Contract Number: 17896
Effective: September 1, 2023
Issued: September 27, 2023

College International Health Insurance Plan

securian CANADA

This policy is issued by Canadian Premier Life Insurance Company (Securian Canada). Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do business in Canada.

Securian Canada agrees with you, the policy owner, to pay the benefits of this policy according to its terms and conditions.

In this document, *you* and *your* mean, as the context requires, the owner of the policy and the person for whom insurance is in force under this policy.

If you, the person insured, are under the age of 16 (or 18 if resident in Quebec), the owner of this policy will be your legal guardian in Canada.

We, *us* and *our* mean Securian Canada.

Signed at Toronto, Ontario

Nigel Branker
Chief Executive Officer

Deliska Beauregard
Chief Legal Officer & Corporate Secretary

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Medical facility: We reserve the right, as reasonably required and at our expense, to transfer you to our network hospital or medical facility for the appropriate medical treatment, when we deem that you are medically fit to travel.

Pre-authorization requirements: We must approve in advance any surgery, invasive procedure or major diagnostic testing or treatments before the expenses are incurred. You are responsible for contacting us for approval or informing the attending Physician to do so, except in extreme circumstances where such a delay would result in a life-threatening risk. If such services are not pre-approved, claims will be assessed as per the terms and conditions of the policy, and if approved, reimbursed at 80% of all eligible expenses up to the policy limits and maximum. Please review the policy provisions carefully.

Prior medical history: In the event of an Accident, Illness or Injury, your prior medical history may be requested by us for review for the payment of your claim.

Pre-existing condition exclusion: No benefit will be payable in respect of a Pre-Existing Condition.

Visits to your Home Country: Medical expenses incurred while you are in your Home Country during the Coverage Period are not covered under this policy unless the stay in your Home Country is due to a study term or exchange program approved by the college.

Restriction on beneficiary designation: This policy contains a provision removing or restricting your right to designate persons to whom or for whose benefit insurance money is to be payable.

THIS POLICY CONTAINS IMPORTANT INFORMATION. PLEASE KEEP IT IN A SAFE PLACE.

Questions? We're here to help. Talk to Securian Canada's Customer Care representative for assistance with your coverage by calling toll-free at 1-888-206-9004 or visit the College International Health Insurance Plan's website at www.cihip.ca.

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I. DEFINITIONS

Whenever used in this policy, the following terms when capitalized have the meaning specified below.

Accident	A sudden, unforeseen, and unintentional event exclusively attributable to an external cause, while insured under this policy.
Common Carrier	any person or agency that is legally authorized, licensed and actively operates a business of public transportation of passengers by land, water or air, for profit. Common Carriers include railroads, steamships, airlines, buses and taxis, where passengers are charged a fare.
Coverage Period	the period of up to 12 consecutive months during which you are insured for benefits under this policy, which begins on the policy start date and ends on the policy end date shown in the *Policy particulars* page.
Dentist or Dental Surgeon	a practitioner of dentistry lawfully qualified and licensed to practice in the jurisdiction in which they provided the services or supplies for which the charges are incurred.
Dependent Child	an unmarried person residing with you and dependent on you for support if you are their parent or legal guardian, and who is at least 15 days old, unless the child is born as a result of an eligible pregnancy as set out under this policy, and under 21 years of age.
Disabled	your injuries from an accident occurring from a work placement program that prevents you from participating in the work placement program and/or you are unable to perform every duty of the work program.
Emergency	a sudden, unexpected, unforeseen occurrence of an acute Illness or accidental Injury that occurred in the Coverage Period, requiring immediate medical treatment.
Home Country	the country where you resided or maintained a permanent residence prior to entry into Canada, or the country indicated on your student record.
Hospital	a facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. It must have facilities for diagnostic treatment and major surgery. Nursing care must be available 24 hours a day. Hospital does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium, convalescent hospital or a facility for treating alcohol or drug abuse or beds set aside for any of these purposes in a Hospital.
Illness	a disease or disorder of the body which was incurred or sustained while insured under this policy that results in the deterioration of health and requiring a reasonably prudent person to consult a Physician for the purpose of Medical Treatment.
Immediate Family Member	the person to whom you are legally married or with whom you have been residing for at least the last 12 months, a parent or step-parent, brother, sister, stepbrother or stepsister, your child (including your legally adopted child or stepchild), brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law, or, a guardian.

