INGLE LEWER™



International Student

HEALTH INSURANCE

COMPLETE K12 PLAN

INGLE LEWER™ Emergency Assistance

IMPORTANT NOTICE – PLEASE READ CAREFULLY

In the event of a medical Emergency, You or someone acting on Your behalf must call SSR at one of the telephone numbers listed below:

U.S. and Canada 1-888-575-1231
Elsewhere 514-375-8234 Collect

This insurance covers *Emergency* medical expenses from *Sickness* or *Injury*, and *Losses* arising from unexpected circumstances. Coverage is subject to certain limits and exclusions, which are explained in this policy. It is important that *You* read and understand *Your* policy.

In the event of *Accident, Sickness* or *Injury* covered by this policy requiring *Hospitalization, Surgery, Major Diagnostic Testing,* or any *Medical Treatment* outside of Canada, *You* must contact Sutton Special Risk Inc (SSR) within 48 hours from the time of *Emergency*. From the U.S. and Canada, dial 1-888-575-1231; from any location outside the U.S. and Canada, dial 514-375-8234, collect. If such services are not pre-approved, failure to notify Sutton Special Risk within 48 hours will result in reimbursement of approved claims, if any, being limited to 80% of eligible expenses, up to the policy limits and maximum.

When *You* call SSR, we will assist *You* in obtaining and managing the care *You* need. We will open a case, which will be reviewed by medical staff to ensure *You* receive the best care possible for *Your* situation. SSR will even arrange direct payment to *Hospitals* and other service providers, so *You* don't have to worry about the bills.

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 Lloyd's Underwriters led by Sirius International Managing Agency Limited, Lloyd's Syndicate 1945. INGLE LEWER™ performs enrolment and provides customer service. *Emergency* assistance is provided by SSR.

Subject to the policy's terms, conditions, limitations, exclusions and other provisions, Lloyd's Underwriters led by Sirius International Managing Agency Limited, Lloyd's Syndicate 1945, will pay the benefits stated in this policy for *Reasonable and Customary* expenses incurred as a result of an unexpected *Accident Sickness* or *Injury*, up to the benefit maximum for that particular benefit, or the overall policy maximum. All maximums stated in this policy are per *Insured Person* per policy period, unless otherwise stated. **Please read** *Your* **policy carefully before** *You* **travel**.

This policy will only be in force if INGLE LEWER™ confirms *Your* coverage after receiving *Your* enrolment information and full premium payment. If *You* have not received confirmation of coverage, contact INGLE LEWER™ by phone at 1-888-575-1231 or email customersupport@inglelewer.ca.

Please read Your policy carefully before You travel.

SECTION I - COVERAGE ELIGIBILITY

To be eligible for coverage, *Participating Educational Institution or Organization You* must be:

1. Under the age of 70; and
2. Whose name is on file with the *Plan Administrator* as being insured under this policy during the *Coverage Period*; and
3. Resides in Canada; and

   a. is an *International Student* or *Participant at a Participating Educational Institution or Organization* who holds a current passport and/or student visa;
   b. is an International Faculty Member, Teacher, or other Affiliate in an educational, business, or cultural exchange with a Participating Educational Institution or Organization; or
   c. is the Parent/Legal Guardian, Spouse, and/or Dependent Child(ren) of any of the persons listed above and who:
      i. resides together with said person in Canada; and
      ii. shares the same Coverage Period as said person.

The foregoing notwithstanding, eligibility does not supersede the Participating Educational Institution or Organization's decision to exclude from coverage individuals other than the International Student or Participant.

Participating Educational Institution or Organization Coverage Effective Date

Coverage commences on the latest of:

a. the date the Plan *Administrator* confirms *You* are insured under the policy;
b. the date *You* leave *Your Home Country* to come to Canada;
c. 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) consecutive days.

Coverage Termination Date

This policy terminates on the earliest of:

a. the expiry date indicated on *Your* confirmation of coverage documents;
b. the date the required premium is due and unpaid and appropriate statutory notice has been given to *You*;
c. the date *You* attain age 70;
d. the date we obtain reasonable evidence of fraudulent use of the coverage card;
e. the date *You* permanently return to *Your Home Country;*
f. 30 days after the date from which a *Participating Educational Institution or Organization* no longer considers *You* active in their program, whether that be through removal or voluntary departure (not applicable if *You* graduate from the Participating Educational Institution or Organization);
g. 30 days after the date You no longer meet the eligibility requirements under SECTION I – COVERAGE ELIGIBILITY (not applicable if You graduate from the *Participating Educational Institution or Organization*).

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 to participate in a school-organized sporting or extra-curricular event. 51% of the Coverage Period must still be spent in Canada. Sutton Special Risk 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 automatically extend until discharge, up to a maximum 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* miss *Your* scheduled return to *Your Home Country* due to a delay caused by the *Common Carrier* in which *You* are a passenger.

SCHEDULE OF COVERED BENEFITS - PER PERSON, PER POLICY PERIOD

(unless otherwise stated and all subject to full terms and conditions herein)

All maximums are in Canadian dollars

BENEFIT	COVERED AMOUNT
MAXIMUM PLAN BENEFIT	**CAD 5,000,000**
Hospital accommodation	100%, semi-private
Medical expenses	100%
Psychiatric / psychological care expenses for self-inflicted injury / mental disorder	$10,000 outpatient $60,000 inpatient lifetime max
Prescription drugs	100% subject to 60-day limit per prescription
Dental emergency	$4,000 for emergency repair or replacement $1,000 for emergency relief of pain
Paramedical services	$1,000 per approved profession
Diagnostic services	$1,000
Medical appliances	$400
Private duty nurse & home health care	$15,000
Substance abuse care	$25,000
Tutorial services	$20 per hour / $400 max
Follow up care	$5,000
Emergency transport by ground	100%
Emergency transport by air	100%
Repatriation of mortal remains	$20,000
Transport to bedside	$5,000
Physical examination	1 (one) exam per policy period
Eye examination	$100
Vaccinations and tuberculosis testing	$150
Maternity	$25,000
Elective sexual health consultation	100% subject minimum 6-month policy period
Corrective devices	$1,000
Attention deficit disorder	3 consultations
Acne consultation	3 consultations
Diabetic supplies	$500
Asthma supplies	$500
Wart treatment	$500
Accidental death and dismemberment	$100,000 common carrier $50,000 24 hour accident
Disappearance	Per accidental death scale
Beneficiary	Per accidental death scale
Trauma counselling	6 counselling sessions

SECTION II - TERMS AND 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.

