

Student Accident Insurance / Accidental Medical Reimbursement Benefit Program

Full-time registered students of Laurentian University are automatically covered for the benefits of the Student Accident Insurance Plan issued by Industrial Alliance Pacific Life Insurance Company. Coverage information and claim forms can be viewed on this page or by contacting the Purchasing and Risk Management Services department. As well, coverage pamphlets and claim forms are available through Health Services.

This accident insurance does not replace the Ontario Health Insurance Plan.

Student Extended Health Programs

Students registered with the Students' General Association (SGA) or the Association des étudiantes et étudiants francophones (AEF), Graduate Students' Association (GSA) have access to SGA, AEF or GSA sponsored Extended Health Programs.

NOTICE OF COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION

Personal information provided by you is collected pursuant to *The Laurentian University of Sudbury Act, 1960* and pursuant to the *Freedom of Information and Protection of Privacy Act*. It will be used and disclosed in the administration of all student insurance plans, which may include disclosure to third parties (such as insurers and brokers), and will also be used and disclosed as necessary and proper to the administration of lawfully authorized and University approved programs, services, functions and/or activities. Questions about this collection and disclosure should be directed to the Director of Risk Management and Purchasing Services, Parker Building 10th Floor, 935 Ramsey Lake Road, Sudbury, ON, P3E 2C6, (705) 675-1151, ext. #1555.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an injury sustained by an insured does not cause loss of life, but results in a loss for which indemnity becomes payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", and such insured is subsequently required to use a wheelchair to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred within three years of the date of the accident causing such loss for:

- (a) the cost of alterations to the insured's principal residence; and/or
- (b) the cost of modifications to one motor vehicle utilized by the insured, when such modifications are approved by the provincial vehicle licensing authorities where required

for the purpose of making them wheelchair accessible.

Payment by the Insurer for the total of all expenses incurred by or for any insured is subject to a maximum of \$5,000.00 as the result of any one accident.

DREAD DISEASE BENEFIT

If, as a result of poliomyelitis, scarlet fever, diphtheria, spinal meningitis, encephalitis, rabies, tetanus, tularemia, typhoid or leukemia, commences while the policy is in force, the insured requires confinement in a hospital or the services of a nurse, the Insurer will pay the reasonable and customary expenses actually incurred for such confinement or services within three years immediately following the date the first expense is incurred, not to exceed in the aggregate a maximum of \$3,000.00.

If an insured becomes afflicted with mononucleosis which is diagnosed by a physician and commences while the policy is in force, the Insurer will pay \$100.00.

EXCLUSIONS AND LIMITATIONS

The policy does not cover loss, fatal or non-fatal, caused by or resulting from:

- (a) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- (b) declared or undeclared war or any act thereof;
- (c) active full-time service in the armed forces of any country;
- (d) flying in any vehicle or device for aerial navigation, except as provided in the policy;
- (e) expenses of dental treatment, nor the cost of x-rays, repair or replacement of pre-existing dentures, filling or crowns, other than as provided in the parts titled Accidental Dental Reimbursement Benefit or Accident Medical Reimbursement Benefit;

- (f) expenses for medical services rendered by nurses, or licensed, certified or registered physiotherapists or chiropractor, employed or engaged by Laurentian University;
- (g) expense of repairing, supplying or replacing eyeglasses, contact lenses or prescriptions therefor, other than as provided in the part titled Accident Medical Reimbursement Benefit;
- (h) charges for massage therapy;
- (i) sickness or disease, either as a cause or effect, except as provided in the part titled Dread Disease Benefit;
- (j) expenses incurred by an insured who is not covered under any Federal or Provincial Hospital/ Medical Plan;
- (k) riding as a passenger, pilot, operator or crew member in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by Laurentian University.

CO-ORDINATION OF BENEFITS

Amounts payable under the policy shall only be for the excess of such expenses over any amounts available or collectible for treatment or services which are insured services under the Provincial Medical or Hospital Care Plan of the province in which the insured is resident, whether or not the insured is covered thereunder.

If an insured has coverage under another plan of insurance which provides similar benefits, reimbursement shall be limited to the excess of the expense incurred over any amounts payable or collectible under any other policy or government plan.