Injury	bodily injury occurring as a direct result of an Accident and not as a result of any other cause while insured under the policy.
Medically Necessary	in reference to a given service or supply, means such service or supply: ▪ is appropriate and consistent with the diagnosis according to community standards of medical practice; ▪ is not experimental or investigative in nature; and ▪ cannot be omitted without adversely affecting your condition or quality of medical care.
Medical Treatment	any reasonable procedure which is medical, therapeutic, or diagnostic in nature, which is Medically Necessary and prescribed by a Physician. Medical Treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to Illness, Injury or symptom.
Nurse	an out-of-hospital private duty nurse, when Medically Necessary, for nursing care services, and not for custodial care. The private duty nurse must be a Nurse who is licensed, certified, or registered in the jurisdiction where you are receiving the nursing care and who is not an Immediate Family Member and includes a registered nurse (RN), registered nursing assistant (RNA), certified nursing assistant (CNA), licensed practical nurse (LPN) or registered practical nurse (RPN).
OHIP	the Ontario Health Insurance Plan.
Overdose	the inadvertent or deliberate consumption of a dose much larger than habitually used and likely to result in a serious toxic reaction or death.
Physician	a medical doctor or surgeon who is licensed to practice medicine where that practice is located.
Pre-Existing Condition	any illness, injury or medical condition that existed during the 90-day period before your policy start date or where signs or symptoms appeared that reasonably required medical attention, treatment, hospitalization, or that resulted in medical treatment and/or hospitalization, including changes in medication or dosage, during the 90-day period before your policy start date.
Reasonable and Customary Costs	the costs charged to a person for eligible medical services or supplies that do not exceed the general level of charges in the area where the expenses were incurred.
Spouse	means the person you are legally married to or with whom you have been residing for at least the last 12 months and represented as your Spouse or partner.
Studentcare	is the administrator of this plan.

II. WHO IS ELIGIBLE

To be eligible for coverage under this policy, a person must meet all the following conditions:

- possess a valid Study Permit issued by the government of Canada;
- pass all medical assessments required for entry into Canada;
- be registered as an international student with the college and in active pursuit of your education and attending regular classes during the Coverage Period;
- not be eligible for coverage under any provincial or territorial government health insurance plan in Canada;
- be under 65 years old;
- if you were previously insured under an international student health insurance policy issued by us, the prior policy must not have been terminated by us prior to the end of the prior policy's coverage period for any reason;
- be the Spouse or Dependent Child of a registered international student of the college.

We may request satisfactory proof of health or mental health assessment to determine if a policy can be issued to you.

When coverage starts and ends

Your coverage starts on the **later** of:

- the policy start date shown on the *Policy particulars* page; or
- the date confirmed by us if you are hospitalized as an in-patient on the policy start date.

Your coverage will end on the **earliest** of the following dates:

- the policy end date shown on the Policy particulars page;
- the last day of the month in which you cease to meet the eligibility requirements set out under Section II WHO IS ELIGIBLE;
- the date you leave Ontario permanently;
- the date you are eligible for provincial health care coverage, regardless of whether or not you have applied for coverage.
- the date we terminate your policy because:
  - your medical plan proof-of-coverage card has been misused;
  - you were returned to your Home Country by us either through the Repatriation or Air evacuation - return home benefit under this policy;
  - you refused to be repatriated or returned to your Home Country by the date stated in our offer to you;
  - the required premium is due and unpaid, and the appropriate notice has been sent to you; or
  - you are not actively in pursuit of your education or not attending regular classes during the Coverage Period.

Proof of good health

We may require proof of good health if you are a Spouse or Dependent Child of a registered international student of the college. If the application is approved, coverage starts on the date confirmed by us.

Extended coverage after the policy ends

- If you are hospitalized on the last day of this policy's Coverage Period for an Illness or Injury, coverage will be automatically extended for up to 180 days without additional premium payment. Coverage for the same Illness or Injury, for which you were initially hospitalized, will be extended for an additional 72 hours after you are discharged from the Hospital to facilitate your return to your Home Country.

  Coverage is automatically extended for up to 72 hours if you missed your scheduled return to your Home Country due to a delay caused by the Common Carrier in which you are a passenger.

- You are covered during regular school breaks in the Coverage Period provided you continue to meet the eligibility conditions shown in WHO IS ELIGIBLE. If, during the Coverage Period, you de-register from the college or if you are no longer a student of the college due to not meeting the conditions shown in WHO IS ELIGIBLE, your coverage under this policy is automatically terminated. If you re-register as an international student with the college and meet the eligibility conditions in WHO IS ELIGIBLE, you will be deemed to be a new student by us.