Backcountry means an area that is not marked, not patrolled and/or not cleared for avalanche dangers, but where public access is permitted.

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*.

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 Carrier* include railroads, steamships, airlines, buses, and taxis where passengers are charged a fare.

Corrective Device means a device that *You* require, on the advice of a *Physician*, to compensate for a physical impairment and without which it would be a physical impossibility for *You* to continue *Your* trip. *Corrective Device* includes prosthetic limbs, wheelchairs, seeing-eye dogs, and hearing aids, but not glasses or orthodontic or other dental appliances.

Coverage Period means the period of time *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.

Data means representations of information or concepts, in any form.

Dentist means a practitioner of Dentistry lawfully qualified and licensed to practice in the jurisdiction in which they provided the services or supplies for which 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:

a. at least 15 days and under 21 years of age, unless the child is born as a result of an eligible pregnancy as set out under this policy; or
b. under 26 years of age and attending an institution of higher learning, or
c. at least 15 days old and have a mental or physical impairment.

Diagnostic Testing means diagnoses which require cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and/or biopsies.

Emergency means an unexpected and unforeseen *Sickness* or *Injury* which makes it necessary to receive immediate *Medical Treatment* for the relief of acute pain or suffering and which *Medical Treatment* cannot be delayed until *You* return to *Your Home Country*.

End of Emergency means a given declaration, as determined by Sutton Special Risk, 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.

Fissionable Substance means any prescribed substance that is, or from which can be obtained, a substance capable of releasing atomic energy by nuclear fission.

Fit to Travel means the treating medical practitioner has determined *You* are able to complete travel to Y*our 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 their residents.

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

Home Health Care means health care 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 I*n-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 *Medically Necessary* and recommended by a *Physician*.

Illegal Substance means any substance that is not legal for *You* or any other party of interest, *Your* employees or agents or any person to whom *Your* property may be entrusted, to possess, obtain, produce, provide, sell, traffic or use, and includes any controlled substance enumerated in Schedule of the Controlled Drugs and Substances Act currently in force.

Illegal Substance Activity means any activity relating to the growing, propagating or harvesting, manufacturing, distributing, storing or selling of any *Illegal Substance*.

Immediate Family Member means *Your Spouse, Parent/ Legal Guardian* (includes stepparent), sibling (includes stepsibling), child (including a legally adopted or stepchild), brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law.

Injury or **Injuries** means bodily damage or harm directly resulting from an *Accident* that occurs while 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 which admission was *Medically Necessary* and recommended by a *Physician*.

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 Lloyd's Underwriters led by Sirius International Managing Agency Limited, Lloyd's Syndicate 1945 who provides this insurance.

International Student means a non-Canadian student enrolled in and currently attending, or scheduled to attend, classes in an educational program at a *Participating Educational Institution or Organization* who has had to obtain a student visa and/or temporary visa status for the purpose of pursuing an education within Canada and is required to arrange insurance through the *Participating Educational Institution or Organization*.

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 limb(s);
- 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 *Physician* or eligible paramedical practitioner, including prescribed medication, reasonable investigative testing, *Hospitalization*, surgery or other prescribed or recommended treatment directly 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:

a. the use of medication for more than 15 days; or
b. more than one follow-up visit to a *Physician*, *Hospitalization*, or surgical intervention; or
c. referral to a specialist; and
d. 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.

Nuclear Energy Hazard means the radioactive, toxic, explosive or other hazardous properties of radioactive material.

Nuclear Facility means:

1. Any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of plutonium, thorium and uranium or any one or more of them.

2. Any equipment or device designed or used for:

    a. separating the isotopes of plutonium, thorium and uranium or any one or more of them,
    b. processing or utilising spent fuel, or
    c. handling, processing or packaging waste.

3. Any equipment or device used for the processing, fabricating or alloying of plutonium, thorium or uranium enriched in the isotope uranium 233 or in the isotope uranium 235, or any one or more of them if at any time the total amount of such material in your custody at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235.

4. Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of waste radioactive material.

and includes the site on which any of the foregoing is located, together with all operations conducted thereon and all premises used for such operations.

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.

Participant means a non-Canadian, individual member of group such as a club or camp, amateur sports team, daycare center, religious or charitable organization, volunteer, civic, community service or recreational organization.

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

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 INGLE LEWER™.

Radioactive Material means uranium, thorium, plutonium, neptunium, their respective derivatives and compounds, radioactive isotopes of other elements and any other substances which may be designated by or pursuant to any law, act or statute, amendatory thereof as being prescribed substances capable of releasing atomic energy, or as being requisite for the production, use, or application of atomic energy.

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 *Injur*y being treated. The *Reasonable and Customary* amount is determined based on the geographical location where the treatment, services or supplies are provided.

Rock Climbing means the ascent or descent or a natural rock face requiring the use of specified equipment including crampons, pickaxes, anchors, bolts, carabiners, lead rope, or top rope anchoring equipment.

