

INTRODUCTION

This insurance covers medical expenses from sickness or injury, and losses arising from sudden and unforeseen circumstances. Coverage is subject to certain limitations and exclusions, which are explained in this policy.

All benefit limits are expressed in Canadian currency.

You must call Emergency Assistance to ensure coverage of certain expenses. See the Pre-Approval Requirements in Section III for further details. You may be responsible for a portion of the expenses if the insurer is not notified promptly.

Emergency Assistance: we're here to help

In a medical emergency, contact us at 1-800-295-5205 or 416-640-4416. Toll-free, 24/7 Emergency Assistance makes sure that you get the care you need. When you call Emergency Assistance, 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.

This policy is underwritten by Sun Life Assurance Company of Canada (Sun Life). Imagine Financial Ltd., operating as Ingle International, performs enrolment and provides customer service. Emergency Assistance is provided by Intrepid 24/7, a member of the Ingle Group of Companies.

Sun Life 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 365 day period unless otherwise stated, and are stated in Canadian dollar currency.

This policy is in force only if Ingle International confirms your coverage after receiving your enrolment application and the full premium. If you have not received confirmation of coverage, contact Ingle International immediately at **1-888-386-8888** or helpline@ingleinternational.com.

POLICY FOR INTERNATIONAL STUDENT HEALTH INSURANCE: GOLD PLAN

Sections I through VIII of this document form the insurance policy and apply to you and any Insured Persons covered under the International Student Health Insurance Gold Plan.

Sun Life agrees with you, the policy owner, to pay the benefits of this policy according to its terms and conditions.

You and your mean the owner of this policy. If the Insured Person insures their Spouse or Dependent Child or both, Sun Life will issue a separate policy to each of them. If the Insured Person is the international student and is under age 16 (18 in Quebec), then the owner is the international student's Participating Educational Institution. If the Dependent Child is under age 16 (18 in Quebec), the owner is their parent or legal guardian. We, us and our mean Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Signed at Toronto, Ontario



Dean Connor
President and Chief Executive Officer
Sun Life Assurance Company of Canada



Dana Easthope
Vice-President, Associate General Counsel and
Corporate Secretary
Sun Life Assurance Company of Canada

SECTION I - ELIGIBILITY AND COVERAGE PERIOD

To be eligible for coverage, a person must be:

- an international student at a Participating Educational Institution with a current passport and/or student visa under age 65, whose name is on file with the Plan Administrator as being insured under this policy during the Coverage Period, and whose place of regular residence is located outside of Canada.
- the international student's parent, legal guardian, Teacher or Chaperone under the age of 65; or
- the Spouse and/or Dependent Child(ren) of any of the persons listed above, residing together in Canada.

Canadian citizens or permanent residents of Canada are eligible if they are not covered by GHIP.

Coverage commences on the latest of: a) the date the Plan Administrator confirms that a person is insured under the policy; b) the date that an Insured Person leaves his or her Home Country to come to Canada; and c) the date shown on the Insured Person's confirmation of coverage letter (the "Effective Date of Coverage"). Travel from the Insured Person's Home Country to Canada is covered (including any layover location en route to Canada) provided the total trip length between departure from the Insured Person's Home Country and arrival in Canada does not exceed seven (7) days.

This policy terminates on the earliest of the following dates:

- the expiry date indicated on the Insured Person's confirmation of coverage letter,
- the date the required premium is due and unpaid and appropriate statutory notice has been given to the policy owner,
- the date the Insured Person attains age 65,

IMPORTANT NOTICE - PLEASE READ CAREFULLY

This policy provides coverage for an Insured Person's Medically Necessary Hospital and medical services.

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.

If you require medical treatment, you may be required to notify Emergency Assistance prior to treatment. This policy may limit benefits should you not contact the assistance company within a specified time period.

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 Ingle International at 1-888-386-8888.

- the date we obtain reasonable evidence of fraudulent use of the coverage card,
- the date the Insured Person permanently returns to their Home Country,
- 30 days after the date the Insured Person is no longer enrolled and not attending a Participating Educational Institution (the "Termination Date"), or
- 30 days after the date the Insured Person no longer meets the eligibility requirements under SECTION I- ELIGIBILITY AND COVERAGE PERIOD

Coverage will continue during school breaks provided the policy is in force during these periods. Excursions outside Canada during the Coverage Period are valid as long as at least 51% of the period of coverage is spent in Canada. Visits to an Insured Person's Home Country are permitted, however, coverage will be suspended and expenses will not be covered, nor premiums refunded while in the Insured Person's Home Country, except where the trip to the Home Country is expressly taken in order to participate in a school-organized sporting or extra-curricular event. Visits to the United States of America are covered up to 30 days per trip.

