



HEAD OFFICE : TORONTO  
BRANCHES: MONTREAL, VANCOUVER

## **ACCIDENT INSURANCE PLAN**

Chartis Insurance Company of Canada having issued POLICY NO. **SRG 902 9942**

### **GENERAL**

The Accidental Death and Dismemberment Plan provides benefits in the event of an accident. As a **member in good standing**, you are covered (subject to all restrictions and limitations described below) when you **perform the normal and regular duties which pertain to your occupation as an Instructor or a Coach and for which you are being remunerated**. This plan also provides you with insurance while you are travelling directly to or from your residence and the premises of your duties, along a normal or reasonable route, without delay or stop-over. You are **not** covered **while attending courses for which you do not receive remuneration from your employer**.

Please note that you should submit your claim **as soon as possible**, and within the prescribed time frames of each section listed below, if applicable. Nevertheless, **no claim will be valid after three hundred and sixty-five (365) days following the date of the accident or the beginning of the disability**.

### **1. REIMBURSEMENT OF ACCIDENTAL MEDICAL AND DENTAL EXPENSES**

Eligibility: All active members eligible under a Provincial Health Plan, under age 70.

When, by reason of an accidental injury, you incur expenses for medical treatments within thirty (30) days from the date of your accident, the Plan will reimburse you for the following services or supplies:

- (1) private duty nursing who does not ordinarily reside with you nor is a member of your immediate family, subject to a maximum of five thousand dollars (\$5,000) per accident;
- (2) expenses for a license ambulated service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, including air ambulance, to or from the nearest Hospital which is equipped to provide the required treatment;
- (3) hospital services for which benefits are not provided by your Provincial Health Plan administered by the Province or Territory in which you resides;
- (4) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of five thousand thousand (\$5,000) per accident;
- (5) fees of a licensed physiotherapist recommended by a physician or surgeon, up to twenty-five dollars (\$25) per treatment, subject to a maximum reimbursement of two hundred and fifty dollars (\$250) for any one accident and five hundred dollars (\$500) per policy term;
- (6) drugs and medicines purchased by prescription made by a physician or surgeon, subject to a dispensing maximum of a thirty (30) day supply;
- (7) miscellaneous expenses such as hearing aids, crutches, splints, casts, trusses and braces, but excluding replacement thereof, subject to a maximum of seven hundred fifty dollars (\$750) per policy term;
- (8) chiropractor's fees, up to twenty-five dollars (\$25) per treatment, subject to a maximum reimbursement of two hundred and fifty dollars (\$250) for any one accident and five hundred dollars (\$500) per policy term;
- (9) Expenses incurred when you require treatment, replacement or x-rays for injury to your whole or sound teeth made by a legally qualified Dentist or Dental Surgeon within thirty (30) days of your accident, but not to exceed one thousand dollars (\$1,000) per accident.

## **2. WEEKLY ACCIDENTAL INDEMNITY FOR TOTAL DISABILITY**

Eligibility: All active members eligible under a Provincial Health Plan, under age 65.

The Plan will provide you with a weekly indemnity if you are totally and continuously disable following an accident. Such disability must occur within thirty (30) days from the date of the accident.

| <b>Member's description<br/>(you must be under age 65)</b>      | <b>Waiting<br/>Period</b> | <b>Weekly Indemnity</b>   | <b>Maximum<br/>duration</b> |
|---|---------------------------|---|-----------------------------|
| Active full-time member eligible under a Provincial Health Plan | 15 days                   | 66.7% of your weekly salary, up to a maximum of \$500 per week. | 26 weeks                    |
| Active part-time member eligible under a Provincial Health Plan | 15 days                   | 66.7% of your weekly salary, up to a maximum of \$100 per week. | 26 weeks                    |
| Active member not eligible under a Provincial Health Plan       | N/A                       | N/A.  | N/A                         |

The term "total disability" as used in this Section shall mean disability which wholly and continuously prevents you from performing every duty pertaining to your occupation as an Instructor or a Coach. Indemnities payable under this Section will be reduced by any amount paid under other disability provision for the same disability.

