, symptom, illness or disease remains unchanged.

“Reasonable and Customary” means the amount usually charged for treatment, services or supplies to provide an appropriate level of care given the severity of the Sickness or Injury being treated, in the geographical location where the treatment, services or supplies are being provided.

“Stable and Controlled” means, during the ninety (90) days immediately prior to the Insured Person’s Effective Date of Coverage:

- (a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
- (b) the medical or physical condition, symptom, illness or disease was not first investigated; and/or
- (c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
- (d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a physician; and/or
- (e) no Medical Treatment was received, prescribed or recommended.

“Sickness” means the onset of sickness or disease requiring Medical Treatment, care or advice while the Insured Person is in Canada or on an Excursion, which causes a loss covered by this policy.

“Special Transportation” includes, but is not limited to, air ambulances, land ambulances, commercial airlines and private motor vehicles.

“Spouse” means a person who is under the age of 65 and who is either:

- legally married to the Insured Person, or if there is no such person
- a person, although not legally married to the Insured Person, who is cohabitating with the Insured Person for a period of at least 1 year and is publicly represented as the Insured Person’s domestic partner in the community in which they reside.

“You” and **“Your”** mean the Insured Student or an Insured Person, as defined above.

SECTION III - PERIOD OF COVERAGE

Your coverage commences on the Effective Date of Coverage. Your coverage terminates on the earliest of the following dates:

- a) the expiry date indicated in the application;
- b) 30 days after the date You are no longer enrolled and not attending a recognized Canadian institution of learning.

Coverage will continue during school breaks provided the policy is in force during these periods. Excursions outside Canada during the Coverage Period are valid as long as the majority of the period of coverage is spent in Canada. Visits to Your Home Country are permitted, however, coverage will be suspended and expenses will not be covered while in Your Home Country.

SECTION IV - BENEFITS FOR COVERED MEDICAL EXPENSES

When, by reason of Sickness or Injury, an Insured Person incurs eligible expenses as described in this part, the Company will reimburse the Reasonable and Customary costs for such expenses incurred in Canada and Emergency costs incurred while on an Excursion, subject to all limitations, exclusions and other provisions of the policy. For any benefit that is contingent on an Emergency, the Company will pay benefits, during the Coverage Period or for the first 365 days following the date that the Emergency first occurred or commenced. All coverage is limited to a maximum of \$2,000,000.00 per Insured Person.

Unless otherwise stipulated, eligible expenses shall mean expenses that are Reasonable and Customary in the geographic area involved for Medically Necessary treatment or services. Should an Insured Person qualify and receive coverage under GHIP, eligible expenses shall exclude any treatment or services eligible under GHIP.

1. Hospitalization Expenses

- a) Reasonable and Customary Hospital charges for room and board in a Hospital, up to and including the semi-private accommodation level;
- b) Drugs or medicines that require a legally qualified Physician or Surgeon’s written prescription, excess of any other coverage;
- c) Reasonable and Customary Emergency room fees;
- d) Reasonable and Customary Hospital charges for out-patient services when medically required.

2. Medical Expenses

When Sickness or Injury of an Insured Person requires Emergency Medical Treatment, the Company will pay the actual expense incurred as defined herein:

- a) services of a legally qualified Physician or Surgeon (other than an Immediate Family Member of the Insured Person);
- b) the services of a legally qualified Physician who is an anaesthetist;
- c) the services of a registered graduate nurse (other than an Immediate Family Member), up to a maximum of \$10,000.00;
- d) when performed at the time of the initial Emergency, lab tests and/or x-ray examination as ordered by a Physician or Surgeon for the purpose of diagnosis;
- e) the rental of crutches or Hospital type bed, cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by the Company, but in no event will the amount payable exceed the total purchase price.

3. Eye Examination

When a minimum of 180 consecutive days of coverage has been purchased, the Company will reimburse the cost of one visit to a licensed optometrist or ophthalmologist during a 12 consecutive month period to examine any abnormality in the visual system.

4. Emergency Ground Transportation

If a Sickness or Injury results in a Medically Necessary transportation of an Insured Person by a licensed ground ambulance, the Company will pay the expenses actually incurred for such transportation. The maximum amount payable for this benefit for any one Sickness or Injury is \$10,000.00 per Insured Person.

