

Blanket Student Accident Insurance

underwritten by
Industrial Alliance Pacific Insurance and
Financial Services Inc.
 (The Company)

The Program

A specialized program of accident insurance to protect you.

Who Is Eligible?

Full-Time Students of the Policyholder under age 70, excluding foreign exchange Students and international Students and for whom the appropriate premium has been paid.

Teachers and Non-Teaching Employees of the Policyholder under age 70 if coverage applied for and the appropriate premium has been paid.

Definitions

"Full-Time" means enrollment consisting of three or more courses at any one time or, alternatively, attending classes for a minimum of six hours per day, five days per week. With respect to day care, preschool, playschool or kindergarten children, full-time is as dictated by the day care, preschool, playschool, or kindergarten they attend.

"Injury" means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

"Student" means a permanent resident of Canada over six months of age, who is presently enrolled with and attending regularly, on a Full-Time basis, any Canadian licensed or registered day care, preschool, playschool, kindergarten, elementary or secondary school of the Policyholder, and who has not taken or arranged to take full-time permanent employment. Home schooled, prospective and visiting students are covered while in attendance at or participating in school-sponsored activities under the supervision of a proper school authority.

What Benefits Are Provided?

ACCIDENTAL DEATH BENEFIT

If, within 12 months of the date of the accident, Injury results in your loss of life, the Company will pay an Accidental Death benefit of \$5,000.00. The benefit payable under this part will be the only amount payable under the policy, unless benefits are payable under the parts titled "Counselling Benefit" or "Repatriation Benefit".

Double Indemnity: The Company will pay two times the amount applicable if such loss of life occurs while you are riding in or on, including boarding or alighting from, any public conveyance operated under a license for the conveyance of passengers for hire or any vehicle owned or leased by a school authority.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT

If Injury to whole or sound teeth requires and first receives treatment by a dentist within 60 days of the accident, benefits will be paid for customary treatment payable by you or your parent within five years from the date of the accident for Students (within one year for a Teacher or Non-Teaching Employee if covered under the policy). Capped or crowned teeth are considered whole or sound. Maximums payable are based on the fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association or its equivalent as determined by the Company. If treatment cannot be completed within five years due to the development of a Student's teeth, the Company will pay up to a maximum of \$1,000.00 per injured tooth for the expense incurred to cap, crown, replace or restore each injured tooth, provided treatment is completed prior to the Student reaching the age of 26.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT (Continued...)

Benefits will be paid for dental implants (subject to a maximum of two for any one accident) required solely as a result of an accident provided treatment is received within five years following the date of the accident for Students (one year for a Teacher or Non-Teaching Employee if covered under the policy), subject to a maximum of \$1,250.00 per implant per accident.

Benefits will be paid for Injury-related orthodontic treatment required as a direct and sole result of an accident provided the treatment is received within five years from the date of the accident for Students (one year for a Teacher or Non-Teaching Employee if covered under the policy), subject to a maximum of \$1,500.00 per accident.

ARTIFICIAL LIMBS, EYES, HEARING AIDS AND OTHER PROSTHETIC APPLIANCES BENEFIT

If Injury results in these appliances prescribed by a physician and purchased within three years from the date of the accident, the Company will pay the cost to a maximum of \$5,000.00. If a prosthetic appliance is damaged in an accident and requires commercial repair, the Company will pay the cost of repair to a maximum of \$250.00 during the term of the policy.

CONFINEMENT DISABILITY BENEFIT (ELIGIBLE STUDENTS ONLY)

If, within 30 days from the date of the accident and as a result of your Injury, you are continuously confined to home or hospital while under the regular care and attendance and on the advice of a physician and unable to attend classes of any type, the Company will pay a benefit of \$500.00 per month, commencing with the 31st day up to a maximum of 36 consecutive months of confinement.