## **3. ACCIDENTAL DEATH OR DISMEMBERMENT INDEMNITY**

Eligibility: All active members, under age 70.

|  |          |
|--|----------|
| Loss of Life .....   | \$25,000 |
| Loss of Entire Sight of Both Eyes .....  | \$25,000 |
| Loss of Speech and Hearing.....  | \$25,000 |
| Loss of One Hand or One Foot and the Entire Sight of One Eye .....                                   | \$25,000 |
| Loss of the Entire Sight of One Eye.....   | \$16,667 |
| Loss of Speech or Hearing .....  | \$16,667 |
| Loss of Hearing in One Ear.....  | \$8,333  |
| Loss of All Toes of One Foot.....  | \$6,250  |
| Loss or loss of use of Both Hands or Both Feet.....  | \$25,000 |
| Loss or loss of use of One Hand and One Foot.....  | \$25,000 |
| Loss or loss of use of One Arm or One Leg.....   | \$18,750 |
| Loss or loss of use of One Hand or One Foot .....  | \$16,667 |
| Loss or loss of use of Thumb and Index Finger of the Same Hand or Four Fingers of the same Hand..... | \$8,333  |
| Quadriplegia .....   | \$50,000 |
| (total paralysis of both upper and lower limbs)  |          |
| Paraplegia .....   | \$50,000 |
| (total paralysis of both lower limbs)  |          |
| Hemiplegia .....   | \$50,000 |
| (total paralysis of both limbs of one side of the body)  |          |

The loss must occur within three hundred and sixty-five (365) days of the accident.

“Loss” as above used with reference to quadriplegia, paraplegia, and hemiplegia means the complete and irreversible paralysis of such limbs; as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb and index finger means complete severance through or above the first phalanx; as used with reference to fingers means complete severance through or above the first phalanx of all four fingers of one hand; as used with reference to toes means, complete severance of both phalanxes of all the toes of one foot and as used with reference to eye means the irrecoverable loss of the entire sight thereof.

“Loss” as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing in both ears. “Loss” as used with reference to “Loss of Use” means the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss of use is determined to be permanent. Indemnity provided under this section for all losses sustained by any one Insured Person as the result of any one accident will not exceed \$25,000 with the exception of quadriplegia, paraplegia and hemiplegia, \$50,000 or \$25,000 if Loss of Life occurs within ninety (90) days after the date of the accident.

### **FUNERAL EXPENSES**

If indemnity becomes payable for the accidental loss of life of an Insured Person, the Company shall pay the reasonable and usual expenses incurred with a mortician, crematory or a funeral home, for the services or supplies relative to the burial or cremation. The Company shall also reimburse the usual expenses relative to the purchase of a cemetery plot, grave or mausoleum, including a plaque, tombstone or monument subject to a maximum of five thousand dollars (\$5,000)

### **IN-HOSPITAL INDEMNITY BENEFITS**

If a covered accident requires that an Insured Person be hospital confined for more than five (5) consecutive days, the Company will pay:

- ▶ A monthly benefit of one (1) percent of the Insured Person's applicable Principal Sum; or
- ▶ For periods of less than one (1) month, one thirtieth (1/30) of the above monthly benefit per day.

Benefits are retroactive to the first (1st) day of hospital confinement.

This benefit is limited to:

- ▶ A monthly amount not to exceed \$1,000; and
- ▶ A total of twelve (12) months for any covered accident.

Successive periods of hospital confinement for loss from the same covered accident separated by a period of less than three (3) months will be considered as one (1) period of hospital confinement.

The term "hospital" is defined as an establishment which meets all of the following requirements:

- ▶ Holds a license as a hospital (if licensing is required in the province);
- ▶ Operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- ▶ Provides 24-hour a day nursing service by registered or graduate nurses;
- ▶ Has a staff of one or more licensed physicians available at all times;
- ▶ Provides organized facilities for diagnosis, and major medical surgical facilities; and
- ▶ Is not primarily a clinic, nursing, rest or convalescent home or similar establishment or is not, other than incidentally, a place for alcoholics or those addicted to drugs.

A maximum of ten thousand dollars (\$10,000) will be paid under this section, per policy term.