When, due to Sickness or Injury, an Insured Person requires immediate medical attention, the Company will pay the reasonable expenses actually incurred for a licensed taxi to transport the Insured Person to and from either a Physician's office or the nearest Hospital. The maximum amount payable for this benefit is \$100.00 per Insured Person during a 12 consecutive month period.

5. Air Transportation Benefit

- a) If a Sickness or Injury commencing while in Canada results in a Medically Necessary Emergency Evacuation of an Insured Person with an attendant, the Company will pay benefits for covered expenses up to a maximum of \$250,000.00. An Emergency Evacuation must first be approved by the Company and it must be ordered by a legally licensed Physician or Surgeon who certifies that the severity of the Insured Person's Sickness or Injury warrants the Emergency Evacuation of the Insured Person and that such is Medically Necessary.
- b) If due to the geographical area at the onset of the Medical Emergency an Air Ambulance is deemed necessary, the Company will pay the cost of a licensed air ambulance to transport the Insured Person to the nearest Hospital or medical facility where appropriate Medical Treatment can be obtained.

“Emergency Evacuation” means:

- a) the Insured Person’s medical condition warrants immediate transportation from the place where the Insured Person suffers from Sickness or Injury to the nearest Hospital where appropriate Medical Treatment can be obtained; or
- b) after being treated at a local Hospital, the Insured Person’s medical condition warrants transportation to his or her Home Country to obtain further Medical Treatment or to recover; or
- c) both a) and b) above.

Covered expenses are only those Reasonable and Customary expenses, up to the maximum specified, for transportation, medical services and medical supplies which are Medically Necessary and incurred in connection with the Emergency Evacuation of the Insured Person. All transportation arrangements made for transporting the Insured Person must be by the most direct and economical route. Expenses for Emergency Evacuation must be recommended by the attending Physician or surgeon or required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending Physician.

6. Prescription Drugs

As a result of Sickness or Injury, the Company will pay for drugs or medicines that require a Physician’s written prescription following a consultation but not to exceed a 30 day supply.

7. Maternity Expense Indemnity

In the event of pregnancy commencing during the Coverage Period, the Company will reimburse the Insured Person for the reasonable expenses actually incurred in Canada for pre-natal care and complications arising from such pregnancy up to a maximum amount of \$1,000.00 subject to all limitations, exclusions and other provisions of this policy.

This benefit is provided only when coverage has been in force for the entire term of the pregnancy. Expenses incurred outside of Canada are not covered.

Spontaneous, or non-induced, pregnancy terminations are covered.

8. Dental Benefit

If the Insured Person suffers Injury to whole and sound teeth, and treatment is initiated within 48 hours from the time the Emergency began and obtains treatment in Canada for such Injury from a legally qualified dentist or dental surgeon and incurs related dental expenses, the Company shall reimburse the Insured Person the amount for such dental expenses incurred within 90 days of the Injury up to the amount allowed for such service in the current General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which the Insured Person receives such treatment, up to a maximum of \$4,000.00. Also, benefits are payable for other Emergency treatment for pain relief, other than a blow to the face, up to a maximum limit of \$600.00. All treatment must be completed within the Coverage Period.

9. Impacted Wisdom Teeth

Up to a maximum limit of \$100.00 per tooth for the extraction of impacted wisdom teeth when Medically Necessary and performed in a Hospital, dental or oral surgeon office.

10. Repatriation Benefit

- a) Repatriation following the death of an Insured Person:
If an Insured Person dies, a maximum amount of \$10,000.00 is payable for preparation of remains and return of the deceased Insured Person for shipment in a standard container to the city of residence in the Home Country of the deceased. This benefit also applies to burial or cremation at the place of death should the family opt to not repatriate the remains, up to a maximum limit of \$5,000.00.
- b) Repatriation following an Emergency Evacuation of an Insured Person:
Following the Emergency Evacuation of an Insured Person where treatment has been done in accordance with the terms of this plan, the Company will refund the Insured Person's actual expenses incurred for transportation by the most direct route to such location.
- c) Travel for a Member of the Immediate Family:
The Company will refund the actual expenses up to a maximum of \$5,000.00 incurred for the round trip by the most direct and economical route for:
 - a) An Immediate Family Member to visit the Insured Person who must stay in Hospital, upon the request of the attending physician;
 - b) An Immediate Family Member to go and identify the body of an Insured Person before repatriation;
 - c) Qualified medical accompanist if prescribed by the attending Physician;

The Company will pay up to \$150.00 per day for reasonable and necessary commercial living expenses incurred by the Immediate Family Member, up to a maximum benefit of \$1,500.00.