Extended Coverage After Termination

If an Insured Person is hospitalized on the last day of this policy's Coverage Period for an eligible Sickness or Injury, coverage will be automatically extended for up to 30 days without additional premiums. Coverage for the same Sickness or Injury for which an Insured Person was initially hospitalized, will be extended for an additional 72 hours after the Insured Person is discharged from the Hospital to facilitate an Insured Person's return to the Home Country.

Coverage is automatically extended for up to 72 hours in the event an Insured Person missed his or her scheduled return to their Home Country due to a delay caused by the Common Carrier in which the Insured Person is a passenger.

SECTION II - DEFINITIONS

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

"Air Transportation" means any land, water or air conveyance required in connection with the transport of the Insured Person by air.

"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 a Participating Educational Institution.

"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 Period" means the period of time that an Insured Person is 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" or **"Dental Surgeon"** means a practitioner of dentistry lawfully qualified and licensed to practice in the jurisdiction in which he has provided the services or supplies for which the charges are incurred.

"Dependent Child(ren)" means persons that are either natural children (regardless of the parents' marital status) of the Insured Person, or adopted children of the Insured Person, or step-children of the Insured Person, or infants to which the Insured Person is legal guardian, who reside in Canada, and who are:

- over 14 days old; and
- under 21 years of age, unmarried and dependent upon the Insured Person for maintenance and support, or
- under 26 years of age and unmarried and in attendance at an institution of higher learning and dependent upon the Insured Person for maintenance and support, or
- by reason of mental or physical disability, is incapable of self-sustaining employment, and is totally dependent upon the Insured Person for support.

"Emergency" means an unforeseen 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 the Insured Person returns to his or her Home Country.

"Emergency Assistance" means the 24/7 toll-free telephone service made available to Insured Persons to report any medical emergencies, to receive guidance on obtaining medical care and to receive pre-approval for certain medical procedures as described in the Pre-Approval Requirements in Section III of this policy.

"Emergency Evacuation" means:

- the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person suffers from Sickness or Injury to the nearest Hospital where appropriate Medical Treatment can be obtained; or
- after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to his or her Home Country to obtain further Medical Treatment or to recover; or
- both a) and b) above.

"Excursion" means any continuous travel outside of Canada (and not to an Insured Person's Home Country) during the Coverage Period, provided that at least 51% of the Coverage Period is spent in Canada.

"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 the Insured Person maintained a permanent residence prior to entry into 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 twenty-four (24) hour a day nursing service by registered or graduate nurses;
- has a staff of one (1) 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.

“**Immediate Family Member**” means the Insured Person’s Spouse, parent (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 an Insured Person, directly resulting from an unintended and unanticipated accident that is external to the body and that occurs while the Insured Person’s coverage under this policy is in force in Canada or while on an Excursion.

“**Insured Person**” means a person for whom insurance is in force under this policy and who is on file/declared with the Plan Administrator.

“**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.

“**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 health care provider that are required to identify or treat an Insured Person’s Sickness or Injury and that are defined as follows:

- consistent with the symptom or diagnosis and treatment of the Insured Person’s Sickness or Injury;

- appropriate with regard to standards of good medical practice;
- not solely for the convenience of the Insured Person, a Physician or Surgeon or other licensed health care provider; and
- when applied to the care of an in-patient, it further means that the Insured Person’s medical symptoms or conditions require that the services cannot be safely provided as a Hospital Outpatient.

“**Participating Educational Institution**” means a school, college, university, or other recognized Canadian institution of learning which has been fully accredited (if required) in accordance with applicable law and regulations and has agreed to participate in the International Student Health Insurance Gold Plan.

“**Physician**” or “**Surgeon**” means a medical doctor, other than the Insured Person or an Immediate Family Member, who is licensed to administer medical treatment and prescribe drugs in the jurisdiction where he or she provides medical services.

“**Plan Administrator**” means Imagine Financial Ltd., operating as Ingle International.