III. YOUR MEDICAL BENEFITS

You are covered for up to a lifetime maximum of $5,000,000 for medical expenses caused by Illness or Injury incurred during the Coverage Period while you are registered as a student in the Coverage Period. However, if you have completed your education before the end of your Coverage Period, your maximum will be $150,000 effective from the date you are no longer registered as a student to the end of your Coverage Period.

Your covered medical benefits are described in this section (Your Medical Benefits). The amounts reimbursed are subject to all exclusions, limitations, restrictions and other provisions in this policy. We will pay benefits to you or to the assigned person/health care provider named on the claim form.

Unless otherwise noted, covered medical expenses are reimbursed or paid only up to the rate allowed by OHIP or on a Reasonable and Customary Costs basis. We have also established a network of preferred health care providers for your convenience. Our network provides you with the appropriate Medical Treatment and ease of payment of your covered medical expenses. Please visit studenthealth.securiancanada.ca/en/CIHIP for the applicable list of preferred providers.

These benefits are for expenses incurred in Ontario except as provided otherwise in this policy.

All amounts of money referred to in this policy are in Canadian dollars.

Subject to all terms and conditions of this policy, the following benefits are payable for Medically Necessary services, unless otherwise noted.

1. Hospitalization and related services

We will reimburse the following Medically Necessary expenses if you are admitted to Hospital for Medical Treatment as an in-patient:

- accommodation at up to semi-private room or a private room if deemed necessary by the attending Physician;
- intensive or coronary care unit;
- drugs and medications that are prescribed by a Physician while in Hospital;
- services and supplies administered by the Hospital.

We must be notified within 48 hours prior to any surgery or major diagnostics, unless a delay would result in a life-threatening risk. Failure to notify us will result in payment of only 80% of all eligible medical expenses.

For Medical Treatment of an Emergency when you are an out-patient, we will reimburse the Reasonable and Customary Costs.

2. Diagnostic services

We will reimburse the cost of diagnostic laboratory tests and x-rays including technical and interpretive services that are ordered by the attending Physician during an Emergency.

Magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies are not covered unless we have given our preapproval.

3. Physician services

We will reimburse the services of a Physician provided in Hospital, home visits or during clinical visits that are Medically Necessary. If recommended by the Physician, we will also reimburse the services of an anesthetist.

We must be notified within 48 hours prior to any surgery, major diagnostics, or Medical Treatment, unless a delay would result in a life-threatening risk. Failure to notify us may result in non-payment or payment of only 80% of all eligible medical expenses.

4. Private Duty Nurse

We will reimburse the services of a Nurse provided such services are recommended by a Physician and approved by us up to a maximum of $15,000 during the Coverage Period.

This benefit is available only as an alternative to hospitalization. The services must be provided in your home and the cost must not exceed the OHIP daily rate for a public ward stay.

5. Ambulance services

When you have an Emergency we will pay up to the maximum amount charged by OHIP for the cost of a licensed air and/or ground ambulance that will transport you to the nearest Hospital for Medical Treatment.

6. Emergency Transportation

If you require immediate medical attention due to Illness or Injury, we will pay the Reasonable and Customary Costs actually incurred for a licensed taxi to transport you to the nearest Hospital or to a medical clinic. The maximum amount payable for this benefit is $150.00 during a 12 consecutive month period.

7. Air evacuation - return home benefit

If an Illness or Injury necessitates your immediate air transportation to the nearest Hospital or to a hospital in your Home Country, we will pay the cost of one-way transportation by the most appropriate means, including the use of an air ambulance or stretcher accommodation and medical escort if deemed necessary by us. To be eligible for reimbursement, we must pre-approve and arrange these costs.

The maximum amount we will pay under this provision is $300,000 in the Coverage Period.

8. Family transportation expense

We will reimburse the Reasonable and Customary Costs for two Immediate Family Members' round-trip economy class flight, up to a maximum of $5,000 in the Coverage Period when either:

- you are hospitalized as an in-patient for seven consecutive days or more and the attending Physician has requested that an Immediate Family Member be in attendance; or
- it is necessary for an Immediate Family Member to identify your body before the release of your body.

9. Living expenses for Immediate Family Members

When an Immediate Family Member is approved for the Family transportation expense, we will also pay the Reasonable and Customary Costs of meals and accommodations when provided by commercial establishments for up to 10 days. The maximum amount payable is $1,500 in a Coverage Period. You must submit the appropriate receipts for review.

10. Repatriation

If you are diagnosed as terminally ill (with 12 months or less to live) and your medical condition is deemed stable by us, we will pay expenses that we consider to be reasonable for your return by the most direct route to the air terminal nearest your normal residence in your Home Country.

