

**Emergency Assistance****In a medical emergency you must contact Intrepid 24/7™****Toll-Free 1-866-883-9787 or Collect 416-640-7865**

Intrepid 24/7™ makes sure that *you* get the care *you* need. When *you* call Intrepid 24/7™, a case will be opened for *you*, and medical staff will review *your* case to make sure *you* receive the best care possible for *your* situation. Intrepid 24/7™ will even arrange direct payment to *hospitals* and other service providers, so *you* don't need to worry about the bills.

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**

In the event of a medical *emergency*, *you* or someone acting on *your* behalf must call one of the following telephone numbers listed below:

U.S. and Canada **1-866-883-9787**Elsewhere **416-640-7865** Collect

In the event of *sickness* or *injury* covered by this policy requiring *hospitalization*, *surgery*, *major diagnostic testing*, or any *medical treatment* outside of Canada, *you* must contact Intrepid 24/7™ within 48 hours from the time of *emergency*. If Intrepid 24/7™ is not contacted, *your* claim may be denied or only partially covered.

This insurance covers medical expenses from *sickness* or *injury*, and losses arising from unexpected circumstances. Coverage is subject to certain limitations and exclusions, which are explained in this policy. It is important that *you* read and understand *your* policy.

*You* must call Intrepid 24/7™ to ensure coverage of certain expenses. If *you* fail to contact Intrepid 24/7™, *you* may be responsible for a portion of the expenses.

In the event of an *accident*, *injury* or *sickness*, *your* prior medical history will be reviewed after a claim has been reported.

All benefit limits are expressed in Canadian currency.

This policy is underwritten by certain Lloyd's Underwriters. MSH International (Canada) Ltd., operating as StudyInsured™, performs enrolment and provides customer service. Emergency Assistance is provided by Intrepid 24/7™.

Certain Lloyd's Underwriters will pay the benefits stated in this policy, subject to all of its terms, conditions, limitations, exclusions and other provisions for *reasonable and customary* expenses that are incurred as a result of an unexpected *sickness* or *injury* up to the benefit maximum for that particular benefit, or to the overall policy maximum. All maximums stated in this policy are per *insured person* per consecutive 12-month period unless otherwise stated.

This policy is in force only if StudyInsured™ confirms *your* coverage after receiving *your* enrolment information and the full premium. If *you* have not received confirmation of coverage, contact Intrepid 24/7™ immediately by phone at **1-866-883-9787** or email [intrepid247@intrepid247.com](mailto:intrepid247@intrepid247.com).

**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.**

Please read *your* policy carefully before *you* travel.

For information about making a claim, or the status of a claim *you* have already sent us, call Intrepid 24/7™ Claims at **1-866-883-9485** or **416-640-7862** or email [claims@intrepid247.com](mailto:claims@intrepid247.com).

**POLICY FOR INTERNATIONAL STUDENT HEALTH INSURANCE****SECTION I – ELIGIBILITY AND COVERAGE PERIOD**

To be eligible for coverage, *you* must be:

- an *international student* at an *educational institution* with a current passport and/or student visa, under the age of 65, residing in Canada, whose name is on file with the *plan administrator* as being insured under this policy during the *coverage period*; or
- the *international student's teacher* or *chaperone* under the age of 65; or
- the *parent/legal guardian, spouse, and/or dependent child(ren)* under the age of 65 of any of the persons listed above, residing together in Canada, and sharing the same *coverage period*.

Eligibility does not supersede the *educational institution's* decision to exclude from coverage individuals other than the *international student*.

Coverage commences on the latest of:

- the date the *plan administrator* confirms that *you* are insured under the policy;
- the date that *you* leave *your home country* to come to Canada;
- the effective date shown on *your* confirmation of *coverage documents*.

Travel from *your home country* to Canada is covered (including any layover location en route to Canada) provided the total trip length between departure from *your home country* and arrival in Canada does not exceed seven (7) days.

This policy terminates on the earliest of:

- the expiry date indicated on *your* confirmation of *coverage documents*;
- the date the required premium is due and unpaid and appropriate statutory notice has been given to *you*;
- the date *you* attain age 65;
- the date we obtain reasonable evidence of fraudulent use of the coverage card;

- the date *you* permanently return to *your home country*;
- 30 days after the date from which an *educational institution* no longer considers *you* active in their program whether that be through removal or voluntary departure (not applicable if *you* graduate from the *educational institution*);
- 30 days after the date the *insured person* no longer meets the eligibility requirements under SECTION I – ELIGIBILITY AND COVERAGE PERIOD (not applicable if *you* graduate from the *educational institution*).