“**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 deterioration of health due to illness or disease requiring Medical Treatment, care or advice while the Insured Person is in Canada or on an Excursion.

“**Special Transportation**” includes, but is not limited to, air ambulances, land ambulances, commercial airlines and private motor vehicles.

“**Spouse**” means the person related to an Insured Person in one of the following ways:

- legally married to an Insured Person or in a civil union, or
- living with the Insured Person in a conjugal relationship and represented as the Insured Person’s spouse or partner.

“**Stable**” means the existing medical condition is not worsening and there has been no alteration* in any medication for the condition or its usage or dosage, nor any Medical Treatment prescribed or recommended by a Physician or received, during the 90-day period prior to the policy’s Effective Date.

**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 a Participating Educational Institution as part of a cultural exchange or similar program.

SECTION III - BENEFITS

When, by reason of Sickness or Injury, an Insured Person incurs eligible expenses as described in this part, we will reimburse the Reasonable and Customary costs for such expenses, subject to all limitations, exclusions and other provisions of the policy. We will pay benefits to the claimant or the assigned person/health care provider named in the claim form, during the Coverage Period to a maximum of \$2,000,000.00 per Insured Person. The benefits within this policy are not subject to a deductible.

Should an Insured Person qualify for and receive coverage under GHIP, eligible expenses shall exclude any treatment or services eligible under GHIP.

Pre-Approval Requirements

Emergency Assistance must approve any surgery, invasive procedure or major diagnostic testing or treatment before any expenses are incurred. It remains the Insured Person’s responsibility to contact Emergency Assistance for approval or to inform the attending physician 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, 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 and Emergency Assistance may contact us. Carefully review the provision below.

1. Hospitalization Expenses

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

2. Medical Emergency Expenses

When the Sickness or Injury of an Insured Person requires Emergency Medical Treatment, we will pay the Reasonable and Customary expense incurred as defined herein:

- the services of a legally qualified Physician or Surgeon (other than an Immediate Family Member of the Insured Person);
- the services of a registered graduate nurse (other than an Immediate Family Member) while outside of Hospital, up to a maximum of \$12,000.00 subject to pre-approval by us;
- diagnostic services such as lab tests and/or x-ray examination as ordered by a Physician or Surgeon for the purpose of diagnosis;
- the rental of crutches or Hospital type bed, standard wheelchair, cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by us, but in no event will the amount payable exceed the total purchase price or that expense typically covered under provincial programs.

3. Eye Examination

One visit to a licensed optometrist during a 12 consecutive month period up to \$100 per Insured Person when a minimum of six (6) months consecutive coverage has been purchased.

4. Emergency Ground Transportation

If a Sickness or Injury results in a Medically Necessary transportation of an Insured Person by a licensed ground ambulance, we will pay the Reasonable and Customary expenses incurred for such transportation. The maximum amount payable for this benefit for any one Sickness or Injury is \$10,000.00 per Insured Person.

When, due to Sickness or Injury, an Insured Person requires immediate medical attention, we will pay the Reasonable and Customary expenses actually incurred for a licensed taxi to transport the Insured Person to either a Physician’s office or the nearest Hospital. The maximum amount payable for this benefit is \$100.00 per Insured Person during a 12 consecutive month period.

5. Air Transportation Benefit

- If a Sickness or Injury commencing while in Canada results in a Medically Necessary Emergency Evacuation of an Insured Person with an attendant, we will pay benefits for covered expenses up to a maximum of \$250,000.00 in total per Coverage Period. An Emergency Evacuation must first be approved by us and it must be ordered by a legally licensed Physician or Surgeon who certifies that the severity of the Insured Person’s Sickness or Injury warrants the Emergency Evacuation of the Insured Person and that such is Medically Necessary.
- If due to the geographical area at the onset of the Medical Emergency an Air Ambulance is deemed necessary, we will pay the cost of a licensed air ambulance to transport the Insured Person to the nearest Hospital or medical facility where appropriate Medical Treatment can be obtained, subject to pre-approval by us.