Eligible expenses include economy airfare (and stretcher, if required) and return airfare for a qualified medical attendant (if certified as necessary by the attending Physician), including, if required, overnight hotel and meal expenses for the medical attendant.

If you refuse to be repatriated, your policy will be terminated by us and any further expenses payable under this policy will not be covered. You are responsible for these expenses. Such termination may make you ineligible for other international student health insurance policies issued by us.

In the event of your death, we will pay up to $15,000 for the expenses of returning your remains by the most direct route to the air terminal nearest your normal residence in your Home Country. Eligible expenses include the cost of preparation and transportation of remains, documentation and standard shipping container.

11. Burial cost in the location where death occurs

In the event of your death, if the burial or cremation occurs in the location where death occurs, instead of repatriation to your Home Country, we will pay up to $5,000 for eligible expenses including the transportation of the remains to a funeral home, the cost of a casket, preparation of the remains, a burial plot and internment.

12. Accident Weekly Indemnity

You are covered for accidental work place injury that occurs while you are participating in a work placement program as part of a recognized training/educational program funded by the provincial government or its agencies and the work placement is a mandatory requirement of your study program or course.

You must satisfy all of the following:

- a waiting period of 30 days starting from the date of the accident;
- after the 30-day waiting period you are deemed to be Disabled by us;
- you must be under the care of a physician for the entire period in which this benefit is paid.

We will pay Weekly Indemnity benefit at 80% of the Ontario minimum wage per week, starting from the 7th day (after 6 consecutive days) of Disability, and payable for a maximum of 17 consecutive weeks. Benefit may end at the earlier of the date we deem you are no longer Disabled or on your 65th birthday.

13. TB testing

We will reimburse expenses for tuberculosis testing, up to a maximum of $100 in the Coverage Period, provided it is a requirement for your course of study.

14. Wart removal

Expenses for the removal of any type of warts are covered up to a maximum of $500 in the Coverage Period.

15. Psychiatric care

If, due to an Emergency, you require Medical Treatment due to psychological, psychiatric, mental or emotional disorders during the Coverage Period, we will cover the following eligible expenses:

- when hospitalized as an in-patient, coverage includes but is not limited to attempted suicide and self-inflicted injuries, we will pay up to a maximum of $15,000 for the psychiatrist fees and up to $50,000 for Hospital room and board;
- outpatient or clinical visits to a psychiatrist, for psychotherapy for the relief of acute symptoms at up to a maximum of $2,500. The psychiatrist must be certified and licensed to practice in the area where the service was rendered.

16. Maternity

We will reimburse the medical expenses incurred during the Coverage Period related to a pregnancy and/or child birth if the pregnancy begins while you are covered under this policy or within 30 days prior to your policy start date. You must be insured under this policy for the entire term of the pregnancy.

If your pregnancy began while you were insured under a prior policy (017896), you are eligible for maternity benefit of this policy if:

- You were insured continuously without a break in coverage from the prior policy and this policy (the start date of this policy begins on the day immediately after the end date of the prior policy);
- the prior policy contained a maternity benefit substantially similar to this benefit;
- the prior policy was not terminated by us; and
- you were not returned to your Home Country under the prior policy's Repatriation or Air Evacuation - return home provisions.

Coverage includes, but is not limited to, expenses for caesarean section, spontaneous or non-induced terminations of pregnancy, or induced terminations of pregnancy.

The maximum amount for maternity care is $50,000 in the Coverage Period.

All expenses must be incurred in Canada. Any pregnancy-related expenses incurred outside of Canada are not covered. The benefit ends on the policy end date.

17. Annual Medical Examination

We will reimburse up to a maximum of $150 for the cost of one general physical examination during the Coverage Period, provided this policy was purchased with a minimum duration of at least six consecutive months. (Please refer to the *Policy particulars* page to determine whether the Coverage Period purchased for this policy is at least six consecutive months.) Annual medical examinations are not required to be Medically Necessary.

18. Trauma Counselling

If you suffer a covered loss in the Coverage Period under which a claim was approved under this policy's ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT, we will pay for up to six sessions of trauma counselling.

19. Emergency Out of Country

If you incur a medical Emergency while travelling outside of Canada, you must contact the insurer of your Emergency Out-of-Country medical plan immediately. We will coordinate the payment of eligible claims with your Emergency Out-of-Canada insurer.

Coverage under this benefit is limited to the amounts the Ontario provincial health insurance plan (OHIP) would pay for the Emergency Medical Treatment of an Ontario resident, while travelling outside Canada on the date of the Emergency. You or the insurer of your Emergency Out-of-Country medical plan, are responsible for all expenses not paid by us.

