

— BENEFITS

A. Benefit in case of accidental death*:	<u>Benefit</u>
All circumstances	\$100,000
B. Benefit in case of total loss of use or accidental dismemberment following an accident*:	
Complete loss of sight in both eyes	\$50,000
Loss of speech and loss of hearing in both ears	\$50,000
One hand and complete loss sight in one eye	\$50,000
One foot and complete loss of sight in one eye	\$50,000
Loss of both hands	\$50,000
Loss of both feet	\$50,000
Loss of one arm	\$37,500
Loss of one leg	\$37,500
Loss of one hand	\$33,000
Loss of one foot	\$33,000
Complete loss of sight in one eye	\$33,000
Loss of speech	\$33,000
Loss of hearing in both ears	\$33,000
Loss of hearing in one ear	\$16,000
Loss of thumb and index or at least four fingers in one hand	\$16,000
Loss of all toes in one foot	\$12,500

Accidental complete paralysis:

Upper and lower limbs (quadriplegia)	\$100,000
Lower limbs (paraplegia)	\$100,000
Upper and lower limbs on one side (hemiplegia)	\$100,000

When the insured sustains an accident resulting in the partial loss of sight or hearing, the Company shall pay the amount or amounts payable, as determined in the manner set out hereunder. The benefit in the event of partial loss of sight or hearing shall be payable as a prorated percentage of the partial loss sustained. The benefit for the partial loss of sight in both eyes or hearing in both ears shall only be payable when the loss in each eye or each ear is 25% or greater and the amount of the benefit payable shall then be determined based on the higher percentage of loss of the two. In the event that the partial loss in each eye or ear is not 25% or greater, the benefit for the partial loss of sight in each eye or hearing in each ear shall be payable separately for each eye or ear.

Benefit in the case of partial loss of sight or hearing:

	Principal sum
Complete loss of sight in both eyes	\$50,000
Complete loss of sight in one eye	\$33,000
Loss of hearing in both ears	\$33,000
Loss of hearing in one ear	\$16,000

The benefit in case of complete or partial loss of use, accidental dismemberment, or complete paralysis is payable 365 days following the date of the accident under the following conditions:

- The loss occurs within 365 days following the date of the accident, and

- The insured has not died as a result of the accident within 365 days following the date of the accident.

Only the death benefit is payable if death results from the accident within 365 days.

If the insured does not die as a result of the accident within 365 days following the date of the accident, but he or she sustains several complete or partial losses of use, accidental dismemberment or accidental complete paralysis, the maximum benefit payable for all of the losses resulting from an accident is limited to \$100,000*.

C. Accidental fracture*:

Of the skull, with depression; of the spine, with displaced vertebrae; of the pelvis	\$250
Of the skull, without depression; of the spine, without displaced vertebrae; of the femur, tibia, fibula, humerus	
ulna, radius	\$50
Any other bone not listed above	\$25

The fracture must be diagnosed within 30 days following the accident, otherwise no benefit shall be payable under this clause.

In the event of multiple fractures, Industrial Alliance shall pay the benefit for the fracture that entitles the insured to the highest amount.

***Restriction: For insureds 65 years of age or over at the time of the accident, the benefits in case of accidental death, dismemberment, loss of use, paralysis, or accidental fracture correspond to 50% of the amounts indicated.**

D. Total disability following an accident for an insured with student status at the time of the accident:

- Reorientation expenses: to a maximum of \$3,000** for expenses incurred for the student due to total disability, with a view to obtaining new training required as a result of the accident.
- Remedial classes at the rate of \$10 per hour** payable as of the 31st day of absence from regular classes, **a maximum of \$1,000**. These classes must be given by a professor approved by the executive of the University where the student is enrolled.
- Disability benefit:** if an accident is the direct cause of total and ongoing disability, recognized by a physician, the Company shall pay a **monthly benefit of \$200, up to a maximum of \$5,000**, as of the 31st day of the period of disability, for as long as the insured lives and is unable resume his or her normal activities as a student. However, no benefits shall be paid during the period in which the insured is gainfully employed.

Restriction: No benefits for reorientation expenses, remedial classes or disability shall be payable if the insured has already been compensated for accidental dismemberment or loss of use of limbs, sight, hearing, speech, or accidental paralysis.