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:

a. 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 within the past 90 days, whether or not diagnosis has been determined, other than a *Minor Ailment* for which:

a) there have been no *Hospitalization*; and
b) there have been no new diagnosis, treatment or prescribed medication; and
c) there has been no alteration* in treatment or medication; and
d) there have been no new, more frequent or more severe symptoms; and
e) there been no new test results showing deterioration; and
f) there has been no referral to a specialist (made or recommended); and
g) *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 a *Participating Educational Institution or Organization* as part of a cultural exchange or similar program.

Terminal Illness means a condition that has caused a *Physician* to estimate that *You* have less than 6 months to live.

Terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

You or **Your** means the *Insured Person*.

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, for eligible expenses incurred during the *Coverage Period*. The maximum benefit payable per *Insured Person* is $5,000,000, except if the *Insured Person* is less than six (6) months of age, the maximum benefit payable per *Insured Person* is $25,000. The benefits within this policy are not subject to a deductible, unless otherwise stated.

Coverage for eligible expenses will only be provided until the *End of Emergency* is declared, unless further treatment is approved in advance by Sutton Special Risk.

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*
   a. Charges for *Hospital* room and board, limited to the semi-private accommodation level;
   b. *Emergency* room fees;
   c. *Hospital* charges for out-patient services when medically required.

Sutton Special Risk must be notified within 48 hours of *Hospitalization.* Please see SECTION V - CLAIM PROCEDURES for more information.

2. Medical Expenses
   a. *Medical Treatment* by a licensed *Physician, Surgeon*, anesthetist, nurse practitioner, or registered graduate nurse (other than an *Immediate Family Member*);
   b. blood plasma, whole blood or oxygen including their administration.

3. Psychiatric/Psychological Care

When deemed essential by the attending Physician, the actual costs for:

a. visits to a licensed psychiatrist, psychologist or social worker for relief of acute symptoms, up to a maximum limit of $10,000 per policy; or
b. for *Hospital* expenses due to psychological, mental or emotional disorders, suicide, any attempt at suicide, or intentionally self-inflicted injury up to a policy maximum of $60,000; or
c. the initial visit to the *Physician*; or
d. fees billed separately for the services of a psychiatrist provided on an in-patient basis following an emergency, up to a policy maximum of $60,000;

4. Prescription Drugs

Drugs, including injectable drugs and sera, that:

a. can only be obtained upon medical prescription;
b. are *Medically Necessary* for *Emergency Medical Treatment*;
c. are prescribed by a *Physician*; and
d. are supplied by a licensed pharmacist.

This benefit is limited to a 60-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:*

a. 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; or
b. up to $1,000 for relief of pain caused other than by a blow to the face. This benefit includes 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:

a. initiated within seven (14) days from the time the *Emergency* began;
b. completed no later than 90 days after treatment began;
c. initiated and completed within the *Coverage Period*.

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

6. Paramedical Services

When deemed essential on an *Emergency* basis following a *Sickness* or an *Injury* and accompanied by a written referral from a *Physician*, expenses for: physiotherapist (including x-rays), chiropractor, licensed chiropodist, massage therapist, naturopath, osteopath, podiatrist, speech therapist, acupuncturist, or occupational therapist; up to a maximum limit of $1,000 per policy, for each class of practitioner.

7. Diagnostic Services

Laboratory tests and x-rays ordered by the attending *Physician* and which are part of the *Emergency Medical Treatment*. **This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are approved in advance by Sutton Special Risk.**

See SECTION VI - GENERAL PROVISIONS AND LIMITATIONS Pre-Approval Requirements, for more information.

8. Medical Appliances

When prescribed by the attending *Physician* as the result of a covered *Accident, Sickness* or *Injury*, the rental of crutches or *Hospital* type bed; standard wheelchair; and/or cost of splints, canes, slings, trusses, braces, orthotics, or other prosthetic appliances approved by Sutton Special Risk. In no event will the amount payable exceed the total purchase price or the expense typically covered under provincial programs; the cost of prescription glasses resulting from an injury to a maximum of $400; the cost of hearing aids resulting from an injury to a maximum of $400.

9. Private Duty Nurse and Home Health Care

When approved in advance by Sutton Special Risk, prescribed by an attending *Physician*, and required following a covered *Emergency, Medically Necessary* costs incurred for:

a. professional services of a registered private duty nurse (other than by an *Immediate Family Member*) while *Hospitalized*; or
b. in lieu of *Hospitalization*, up to a maximum of $15,000 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. Substance Abuse Care

Provided a minimum of six (6) consecutive months of coverage has been purchased, up to $25,000 for *Emergency* transportation, *Emergency* room treatment, and *Hospitalization* for *Sicknesses* and *Injuries* as a direct result of using alcohol, drugs or other intoxicants. A claim covers up to three (3) counselling or treatment sessions related to alcohol or drug dependency after the initial *Emergency* but does not include admission into any treatment program beyond the 3 counselling sessions. This benefit is limited to a maximum of two (2) claims per policy year.

Sicknesses or *Injuries* sustained while operating a motorized licensed vehicle and/or operating machinery while under the influence of alcohol, drugs or other intoxicants are not covered.

11. Tutorial Service

If *You* are confined to a *Hospital* for a minimum period of thirty (30) consecutive days due to a covered *Accident Sickness* or *Injury*, the *Insurer* will pay up to $20 per hour, to a maximum of $400, for actual expenses incurred for a qualified private tutorial service.

12. Follow-Up Care

Up to a maximum of $5,000 for outpatient services for *Medical Treatment* that is *Medically Necessary* following an initial *Emergency*. This benefit is subject to approval by Sutton Special Risk.

Emergency Transportation

13. Ground Transportation

Up to overall policy limit for a licensed ground ambulance service to the nearest medical facility for *Medical Treatment* as the result of a covered *Accident*, *Sickness* or *Injury*.