6. Repatriation

- Repatriation following the death of an Insured Person: If an Insured Person dies, a maximum amount of \$15,000.00 is payable for preparation of remains and return of the deceased Insured Person for shipment in a standard container to the city of residence in the Home Country of the deceased. This benefit also applies to burial or cremation at the place of death should the family opt not to repatriate the remains.
- Repatriation following an Emergency Evacuation of an Insured Person: Following the Emergency Evacuation of an Insured Person where treatment has been done in accordance with the terms of this policy, we will refund the Insured Person’s actual expenses incurred for transportation by the most direct route to such location, including expenses for a qualified medical accompanist if prescribed by the attending Physician.

7. Travel for a Member of the Immediate Family

We will refund the actual expenses up to a maximum of \$5,000.00 incurred for the round trip by the most direct and economical route for:

- an Immediate Family Member to visit the Insured Person who is admitted as an in-patient in a Hospital, upon the request of the attending Physician; and
- an Immediate Family Member to go and identify the body of an Insured Person before repatriation; and

We will pay up to \$150.00 per day for Reasonable and Customary commercial living expenses incurred by the Immediate Family Member, up to a maximum benefit of \$1,500.00.

8. Prescription Drugs

As a result of Emergency Sickness or Injury, we will pay for drugs or medicines that legally require a Physician’s or Dentist’s written prescription following a consultation but not to exceed a 30 day supply per prescription.

9. Maternity Expense Indemnity

In the event of pregnancy commencing during the Coverage Period we will reimburse the following Reasonable and Customary expenses actually incurred in Canada, for a maximum period of six (6) months following the birth of the child, up to a maximum amount of \$10,000.00 subject to all limitations, exclusions and other provisions of this policy for complications arising from such pregnancy and/or childbirth.

This benefit is provided only for an insured student when coverage has been in force for the entire term of the pregnancy. Expenses incurred outside of Canada are not covered.

Spontaneous, or non-induced, pregnancy terminations are covered. Induced terminations are limited to one per Coverage Period.

10. Dental Accident and Emergency Benefit

If the Insured Person suffers Injury to whole and sound teeth due to an accident, and treatment is initiated within seven (7) days from the date the Emergency began and obtains treatment for such Injury from a Dentist or Dental Surgeon, we shall reimburse the amount for such dental expenses incurred, up to the amount allowed for such service in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which the Insured Person receives such treatment, up to a maximum of \$4,000.00.

Benefits are also payable for other Emergency treatment for pain relief, other than a blow to the face and including impacted wisdom teeth, up to a maximum limit of \$600.00.

All treatment must be completed no later than 90 days after the treatment has begun and within the Coverage Period.

11. Other Professional Medical Services

When deemed essential on an Emergency basis and accompanied by a written referral from a Physician, expenses for: physiotherapist, chiropractor, licensed chiroprapist, massage therapist, osteopath or podiatrist; up to a maximum limit of \$500.00 per policy, for each class of practitioner.

12. Psychiatric/Psychological Benefit

When deemed essential by the attending Physician, the policy covers expenses incurred:

- for visits to a licensed psychiatrist, psychologist or social worker for the relief of acute symptoms, up to a maximum of \$500.00 per policy;
- for Hospitalization of the Insured Person due to psychological, mental or emotional disorders, up to a lifetime maximum of \$10,000.00;
- for the initial visit to the Physician.

13. Annual Physician Visit

We will reimburse up to a maximum of \$100.00 for the cost of one visit to a licensed Physician for a general check-up during a 12 consecutive month period, provided the minimum term of insurance purchased is 10 consecutive months.

14. Trauma Counselling

If an Insured Person suffers a covered Loss of single or double dismemberment, or Loss of sight of one or both eyes, or single dismemberment and Loss of sight in one eye within 90 days from the date of an accident which occurred during the Coverage Period, we will pay up to six (6) sessions of trauma counselling.

15. Tutorial Service Benefit

In the event an Insured Person is totally confined to a Hospital due to a covered Sickness or Injury and provided the minimum term of coverage is 12 consecutive months and a minimum of eight (8) months has passed since inception of the policy, we will pay the actual expense incurred within 365 days from the date of the Sickness or Injury for a qualified private tutorial service, provided:

- such confinement is continuous for a minimum period in excess of 30 consecutive days; and
- such payment shall not exceed the rate of \$20.00 per hour nor an aggregate total payment of \$400.00 during the Coverage Period.

ACCIDENTAL DEATH AND 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: \$100,000.00

24 Hour Accident Principal Sum: \$15,000.00

1. Common Carrier Accident

Should an Insured Person 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.

