

HOW DO I MAKE A CLAIM?

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

TO WHOM ARE BENEFITS PAID?

Benefits payable under the policy are payable to the parent when the Insured Person is a minor, otherwise to the Insured Person or the Insured Person's Estate.

WHEN DOES THIS INSURANCE NOT APPLY?

This policy does not cover loss due to:

- declared or undeclared war or any act thereof;
- suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation;
- participation in any sport where an Insured Person earns the major portion of his income;
- sickness or disease, either as a cause or effect;
- Nor will the Company pay benefits for the following expenses:
 - the repair or replacement of eyeglasses or contact lenses or prescriptions therefor;
 - the services of a masseur;
 - x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the part titled "Accidental Dental Reimbursement Benefit";
 - experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada or patent medicines;
 - experimental medical treatments;
 - the expense of a Poli-Axial Knee Orthotic, Functional Knee Brace, hinged knee brace, or similar bracing system used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;
 - medical services rendered by Nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder; or
 - expenses incurred by an Insured Person which are insured services or basic health services under the medical care or hospital plan of the Province in which the Insured Person is resident, whether or not the Insured Person is covered thereunder.

If an Insured Person is insured under any other policy issued by the Company providing similar benefits to those provided under the paragraphs entitled "Accidental Medical Reimbursement Benefit" or "Accidental Dental Reimbursement Benefit", payment will be made by the Company for such benefits under only one such policy, the one providing the greater benefits.

Amounts payable under this policy for dental expense shall be reduced by any amount otherwise paid or payable by any governmental dental plan or any other dental plan or policy providing dental benefits.

This Plan has been arranged by:

ARTEL INSURANCE **AIS**
Artel Insurance Services Inc. • Brokers and Consultants

Phone: (604) 605-3650
Toll Free: 1-800-691-1933

Underwritten by:

Industrial-Alliance Pacific Life Insurance Company


INDUSTRIAL ALLIANCE PACIFIC
INSURANCE AND FINANCIAL SERVICES™

This brochure is for information purposes only. For further details, refer to the Master Policy 100004983 on file with the Policyholder. This group Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy, not this brochure.

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FORM 4156 (FEB/2005)

Accident Coverage



Policy No. 100004983

THE PROGRAM

A specialized program of accident insurance to protect you.

WHAT DOES IT COVER?

Any loss sustained by an Insured Person resulting from injury while participating in League sanctioned and supervised activities.

“Injury” means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person and resulting directly and independently of all other causes in loss covered by the policy.

WHO IS ELIGIBLE?

All players, drop in managers, coaches, trainers and members of officiating crews of the governing body/sport associations of the Policyholder. Executive officers of the governing body/sports associations and the executive officers of member teams of the governing body/sports associations of the Policyholder, as listed on file with the Insurer.

WHAT BENEFITS ARE PROVIDED?

Accidental Death and Dismemberment Benefits

When injury shall, within 365 days of the date of the accident causing such injury, result in any of the following losses, the Company will pay for loss of or permanent and total loss of use of:

Life	\$50,000.00
Both Hands or Both Feet	\$100,000.00
Entire Sight of Both Eyes	\$100,000.00
One Hand and One Foot	\$100,000.00
One Hand and the Entire Sight of One Eye	\$100,000.00
One Foot and the Entire Sight of One Eye	\$100,000.00
Speech and Hearing in Both Ears	\$100,000.00
One Arm or One Leg	\$75,000.00
One Hand or One Foot	\$66,650.00
Entire Sight of One Eye	\$66,650.00
Speech or Hearing in Both Ears	\$66,650.00
Thumb and Index Finger of Either Hand	\$33,333.00
Four Fingers of Either Hand	\$33,333.00
Hearing in One Ear	\$33,333.00
All Toes of One Foot	\$25,000.00

Paralysis Benefits

Quadriplegia (complete paralysis of both upper and lower limbs)	\$100,000.00
Paraplegia (complete paralysis of both lower limbs) ...	\$100,000.00
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	\$100,000.00

Any indemnity payable for loss of use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

Indemnity provided under this Part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Person as the result of any one accident.