E. Dental expenses per damaged tooth following an accident: to a maximum of \$300, for reasonable expenses incurred as a result of injury to a whole and sound tooth, for X-rays or treatment administered by a dentist within 260 weeks following the date of the accident.

Dental fees shall be reimbursed according to the expenses incurred by the claimant provided that the expenses do not exceed the rates suggested by the dental surgeons association of the province in which the services are provided.

If the accident required treatments by a recognized physician or dentist, the Company shall reimburse the replacement or repair cost of a dental prosthesis, **to a maximum of \$250**.

F. Hospital and paramedical expenses resulting from an accident:

The Company shall reimburse reasonable expenses for services, care or treatment administered following an injury which are incurred **in the insured's province of residence** within 104 weeks following the date of the accident, for:

- The additional costs for a **private or semi-private room** during a hospital stay, **to a maximum of \$55 per day**;
- A benefit of \$25 for each night spent in hospital (paid in addition to the aforementioned expenses)**, as of the first night, **to a maximum of \$1,000**;
- The medications** required for treatment, which can only be obtained with a physician's prescription and sold by a pharmacist (over and above the expenses paid by a public or private insurance plan).
- The rental of a wheelchair, crutches or other orthopedic appliances, or the purchase** (but not the replacement) if the rental is more costly or not possible. The purchase (but not the replacement) of a fibreglass cast. Orthopedic appliances must be recommended by a physician and be medically necessary for recovery. **Restriction: The orthopedic appliances used solely for the purposes of playing sports are not reimbursable**;
- The purchase (but not the replacement) of prostheses (artificial limbs), except for dental prostheses and hearing aids, **to a maximum of \$3,000**;
- The purchase (but not the replacement) of a hearing aid, **to a maximum of \$500**;
- Treatments from a **physiotherapist, chiropractor, occupational therapist, podiatrist, osteopath, hearing or speech therapist at the rate of \$25 per visit** (including all costs incurred during the visit), **to a maximum of \$180** per university session for all of these treatments combined. The health specialist administering the treatments must be a member in good standing of his or her professional association;
- Out-of-hospital **services of a nurse**, when recommended by a physician;
- Transportation expenses **within 24 hours** following the accident, by the most economical means, taking the insured's state of health into account, **to a maximum of \$1,000 per event for**:
 - Emergency transportation (ambulance, taxi or private vehicle) of the insured to the nearest doctor's office or hospital reasonably equipped to provide the required care;
 - Transportation (taxi or private vehicle) from that hospital or doctor's office to the insured's residence;
 - Parking expenses, to a maximum of \$10;
 - Transportation by private vehicle is reimbursed at the rate of \$0.28 per kilometre.
- Accommodation expenses** for the person who must accompany the insured during his or her hospitalization following an accident. The reimbursable expenses are **\$100 per day, to a maximum of \$500**, if the insured is hospitalized more than 50 kilometres from his or her residence;
- Repair or replacement costs of corrective glasses following an accident, certified by a physician, **to a maximum of \$100** per university session.

The total maximum amount payable under the "Hospital and paramedical expenses resulting from an accident" clause is \$25,000 per accident.

G. Out-of-province emergency care: to a maximum of \$5,000 per accident for transportation by ambulance, the services of a physician and hospital care (including nursing, laboratory tests, X-rays or other diagnostic tests) obtained outside the insured's province of residence following an accident. The Company shall pay the amount of the expenses over and above that amount if such care or services could not be obtained in the insured's province of residence.

H. Convalescence allowance:

A benefit of \$50 per day is payable, to a maximum of \$500 per session, if the insured spends at least one night in hospital or has day surgery following an accident:

- Day surgery entitles the insured to one day of convalescence, i.e., a convalescence allowance of \$50.
- Each night of hospitalization entitles the insured to one day of convalescence, i.e., a convalescence allowance of \$50 for each night spent in hospital.

I. Childcare expenses:

Expenses incurred by the insured student following an accident, **to a maximum of \$10 per hour and \$100 per session** for the care of his or her child under the age of 18 who must remain at home.

The childcare worker must be 18 years of age or older and must not be a member of the insured's immediate family.