CLAIMS SUBMISSION

All claims should be submitted on the standard claim form available from the Campus Health Centre. This form must be submitted to the insurance company within 30 days of the date of the accident for which you are claiming.

When so requested by the Insurer, the student shall secure any further statements from his or her physician or surgeon as may be required.

Claims for benefits for loss of life or dismemberment must be submitted not later than 90 days from the date of the loss.

TERMINATION OF COVERAGE

A student's insurance terminates on August 31, 2011.

Underwritten by:



**INDUSTRIAL ALLIANCE PACIFIC
INSURANCE AND FINANCIAL
SERVICES INC.**

Ontario Regional Office
Suite 400 - 515 Consumers Road
Toronto, Ontario M2J 4Z2

and arranged by



**CANADA BROKERLINK (ONTARIO) INC.
SUDBURY, ONTARIO**

This brochure is designed to outline the benefits confer any contractual or other rights. All rights with respect to the benefits of an insured will be governed solely by the Group Master Policy issued by Industrial Alliance Pacific Insurance and Financial Services Inc.

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YOUR STUDENT INSURANCE PLAN

Designed For



As a full-time registered student of Laurentian University who permanently resides in Canada, you are automatically covered for the benefits described herein.

This brochure has been prepared as a brief outline of the benefits available to you under your Group Insurance Plan. It is not an insurance policy, but an informal explanation of the benefits provided by the plan.

SCHEDULE OF BENEFITS

1. Accidental Death Benefit.....	\$5,000.00
2. Accident Medical Reimbursement Benefit	\$5,000.00
3. Emergency Excess Hospital/Medical Reimbursement Out of Province	\$5,000.00
4. Repatriation Benefit.....	\$5,000.00
5. Ambulance Expense Benefit	\$ 250.00
6. Accidental Dental Reimbursement Benefit.....	\$1,500.00
7. Tutorial Expense	\$1,000.00
8. Rehabilitation Benefit.....	\$5,000.00
9. Home Alteration and Vehicle Modification Benefit.....	\$5,000.00
10. Dread Disease Benefit	\$3,000.00

For the purposes of the following benefits "accident" wherever used means an occurrence due to external, violent, sudden, fortuitous causes beyond the Insured Person's control. This must occur while the insurance is in force.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

If, within 12 months of the date of the accident, injury results in any of the following losses, the Insurer will pay for loss of or permanent and total loss of use of:

Life	\$ 5,000.00
Both Hands or Both Feet	\$15,000.00
Entire Sight of Both Eyes	\$15,000.00
One Hand and One Foot.....	\$15,000.00
One Hand or One Foot and Entire Sight of One Eye.....	\$15,000.00
Speech and Hearing Both Ears	\$15,000.00
One Arm or One Leg	\$11,250.00
One Hand or One Foot.....	\$ 7,500.00
Entire Sight of One Eye.....	\$ 7,500.00
Speech or Hearing in Both Ears	\$ 7,500.00
Thumb and Index Finger of Either Hand	\$ 2,500.00
Four Fingers of Either Hand	\$ 2,500.00
Any One Finger.....	\$ 500.00
Quadruplegia (complete paralysis of both upper and lower limbs)	\$15,000.00
Paraplegia (complete paralysis of both lower limbs)	\$15,000.00
Hemiplegia (complete paralysis of upper and lower limbs of one side of the body).....	\$15,000.00

“Loss” as used with reference to hand or foot means complete severance at 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 at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

Any indemnity payable for loss of use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT

When, by reason of injury, the insured requires medical treatment within 30 days from the date of the accident and incurs expenses for any of the following services or supplies, while under the regular care and attendance of a physician:

- (a) hospital charges for the difference between the public ward allowance under the insured's Provincial Hospital Plan and the semi-private accommodation charge;
- (b) expenses for the services of a nurse;
- (c) fees for the services of a licensed, certified or registered physiotherapist, or a licensed, certified or registered chiropractor who is neither the insured nor a member of the immediate family and must not ordinarily reside in the insured's residence, when recommended by a physician, and up to \$15.00 per treatment, but not to exceed a total of 20 such treatments per any one accident;
- (d) expenses for services administered by a licensed, certified or registered podiatrist, or licensed, certified or registered speech therapist, who is neither the insured nor a member of the immediate family and must not ordinarily reside in the insured's residence;
- (e) miscellaneous expenses for crutches, splints and trusses;
- (f) expenses for braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participating in sports or other leisure activities), but not including replacement thereof, subject to a maximum of \$500.00 during any one policy year;
- (g) expenses for permanent prostheses (artificial limbs and eyes), to a maximum of \$500.00 per any one accident;
- (h) rental of wheelchair, or hospital-type bed, not to exceed the purchase price prevailing at the time rental became necessary;
- (i) expenses for x-rays;