This benefit also includes transportation in lieu of ambulance, up to $300,000 if approved in advance by Sutton Special Risk to:

i. The nearest appropriate medical facility; or
ii. A Canadian *Hospital*;

14. Air Transportation

This benefit must be pre-approved and arranged in advance by Sutton Special Risk. Up to $300,000 for:

a. air ambulance transportation to one of the following, for immediate *Medical Treatment*:
   i. the nearest appropriate medical facility;
   ii. a Canadian *Hospital*; or
   iii. a *Hospital* in *Your Home Country*;
b. 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;
c. 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;
d. up to the cost of 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.

15. Repatriation of Remains

In the event of *Your* death as a result of a covered *Accident*, *Injury* or *Sickness* up to a maximum of $20,000 toward:

a. the actual cost incurred for preparation and transportation of remains (including a standard shipping container) to *Your Home Country*; or
b. cremation and/or burial at the place of death. The cost of the casket, urn or funeral is not covered.

16. Transportation to Bedside

This benefit must be pre-approved and arranged by INGLE LEWER™ / Sutton Special Risk.

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 reasonable commercial living expenses for up to two (2) *Immediate Family Members* to:

a. 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
b. 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.

17. Physical Examination

The cost of one annual medical examination by a *Physician* in any consecutive 12-month period.

18. Eye Examination

Up to $100 for one eye examination by a licensed optometrist or ophthalmologist provided a minimum of three (3) months of consecutive coverage has been purchased.

Corrective lenses and frames are not included.

19. Vaccinations and Tuberculosis Testing

Up to a maximum of $150 for vaccinations and/or tuberculosis testing in any consecutive 12-month period, provided a minimum of six (6) months of consecutive coverage has been purchased.

20. Maternity

For pregnancy conceived during the *Coverage Period*, or up to a maximum of 30 days prior to the coverage period, costs incurred in Canada, up to a maximum of $25,000 for:

a. complications including premature delivery and childbirth by caesarian section, 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*:
   iv. pre-natal care; and
   v. childbirth; and
   vi. post-natal care.

This benefit ends on the expiry date of the *Coverage Period* regardless of the expected date of delivery.

21. Sexual Health Consultation

Elective testing for sexually transmitted diseases (STDs), including one consultation for prescription of the “morning after pill”, during any consecutive 12-month period, provided a minimum of six (6) months of coverage has been purchased.

22. Corrective Devices

This benefit must be pre-approved and arranged by Sutton Special Risk. Up to $1,000 to repair or replace a *Corrective Device You* require if, during the *Coverage Period, Your* required *Corrective Device* is stolen and not recovered, is damaged, or suffers a malfunction or defect which renders it unusable. This benefit does not apply to defects or malfunctions which were evident prior to the *Coverage Period* or to defects or malfunctions covered by other insurance plans including manufacturers’ warranties. Corrective lenses and orthodontic appliances are excluded from this benefit.

23. Attention Deficit Hyperactive Disorder

Expenses incurred for up to three (3) visits to a licensed *Physician*, psychiatrist, or psychologist related to an *Insured Person*'s Attention Deficit Hyperactivity Disorder (ADHD), whether this is for a new diagnosis or ongoing care for previously diagnosed ADHD. This benefit does not include the cost of any medication regardless of whether a prescription is required.

24. Acne Consultation

Expenses incurred up to three (3) visits to a licensed *Physician* related to an *Insured Person*'s acne, whether for a new diagnosis or ongoing care for previously diagnosed acne. This benefit does not include the cost of any medication regardless of whether a prescription is required.

25. Diabetic Supplies

Up to $500 in any consecutive 12-month period for insulin and standard syringes, needles and diagnostic aids required for the treatment of diabetes.

26. Asthma supplies

Up to $500 in any consecutive 12-month period for supplies required for the treatment of asthma.

27. Wart Treatment

Expenses incurred up to $500 for treatment of any type of warts.

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:

28. Common Carrier Accident, Principal Sum: $100,000

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.

29. 24 Hour Accident, Principal Sum: $50,000

If *Injury* results in any of the following *Losses* within 365 days after the date of an Accident other than a C*ommon Carrier Accident*, the policy provides the benefits indicated in the Loss Schedule, 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 and 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%

30. Disappearance

If *You* disappear while coverage is in force under this policy and *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.

31. Trauma Counseling

Expenses incurred for up to six (6) trauma counselling sessions if, within 90 days of an *Accident* that occurs during the *Coverage Period*, *You* suffer a *Loss* under the Accidental Death & Dismemberment provisions.

SECTION IV - EXCLUSIONS

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

1. Injuries sustained while participating in any maneuvers or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority.
2. Except as provided in Benefit #20 – Maternity, pregnancy, miscarriage, voluntary termination of pregnancy, childbirth, or their complications.
3. Any elective, dental, plastic or cosmetic surgery, except as the result of a covered Emergency under Benefit #5 - Dental Emergency.
4. Any *Sickness*, *Accident* or *Injury* incurred while *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*), except as provided under Benefit #10 – Substance Abuse Care and/or Benefit #15 - Repatriation of Remains.
5. Mental, emotional or psychological disorders, including medications for such disorders. Except as provided in Benefit #3 - Psychiatric/ Psychological Care and/or Benefit #15 - Repatriation of Remains and/or Benefit #23 - Attention Deficit Hyperactive Disorder.
6. Treatment or services that contravene any GHIP plan in Canada.
7. Any of the following, whether sane or insane:
   a. Suicide;
   b. Attempted suicide; or
   c. Intentionally self-inflicted Injury;

   Except as provided in Benefit #3 - Psychiatric/Psychological Care.

8. War, hostilities or any act of war (whether war is declared or not), invasion, act of an enemy foreign to your nationality, or enemy foreign to the country in, or over, which the act occurs, civil war, riot or civil commotion, rebellion, insurrection, revolution or overthrow of any Government, use of nuclear, chemical or biological weapons of mass destruction, radioactive contamination, terrorist activity (or threat, hoax or preparation of terrorist activity).