**Coverage Outside of Canada**

School breaks and travel outside Canada during the *coverage period* are valid provided at least 51% of the *coverage period* is spent in Canada. Coverage for travel to the USA is limited to a maximum of 30 days per visit and cannot exceed 49% of the *coverage period*.

Visits to *your home country* are permitted, however, coverage will be suspended and expenses will not be covered, nor premiums refunded while in *your home country*, except where travel to *your home country* is expressly taken in order to participate in a school-organized sporting or extra-curricular event. 51% of the *coverage period* must still be spent in Canada. Intrepid 24/7™ requires notification within 48 hours for any *medical treatment* provided outside of Canada.

**Extended Coverage After Termination Date**

If *you* are *hospitalized* on the last day of this policy's *coverage period* for an eligible *sickness* or *injury*, coverage will be automatically extended until discharge up to a max of 30 days without additional premiums. Coverage for the same *sickness* 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 in the event *you* missed *your* scheduled return to *your home country* due to a delay caused by the *common carrier* in which *you* are a passenger.

**SECTION II – DEFINITIONS**

Whenever used in this policy, the following terms shall be italicized and have the meaning specified below.

**Accident** means an unexpected and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

**Chaperone** means an individual who is temporarily visiting Canada for the purposes of accompanying one or more *international students* to monitor their behaviour and/or to ensure their safety at an *educational institution*.

**Chronic Condition** means a *sickness*, disease or *injury* that is persistent, incurable and does not spontaneously disappear with time.

**Claim Documents** means the information relevant to *your* visit to a medical facility. This includes, but is not limited to, a signed claim form, medical notes/records, referrals, itemized bills, payment receipts, and prescription receipts.

**Common Carrier** means any person or agency publicly engaged in the business of transporting passengers by land, water, or air for profit. *Common carriers* include railroads, steamships, airlines, buses, and taxis where passengers are charged a fare.

**Coverage Documents** means the welcome letter that is provided to *you* either in hard copy or electronically that includes *your* personalized wallet card showing *your* name, policy number, and coverage dates.

**Coverage Period** means the period of time that *you* are insured under the policy, starting from 12:01 a.m. on the effective date of coverage and ending at 12:00 midnight on the termination date.

**Dentist** means a practitioner of dentistry lawfully qualified and licensed to practice in the jurisdiction in which they have provided the services or supplies for which the charges are incurred.

**Dependent Child(ren)** means unmarried persons residing with *you* and dependent on *you* for support if *you* are their *parent/legal guardian*, and who are:

- 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; or
- under 26 years of age and in attendance at an institution of higher learning, or
- of any age over 15 days old and have a mental or physical impairment.

**Educational Institution** means a school, school board/district, college, university, or other recognized institution of learning, in Canada which has been fully accredited (if required) in accordance with applicable law and regulations.

**Emergency** means an unexpected *sickness* or *injury* which makes it necessary to receive immediate *medical treatment* for the relief of acute pain or suffering which cannot be delayed until *you* return to *your home country*.

**End of Emergency** means a given declaration, as determined by Intrepid 24/7™ that there is no pending emergent treatment and *you* are able to continue *your* trip. *End of Emergency* can also be declared once *you* are able to return, or have returned, to *your home country*.

**Excursion** means any continuous travel outside of Canada (and not to *your home country*) during the *coverage period*, provided that at least 51% of the *coverage period* is spent in Canada.

**Fit to Travel** means the treating medical practitioner had determined *you* are able to complete travel to *your home country* and/or resident country with or without medical attention and services.

**GHIP** (Government Health Insurance Plan) means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

**Home Country** means the country where *you* maintained a permanent residence prior to entry into Canada.

**Home Health Care** means care that is provided in *your* principal residence within Canada.

**Hospital** means an establishment which:

- holds a license as a *hospital* (if licensing is required in the jurisdiction);
- 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 *physicians* available at all times;
- provides organized facilities for diagnosis, and major medical surgical facilities;
- is not primarily a clinic, nursing, rest or convalescent home or similar establishment; and
- is not, other than incidentally, a place for the treatment of alcohol or drug addiction.

**Hospitalization or Hospitalized** means *you* occupy a *hospital* bed for more than 24 hours for *medical treatment* and for which admission was recommended by a *physician* when *medically necessary*.

**Immediate Family Member** means *your spouse, parent/legal guardian* (includes stepparent), brother or sister (includes stepbrother or stepsister), child (including legally adopted child or stepchild), brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law.

**Injury** means bodily damage or harm, sustained by *you*, directly resulting from an *accident* that occurs while *your* coverage under this policy is in force and requires *emergency* treatment that is covered by this policy.