The Company shall not be liable for any expense incurred for treatment or services by a legally qualified physician or surgeon. The insurance shall only pay for expenses that are in excess of and do not duplicate any benefits insurable or available under your Provincial Health Plan to the extent permitted by law.

## **REHABILITATION**

If you sustain a covered injury, the Company will reimburse all reasonable and necessary expenses you incur for special training to become specifically qualified to perform an occupation for which you previously lacked the qualifications. Benefits are payable for up to two years following the accident, to a maximum of \$10,000 per covered individual for any one accident. The Company will not pay for any room, board or other ordinary living, travelling or clothing expenses.

## **REPATRIATION**

Should you die as a result of an accident at least 50 kilometers away from your normal place of residence and within three hundred and sixty-five (365) days after the accident, the Company will reimburse the expenses incurred for preparing and shipping the body home. The maximum amount payable under this provision is \$10,000 per covered individual.

## **FAMILY TRANSPORTATION**

Should you be hospitalized for a covered loss, the Company will pay an immediate family member's visiting expenses to a maximum amount of \$10,000 provided the following criteria are met: (a) the hospital confinement occurs within 365 days of your accident, (b) the hospital is at least 100 kilometers away from your home, (c) the attending physician recommends the personal attendance of a member of the immediate family, (d) the visiting family member takes the most direct route, by a licensed common carrier, to the hospital, and (e) the visiting family member is the spouse, parent, grandparent, child (aged 18 or over) or sibling of the covered person confined to the hospital.

## **HOME AND VEHICLE ALTERATIONS**

Should you lose both feet or become quadriplegic, paraplegic or hemiplegic as the direct result of an accident, and subsequently need a wheelchair to get around, the Company will refund the one-time cost of alterations to: (1) your principal residence, and (2) one vehicle.

These two benefits combined are payable up to \$10,000, provided that: (a) proof of payment for these alterations is given, (b) the home alterations are made on your behalf by someone with experience in this area and recommended by an organization recognized for its support and assistance to wheelchair users, and (c) the vehicle modifications are made on your behalf by someone with experience in this area and approved by the provincial vehicle licensing authorities.

## **BENEFICIARY DESIGNATION**

If you die accidentally, benefits shall be payable to your Estate. You are automatically the beneficiary of any benefits payable in the event of an accidental injury.

## **WHEN BENEFITS ARE NOT PAYABLE**

Benefits are not payable from this Plan for losses resulting from: (1) Intentionally self-inflicted injury (2) suicide, or attempted suicide, while sane or insane; (3) Travel in any aircraft as a pilot or crew member. (4) War or any act of war, declared or undeclared. (5) Service in the armed forces.

## **NOTICE AND PROOF OF CLAIM**

The Policyholder or his agent, or a beneficiary entitled to make a claim or his agent, shall

- (a) give written notice of claim to the Company
  - (i) by delivery thereof, or by sending it by registered mail, to the Head Office or chief agency of the Company in the province, or
  - (ii) by delivery thereof to an authorized agent of the Company in the province, not later than thirty (30) days from the date of the accident or the beginning of the disability due to sickness,
- (b) within ninety (90) days from the date of the accident or the beginning of the disability due to sickness for which the claim is made, furnish to the Company such proof of claim as is reasonable possible in the circumstances of the happening of the accident or sickness and the loss occasioned thereby, and
- (c) if so required by the Company, furnish a certificate as to the cause and nature of the accident or sickness for which the claim is made and as to the duration of the disability caused thereby, from a medical practitioner legally qualified to practice in the province.

## **FAILURE TO GIVE NOTICE OR PROOF**

Failure to give notice of claim or furnish proof of claim within the time prescribed in this statutory conditions will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and in no event later than **one (1) year** from the date of the accident or the beginning of the disability due to sickness and if it is shown that it was not reasonably possible to give notice or furnish proof within the time as prescribed.

## **INFORMATION**

For more information pertaining to the Accident and Disability Insurance Program, please contact Mrs. Frances Dion at 1 800 811-6428 Ext. 231 or by e-mail at [frances@snowpro.com](mailto:frances@snowpro.com).