   For the purpose of this exclusion terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but is not limited to:

   - actual harm to you;
   - damage to your property;
   - use of any application, software or programme in connection with any electronic equipment (for example a computer, laptop, smartphone, tablet or internet capable electronic device) or computer virus;

   Excluding any action taken by you, or anyone else, in controlling, preventing, or responding to any, or all, of above.
9. If any part of this exclusion is found to be invalid or unenforceable, the rest will remain in full force and effect. Any services or supplies provided by *You* or *Your Immediate Family Member*.
10. Any *Sickness* or *Injury* that, at the time *You* departed *Your Home Country*, might reasonably be expected to require *Medical Treatment*, surgery or *Hospitalization*.
11. Any claim under the *Emergency Benefits* section of the policy for *Medical Treatment* which is 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 acute *Sickness* and/or *Injury* after the *End of Emergency*, except as provided in Benefit #9 - Private Duty Nurse and Home Health Care.
12. Any expense for any treatment, advice or *Hospitalization* which exceeds the *Reasonable and Customary* amount.
13. *Medical Treatments* or services within *Your Home Country*, except where travel is expressly taken to participate in a school-organized sporting or event.
14. Drugs and medications which are:
    a. commonly available without a prescription; preventative medications or vaccines (except as otherwise provided in Benefit #19 – Vaccinations and Tuberculosis Testing); acne medications; baldness remedies; nicotine resin products; or 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*.
    d. Hormone replacement therapy for treatment related to gender identity.

    However, this exclusion does not apply to *Emergency Medical Treatment* required due to COVID-19 vaccination complications or side effects.

15. Translation services of any kind, even when utilized in the delivery of medical services.
16. Organ or tissue transplants.
17. Any *Sickness*, *Injury* or medical condition for which a diagnosis need not have been made, where the policy is purchased or visits 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*.
18. 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.
19. 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 #15 - Repatriation of Remains.
20. *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; sky diving; parachuting; bungee jumping; Backcountry skiing/ snowboarding, or Rock Climbing; motorized speed events or contests; or scuba diving unless PADI/NAUI certified or accompanied by a certified instructor.
21. Travel to, from or through any country, region or city for which, prior to the coverage effective date or *Your* departure date, any department of the Canadian Government 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.
22. Any *Sickness*, *Injury* or medical condition resulting from the *Insured Person* committing or attempting to commit an illegal act.
23. Any consultation or treatment for Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnoses, except as provided under Benefit #23 - Attention Deficit Hyperactive Disorder.
24. 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.
25. 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 was expressly taken to participate in a school-organized sporting or extra-curricular event.

The following additional exclusions apply to Accidental Death & Dismemberment benefits:

Sickness, disease, or disability where the *Loss* or claim results directly or indirectly from:

26. mental incapacity.

27. the medical or surgical treatment of *Your Sickness*, disease, or bodily or mental infirmity.

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

29. 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.

30. Infections of any kind, regardless of how contracted, except bacterial infections 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.
31. An act, attempted act or omission taken or made by *You* or with *Your* consent, for the purposes of interrupting blood flow to *Your* brain or causing *You* asphyxiation, whether with intent to cause harm or not.
32. Natural causes.
33. Sanctions Limitations Clause LMA3100A

    No Reinsurer shall be deemed to provide cover and no Reinsurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia, United Kingdom or United States of America.

34. Cyber/Data Exclusion

This insurance does not apply to liability for:

1. erasure, disruption, corruption, misappropriation, and/or

misinterpretation of data;

2. erroneously creating, amending, entering, deleting or using data, including any loss of use arising therefrom;

3. Personal injury arising out of the distribution, or display of data, by means of an Internet website, the Internet, an intranet, extranet, or similar device or system designed or intended for electronic communication of data.

Except as otherwise provided in this endorsement all the conditions, limitations, and other terms of this policy shall have full force and effect.

35. Pathogenic, Poisonous, or Chemical Materials

It is agreed that this Insurance excludes *Loss*, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials regardless of any other cause or event contributing concurrently or in any other sequence thereto.

36. Illegal Substance and Illegal Activity Exclusion

It is hereby understood and agreed that this insurance excludes all liability arising from *Loss* or damage however caused which results, directly or indirectly, from any illegal substance activity, regardless of *Your* being unaware or able to control such activity. It is further understood and agreed that the insurer shall not have any duty to defend any suit against *You* seeking damages.

Except as otherwise provided in this endorsement all the conditions, limitations, and other terms of this policy shall have full force and effect.

37. Nuclear Materials and Facilities

Injury or property damage resulting directly or indirectly from the nuclear energy hazard arising from:

a. the ownership, maintenance, operation or use of a nuclear facility by or on behalf of You;

b. Your furnishing of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any nuclear facility; and

c. The possession, consumption, use, handling, disposal or transportation of fissionable substances, or of other radioactive material (except radioactive isotopes, away from a nuclear facility, which have reached the final stage of fabrication so as to be usable for any scientific, medical, agricultural, commercial or industrial purpose) used, distributed, handled, or sold by You.

With respect to property, loss of use of such property shall be deemed to be property damage.

SECTION V - CLAIM PROCEDURES

1. Emergency Medical Assistance

This policy provides worldwide Emergency assistance for *You* while in Canada, or on an Excursion, except where local conditions render such assistance infeasible. In the event of *Sickness* or *Injury* covered by this policy requiring *Hospitalization*, surgery, *Diagnostic Testing*, or any *Medical Treatment* outside of Canada, Sutton Special Risk must be notified within 48 hours from the time of *Emergency*. Failure to notify Sutton Special Risk could result in denial and/or partial coverage of claims and expenses. **In the event of a medical Emergency, *You* or someone acting on *Your* behalf, must call one of the telephone numbers below:**

U.S. and Canada 1-888-575-1231

Elsewhere 1-514-375-8234 Collect

It is *Your* responsibility to ensure that Sutton Special Risk is contacted or to inform someone on *Your* behalf to do so. Failure to contact Sutton Special Risk within 48 hours, may result in benefits under this policy being limited.