**In-patient** means a patient who occupies a *hospital* bed for more than 24 hours for *medical treatment* and for whom admission was recommended by a *physician* when *medically necessary*.

**Insured or Insured Person** means a person for whom insurance is in force under this policy and who is on file/declared with the *plan administrator*.

**Insurer** means certain Lloyd's Underwriters who provide this insurance.

**International Student** means a non-Canadian student enrolled in and attending classes in an educational program at an *educational institution* who has had to obtain a student visa and/or temporary visa status for the purpose of pursuing an education within Canada.

**Loss** means, in sections pertaining to Accidental Death and Dismemberment benefits:

- with reference to quadriplegia, paraplegia, and hemiplegia: the complete and irreversible paralysis of such limbs;
- with reference to hand or foot: complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;

- with reference to arm or leg: complete severance through or above the elbow or knee joint;
- with reference to thumb and index finger: complete severance through or above the first phalange;
- with reference to eye: the irrecoverable loss of the entire sight thereof;
- with reference to speech: complete and irrecoverable loss of the ability to utter intelligible sounds;
- with reference to hearing: complete and irrecoverable loss of hearing in both ears;
- with reference to "Loss of Use": 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.

**Major Diagnostic Testing** means diagnoses which require magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and/or biopsies.

**Medical Treatment** means any reasonable medical, therapeutic or diagnostic measure prescribed by a medical *physician* or eligible paramedical practitioner, including prescribed medication, reasonable investigative testing, *hospitalization*, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem.

**Medically Necessary** means the services or supplies provided by a *hospital* or *physician*, licensed *dentist* or other licensed provider that are required to identify or treat *your sickness or injury* and that are defined as follows:

- consistent with the symptom or diagnosis and treatment of *your sickness or injury*;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of *you*, a *physician* or *surgeon* or other licensed provider; and
- when applied to the care of an *in-patient*, it further means that *your* medical symptoms or conditions require that the services cannot be safely provided as a *hospital* outpatient.

**Minor Ailment** means any *sickness or injury* which does not require:

- the use of medication for a period of greater than 15 days; or
- more than one follow-up visit to a *physician*, *hospitalization*, surgical intervention; or
- referral to a specialist; and
- which ends at least 30 consecutive days prior to the start date of coverage.

A *chronic condition* or any complication of a *chronic condition* is not considered a *minor ailment*.

**Mountain Climbing** means the ascent or descent of a mountain requiring the use of specified equipment including crampons, pickaxes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.

**Parent/Legal Guardian** means the natural or adoptive parent, or another adult, who is responsible for the care of, and lives at the same residential address as, an *international student* under the age of 18.

## SECTION III - BENEFITS

When, by reason of *sickness or injury*, *you* incur eligible expenses as described in this section, the *insurer* will reimburse the *reasonable and customary* costs for such expenses, subject to all limitations, exclusions and other provisions of the policy. The *insurer* will pay benefits to the claimant or the assigned person/health care provider named on the claim form, during the *coverage period* to a maximum of \$2,000,000 per *insured person*. Coverage for an *insured person* under the age of six (6) months old is limited to \$25,000. The benefits within this policy are not subject to a deductible.

Coverage for eligible expenses will only be provided until the *end of emergency* is declared, unless further treatment is approved in advance by Intrepid 24/7™.

Should *you* qualify for and receive coverage under *GHIP*, eligible expenses shall exclude any treatment or services eligible under *GHIP*.

### EMERGENCY BENEFITS

#### 1. Hospital Accommodation

- Hospital* charges for room and board in a *hospital*, limited to the semi-private accommodation level;
- emergency room fees;
- hospital* charges for out-patient services when medically required.

Intrepid 24/7™ must be notified within 48 hours of *hospitalization*. Please see SECTION VI - GENERAL PROVISIONS AND LIMITATIONS: Pre-Approval Requirements for more information.

#### 2. Medical Expenses

- Medical treatment* by a legally licensed *physician*, *surgeon*, anesthetist, nurse practitioner, or registered graduate nurse (other than an *immediate family member*);
- blood plasma, whole blood or oxygen including their administration.

#### 3. Psychiatric/Psychological Care

When deemed essential by the attending *physician*, the actual costs for:

- visits to a licensed psychiatrist, psychologist or social worker for the relief of acute symptoms, up to a maximum limit of \$500 per policy; or
- for *hospital* expenses due to psychological, mental or emotional disorders, up to a lifetime maximum of \$10,000;
- the initial visit to the *physician*.