11. Other Professional Medical Services

When deemed essential by the attending Physician, expenses for: physiotherapist, chiropractor, licensed chiropodist, osteopath, podiatrist, acupuncturist, naturopath or speech therapist (other than an Immediate Family Member of the Insured Person) – up to a maximum limit of \$500.00 per policy, for each class of practitioner.

12. Psychiatric/Psychological Benefit

When deemed essential by the attending Physician, the policy covers expenses incurred:

- a) for visits to a licensed psychiatrist, up to a maximum of \$1,000.00 per policy;
- b) for visits to a licensed psychologist or social worker for the relief of acute symptoms, up to a maximum of \$500.00 per policy; or
- c) for Hospitalization of the Insured Person due to psychological, mental or emotional disorders, up to a maximum of \$10,000.00, and
- d) this benefit also covers the initial visit to the Physician.

13. Annual Physician Visit

The Company will reimburse the Insured Person up to \$150.00 for one visit to a licensed Physician for a general check-up during a 12 consecutive month period, and up to \$150.00 for one consultation for the prescription of the 'morning after pill', provided the minimum term of insurance purchased is 180 consecutive days.

14. Corrective Lenses and Hearing Aids

When required as the result of an accident or Injury occurring within the Coverage Period, up to \$200.00 for eye glasses, contact lenses, and up to \$300.00 for hearing aids and/or prescriptions for any of these items.

15. Trauma Counselling

If You require trauma counselling within 90 days from the date of an Emergency which occurs during the Coverage Period, Reasonable & Customary costs will be covered up to a maximum of six counselling sessions.

SECTION V – ACCIDENTAL DEATH AND DISMEMBERMENT

If a covered Loss occurs due to Injury, the Company will pay in one sum the indicated percentage of the Principal Sum as set out in the Loss Schedule below, as follows:

Common Carrier Principal Sum: \$100,000.00

24 Hour Accident Principal Sum: \$ 15,000.00

1. Common Carrier Accident

Should an Insured Person incur either Loss of Life or a dismemberment described in the Loss Schedule as a result of an Injury sustained while riding as a fare paying passenger on a Common Carrier, benefits shall be paid in accordance with the Common Carrier Principal Sum.

2. 24 Hour Accident

If injury results in any of the following losses within 100 days after the date of the Accident other than due to a Common Carrier, the policy provides the benefits indicated below:

LOSS SCHEDULE

| Loss | % of Principal Sum |
|--|--------------------|
| Loss of life | 100% |
| Loss of both hands or loss of 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% |
| Loss of one arm or one leg | 75% |
| Loss of one hand or one foot | 50% |
| Loss of entire sight of one eye | 20% |
| Loss of thumb or index finger | 15% |

“Loss” as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb and index finger means the complete severance through or above the first phalange; and as used with reference to eye means the irrecoverable loss of the entire sight thereof.

“**Loss**” as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing in both ears.

“**Loss**” as used with reference to “**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.

Disappearance

If the body of an Insured Person has not been found within one (1) year of the forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then, such Insured Person shall, in the absence of any evidence to the contrary, be deemed to have suffered Loss of Life.

Beneficiary

The benefit for loss of life is payable to Your estate unless a beneficiary is designated in writing to the Company.

SECTION VI – EXTENDED COVERAGE AFTER TERMINATION

Coverage will be automatically extended for up to 30 days without additional premium if Your stay is prolonged beyond the Coverage Period due to Your Hospitalization for a Sickness or Injury as of the termination date of coverage, for the same Sickness or Injury for which you were initially Hospitalized.

Coverage will be automatically extended for up to 72 hours in the event of a delayed Common Carrier in which You are a passenger causes You to miss Your scheduled return to Your Home Country.