2. Notice and Proof of Claims

Sutton Special Risk will coordinate 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 Your 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. To be considered for reimbursement, claims must be submitted within 365 days from the date of the *Sickness* or *Injury* that is the basis for the claim. We must receive *Your* claim within twelve (12) months of the date *Your* policy ends. Any claim received more than twelve (12) months after the date *Your* policy ends or more than 365 days after the *Sickness* or *Injury* that is the basis of the claim will not be paid, regardless of when the expense was incurred.

To submit a claim for reimbursement, submit such *Claim Documents* as is reasonably possible in the circumstances, including a signed claim form. We may also require *You* furnish a certificate from a legally qualified medical practitioner as to the cause and nature of the *Sickness*, *Accident*, or *Injury* for which claim is made, and as to the duration of the Injury or *Loss*. Claims may be filed electronically or by mail to:

Ingle Lewer
220-3131 boul. Saint-Martin Ouest
Laval QC H7T 2Z5

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.

Sutton Special Risk – Claim Administration

1-888-575-1231 or 514-375-8234

claims@inglelewer.ca | www.INGLELEWER.ca

Note: Retain a copy of *Your* claim submission for *Your* records.

SECTION VI - GENERAL PROVISIONS AND LIMITATIONS

Pre-Approval Requirements

Sutton Special Risk must approve in advance any surgery, invasive procedure, *Diagnostic Testing* or *Medical Treatments* outside of Canada before any expenses are incurred. Except in extreme circumstances, such as when contacting Sutton Special Risk in advance would delay resolution of a life-threatening medical crisis, it remains *Your* responsibility to contact Sutton Special Risk for pre-approval, or to inform someone to do so on *Your* behalf. If such services are not pre-approved, failure to notify Sutton Special Risk within 48 hours will result in reimbursement of approved claims, if any, being limited to 80% of eligible expenses, up to the policy limits and maximum.

Clerical Error

Clerical error on our part or the part of the *Plan Administrator* in keeping records for furnishing 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 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* or *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 plan or insurance policy; contract; government health insurance plan; private, public, provincial or territorial automobile insurance plan providing *Hospital*, medical or therapeutic coverage or benefits; or any other insurance in force covering benefits within this policy. *You* may not claim or receive, in total, more than 100% of the *Loss* caused by the insured event.

Limitation of Benefits

Sutton Special Risk, on behalf of the *Insurer*, reserves the right, as reasonably required and at its expense, to transfer *You* to any *Hospital* or 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 payment of such costs becomes *Your* sole responsibility. Further, if *You* refuse to be transferred or transported when declared medically *Fit to Travel* by the medical director, *Your* coverage under this policy terminates upon *Your* refusal, and no coverage will be provided to *You* for the remainder of the *Coverage Period.*

Limits on Assistance Services

Sutton Special Risk reserves the right to suspend, curtail or limit services in any area or country should war, political instability, or hostility render the area inaccessible. Sutton Special Risk will use its best efforts to provide services during any such occurrence.

Misrepresentation and Non-Disclosure

Your entire coverage under this policy shall be voidable if the *Insurer* determines, whether before or after *Loss*, that *You* concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy, or if *You* refuse to disclose information or permit the use of information pertaining to any *Insured Person* under this policy. If *Your* coverage is voided under this provision, no claim shall be payable by the *Insurer* and *You* shall be solely responsible for all expenses relating to *Your* claims, including medical repatriation costs.

Availability and Quality of Care

Neither the Insurer nor Sutton Special Risk 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 *You* cancel *Your* trip, are denied entry to Canada, or *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* paid, provided no claims have been or will be submitted under this policy. Refunds will be subject to any applicable refund rules of the *Participating Educational Institution or Organization* 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 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.

English Language Policy Wording Acknowledgement Form

It is hereby understood and agreed that the policy and policy wordings as agreed upon by You and conveyed to You shall be provided in English language only except in the province of Quebec as per the Quebec Charter of the French Language. Except as otherwise provided in this endorsement all the conditions, limitations, and other terms of this policy shall have full force and effect.

Policy Disputes

Any dispute concerning coverage under this policy and/or the interpretation of the Terms, Conditions Limitations and/or Exclusions contained herein is understood and agreed by both You and the Insurer to be subject to the law and jurisdiction of a Canadian province or territory as determined by the relevant Insurance Act(s). Each party agrees to submit to the jurisdiction of any court of competent jurisdiction within the Canadian province or territory as determined by the relevant Insurance Act(s) and to comply with all requirements necessary to give such court jurisdiction. All matters arising hereunder shall be deemed in accordance with the law and practice of such Court which shall have exclusive jurisdiction. Except as otherwise provided in this endorsement all the conditions, limitations, and other terms of this policy shall have full force and effect.

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 *You* make at the time of enrolment for this policy can be used in defense of a claim under, or to avoid, this policy, unless such statement is in the application or any other written statements or answers given as evidence of insurability.

Made in Canada

For the purpose of the *Insurance Companies Act* (Canada), this Canadian Policy was issued in the course of Lloyd's Underwriters' insurance business in Canada.

The business insured/reinsured herein meets the necessary conditions to qualify as, and is being transacted as, "insuring in Canada a risk" in accordance with Part XIII of the Insurance Companies Act (Canada).