#### 4. Prescription Drugs

Drugs, including injectable drugs and sera, that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when *medically necessary for emergency medical treatment*. This benefit is limited to a 30-day supply per prescription, unless *you* are *hospitalized*. Ongoing prescriptions for *chronic conditions* and over-the-counter drugs or medicines are not covered.

#### 5. Dental Emergency

When performed by a legally qualified *dentist* or oral *surgeon*, *emergency* treatment:

- up to \$4,000 to repair or replace whole or sound natural teeth or permanently attached artificial teeth damaged as a result of an accidental blow to the face.
- up to \$600 for relief of pain caused other than by a blow to the face and including impacted wisdom teeth for which *you* have not previously received treatment or advice.

Reimbursement will not exceed the minimum fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which *you* receive such treatment.

Treatment must be initiated within seven (7) days from the time the *emergency* began and be completed no later than 90 days after treatment began and within the *coverage period*.

Routine dental exams, cleanings, scalings, fluoride treatments, and orthodontics, including repair to dental appliances, are not covered.

#### 6. Paramedical Services

When deemed essential on an *emergency* basis following an *illness* or an *injury* and accompanied by a written referral from a *physician*, expenses for: physiotherapist, chiropractor, licensed chiropodist, massage therapist, osteopath, podiatrist, speech therapist or acupuncturist; up to a maximum limit of \$500 per policy, for each class of practitioner.

#### 7. Diagnostic Services

Laboratory tests and x-rays that are ordered by the attending *physician* and that are part of the *emergency medical treatment*. This policy does not cover magnetic resonance imaging (MRI), cardiac

*Physician* or *Surgeon* means a medical doctor, other than *you* or an *immediate family member*, who is licensed to administer *medical treatment* and prescribe drugs in the jurisdiction where they provide medical services.

**Plan Administrator** means MSH International (Canada) Ltd., operating as StudyInsured™.

**Reasonable and Customary** means the amount usually charged for treatment, services or supplies to provide an appropriate level of care given the severity of the *sickness or injury* being treated, in the geographical location where the treatment, services or supplies are being provided.

**Sickness** means the onset or deterioration of illness or disease requiring *medical treatment*, care or advice while *you* are in Canada or on an *excursion*.

**Spouse** means the person related to *you* in one of the following ways:

- legally married to *you* or in a civil union; or
- living with *you* in a conjugal relationship and represented as *your spouse* or partner.

**Stable** means any medical condition, whether or not the diagnosis has been determined, other than a *minor ailment* for which there has been:

- no *hospitalization*; and
- no new diagnosis, treatment or prescribed medication; and
- no alteration\* in treatment or medication; and
- no new, more frequent or more severe symptoms; and
- no new test results showing deterioration; and
- no referral to a specialist (made or recommended) and *you* are not awaiting surgery or the results of further investigations performed by any medical professional.

\*Alteration includes a new medication, stopped medication, increase or decrease in medication, but does NOT include changes between brand-name and generic versions of drugs with the same active ingredient and dosage, or routine adjustments of maintenance medications such as insulin, Coumadin or Warfarin.

**Teacher** means an individual in the education profession who is temporarily visiting Canada for the purposes of accompanying one or more *international students* and/or whose visit is sponsored by an *educational institution* as part of a cultural exchange or similar program.

**Terminal Illness** means *you* have a condition that is cause for the *physician* to estimate that *you* have less than 6 months to live.

**You** or **Your** means the *insured person*.

catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are approved in advance by Intrepid 24/7™.

See Pre-Approval Requirements for more information.

#### 8. Medical Appliances

When prescribed by the attending *physician* as the result of a covered *accident* or *sickness*, the rental of crutches or *hospital* type bed, standard wheelchair, cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by Intrepid 24/7™, but in no event will the amount payable exceed the total purchase price or that expense typically covered under provincial programs.

#### 9. Private Duty Nurse and Home Health Care

When approved in advance by Intrepid 24/7™, prescribed by an attending *physician*, and required following a covered *emergency*, *medically necessary* costs incurred for:

- the professional services of a registered private duty nurse (other than by an *immediate family member*) when *hospitalized*; or
- in lieu of *hospitalization*, up to a maximum of \$12,000 for *home health care* from a registered private duty nurse or licensed medical practitioner (other than an *immediate family member* or resident of *your* principal residence).

#### 10. Tutorial Service

If *you* are confined to a *hospital* for a minimum period of thirty (30) consecutive days due to a covered *sickness* or *injury*, the *insurer* will pay up to \$20 per hour to a maximum of \$400 for the actual expenses incurred for a qualified private tutorial service.

### EMERGENCY TRANSPORTATION

#### 11. Ground Transportation

Up to \$10,000 per *emergency* for a licensed ground ambulance service to the nearest medical facility for *medical treatment* as the result of a covered *sickness* or *injury*.