2. 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:

SECTION IV - EXCLUSIONS AND LIMITATIONS

Failure to contact Emergency Assistance in the event of hospitalization within 48 hours from the time of the incident may limit eligible medical expenses. See the **Pre-Approval Requirements** under Section III for further details.

There is no coverage under this policy and no payment shall be made for any Loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following:

- any medical condition which existed prior to the Effective Date of Coverage and which was not Stable for a minimum of 90 days prior to the Effective Date of Coverage;
- injuries received while the Insured Person is participating in any manoeuvres or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority;
- pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except as otherwise provided under Section III, Item 9 – Maternity Expense Indemnity;
- dental surgery or cosmetic surgery unless such surgery is a result of a covered Injury, except as otherwise provided under Section III, Item 10;
- any Sickness or Injury if at the time of the Sickness or Injury, the Insured Person is under the influence of drugs, alcohol or other intoxicants (unless administered on, and in strict accordance with, the advice of a legally qualified Physician);
- emotional or mental disorders except as otherwise provided under Section III, Item 12;
- Sickness or Injury due to participation in professional sports;
- treatment or services that contravene any GHIP plan in Canada;
- suicide or any attempt at suicide while sane or insane;
- intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, while sane or insane;
- 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;
- any services or supplies provided by an Insured Person or an Immediate Family Member of the Insured Person;
- a Sickness or Injury that, at the time of departure from their Home Country, might reasonably be expected to require an Insured Person to undergo Medical Treatment, surgery or hospitalization;
- any service, treatment, surgery or stay in Hospital not required for the immediate relief of acute pain or suffering or which is not Medically Necessary;
- any treatment or surgery which reasonably could be delayed until the Insured Person returns to his or her Home Country;
- anticipated Medical Treatments required on an ongoing basis or for continued stabilization of a medical condition known to the Insured Person prior to arrival in Canada;
- the portion, if any, of any expenses for treatment, advice or hospitalization which are not Reasonable and Customary;
- treatment or services within the Insured Person's Home Country after the Insured Person has returned or been evacuated back to the Home Country;
- we reserve the right to return the Insured Person to his/her Home Country. If any Insured Person is (on medical evidence) able to return to his/her Home Country following the diagnosis of, or the Emergency treatment for, a medical condition which requires continuing medical services, treatment or surgery, and the Insured Person elects to have such treatment or services rendered or surgery performed outside of his/her Home Country, the expense of such continuing medical services, treatment or surgery will not be covered by this policy;
- if the Insured Person declines to be transferred, or to return to his/her Home Country when declared medically fit to travel by the Medical Director, any continuing expenses for such Sickness or Injury shall not be covered;

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 1/3%
Loss of speech and hearing	100%
Loss of speech or hearing	66 2/3%
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 the body of an Insured Person has not been found within one year of the Insured Person's disappearance (as documented by a competent governmental or law enforcement agency), such Insured Person 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 the Insured Person is under age 16 (or age 18 in Quebec), the benefit is payable to their parent or legal guardian. We may ask the claimant to prove their relationship to the deceased.

- medication commonly available without a prescription; fertility drugs, contraceptives, vitamin preparations, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products;
- plastic or cosmetic surgery except as a result of a covered Injury;
- translation services of any kind, even when utilized in the delivery of medical services;
- organ transplants;
- 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;
- 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;
- the worsening, recurrence, side effects or complications of a medical condition resulting from the Insured Person's failure to follow the directions of a Physician or other health care provider;
- Injury resulting from participation in: professional athletics; mountain climbing; aviation except as a fare-paying passenger on a commercial aircraft; hang gliding; sky diving; 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;
- any Sickness, Injury or medical condition resulting from the commission or attempted commission of an illegal act;
- any consultation or treatment for Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnoses.