COUNSELLING BENEFIT

Upon the medical advice of the attending physician and as a result of your death, Injury, or Critical Illness, the Company will pay for you or a member of your immediate family to undergo counselling performed by a registered psychologist or a professional counsellor, subject to a maximum of \$500.00. Expenses must be incurred within three years from the date of death, Injury or diagnosed Critical Illness.

CRITICAL ILLNESS BENEFIT

If diagnosed by a physician with Acquired Immune Deficiency Syndrome (AIDS), Cancer, Diphtheria, Encephalitis, Hemolytic Uremic Syndrome (renal failure resulting from E-coli bacteria), Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myocarditis, Poliomyelitis, Rabies, Scarlet Fever, Tetanus, Tularemia or Typhoid which first manifests itself while the policy is in force, the Company will pay reasonable expenses actually incurred within three years from the date the disease is first diagnosed for semi-private or private ward hospital services and the employment of a nurse or certified nursing aid if requested by the attending physician to a maximum of \$5,600.00.

DENTURES AND ARTIFICIAL TEETH BENEFIT (ELIGIBLE STUDENTS ONLY)

If your Injury requires and receives treatment by a dentist and results in the breakage of dentures or an artificial tooth or teeth, the Company will pay the actual cost of repair or replacement, subject to a maximum of \$250.00 during the term of the policy.

DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

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

Both Hands or Both Feet.....	\$50,000.00
One Hand and One Foot.....	\$50,000.00
One Hand or One Foot and the Entire Sight of One Eye.....	\$50,000.00
The Entire Sight of Both Eyes.....	\$50,000.00
Speech and Hearing.....	\$50,000.00
One Arm or One Leg.....	\$20,000.00
One Hand or One Foot.....	\$15,000.00
The Entire Sight of One Eye.....	\$15,000.00

DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY (Continued...)

Hearing in Both Ears, or Speech	\$15,000.00
Entire Thumb and Entire Index Finger of the Same Hand	\$10,000.00
Thumbs, Fingers, or Toes (Each Entire Thumb, Finger or Toe).....	\$ 1,000.00
One Entire Phalanx of Any One Finger	\$ 500.00
Hearing in One Ear.....	\$ 500.00

Indemnity provided under this part will be paid for one of the losses, the greatest, sustained by you as the result of any one accident, except that when death occurs within 90 days after the date of the accident, indemnity will only be paid under the part titled "Accidental Death Benefit".

Benefits paid or payable for any of the above losses will be the only amounts payable under the policy except those benefits payable under the parts titled "Artificial Limbs, Eyes, Hearing Aids and Other Prosthetic Appliances Benefit" and "Hospital and Paramedical Reimbursement Benefit".

EMERGENCY OUT-OF-PROVINCE/COUNTRY ACCIDENT BENEFIT

If Injury during a trip outside your province of residence or Canada (maximum 30-day duration) requires emergency treatment by a physician or dentist, the Company will pay the expense actually incurred for out-patient emergency room charges, standard hospital ward charges, physician's fees, surgeon's fees, emergency services of a dentist or dental surgeon, hospital expenses, and x-rays or laboratory services as may be requested by the attending physician or dentist less the amount allowed by any provincial health plan to a maximum of \$50,000.00.

EMERGENCY TRANSPORTATION BENEFIT

When Injury requires immediate medical attention but does not necessitate an ambulance, the Company will pay the reasonable expense for transportation via private vehicle/taxi from the location of the accident to a physician's office or the nearest hospital, and return to school or residence. If the Injury requires special transportation to and from school following the date of the accident, the Company will pay the reasonable expense incurred. All benefits payable under this part are subject to a maximum of \$250.00.

EYEGLASSES AND CONTACT LENSES BENEFIT

If Injury is treated by a physician, dentist or nurse within 30 days of the accident resulting in broken eyeglasses or loss or breakage of a contact lens or lenses, the Company will pay the cost of repair or replacement, subject to a maximum of \$200.00, or if the Injury necessitates the purchase of eyeglasses or contact lenses (not previously required or worn) upon the advice of a physician, the Company will pay the reasonable and necessary expense for the initial purchase.