Benefit also includes taxi fare up to \$100 in lieu of ambulance if approved in advance by Intrepid 24/7™.

#### 12. Air Transportation

**This benefit must be pre-approved and arranged in advance by Intrepid 24/7™**

Up to \$250,000 for:

- air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* or to a *hospital* in *your home country* for immediate *emergency medical treatment*;
- transport on a licensed airline with an attendant (when required) for *your emergency* return to *your home country* or *your* province or territory of residence in Canada for immediate medical attention;
- the fare for additional seats to accommodate a stretcher, if required, to return *you* to *your home country* or *your* province or territory of residence in Canada;
- up to the cost of a one-way economy airfare to return *you* to *your home country* or *your* province or territory of residence in Canada following an *emergency* and after *you* are *fit to travel*.

The cost of ground transportation before or after the flight or for connecting flights as well as the cost of a medical attendant, if required, are included in this benefit.

#### 13. Repatriation of Remains

In the event of *your* death as a result of a covered *accident* or unexpected *sickness*:

- up to a maximum of \$10,000 toward the actual cost incurred for the preparation of remains and transportation (including a standard shipping container) to *your home country*; or
- up to \$10,000 for cremation and/or burial at the place of death.

The cost of the casket, urn or funeral is not covered.

#### 14. Transportation to Bedside

**This benefit must be pre-approved and arranged by Intrepid 24/7™**

Up to a maximum of \$5,000 for single round-trip economy airfare by the most direct and economical route plus up to \$150 per day to a maximum of \$1,500 for the reasonable commercial living expenses for up to two (2) *immediate family members* to:

- be with *you* if *you* are *hospitalized* as the result of a covered *emergency* and the attending *physician* provides written certification that the situation was serious enough to warrant the visit; or
- identify *you* prior to the release of *your* body, where necessary.

## NON-EMERGENCY BENEFITS

The following benefits are payable when incurred during the *coverage period*.

### 15. Physical Examination

Up to \$100 for one annual medical examination by a *physician* in any consecutive 12-month period provided a minimum of ten (10) months of consecutive coverage has been purchased.

### 16. Eye Examination

Up to \$100 for one eye examination by a licensed optometrist or ophthalmologist in any consecutive 12-month period provided a minimum of ten (10) months of consecutive coverage has been purchased.

Corrective lenses and frames are not included.

### 17. Maternity

For pregnancy that commenced during the *coverage period*, costs incurred in Canada up to a maximum of \$10,000 for:

- a. complications including spontaneous, or non-induced, pregnancy terminations; and
- b. one induced termination per *coverage period*; and
- c. when the expected delivery date is also during the *coverage period*:
  - i. pre-natal care; and
  - ii. childbirth; and
  - iii. post-natal care.

This benefit is provided to insured *international students* only and does not extend to *teachers*, *chaperones*, or accompanying family members. This benefit ends on the expiry date of the *coverage period* regardless of the expected date of delivery.

## ACCIDENTAL DEATH & DISMEMBERMENT

If a *covered loss* occurs due to *injury*, we will pay in one sum the indicated percentage of the Principal Sum as set out in the Loss Schedule below, as follows:

*Common Carrier* Principal Sum: \$100,000.

24 Hour Accident Principal Sum: \$ 15,000.

### 18. Common Carrier Accident

Should *you* incur either Loss of life or a dismemberment described in the Loss Schedule as a result of an *injury* sustained while riding as a fare paying passenger on a *common carrier*, benefits shall be paid in accordance with the *Common Carrier* Principal Sum.

### 19. 24 Hour Accident

If *injury* results in any of the following *losses* within 365 days after the date of the *accident* other than due to a *common carrier*, the policy provides the benefits indicated below, in accordance with the 24 Hour Accident Principal Sum:

## LOSS SCHEDULE

Loss	% of Principal Sum
Loss of life	100%
Loss of both hands or Loss of 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 one arm	50%
Loss of one leg	50%
Loss of one hand	50%
Loss of one foot	50%
Loss of entire sight of one eye	50%
Loss of thumb or index finger of the same hand	33 ⅓%
Loss of speech and hearing	100%
Loss of speech or hearing	66 ⅔%
Quadriplegia, paraplegia, hemiplegia	100%
Loss of use of both arms or both hands	100%
Loss of use of one hand or one foot	50%
Loss of use of one arm or one leg	50%

## Disappearance

If *your* body has not been found within one year of *your* disappearance (as documented by a competent governmental or law enforcement agency), *you* shall, in the absence of any evidence to the contrary, be deemed to have suffered Loss of life.