IV. YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Your Accidental Death and Dismemberment (AD&D) benefit is the amount that is equal to the percentage for the specified loss listed in this policy's Loss Schedule, applied to the applicable Principal Sum as defined below.

1. Common Carrier Accident

If you die or suffer a loss shown in the Loss Schedule due to an Accident while travelling as a fare paying passenger on a Common Carrier, the Common Carrier Principal Sum is $100,000.

2. 24 Hour Accident

If you die or suffer a loss shown in the Loss Schedule due to an Accident that is other than a Common Carrier Accident, the 24 Hour Accident Principal Sum is $25,000.

3. Limitations

If more than one person covered by this international student health insurance policy issued by us is eligible for accidental death and dismemberment benefits resulting from the same Accident, we will pay up to a maximum of $3,000,000 for all claims related to this Accident.

If the total amount of benefits payable for the Accident is more than $3,000,000, we will pay each person insured a percentage of the $3,000,000 that is equal to the percentage the person insured would have received of the total payable.

Loss Schedule	% of Principal Sum
Loss of Life	100%
Loss of both hands or both feet	100%
Loss of entire sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand and the entire sight of one eye	100%
Loss of one foot and the entire sight of one eye	100%
Loss of speech and hearing in both ears	100%
Loss of one arm or one leg	75%
Loss of one hand or one foot	67%
Loss of entire sight of one eye	67%
Loss of speech or hearing in both ears	67%
Loss of thumb and index finger of either hand	33%
Loss of four fingers of either hand	33%
Loss of hearing in one ear	33%
Loss of all toes of one foot	25%

Paralysis Benefits	
Quadriplegia (complete paralysis of both upper and lower limbs)	100%
Paraplegia (complete paralysis of both lower limbs)	100%
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	100%

Loss of an arm means that it was severed at or above the elbow.

Loss of a hand means that it was severed at or above the wrist.

Loss of a leg means that it was severed at or above the knee.

Loss of a foot means that it was severed at or above the ankle.

Loss of a thumb, finger or toe means that it was severed at or above the first joint from the hand or foot.

Loss of sight, speech or hearing must be total and permanent.

Only the largest percentage is paid for injuries to the same limb resulting from the same Accident. We will not pay more than 100% of the amount of coverage if an Accident results in more than one loss.

For paralysis, sight or hearing related claims, your Loss must be total and continuous for at least one year. Before we pay this benefit, you must provide proof that the loss is permanent.

Exposure and Disappearance: If your body has not been found within one year of an Accident, we will consider, subject to all other conditions of this policy, that you have suffered loss of life resulting from Injuries sustained in an Accident and the loss is covered under this policy. There must be no evidence that you are alive.

V. WHEN WE WON'T PAY

In addition to any exclusions or limitations identified for the particular benefit in Section III MEDICAL BENEFITS, we will not pay any claims resulting directly or indirectly from:

- a Pre-existing Condition;
- any expenses, treatment, services or supplies that are deemed to be experimental, cosmetic, not legal or not approved for use in Canada, self-prescribed, not Medically Necessary, elective or non-emergency, or for which you or the health care provider did not attain our advance approval;
- any costs that exceed the Reasonable and Customary Costs in the locality where the services or supplies are provided;
- eligible expenses for which a Physician's written approval is required but not provided to us;
- any Medical Treatment when provided by your Immediate Family Member;
- participation in any training exercises of the armed forces, militia, national guard or organized reserve corps of any country or international authority;
- declared or undeclared war, insurrection, acts of terrorism, kidnapping, rebellion, voluntary participation in a riot, protests or act of civil disobedience;
- any Injury or Illness that occurs during travel in a country that the government of Canada has placed under a travel advisory, warning travellers to either avoid non-essential travel or avoid all travel to that country;
- committing or attempting to commit a criminal offence or an illegal act or from an Accident while being impaired by drugs or alcohol (deemed impaired by law in the area where the Accident occurred);
- missed or cancelled appointments, delivery charges, travel to and from appointments;
- magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies, unless authorized in advance by us or our emergency travel assistance provider;
- medical examinations or services required solely for the use by or at the request of a third party (including immigration and program eligibility purposes) or consultations with a Physician by telephone or e-mail;
- Illness or Injury when sustained due to the use of illegal drugs, misuse/abuse of drugs, alcohol (blood alcohol concentration exceeding 80 milligrams in 100 millilitres of blood) or other intoxicants;
- the worsening, recurrence, side effects or complications of a medical condition due to your failure to follow or comply with the medical advice, direction, treatment or recommendation of a Physician or other health care provider or travelling when advised not to do so by your Physician;
- any treatment or surgery inside Canada, where this policy is purchased or where the visit is undertaken specifically for the sole purpose of attaining Medical Treatment or Hospital services, whether or not such visit is taken on the advice of a Physician;
- any expenses where a charge would not normally been incurred in the absence of this coverage or for which you or the claimant are not legally obligated to pay;
- any expenses incurred inside your Home Country;
- medications and prescription drugs, whether prescribed or not, unless the medication and prescription drugs were administered while you were receiving Medical Treatment for a covered injury or sickness during a hospital stay (see benefit #1 Hospitalization and related services);
- acupuncture, renal dialysis, sickle cell anemia, previously diagnosed or showing symptoms of autoimmune disorders, organ transplant, treatment or surgery for gender reassignment, bone marrow transplant, the treatment of Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC) or conditions arising from Human Immunodeficiency Virus (HIV), Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnoses;