FRACTURE, DISLOCATION OR SURGERY INDEMNITY

When Injury requires medical or surgical treatment, the Company will pay the amount specified below for one indemnity (the greatest) as the result of any one accident. For shoulder or knee cap dislocation, there must be open reduction/open primary repair. In the event of compound, comminuted or bi-lateral fractures, the amount payable will be doubled.

For complete fracture (including Greenstick type fractures) or dislocation:

Skull (depressed)	\$750.00	Bone(s) of the feet (metatarsals) or hand(s) (metacarpals)	\$100.00
Spine (three or more vertebrae)	\$750.00	Collar bone.....	\$100.00
Skull (not depressed).....	\$250.00	Forearm.....	\$100.00
Spine (less than three vertebrae)	\$250.00	Wrist	\$100.00
Pelvis.....	\$250.00	Elbow.....	\$100.00
Arm, between elbow and shoulder	\$150.00	Sternum.....	\$ 50.00
Thigh (femur)	\$150.00	Sacrum or coccyx.....	\$ 50.00
Hip	\$150.00	Upper Jaw.....	\$ 50.00
Shoulder.....	\$150.00	Lower Jaw.....	\$ 50.00
Shoulder blade	\$150.00	Lower Leg	\$100.00
Shoulder.....	\$150.00	Nose	\$ 50.00
Lower Leg	\$100.00	Knee cap	\$100.00
Knee cap	\$100.00	Two or more toes, fingers or ribs ..	\$ 50.00
Ankle	\$100.00	One toe, finger or rib.....	\$ 25.00
Calcaneus (heel bone)	\$100.00	Of any bone not specified above ..	\$ 25.00

FRACTURE, DISLOCATION OR SURGERY INDEMNITY (Continued...)

Surgery:

Severed tendon(s)	\$100.00	Knee (when there is no fracture or dislocation)	\$100.00
Burns (requiring skin grafting)	\$100.00	Eye surgery	\$100.00
Ruptured kidney, liver or spleen	\$100.00	Emergency surgery requiring general anaesthetic (excluding dental surgery)	\$100.00
Punctured lung	\$100.00		

HOSPITAL AND PARAMEDICAL REIMBURSEMENT BENEFIT

When you are under the regular care and attendance of a physician, and as a result of Injury, require and first receive treatment within 30 days from an accident, the Company will pay the reasonable expenses actually incurred in Canada except as otherwise provided under the part titled "Emergency Out-Of-Province/Country Accident Benefit" within three years from the date of the accident for hospital services: semi-private or private ward accommodation (including rental of television, radio or telephone, subject to a maximum of \$25.00 per day); licensed ground ambulance service; the employment of a nurse or certified nursing aid if requested by the attending physician; treatment by a licensed chiropractor or osteopath, subject to a maximum of \$300.00; treatment by a licensed physiotherapist or registered massage therapist when requested by the attending physician, subject to a maximum of \$300.00; rental of crutches and appliances, wheelchair, or hospital-type bed (limited to purchase price); prescription drugs; splints, trusses, pressure garments and braces requested by the attending physician for curative or therapeutic purposes only (braces are limited to one purchase only with respect to any one Injury); and medical supplies for the purpose of dressing changes when prescribed by the attending physician, subject to a maximum of \$500.00.

PERMANENT TOTAL DISABILITY (ELIGIBLE STUDENTS ONLY)

When Injury results in total and permanent disability within 120 days of the date of the accident and is total, continuous and permanent at the end of 12 consecutive months and prevents engagement in any occupation or employment for compensation or profit, the Company will pay \$50,000.00 less any other amounts payable under the policy for the same Injury.