## Beneficiary

The benefit for Loss of life is payable to the deceased person's estate. If *you* are under age 16 (or 18 in Quebec), the benefit is payable to *your parent/legal guardian*. We may ask the claimant to prove their relationship to the deceased.

## 20. Trauma Counselling

Expenses incurred for up to six (6) trauma counselling sessions if *you* suffer a *loss* under Accidental Death & Dismemberment within 90 days from the date of an *accident* which occurred during the *coverage period*.

## SECTION IV - EXCLUSIONS

Failure to contact Intrepid 24/7™ in the event of *hospitalization* within 48 hours from the time of the *emergency* may limit eligible medical expenses.

This policy does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Any *sickness, injury* or medical condition that was not *stable* in the 90 days prior to the effective date.
2. *Injuries* received while *you* are participating in any manoeuvres or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority.
3. Pregnancy, miscarriage, voluntary termination of pregnancy, childbirth, or their complications except as otherwise provided in Benefit #17 - Maternity.
4. Any elective, dental, plastic or cosmetic surgery except as the result of a *covered emergency*, as provided under Benefit #5 - Dental Emergency.
5. Any *sickness* or *injury* if at the time of the *sickness* or *injury*, *you* are under the influence of drugs, alcohol or other intoxicants (unless administered on, and in strict accordance with, the advice of a legally qualified *physician*).
6. Mental, emotional or psychological disorders including medications except as otherwise provided under Benefit #3 - Psychiatric/Psychological Care or Benefit #13 - Repatriation of Remains.
7. Treatment or services that contravene any *GHIP* plan in Canada.
8. Suicide or any attempt at suicide whether *you* are sane or insane.
9. Intentionally self-inflicted *injury* or any attempt at intentionally self-inflicted *injury*, whether *you* are sane or insane.
10. An act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority.
11. Any services or supplies provided by *you* or *your immediate family member*.
12. A *sickness* or *injury* that, at the time of departure from *your home country*, might reasonably be expected to require *you* to undergo *medical treatment, surgery* or *hospitalization*.
13. Any *medical treatment* claimed under the Emergency Benefits section of the policy required on an ongoing basis including continued stabilization of a *medical condition*, regular care of a *chronic condition, home health care*, investigative testing, rehabilitation or convalescent or ongoing care, and *medical treatment* of an acute *sickness* and/or *injury* after the *end of emergency* except as provided in Benefit #9 - Private Duty Nurse and Home Health Care.
14. The portion, if any, of any expenses for treatment, advice or *hospitalization* which are not *reasonable and customary*.
15. *Medical treatments* or services within *your home country* except where travel is expressly taken in order to participate in a school-organized sporting or extra-curricular event.
16. Drugs and medications which are:
  - a. commonly available without a prescription, preventative medications or vaccines, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products;
  - b. any type of contraceptive, pregnancy test, fertility drug or test, or erectile dysfunction drugs;
  - c. not legally registered and approved in Canada or not *medically necessary*.
17. Translation services of any kind, even when utilized in the delivery of medical services.
18. Organ transplants.
19. Any *sickness, injury* or medical condition for which a diagnosis need not have been made, where the policy is purchased or the visit is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such visit is taken on the advice of a *physician* or *surgeon*.
20. Medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a *physician* by telephone or e-mail.
21. The worsening, recurrence, side effects or complications of a medical condition resulting from *your* non-compliance or failure to follow the directions of a *physician* or other health care provider except as provided under Benefit #13 - Repatriation of Remains.

22. *Injury* resulting from participation in: professional athletics (for which *you* are remunerated); *mountain climbing*; aviation except as a fare-paying passenger on a commercial aircraft; hang gliding; skydiving; parachuting; bungee jumping; snow skiing or snowboarding outside of marked trails at supervised recreational facilities; motorized speed events or contests; scuba diving unless PADI/NAUI certified or accompanied by a certified instructor.

23. Travel to, from or through any country, region or city for which, prior to the effective date or *your* departure date, any department of the Canadian Government has issued a warning to avoid all travel or to avoid non-essential travel if the expenses are the result of the reason for which the warning was issued.

24. Any *sickness, injury* or medical condition resulting from the commission or attempted commission of an illegal act.

25. Any consultation or treatment for Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnoses.

26. Any costs incurred due to *your* travelling against the advice of a *physician* or any *loss* resulting from *your sickness* or medical condition that was diagnosed by a *physician* as a *terminal illness* prior to the effective date.

27. Further *medical treatments* or services in Canada for any *sickness, injury*, or medical condition that arose during a visit to *your home country*, except where travel is expressly taken in order to participate in a school-organized sporting or extra-curricular event.