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

- Sickness, disease, or disability whether the Loss or claim results directly or indirectly from any of these;
- mental incapacity whether the Loss or claim results directly or indirectly from any mental incapacity;
- sustained while the Insured Person is undergoing the medical or surgical treatment of Sickness, disease, or bodily or mental infirmity;
- stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
- travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
- 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;
- an act, attempted act or omission taken or made by the Insured Person, or an act, attempted act or omission taken or made with the Insured Person's consent, for the purposes of interrupting the blood flow to the Insured Person's brain or to cause asphyxiation to the Insured Person, whether with intent to cause harm or not; and
- 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, we must be notified within 48 hours from the time of incident. If we are not informed, this could result in the denial of claims for some expenses and in some expenses being only partially covered. In the event of a medical Emergency the Insured Person or someone acting on behalf of the Insured Person must call one of the worldwide telephone numbers listed below:

U.S. and Canada **1-800-295-5205**
Elsewhere **416-640-4416** Collect

If the Insured Person, or someone acting on behalf of the Insured Person, does not call Emergency Assistance within 48 hours, benefits under this policy may be limited. See the **Pre-Approval Requirements** under Section III for further detail.

2. Notice and Proof of Claims

Emergency Assistance will coordinate services and billings between the provider and us to ensure direct billing of the Insured Person's expenses where available and when notified accordingly. In such instances the Insured Person will only be required to complete a claim form to authorize the sharing of his or her personal information. If the Insured Person pays directly for medical services and needs to seek reimbursement, the Insured Person or someone acting on behalf of the Insured Person must retain all original itemized invoices and receipts from all medical providers, original prescription receipts, and any other original documentation to substantiate any eligible expenses. Claims may be filed by electronic claims submission or by mail to:

Ingle International – Claims Administration

460 Richmond Street, Suite 100
Toronto, Ontario (Canada) M5V 1Y1
1-888-386-8888 | studentclaims@ingleinternational.com | www.studyinsured.com

Note: Remember to retain a copy for your records.

Documentation must be received within the following timelines in order for the Insured Person's claim to be eligible:

- within 90 days from the date the eligible expense was incurred for 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
- 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 the Insured Person's claim within twelve (12) months of the date his or her policy ended. We will not pay any claim received more than twelve (12) months after the date the Insured Person's policy ended, regardless of when the eligible expense was incurred.

SECTION VI – GENERAL PROVISIONS

The currency of this policy is Canadian.

1. Medical Examination and Autopsy

We have the right, and any Insured Person making a claim shall afford us an opportunity, to examine him or her when and as often as we may reasonably require while the claim is pending, and also, in the case of the Loss of life of an Insured Person, to make an autopsy subject to any law of the province where the Insured Person is temporarily residing in Canada.

2. 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.

3. Other Insurance

Coverage under this policy is provided on a second payer basis. If there are 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 concurrently herewith, amounts payable hereunder are limited to those expenses incurred that are in excess of the amounts for which an Insured Person is insured, or eligible for reimbursement, under such other coverage.

4. 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.

5. Refunds

In the event that the Insured Person ceases to be eligible for coverage under this insurance policy, or that the Insured Person returns permanently to his or her Home Country, before the termination date of this policy, the policy owner shall be entitled to a pro rata refund of the unused portion of the insurance premium paid, provided that no claims have been or will be submitted under this policy. Refunds will be subject to a \$25 administration fee.

6. Premiums

This policy is provided for the Coverage Period, provided that premiums are paid. For subsequent Coverage Periods a new policy can be purchased, and we have the right to change your premium at the time of repurchase.

SECTION VII - STATUTORY CONDITIONS

The Policy

The confirmation of coverage letter, this policy and any amendment to the policy agreed upon in writing after this policy is issued, constitute the entire policy, and no agent has authority to change the policy or waive any of its provisions.

Waiver

We are deemed not to have waived any condition of this policy, either in whole or in part, unless our waiver is clearly expressed in writing signed by our authorized signing officers.

Material facts

No statement made by an Insured Person 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

The Insured Person must send us written notice of all claims not later than the time period set out in the policy for making a claim by sending claims either by regular mail to us or electronically, where available.

The Insured Person must give us any proof we consider reasonably necessary for a claim.

Failure to give notice or proof

Failure to give notice of claim or provide proof of a claim within the time limit set out in this statutory condition does not invalidate the claim if the Insured Person gives notice or proof as soon as is reasonably possible and in no event later than 12 months from the date that an eligible expense is incurred.

When money is payable

All money payable under this policy shall be paid by us within 60 days after we receive satisfactory proof of claim.

Insurer to furnish forms for proof of claim

We shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident giving rise to the claim.

SECTION VIII – ABOUT YOUR PERSONAL INFORMATION

Respecting Your Privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by e mail to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

To see Ingle International's privacy policy, please visit www.studyinsured.com/privacy.