- (j) medications requiring a physician's written prescription;
- (k) repair or replacement of eyeglasses or dentures or removable artificial tooth or teeth when recommended by a physician or dentist;
- (l) expenses for the purchase for a hearing aid;

the Insurer will pay the reasonable and customary charges actually incurred by the insured within three years after the date of the accident, to a maximum of \$5,000.00 as a result of any one accident.

Indemnity payable under this benefit shall not duplicate payment provided by any other benefit payable under the policy.

EMERGENCY EXCESS HOSPITAL/MEDICAL REIMBURSEMENT OUT OF PROVINCE

(Applicable only to residents of Canada covered under his Provincial Health Insurance Plan)

If, as the result of injury, while outside the province of residence, an insured requires treatment on an emergency basis, the Insurer will pay the reasonable and customary charges actually incurred by the insured, while under the regular care and attendance of a physician, to a maximum of \$5,000.00 as the result of any one accident for the following:

- (a) services and supplies rendered by a hospital while the insured is confined as a resident in-patient in standard ward or semi-private accommodation;
- (b) services of a physician or licensed, certified or registered anaesthetist;
- (c) services of a nurse;
- (d) diagnostic x-ray examination, as prescribed by a physician;
- (e) cost of transportation by a licensed ambulance;
- (f) rental of crutches, splints, trusses or braces (excluding the expense of a brace or similar device used for non-therapeutic purposes or used solely for the purpose of participating in sports or other leisure activities);
- (g) drugs or medicines prescribed in writing by a legally qualified physician, not to exceed \$500.00 per insured.

Insurance commences on the date of each departure of an insured from the province of residence and terminates on the date of return to the province of residence or the date which is 30 days following the date of departure from the province of residence.

Reimbursement made under this benefit shall not duplicate payment provided by any other benefit payable under the policy.

REPATRIATION BENEFIT

If an injury sustained by an insured results in loss of life and indemnity becomes payable in accordance with the terms of this policy, the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the city of residence, including the preparation of the body for such transportation, subject to a maximum of \$5,000.00.

AMBULANCE EXPENSE BENEFIT

If injury sustained by an insured requires immediate medical attention, the Insurer will pay the reasonable and customary charges for licensed ambulance services. The maximum benefit for ground and air ambulance is \$ 250.00 per occurrence.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT

When, as the result of injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and due to a force or blow external to the mouth, the insured requires treatment by a dentist or licensed, certified or registered oral surgeon, within 30 days from the date of the accident, the Insurer will pay the reasonable and customary charges incurred by the insured for such treatment or service within 12 months of the accident, subject to a maximum of \$1,500.00.

Payments under this benefit will be made in accordance with the current Fee Guide for General Practitioner's published by the Dental Association in the province or territory of the insured's residence in Canada or its equivalent, as determined by the Insurer.

TUTORIAL EXPENSE

If injury shall, within 100 days from the date of the accident, totally disable and confine the insured to his residence or hospital for a period in excess of 30 consecutive school days, the Insurer will pay the expenses incurred, from the first day the actual expense is incurred, for the tutorial services of a teacher qualified to hold a teaching position under the standards set down by the Policyholder for grade attained by the insured at a rate not to exceed \$20.00 per hour, up to a maximum of \$1,000.00.

REHABILITATION BENEFIT

If an injury sustained by an insured results in a loss payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", and such injury requires that the insured undergo special training in order to be qualified to engage in a special occupation in which he would not have engaged except for such injury, the Insurer will pay the reasonable and necessary expense incurred for such training by the insured within three years of the date of the accident, subject to a maximum of \$5,000.00 as the result of any one accident.

Payment will not be made for room, board, or other ordinary living, travelling or clothing expenses.