- any Medical Treatment which could have been reasonably delayed until you return to your Home Country;
- dental surgery or cosmetic surgery, unless such surgery is a result of a covered Injury and the procedure was approved in advance by us;
- any expenses we are not legally allowed to pay;
- translation services of any kind, even when utilized in the delivery of medical services;
- transportation by ground or air ambulance where there is no Emergency;
- any Medical Treatment when you have stayed outside of your province of residence for more than 30 consecutive days;
- any Medical Treatment when you travel outside of Canada that exceeds the amounts the provincial health insurance plan (OHIP) would pay for coverage outside of Canada.
- Hospital visits for the administration of drugs;
- expenses which are covered by any compulsory or voluntary Federal or Provincial health or hospital services act or acts, Workers' Compensation Act, or other laws or legislation existent in any province whether you are in fact enrolled or not in the Provincial health or hospital services plan;
- anticipated Medical Treatments required on an ongoing basis for continued stabilization of a medical condition known to you prior to arrival in Canada;
- Illness or Injury resulting from participation in:
  - any professional sports, contests, hazardous or risky activities such as parachuting, mountain climbing, sky diving, bungee jumping or hang gliding;
  - aviation (except as a fare-paying passenger on a commercial aircraft);
  - snow skiing or snowboarding outside of marked trails at supervised recreational facilities;
  - motorized speed events or contests;
  - any injury or sickness resulting from employment that is not a mandatory component of your study program that is approved by your college; or
  - scuba diving without the appropriate certification that is recognized in Canada or without the accompaniment of a certified instructor.

Under Section IV**,** YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT, we will not pay for any losses that are the result of:

- self-inflicted injuries, attempted suicide or suicide, regardless of whether you have a mental illness or intend or understand the consequences of your actions;
- drug Overdose;
- carbon monoxide inhalation;
- flying in, descending from or being exposed to any hazard related to an aircraft while:
  - receiving flying lessons;
  - performing any duties in connection with the aircraft;
  - being flown for a parachute jump;
  - traveling as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - a member of the armed forces of any country if the aircraft is under the control of or chartered by the armed forces;
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion;
- Illness, disease, infection, disability, poisoning or surgery resulting from the treatment of an Illness;
- natural causes;
- services in the armed forces of any country.

VI. GENERAL POLICY LIMITATION

We reserve the right as reasonably required to transport you to your Home Country if you are unable to continue your studies due to an Illness or Injury or have a serious Illness that requires ongoing treatment. If you refuse to be transported when declared medically or mentally fit to travel, your policy will be terminated by us, and any further expenses incurred after your refusal to be transported to your Home Country will not be covered by us. You are responsible for these expenses. Such termination may make you ineligible for other health insurance issued by us.

VII. CLAIMS AND CLAIM PAYMENTS

How to make a claim

For claims under YOUR MEDICAL BENEFITS
Most Physicians and Hospital providers will invoice us directly. A valid proof-of-coverage card must be presented at the time services are rendered.

To make a claim for medical services or supplies not invoiced to us directly by your Physician, Hospital or other provider, complete the health care claim form, copies of which can be obtained by visiting www.cihip.ca or by calling Securian Canada's Customer Care Centre at 1-888-206-9004. Please ensure the health care claim form is signed by the Physician, Hospital or other provider that provided your care. Once completed, make copies of the completed health care form, receipts and any other necessary proof of claim for your records and submit the originals electronically by logging on to www.cihip.ca or international.securiancanada.ca/en.

If you refuse or fail to sign the medical authorization form or refuse to provide any information pertinent to your claim it may result in a delay in processing your claim.