LMA5185

Notice and Proof of Claim

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

1. notify Sutton Special Risk of expenses requiring pre-approval within 48 hours. Failure to provide this notice will result in reimbursement of approved claims, if any, being limited to 80% of eligible expenses, up to the policy limits and maximum.
2. not later than 30 days from the date a claim arises under the contract on account of an *Accident*, *Sickness* or , give written notice of claim to the Insurer via:
    a. delivery or registered mail to the head office or chief agency of the Insurer in the province; or
    b. delivery to an authorized agent of the *Insurer* in the province; and
3. within 90 days after the date a claim arises under the contract on account of an *Accident*, *Sickness*, or disability, furnish to the *Insurer* such proof as is reasonably possible in the circumstances of:

    a. the happening of the *Accident* or the start of the *Sickness*,
    b. the *Loss* caused by the *Accident* or *Sickness*,
    c. the right of the claimant to receive payment,
    d. the claimant's age,
    e. if relevant, the beneficiary's age, and
    f. if required by the *Insurer*, a satisfactory certificate as to the cause or nature of the *Accident*, *Sickness* or disability for which claim is made and the duration of such *Sickness* or disability from a legally qualified medical physician.

Failure to Give Notice or Proof

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

a. the notice or proof is provided as soon as reasonably possible, and in no event later than 1 year after the date of the *Accident*, *Sickness* or disability that is the basis of the claim, and it is shown that it was reasonably possible to give the notice or proof in the time required by the policy, or
b. in the case of death of the *Insured Person*, 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.

Claims Information

For information about making a claim, or the status of a claim *You* have already made, call Sutton Special Risk Claims department at 1-888-575-1231 or 514-375-8234 or email claims@inglelewer.ca.

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 body of the *Insured Person* when, and as often as it reasonably requires, while the claim is pending, and
b. in the case of death of the *Insured Person*, the Insurer may require an autopsy, subject to any

law of the applicable jurisdiction relating to autopsies.

Applicable to Quebec Residents

Notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Quebec respecting contracts of Accident and Sickness Insurance.

When Moneys Payable

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

Claim Appeal

In the event that Your claim is denied by Sutton Special Risk, *You* have the right to appeal the decision. Please contact Sutton Special Risk by email, providing evidence to support the appeal (e.g. medical documents). An independent claims examiner will review and determine whether the original decision is to be reversed or upheld.

If the original decision is upheld, *You* have the right to a second appeal, to be reviewed by the Head of Claims. Their decision will be final.

SECTION VIII - ABOUT YOUR PERSONAL INFORMATION

Introduction:

This notice describes how Lloyd's Canada, as a data controller, collects, uses, shares and retains the personal information *You* provide and informs you about *Your* choices regarding use, access and correction of *Your* personal information. Lloyd's is committed to ensuring that any personal data it receives is protected and handled in accordance with applicable data protection laws.

Consent to Collection:

By purchasing insurance or filing a claim on a policy issued by Lloyd's Underwriters in Canada, ("Lloyd's"), a customer provides Lloyd's with their consent to the collection, use and disclosure of personal information. Consent is subject to the customer's understanding of the nature, purpose, and consequences of the collection, use or disclosure of their personal information.

How we Collect Information:

We receive policy and claim information from sources such as: Lloyd's Coverholders, Lloyd's Managing Agents, insurance brokers, claims adjusters, and other insurance intermediaries.

What personal information we process about *You* and how it is used:

Information is collected and stored for the following purposes:

- the communication with Lloyd's policyholders
- the underwriting of policies
- the evaluation of claims
- the analysis of business results
- purposes required or authorized by law

We collect, process, and store the following personal information about *You*:

- Name
- Address including postal code and country
- Policy number
- Claim number
- Claim details

We also collect information about *You* when *You* visit www.lloyds.com . Further details can be found on our online Privacy & Cookies policy at Privacy - Lloyd's (lloyds.com)

We will not use *Your* personal information for marketing purposes, and we will not sell *Your* personal information to other parties.

Who we disclose *Your* information to:

For our general business administration, efficiency, and accuracy purposes, *Your* personal information might be shared among certain Lloyd's offices. In order to properly manage the Lloyd's market and exercise certain supervisory powers, we may share *Your* personal information with the Lloyd's Market Participants. For example, to successfully resolve any complaint, we will require all relevant information about *Your* coverage and concerns.

To help manage our business and deliver services, we may share *Your* personal information with third-party service providers such as IT suppliers and business services. We require all our service providers to respect the confidentiality and security of personal data.

We may be under legal or regulatory obligations to share *Your* personal data with Canadian courts, regulators, and law enforcement bodies.

Personal information collected by Lloyd's may be stored in several provinces within Canada, as well as sent for processing to Lloyd's offices in international locations such as the United States, the United Kingdom and the European Union. The collection, use and disclosure of personal information will be subject to the laws of those jurisdictions. By communicating personal information to us, for the purchase of insurance products or filing claims, *You* hereby consent to disclosing such personal information as may be required by the laws of that jurisdiction

For the purposes described above, personal information may be disclosed to Lloyd's related or affiliated organisations or companies, their agents/mandataries, and to certain IT suppliers and business services providers. As some of these entities and Business Services Providers may be located outside of Canada, including in the United States of America or another foreign jurisdiction such as the United Kingdom and the European Union. The collection, use and disclosure of personal information will be subject to the laws of that jurisdiction. By communicating personal information to us, for the purchase of insurance products or filing claims, *You* hereby consent to these entities and Business Services Providers located outside of Canada to disclosing such personal information as required by the laws of that jurisdiction.

Use or disclosure without consent or further notification:

Personal information may be used for a purpose other than those for which it was originally collected, without the consent, in the following situations:

- Legitimate business purposes: When it is necessary for the supply or delivery of a product or the provision of a service you have requested. We may also be required to share information to investigate allegations of fraud; where permitted or required by law; to protect and defend legal claims; and, at the request of government institutions in accordance with applicable laws.

- Interest of the individual: When it is clearly used for *Your* benefit.

- Research, data analytics and AI. Only if it is used for purposes consistent with those it was collected, for study or research purposes, or for statistical purposes (where if the information has been de-identified).