SECTION VII - EXCLUSIONS AND LIMITATIONS

Failure to contact WTP in the event of Hospitalization within the time specified will result in all eligible medical expenses being limited to 80% reimbursement. The Insured Person will be responsible for payment of all remaining medical expenses incurred.

Pre-Approval Requirements: WTP must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization or MRI procedures), prior to the Insured Person undergoing such surgery, procedure, testing or treatment. It remains the Insured Person’s responsibility to contact WTP for approval or to inform the attending physician to do so, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis.

There is no coverage under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

- a) any Pre-Existing Condition with the exception of any condition which has remained Stable and Controlled in the 90 days prior to the effective date of the policy;
- b) injuries received while the Insured Person is participating in any manoeuvres or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority;
- c) pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except as otherwise provided under Section IV – Maternity Expense Indemnity;

- d) dental surgery or cosmetic surgery unless such surgery is a result of a covered Injury or as specified in Section IV, Item 8 or Item 9;
- e) any Sickness or Injury if at the time of the Sickness or Injury, the Insured Person is under the influence of drugs, alcohol (blood level in excess of 80 mg of alcohol per 100 ml of blood) or other intoxicant (unless administered on, and in strict accordance with the advice of a legally qualified Physician);
- f) emotional or mental disorders except as otherwise provided under Section IV, Item 12;
- g) Sickness or Injury due to participation in professional sports;
- h) treatment or services that contravene any GHIP plan in Canada;
- i) suicide or any attempt at suicide while sane or insane;
- j) intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, while sane or insane;
- k) an act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority;
- l) any services or supplies provided by an Insured Person or an Immediate Family Member of the Insured Person;
- m) a sickness or injury that, at the time of departure from their Home Country, might reasonably be expected to require an Insured Person to undergo Medical Treatment, surgery or hospitalization;
- n) any service, treatment, surgery or stay in Hospital not required for the immediate relief of acute pain or suffering or which is not Medically Necessary;
- o) any treatment or surgery which reasonably could be delayed until the Insured Person returns to his or her Home Country;
- p) that portion, if any, of any expenses for treatment, advice or hospitalization which are not Reasonable and Customary;
- q) treatment or services within the Insured Person's Home Country after the person has returned or been evacuated back to the Home Country;
- r) AIG Commercial Insurance Company of Canada, in consultation with the attending physician, reserves the right to return the patient to his/her Home Country. If any Insured Person is (on medical evidence) able to return to his/her Home Country following the diagnosis of, or the Emergency treatment for, a medical condition which requires continuing medical services, treatment or surgery, and the Insured elects to have such treatment or services rendered or surgery performed outside of his/her Home Country, the expense of such continuing medical services, treatment or surgery will not be covered by this plan;
- s) If the Insured Person declines to be transferred, or to return to her/her Home Country when declared medically fit to travel by the Medical Director, any continuing expenses for such Sickness or Injury shall not be covered;

- t) Medication commonly available without a prescription; fertility drugs, contraceptives, vitamin preparations, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products;
- u) Plastic or cosmetic surgery except as a result of a covered Injury;
- v) Translation services of any kind, even when utilized in the delivery of medical services;
- w) Organ transplants;
- x) Any Sickness, Injury or medical condition for which a diagnosis need not have been made, where the policy is purchased or the visit is undertaken for the purpose of securing or with the intent of receiving medical or hospital services, whether or not such visit is taken on the advice of a physician or surgeon.

The following additional exclusions are also applicable to Accidental Death and Dismemberment benefits:

- a) sickness, disease, or bodily infirmity whether the Loss or claim results directly or indirectly from any of these;
- b) mental incapacity whether the Loss or claim results directly or indirectly from any mental incapacity;
- c) sustained while the Insured Person is undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;
- d) stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
- e) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - (i) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - (ii) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
- f) 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;
- g) an act, attempted act or omission taken or made by the Insured Person, or an act, attempted act or omission taken or made with the Insured Person's consent, for the purposes of interrupting the blood flow to the Insured Person's brain or to cause asphyxiation to the Insured Person, whether with intent to cause harm or not; and
- h) natural causes.