We may require itemized bills, attending physician statements, commercial laboratory receipts, reports, records, x-rays, study models or other information we consider necessary to assess the claim. You must pay any additional costs associated with providing this information.

For claims under YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT
To make a claim under the accidental death and dismemberment provisions of this policy, you or your representative must contact Securian Canada's Customer Care representative at 1-888-206-9004. Detailed directions for completing and submitting claims are included on the claim form.

When to make a claim

For claims under YOUR MEDICAL BENEFITS
Except where otherwise stated, written proof of claim must be received by us not later than 180 days following the date the expense was incurred. An eligible expense is incurred on the date the services are received or on the date the supplies are purchased or rented. If an anticipated expense is not specifically described as an eligible expense in your policy, it is your responsibility to contact us before you incur the expense to confirm whether an expense is eligible. We may deny a claim if you have not confirmed with us whether the expense is eligible.

After your policy ends, we must receive your claim within 90 days of your policy end date. We will not pay for any claims received by us more than 90 days after your policy end date, regardless of when the eligible expense was incurred.

For claims under YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT
Accidental death and dismemberment claims should be made not later than 12 months following the date of the Accident that caused the loss. If a claim is the result of a death, the claim should be made as soon as possible after the death occurred.

How payment will be made

Payments under YOUR MEDICAL BENEFITS
If you were required to pay the provider directly, eligible expenses paid by you will be reimbursed to you.

Payments under your ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT
The benefit for loss of life is payable to your estate. If you are under age 16 (or age 18 in Quebec), the benefit is payable to your parent or legal guardian. We may ask the claimant to prove their relationship to you.

Cost of insurance

The cost of insurance is based on rates agreed to by Securian Canada and your plan administrator. You will be notified of this cost by way of a written statement or notice.

Rates are reviewed every year. They may change. Renewal notices will be sent to you identifying any changes to rates.

VIII. GENERAL PROVISIONS

Clerical error

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

Availability and quality of care

We are not responsible for the availability or quality of any Medical Treatment (including the results of the Medical Treatment) or transportation, or for your failure to obtain Medical Treatment while this policy is in effect.

Duplicate policies

If more than one policy is issued to you due to the submission of a duplicate enrolment, only one policy will be effective. We will void any duplicate policies issued as a result and refund any premiums paid by you for the voided policies.

Other insurance

Coverage under this policy is provided on a second payer basis. Any benefit payable to you under similar plans or insurance policies, contracts, government health insurance plans, any private, public, provincial or territorial automobile insurance plan providing hospital, medical or therapeutic coverage or benefits, or any other third party liability insurance that is also in force will be coordinated with this policy to the extent that the total amount paid to you does not exceed the expenses actually incurred by you.

Recovering payments from a third party (Subrogation)

If we've made a payment under this policy as a result of an Illness, Injury or Accident that a third party is or may be responsible for, we'll assert our right of reimbursement, where permitted by law.

Your obligation to reimburse us will not exceed the amount of the benefit we have paid. Our right of reimbursement will apply to any full or partial payments you are entitled to or may receive.

We won't be bound or affected by any compromised settlement between you and the third party unless you have our prior written consent. When a claim is settled and a lump sum payment is made, it is your responsibility to prove that no amount of that lump sum was intended as payment for the eligible expenses we have paid under this policy.

If you do not assert your rights against the third party, you agree, where permitted by law, to assign all of your legal rights against the third party to us.

Your right to terminate this policy

You may terminate this policy at any time by sending a written request to us at the address shown on the inside cover of this policy. Please inform *Studentcare* if you wish to terminate this policy. It is a condition of your study permit that you have appropriate medical insurance. We must receive a minimum of ten days advance written notice of termination.

Our right to terminate this policy

We may terminate this policy as set out under the *When coverage starts and ends* provision, Section II, WHO IS ELIGIBLE and Section VI, GENERAL POLICY LIMITATION.

Premiums

This policy is provided for the Coverage Period shown in the *Policy particulars* page and on your proof-of-coverage card, provided that premiums are paid. For subsequent Coverage Periods a new policy can be purchased, and we have the right to change the premium at the time of repurchase.

Grace period

The grace period is 31 days for the payment of premiums and is allowed for each premium except the first. During the grace period, insurance remains in force and premiums continue to be payable by you.

We will terminate the policy when payment has not been made before the end of the grace period. We will send you written notice of termination. Any claims for expenses incurred after the policy has terminated are not eligible for payment.

Assignment

We reserve the right to deny your request for an assignment.