J. Return transportation expenses between the home and educational institution:

The amounts paid by the insured following an accident for transportation between home and the educational institution, **to a maximum of \$10 per day and \$100 per session**.

The insured student must not be able to go to his or her educational institution by his or her usual method of transportation and the individual providing the student's return transportation must be 18 years of age or older. Transportation expenses by private vehicle are reimbursed at a rate of \$0.28 per kilometre.

— DEFINITIONS

- Accident** — Bodily injury resulting directly from an external, sudden, violent, involuntary and independent cause, which occurs while the victim is insured under the contract, and which requires medical or surgical care within 30 days of the date of the accident. More specifically, under no circumstances can a bodily injury resulting from a suicide be considered as an accident according to the meaning of this policy.
- BCI** — Bureau de Coopération Interuniversitaire.
- Orthopedic appliance** — Appliance applied to a limb or body part in order to correct an injury.
- Insured** — Any person 75 years of age or under who meets the eligibility requirements and for whom the required premium has been paid.
- Injury** — Bodily lesion resulting from an accident.
- Accidental Death** — Death resulting from an accident.
- Claimant** — The insured or, in his or her absence, his or her estate or legal representatives.
- Student** — Person 75 years of age or under who is enrolled in full or part-time studies attending a University.

- i) **Fracture** — Violent break of a bone following an accident.
- j) **Hospital** — A short-term care institution or hospital centre legally recognized as such by the government authorities to which the establishment reports. Exclusions: institutions dedicated to convalescent or chronically ill patients.
- k) **Disability** — Physical or mental impairment directly resulting from an accident that has a strong and lasting effect on the insured's physical or mental capacity and that prevents him or her from carrying out the activities that are normal for a student of that age.
- l) **Member of the immediate family** — The insured's father, mother, grandparents, sister, brother, child or spouse.
- m) **Dismemberment or total loss of use of limbs, sight, hearing or speech** — Loss resulting from an accident. A limb means a hand or a foot. The loss of one hand or one foot means the total and permanent loss of use. Loss of sight in one eye, hearing or speech means the total and irreparable loss of use of these senses or functions. Loss of a finger or a toe means its complete severance at the metacarpophalangeal or metatarsophalangeal joint, depending on the case.
- n) **Partial loss of sight or hearing** — Loss resulting from an accident. Partial loss of sight in one eye or hearing in one ear means the irreparable loss of efficacy of these functions. Partial loss of sight in both eyes or hearing in both ears means the irreparable loss of 25% or more of the efficacy of these functions for each of both eyes or each of both ears.
- o) **Professor** — Any person 75 years of age or under, employed by a University to teach students under the Education Act.
- p) **University** — Any member university of Bureau de Coopération Interuniversitaire (BCI).

EXCLUSIONS

No benefits shall be paid for:

- a) Losses, fractures, disability or expenses resulting from an attempted suicide, voluntary dismemberment or any self-inflicted injury, whether or not the insured was conscious of his or her actions.
- b) Death, losses, fractures, disability or expenses resulting from gas inhalation, poisoning, voluntary absorption of medications or drugs, unless taken as prescribed by a physician.
- c) Death, losses, fractures, disability or expenses incurred while the insured was under the influence of drugs or had a blood alcohol level exceeding 80 milligrams per 100 millilitres of blood, whether or not the insured was conscious of his or her actions.
- d) Death, losses, fractures, disability or expenses resulting from a criminal act that the insured committed, was preparing to commit, attempted to commit or resulting from this individual provoking a riot, attempt against public order or war, whether war be declared or not.
- e) Death, losses, fractures, disability or expenses resulting from the flight or attempted flight on board a plane or other aircraft, if the insured is part of the crew, or performs any function related to the flight.
- f) Death, losses, fractures, disability or expenses incurred while the insured participates in a motor vehicle race, or as the result of scuba diving, parachuting, hang gliding, bungee jumping .
- g) Dental, hospital and paramedical expenses, and emergency care reimbursable by any other private plan (group insurance or individual insurance) or government plan. Also, in the case of a person who is not covered by a government plan that includes a benefit for illness or

injury, the Company shall only reimburse the portion of the fees that would have been reimbursed in the case of a person covered by such a government plan.