PRIVATE TUITION EXPENSE (ELIGIBLE STUDENTS ONLY)

If Injury results in a disability within 100 days of the accident which confines you to home or hospital for 30 consecutive days, the Company will pay for a qualified teacher's private tutorial service, subject to a maximum of \$40.00 per hour. In addition, the Company will pay the labour charges, wiring and rental of communication equipment to provide tutorial service from the school to home or hospital. Approval must be obtained from the proper school authority. All benefits payable under this part are subject to a maximum of \$2,500.00.

REHABILITATION BENEFIT

If Injury requires you to be trained in a special occupation, the Company will pay the necessary expense during the three years following the accident, subject to a maximum of \$5,000.00, for special training. Payment will not be made for travelling or clothing expenses, room, board, or other ordinary living expenses.

REPATRIATION BENEFIT

If Injury results in your loss of life outside your province of residence within 12 months of an accident, the Company will pay the expense incurred for preparing your body for burial or cremation and transportation to your city of residence, subject to a maximum of \$5,000.00. Travelling expenses will be paid for a member of your immediate family to identify your remains subject to maximum of \$500.00.

SPECIAL TREATMENT TRAVEL BENEFIT

If Injury requires special medical or dental treatment by a physician or dentist that is unavailable in the municipality of your residence, the Company will pay the reasonable travel expense and/or fuel expense to obtain it. If your age necessitates an escort or parent, the escort or parent will be paid for reasonable travel expenses and/or fuel expenses plus up to a maximum of \$150.00 per day for commercial accommodation and meals, provided all receipts are submitted to the Company. All benefits under this part are payable for 12 months from the date of the accident and are subject to a maximum of \$2,500.00.

How Do I Make A Claim?

For ALL claims, contact your school, Agent or IAP (1-800-556-7411) for a claim form. Written notice of accidental death, dismemberment, loss of sight, hearing, paralysis, or loss of use of limbs is to be given to the Insurance Company within a period of 30 days from the date of loss. For all other claims, completed claim forms must be filed with IAP within 90 days after the date of the Injury and no later than 12 months regardless of whether expenses have been incurred. Attach original receipts for all eligible expenses being claimed.

To Whom Are Benefits Paid?

Benefits payable under the policy are payable to the parent when you are a minor, otherwise to you or your estate.

When Does This Insurance Not Apply?

- sickness or disease either as a cause or effect except as otherwise provided;
- suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- Injury for which there are expenses incurred for a brace or similar device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;
- Injury for which there are expenses incurred for mouthguards or treatment of Temporal Mandibular Joint (TMJ) dysfunction, whatever the cause;
- Injury resulting from repetitive/strenuous activity (i.e., overexertion, strains, etc.);
- declared or undeclared war or any act thereof;
- active full-time service in the armed forces of any country;
- Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the policy.

No benefits or expenses are payable under the policy for treatment or services which are insured services or basic health services (i.e., physician's fees) under the provincial medical care or hospital plan applicable to you whether or not you are covered thereunder.

If you are entitled to similar reimbursement benefits through any other insurer or plan, the benefits payable under the policy shall be coordinated, so that the total benefits from all insurers or plans shall not exceed the actual loss incurred.

Underwritten By:
**Industrial Alliance Pacific Insurance and
Financial Services Inc.**



This brochure is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. This group Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy, not this brochure.

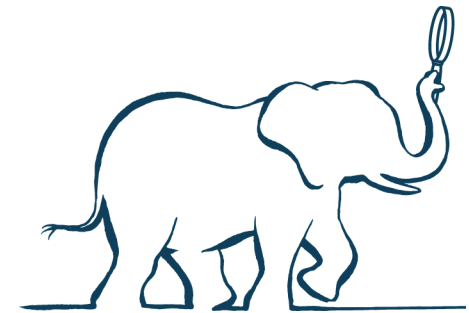
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SHELL 4322



Blanket Student Accident Insurance



Regular Coverage

Brokered by Marsh Canada Limited

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