Limitation of actions

Limitation period for Ontario:

Every action or proceeding against an insurer for the recovery of insurance money payable under this policy is absolutely barred unless commenced within the time set out in the *Limitations Act, 2002*.

Limitation period for any other province:

Every action or proceeding against an insurer for the recovery of insurance money payable under this policy is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation of your province or territory.

IX. STATUTORY CONDITIONS

1. The contract

1) The application, this policy, any document attached to this policy when issued, and any amendments to the contract agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver

2) Except for residents of Alberta, British Columbia, Manitoba, Ontario and Saskatchewan, the insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of application

3) The insurer shall, on request, provide to the insured or to a claimant under the contract a copy of the application.

2. Material facts

No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers provided as evidence of insurability.

3. Notice and proof of claim

1) The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must:

   a) give written notice of claim to the insurer not later than 30 days after the date a claim arises under the contract on account of an accident, sickness or disability,

      (i) by delivery of the notice, or by sending it by registered mail, to the head office or chief office of the insurer in the province/territory; or

      (ii) by delivery of the notice to an authorized agent of the insurer in the province/territory;

   b) within 90 days after the date a claim arises under the contract on account of an accident, sickness or disability, provide to the insurer such proof, as is reasonably possible in the circumstances, of:

      (i) the happening of the accident or the start of the sickness or disability;

      (ii) the loss caused by the accident, sickness or disability;

      (iii) the right of the claimant to receive payment;

      (iv) the claimant's age; and

      (v) if relevant, the beneficiary's age; and

   c) if so required by the insurer, provide a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim is made under the contract and, in the case of sickness or disability, its duration.

4. Failure to give notice or proof

2) Failure to give notice of claim or provide proof of claim within the time required by this condition does not invalidate the claim if:

   a) for residents of Saskatchewan,

(i) the notice or proof is given or provided as soon as reasonably possible, and not later than the limitation period set out in *The Limitations Act* after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or provide the proof in the time required by this condition, or

(ii) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or provided no later than the limitation period set out in *The Limitations Act* after the date a court makes the declaration.

b) for residents of any other province, the notice or proof is given or provided as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or provide the proof in the time required by this condition, or

c) for residents of Alberta, British Columbia, Manitoba and Ontario, in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or provided no later than one year after the date a court makes the declaration.

5. Insurer to provide forms for proof of claim

The insurer must provide forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

6. Rights of examination

As a condition precedent to recovery of insurance money under the contract:

a) the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending,

b) in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies, and

c) for residents of Saskatchewan, the insurer shall bear the costs of any examination or autopsy and shall provide copies of reports of any examination or autopsy to the insured or insured's representative.

7. When money is payable other than for loss of time

All money payable under the contract, other than benefits for loss of time, must be paid by the insurer within 60 days after it has received proof of claim.

X. RESPECTING YOUR PRIVACY

Securian Canada's privacy statement

Respecting your privacy is a priority for Securian Canada. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us, as well as (with your consent) through independent medical or vocational assessments, if applicable, and from physicians, medical practitioners, hospitals, clinics or other medical or medically related facilities, insurance companies, MIB, LLC. ("MIB"), and other agents, governments agencies or other organizations, institutions, or persons that have health records, if applicable. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit *http://www.securiancanada.ca/privacy-statement*.

Studentcare's privacy statement

In our capacity as administrators, Studentcare receives certain student information from various sources. This information is used for purposes related to the effective and efficient operation of the Plan. We take the privacy and security of that data seriously, and use industry best-practices to ensure it is safely stored, accessed, used, transmitted and ultimately destroyed. The information is not released to -third parties for marketing or other commercial purposes, and is accessible only to those users who require access for management of the plan. Members have the right to request access to, and updates of, their information at any time, and may contact us directly to do so. For further information, please read our full Privacy Policy, here.

About Securian Canada

We're here for all Canadians and their families – however they define family – because everything we do helps build secure tomorrows. Our practical, life-ready insurance and protection solutions are designed to help provide financial security, so that Canadians can spend more time making every moment count.

For over 65 years, we've been giving Canadians the confidence to face life's uncertainties. Securian Canada brings together strong local roots and expertise, a North American footprint, and a global perspective – all while innovating at the speed the markets we serve expect.

Together with our U.S. parent company – Securian Financial – Securian Canada is a leading insurance provider in the Canadian Financial Institution and Association & Affinity markets. We offer insurance solutions built with genuine care – providing specialized experiences to those we serve.

Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do business in Canada. Policies are underwritten by Canadian Premier Life Insurance Company.

Securian Canada
securiancanada.ca

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September 1, 2023