SECTION VIII – EMERGENCY MEDICAL ASSISTANCE BENEFIT

The Company provides worldwide emergency assistance for Insured Persons while in Canada, or on an Excursion, except where local conditions render such assistance not feasible. In the event of Sickness or Injury covered by this policy requiring hospitalization, the Company must be notified within 48 hours from the time of incident. If the Company is not informed, this could result in the denial of claims for some expenses or in some expenses being only partially covered. In the event of a medical Emergency You or someone acting on Your behalf must call one of the worldwide telephone numbers listed below:

U.S. and Canada **1-877-605-7078**
Elsewhere **0-647-258-7055** Collect

If You, or someone acting on Your behalf, does not call WTP within the time specified, You will be responsible for paying 20% of all eligible medical expenses incurred.

SECTION IX – CLAIM PROCEDURES

1. Notice And Proof Of Claims

Emergency medical claims will be processed in accordance with Section VIII. WTP will coordinate services between the provider and the Company to ensure direct billing of Your expenses. You must retain all original itemized invoices from all medical providers, original prescription receipts, and any original receipts for eligible out of pocket expenses.

Otherwise, You, Ingle, or a beneficiary entitled to make a claim, shall give written notice of claim to the Company by delivery thereof, or by sending it by registered mail, to the Head Office of the Company;

- a) not later than thirty (30) days from the date of the Injury, Sickness or loss covered by the policy;
- b) within ninety (90) days from the date of the Sickness or Injury, furnish to the Company such proof of claim as is reasonably possible in the circumstances of the happening of the Sickness or Injury occasioned thereby; and
- c) if so required by the Company, furnish 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 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 (1) 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.

The Company will provide any necessary forms for filing proof of loss within 15 days of receiving notice of any claim.

2. Benefit Payments

All amounts payable under this policy with respect to an Insured Person shall be reimbursed to the individual who has paid the expense or be paid directly to the provider.

SECTION X – GENERAL PROVISIONS

1. Entire Policy - Changes

This policy, including any endorsements or attached papers, constitutes the entire contract between the parties. In the absence of fraud, all statements made by You are deemed representations and not warranties. A change in this policy is not valid unless agreed in writing and endorsed by an executive officer of the Company. An agent does not have authority to change this policy or to waive any of its provisions.

2. Medical Examination And Autopsy

The Company has the right, and any Insured Person making a claim shall afford to the Company an opportunity, to examine him or her when and as often as the Company may reasonably require while the claim hereunder is pending, and also, in the case of the Loss of Life of an Insured Person, to make an autopsy subject to any law of the province where the Insured Person is temporarily residing in Canada.

3. Legal Proceedings

An action at law or in equity shall not be brought to recover on this policy prior to the expiration of 60 days after proof of loss has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless brought within one year (or such other longer period as is mandated by applicable law) from the expiration of the time within which proof of loss is required by this policy.

4. Clerical Error

Clerical error on the part of the Company or Ingle in the keeping of records for furnishing of information shall not void any Insured Person's insurance otherwise validly in force, provided the proper premium remittance is made, nor shall it continue any Insured Person's insurance otherwise validly terminated under the terms of the policy.

5. Governing Law

The relationship between the Company and You shall be governed by and interpreted in accordance with the laws of the Province of Ontario.

**Insurance for me,
peace of mind
for my family
back home**



SECTION XI – ABOUT YOUR PERSONAL INFORMATION

We, the Company, work hard to respect and maintain Your privacy. As a provider of insurance products, the collection and use of personal information is fundamental to our business. In some instances, we collect, use or disclose personal information because we cannot provide or administer our insurance products without it. For example, we must collect personal information about You to assess risk and process Your request for insurance and to administer the policy, and in the investigation of claims. In order to provide and fulfill our service obligations, we will always seek Your consent to collect, use, or disclose information about You, and clearly state our purpose for doing so. We will use or disclose Your personal information reasonably and appropriately where it is essential to fulfill a transaction.

For more information on our privacy principles, please see chartisinsurance.com or call **1-800-387-4481 x 2745**.

SECTION XII – YOUR INSURER

Your student health insurance policy, offered through Ingle, is underwritten by AIG Commercial Insurance Company of Canada.

AIG Commercial Insurance

**We will help
you and your
family navigate
the world of
insurance**