Retention

We retain personal information for the purposes described above, for so long as is necessary to achieve those purposes. We will also retain information for so long as required by or regulatory obligations or by law.

Your rights

You have certain rights as an individual which you can exercise in relation to the information we hold about *You*. If you make a request to exercise any of *Your* rights, we reserve the right to ask *You* for a proof of *Your* identity. We aim to acknowledge your request as soon as possible and will address your query within one month from *Your* request.

You have the following rights:

The right to access

You are entitled to a confirmation to how we are processing *Your* data, a copy of your data, and information about the purposes of processing, who do we disclose it to, whether we transfer it abroad and how we protect it, how long we keep it for, what rights *You* have, where we got *Your* data from and how *You* can make a complaint.

We may have to decline a request due to legal restrictions. This could include, but are not limited to:

- the information is subject to solicitor/client privilege,

- providing the information would reveal personal information about a third party, or

- providing the information could compromise the investigation of a claim.

The right to rectification

If *You* believe the personal information we hold about *You* is inaccurate or incomplete, *You* can request for it to be rectified.

The right to be forgotten:

If *You* withdraw *Your* consent, terminate a contract with us or *You* believe the personal information is no longer necessary for the purposes for which it was collected, *You* may request your data to be deleted. However, this will need to be balanced against other factors. For example, there may be certain regulatory obligations which may prevent us from completing *Your* request.

The right to data portability:

If we collected *Your* information under a contract or *Your* consent, *You* can request from us to transfer *Your* personal information to provide it to another third party of *Your* choice.

The right to withdraw consent:

If we processed *Your* personal information under *Your* consent, *You* can withdraw consent to the communication or use of the information collected; assuming it is no longer needed for the purposes it was collected.

How to access *Your* information and/or contact us:

For further information about Lloyd's management of personal information or to request, access, corrections, deletion, or to make a complaint, please contact:

Lloyd's Underwriters
Attention: Nicole Seymour, Privacy Officer
Royal Bank Plaza South Tower, 200 Bay Street, Suite 2930,
P.O. Box 51
Toronto, Ontario M5J 2J2

Tel: 1-416-360-1512
E-mail: LloydsCanada@lloyds.com
LSW1543E 08/23

SECTION IX – COMPLAINTS PROCEDURE

LLOYD'S UNDERWRITERS' POLICYHOLDERS' COMPLAINT PROTOCOL

Lloyd's strives to enhance *Your* customer experience with us through superior service and innovative insurance products.

We have developed a formal complaint handling protocol in accordance with the Insurance Companies Act of Canada to ensure *Your* concerns as our valued customer are addressed expeditiously by our representatives. This protocol will assist *You* in understanding the steps we will undertake to help resolve any dispute which may arise with our product or service. All complaints will be handled in a professional manner. All complaints will be investigated, acted upon, and responded to in writing or by telephone by a Lloyd's representative promptly after the receipt of the complaint. If *You* are not satisfied with our products or services, *You* can take the following steps to address the issue:

- Firstly, please contact Ingle Lewer about your concerns so that they may have the opportunity to help resolve the situation.

- If Sutton Special Risk is unable to help resolve your concerns, we ask that *You* provide Ingle Lewer in writing an outline of *Your* complaint along with the name of *Your Participating Educational Institution or Organization* and *Your* policy number.

Your complaint will be directed to the appropriate business contact for handling. They will write to *You* within two business days to acknowledge receipt of *Your* complaint and to let *You* know when *You* can expect a full response. If need be, we will also engage internal staff in Lloyd's Policyholder and Market Assistance Department in London, England, who will respond directly to *You*, and in the last stages, they will issue a final letter of position on *Your* complaint.

FCAC Complaint Handling Communication Update

The Financial Consumer Agency of Canada supervises all federally regulated financial institutions, which includes federally regulated insurance companies, for compliance with federal consumer protection laws, including the requirement to have a complaint-handling process in place. FCAC does not resolve individual complaints.

If *You* have a problem with a financial product or service, *You* may file a complaint with:

Sutton Special Risk
33 Yonge Street, Unit 400
Toronto, ON
M5E 1G4
Tel: 888-575-1231 ext. 1

Lloyd's Underwriters
Attention: Complaints Officer:
Royal Bank Plaza South Tower
200 Bay Street, Suite 2930, P.O. Box 51
Toronto, ON M5J 2J2

Tel: 1-877-455-6937
E-mail: info@lloyds.ca

If *You* are not satisfied with how *Your* complaint has been handled, *You* can escalate the complaint to the following third-party complaints body:

General Insurance OmbudService (GIO): assists in the resolution of conflicts between insurance customers and their insurance companies.

The GIO can be reached at:
Toll free number: 1-877-225-0446
Website: http://www.giocanada.org/

Québec complaints :

Autorité des marchés financiers (AMF) :
Toll Free: 1-877-525- 0337
Québec: (418) 525-0337
Montréal: (514) 395-0311
Website: www.lautorite.qc.ca

If *You* want to know *Your* rights or need information about Lloyd's Underwriters complaint-handling process, *You* may contact FCAC by online form, mail, or telephone. FCAC uses information from consumer enquiries to support its mandate.

Website: www.canada.ca/fcac

Online form: https://www.canada.ca/en/financial-consumer-agency/corporate/contactus.html

Phone:

For service in English: 1-866-461-FCAC (3222)

For service in French: 1-866-461-ACFC (2232)

For calls from outside Canada: 613-960-4666

Teletypewriter (TTY): 1-866-914-6097 / 613-947-7771

Video Relay Service: FCAC welcomes Video Relay Service (VRS) calls. *You* do not need to authorize the relay service operator to communicate with FCAC. Visit https://srvcanadavrs.ca/en/ to learn more.

Mailing address:

Financial Consumer Agency of Canada
427 Laurier Avenue West, 5th Floor
Ottawa (Ontario) K1R 7Y2
04 June 2026
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