- h) Care or services provided by a member of the insured's immediate family (except transportation expenses).
- i) Orthopedic appliances used solely for the purposes of playing sports.
- j) Expenses incurred for magnetic resonance imagery, CT scans and X-rays.
- k) Notwithstanding any provisions to the contrary, the insured is not covered while taking distance education courses unless he or she is in any building, on any premises, or in any site over which the University where he or she is enrolled has jurisdiction pursuant to a property right, rental, or specific agreement.

When an insured is covered under several accident insurance policies issued by the Company, benefits will only be payable under the most advantageous of these contracts. The Company will reimburse the premiums paid during the last year for the other contracts.

CLAIMS

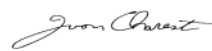
To file a claim, the claimant must contact **Client Service at 418-684-5405 or toll free at 1 888 266-2224** to obtain a claim form.

Unless otherwise specified, the claimant must submit, at his or her own expense, this form along with proof of the nature and extent of losses sustained, to the satisfaction of the Company and on the forms provided, within **90 days after the accident**, to the Company's head office. The original invoices and receipts must be provided to the Company within this time limit.

The Company has the right to ask the insured to undergo an examination by a physician or dentist of the Company's choice, and to obtain any information from any attending physician or from any hospital where the insured may have been admitted, as often as the Company deems it necessary.

The Company shall pay the benefits due under this policy to the claimant or to his or her estate.

All payments made under the terms of this contract must be in the legal tender of Canada.



Yvon Charest
President and Chief Executive Officer



Jennifer Dibblee
Secretary of the Company

You can reach us during business days
between 8:30 a.m. and 4:30 p.m. by calling (toll-free or collect):

Quebec City: 418-684-5405

Elsewhere: 1 888 266-2224

TERM OF CONTRACT

From the first day of the 2018 autumn trimester to the last day of the 2020 summer trimester.

ELIGIBILITY

Post-graduate university students, 75 years of age or under, who are enrolled in full or part-time studies and are attending a University are eligible for this insurance. For further details, and without limiting the generality of the foregoing, the following are eligible for this insurance:

- a) Students with an international profile;
- b) Foreign students;
- c) Students enrolled in a continuing education program;
- d) Distance students who are in any building, on any premises, or in any site over which the University where he or she is enrolled has jurisdiction pursuant to a property right, rental, or specific agreement.

Also, to be eligible, the individual must reside permanently in Canada during the period of coverage.

PARTICIPATION

100% participation is mandatory for all eligible students enrolled at a university.

BEGINNING OF THE INSURANCE - The insurance begins:

- a) On the aforementioned effective date, for all individuals eligible on this date;
- b) On the first day of school or activities, for eligible students who were not enrolled at a University on the effective date of the plan;
- c) On the date the former contract expires, for eligible students who were already covered on the effective date of the plan under a similar contract previously issued by the Company.

EXTENT OF THE COVERAGE - The insured is covered:

- a) During class hours or activities organized by the University where he or she is enrolled while he or she is on the premises where he or she is taking courses, attending or taking part in activities;
- b) While he or she attends or takes part in activities approved and supervised by the responsible individuals appointed by the University where he or she is enrolled, whether these activities take place during class hours, or not, at the educational institution or elsewhere;
- c) During workshop hours or practicum hours;
- d) During transportation between his or her home and the site at which he or she is taking courses, while attending practicums, workshops, or any other activity organized or approved by the responsible individuals appointed by the University where he or she is enrolled.

END OF INSURANCE - The insurance ends on the first of the following dates:

- a) The date on which the insured is no longer recognized as a student at one of the Universities;
- b) The expiry date indicated on the contract specifications page.

IMPORTANT

This document summarizes the benefits provided by ACCIGROUP accident insurance; certain exclusions apply. The ACCIGROUP contract is the only official document binding the parties.

Please keep this certificate for the entire term of your insurance, as no other document will be issued to you.

YOUR REPRESENTATIVE

Industrial Alliance
Insurance and Financial Services Inc.
1080 Grande Allée West, PO 1907. Station Terminus
Quebec City, QC G1K 7M3

ACCIGROUP ACCIDENT INSURANCE

**Insurance Certificate
For BCI member universities
participating in the accident
insurance plan for graduate and
post-graduate students
with Coverage for Elite Sport
Activities**

Reference group policy no. :
(7000 Series number)