### The following additional exclusions are also applicable to Accidental Death & Dismemberment benefits:

*Sickness, disease, or disability* whether the *loss* or claim results directly or indirectly from any of these:

28. Mental incapacity whether the *loss* or claim results directly or indirectly from any mental incapacity.

29. Sustained while *you* are undergoing the medical or surgical treatment of *sickness, disease, or bodily or mental infirmity*.

30. Stroke or cerebrovascular condition, cardiovascular condition including, but not limited to, myocardial infarction or heart attack, coronary thrombosis, aneurysm.

31. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if *you* are:

- a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
- b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.

32. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying *sickness, disease* or condition including but not limited to diabetes.

33. An act, attempted act or omission taken or made by *you*, or an act, attempted act or omission taken or made with *your* consent, for the purposes of interrupting the blood flow to *your* brain or to cause asphyxiation to *you*, whether with intent to cause harm or not.

34. Natural causes.

## SECTION V – CLAIM PROCEDURES

### 1. Emergency Medical Assistance

This policy provides worldwide emergency assistance for *insured persons* while in Canada, or on an *excursion*, except where local conditions render such assistance not feasible. In the event of *sickness* or *injury* covered by this policy requiring *hospitalization*, surgery, *major diagnostic testing*, or any *medical treatment* outside of Canada, Intrepid 24/7™ must be notified within 48 hours from the time of *emergency*. If Intrepid 24/7™ is not informed, this could result in the denial of claims for some expenses and some expenses being only partially covered. In the event of a medical *emergency* you or someone acting on your behalf must call one of the worldwide telephone numbers listed below:

U.S. and Canada **1-866-883-9787**  
Elsewhere **1-416-640-7865** Collect

It is *your* responsibility to ensure that Intrepid 24/7™ is contacted or to inform someone on *your* behalf to do so. If Intrepid 24/7™ is not contacted within 48 hours, benefits under this policy may be limited.

### 2. Notice and Proof of Claims

Intrepid 24/7™ will coordinate services and billings with providers to ensure direct billing of *your* expenses where available and when notified accordingly. In such instances *you* will only be required to complete a claim form to authorize the sharing of their personal information. If *you* pay directly for medical services and need to seek reimbursement, *you* or someone acting on *your* behalf must retain all original itemized invoices and receipts from all medical providers, original prescription receipts, and any other original

*claim documents* to substantiate any eligible expenses. Claims may be filed by electronic claims submission or by mail to:

**Intrepid 24/7™ – Claims Administration**  
150 King Street West, Suite 602, PO Box 75  
Toronto, Ontario (Canada) M5H 1J9  
1-866-883-9485 or 416-640-7862 | [claims@intrepid247.com](mailto:claims@intrepid247.com) | [www.studyinsured.com](http://www.studyinsured.com)

**Note: Remember to retain a copy for your records.**

*Claim documents* must be received within the following timelines in order for *your* claim to be eligible:

- a. within 365 days from the date of the *sickness* or *injury*, furnish to us such proof of claim as is reasonably possible in the circumstances of the happening of the *sickness* or *injury* occasioned thereby during the *coverage period*; and
- b. if so required by us, furnish a certificate as to the cause and nature of the *accident* or *injury* caused thereby, for which the claim is made and as to the duration of the *injury* or *loss*, from a legally qualified medical practitioner.

### 3. Notice of Claim After Your Policy Ends

We must receive *your* claim within twelve (12) months of the date *your* policy ended. We will not pay any claim we receive more than twelve (12) months after the date *your* policy ended, regardless of when the eligible expense was incurred.

## SECTION VI – GENERAL PROVISIONS AND LIMITATIONS

### Pre-Approval Requirements

Intrepid 24/7™ must approve in advance any surgery, invasive procedure, *major diagnostic testing* or *major medical treatments*, or *medical treatment* outside of Canada before any expenses are incurred. It remains *your* responsibility to contact Intrepid 24/7™ for approval or to inform someone on *your* behalf to do so, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis. If such services are not pre-approved then notification must be received within 48 hours otherwise 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. In some cases, the approval must be provided by us before any expenses are incurred.

### Clerical Error

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

### Applicable Law

This contract of insurance is governed by the laws of the province or territory where this policy was issued. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the province or territory where this policy was issued.

### Other Insurance

Benefits under this policy are payable in excess of those available under any other similar plans or insurance policies, or contracts, or government health insurance plans, or any private, public, provincial or territorial automobile insurance plan, providing *hospital*, medical or therapeutic coverage or benefits, or any other third party liability insurance in force. *You* may not claim or receive in total more than 100% of the loss caused by the insured event.

### Limitation of Benefits

Intrepid 24/7™ on behalf of the *insurer* reserves the right, as reasonably required and at its expense, to transfer *you* to any *hospital* or to transport *you* to Canada or *your home country* following an

*emergency*. If *you* refuse to be transferred or transported when declared medically *fit to travel* by the medical director, any continuing costs incurred after *your* refusal will not be covered and the payment of such costs becomes *your* sole responsibility. Coverage ceases upon *your* refusal and no coverage will be provided to *you* for the remainder of the *coverage period*.

### Limits on Assistance Services

Intrepid 24/7™ reserves the right to suspend, curtail or limit services in any area or country in the event that war, political instability or hostility renders the area inaccessible. Intrepid 24/7™ will use its best efforts to provide services during any such occurrence.

### Availability and Quality of Care

Neither the *insurer* nor Intrepid 24/7™ shall be responsible for the availability or quality of any *medical treatment* (including the results thereof) or *your* failure to obtain *medical treatment* during the *coverage period*.

### Time limit for recovery of insurance money

Every action or proceeding against the *insurer* for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or the provincial or territorial legislation that applies to this policy.

### Refunds

In the event that *you* have cancelled your trip, *you* have been denied entry to Canada, or that *you* return permanently to *your home country*, *you* shall be entitled to a pro-rata refund of the unused portion of the insurance premium *you* have paid, provided that no claims have been or will be submitted under this policy. Refunds will be subject to any applicable refund rules of the *educational institution* and/or a \$25 administration fee. Full refunds will only be granted if requested before the start date of the policy or within thirty (30) days of denied entry to Canada.

### Premiums

This policy is provided for the *coverage period*, provided that premiums are paid. For subsequent *coverage periods* a new policy can be purchased, subject to the rate table in effect at the time of the purchase.

## SECTION VII – STATUTORY CONDITIONS

### The Contract

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

### Waiver

The *insurer* is deemed not to have waived any condition of this policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

### Copy of Application

The *insurer* must, upon request, furnish to *you* or to a claimant under the contract a copy of the application.

### Material facts

No statement made by *you* at the time of enrolment for this policy can be used in defense of a claim under or to avoid this policy unless it is in the application or any other written statements or answers given as evidence of insurability.

### Notice and proof of claim

*You*, or a beneficiary entitled to make a claim, or the agent of any of them, shall,

- a. give written notice of claim to the *insurer*,
    - i. by delivery thereof, or by sending it by registered mail to the head office or chief agency of the *insurer* in the province, or
    - ii. by delivery thereof to an authorized agent of the *insurer* in the province,
- not later than 30 days from the date a claim arises under the contract on account of an *accident*, *sickness* or disability;
- b. within 90 days after the date a claim arises under the contract on account of an *accident* or *sickness*, furnish 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*,
    - ii. the loss caused by the *accident* or *sickness*,
    - iii. the right of the claimant to receive payment,
    - iv. the claimant's age, and

- v. if relevant, the beneficiary's age; and

if so required by the *insurer*, furnish a satisfactory certificate as to the cause or nature of the *accident*, *sickness* or disability for which claim may be made under the contract and as to the duration of such *sickness* or disability.

### Failure to give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if

- a. the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 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 furnish the proof in the time required by this condition, or
- b. in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

### Insurer to Furnish Forms for Proof of Claim

The *insurer* shall furnish 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 their 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.

### 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 the claim is pending, and
- 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.

### When Moneys Payable

All money payable under this contract shall be paid by the *insurer* within 60 days after it has received proof of claim.

## SECTION VIII – ABOUT YOUR PERSONAL INFORMATION

Lloyd's Underwriters place great importance on the protection of *your* privacy. *Your* personal information will be collected, used and disclosed only for the purpose of providing *you* with the insurance services *you* requested. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, Intrepid 24/7™ and the *insurer* may collect *your* personal health information held by a third party. This information may be released to employees of Intrepid 24/7™ and the *insurer* for claims analysis and to better serve *you*.

In no case will the *insurer* release this information to any person or organization that is not clearly entitled to it without first seeking *your* consent. For details of the *insurer's* privacy policy please see:

<https://www.lloyds.com/common/privacy-notices>

To see StudyInsured™'s privacy policy, please visit: [www.studyinsured.com/privacy](http://www.studyinsured.com/privacy)

Underwritten by certain Lloyd's Underwriters

# LLOYD'S

Effected with certain Lloyd's Underwriters as scheduled herein ("the Insurers"), through Lloyd's Approved Coverholder ("the Coverholder");

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