Accidental Medical Reimbursement Benefit

When by reason of Injury, the Insured Person requires medical treatment by a Physician within 30 days from the date of the accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician:

- (a) expenses for the services of a Nurse when recommended by a Physician, subject to a maximum of \$5,000.00 per any one accident;
- (b) transportation by a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of \$2,000.00 per any one accident;
- (c) Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- (d) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of \$5,000.00 per any one accident;
- (e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a Physician, subject to a maximum of \$500.00 per any one accident;
- (f) drugs and medicines which require the written prescription of a Physician and are dispensed by a registered pharmacist, subject to a maximum of \$150.00 per any one accident;
- (g) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces, are subject to a maximum of \$750.00 per any one accident;
- (h) fees for the services of a licensed chiropractor, subject to a maximum of \$500.00 per any one accident;

In no event shall benefits exceed the amount of \$15,000.00 with respect to any one accident. Benefits payable hereunder which are also paid or payable under any other insurance program shall be reduced to the extent that in no event will payment from all sources exceed 100% of the actual expenses incurred for such treatment or service.

Accidental Dental Reimbursement Benefit

When, due to injury to whole or sound teeth and within 30 days from the date of the accident, the Insured Person shall require treatment by a legally qualified dentist or dental surgeon, the Company will pay towards the expense actually incurred by the Insured Person for such treatment or service within 365 days of the date of the accident, up to the amount specified in the applicable Schedule of Fees and Treatment Services of the Dental Association in the Province where the Insured Person resides, or its equivalent as determined by the Company. In no event shall benefits exceed \$2,000.00 (without visor) or \$5,000.00 (with visor) with respect to any one accident. Capped or crowned teeth are considered whole or sound.

Counselling Benefit

When, due to injury and within 30 days from the date of the accident, and on the recommendation of the attending Physician, the Insured Person incurs expense for Counselling Services provided by a recognized professional, the Company will pay the reasonable and necessary expenses actually incurred, subject to a maximum of \$1,000.00.

Emergency Transportation Benefit

When an Insured Person who is 17 years of age or under, due to Injury, requires immediate medical attention, the Company will pay the reasonable expense incurred to transport the Insured Person to a doctor's office or to the nearest Hospital and return to the Residence of the Insured Person, subject to a maximum of \$100.00 as the result of any one accident.

Fracture And Dislocation Indemnity

When an Insured Person, due to injury, requires medical or surgical treatment, the Company will pay, as compensation for pain and suffering, an amount specified in the policy for certain fractures and dislocations up to \$1,000.00 provided that not more than one such indemnity (the largest) shall be payable as the result of any one accident.

Private Tuition And Special Telephone Expense

If injury causes an Insured Person, within 100 days of the date of the accident, to be disabled and confined to home or hospital and confinement continues for 40 consecutive school days, the Company will pay, from the first day, the actual expense incurred by the parent or guardian during such confinement for the private tutorial service of a qualified teacher up to \$20.00 per hour and, in addition, will pay for labor charges, wiring and rental of communication equipment to provide a telephone tutorial service from the school to home or hospital. All benefits payable under this section are subject to an Aggregate Limit of \$2,000.00.

Prosthetic Appliances Benefit

If an Injury sustained by an Insured Person results in a Loss payable under the part titled “Accidental Death, Dismemberment, the Company will pay the reasonable and necessary expense actually incurred for the purchase of a hearing aid, an artificial limb or eye or any other prosthetic appliance prescribed by a Physician and required as a result of such Injury, within 12 months from the date of the accident, subject to a maximum of \$5,000.00 as the result of any one accident. This does not include repairs, adjustments or replacement of same.

Rehabilitation Benefit

If, as a result of injury, an Insured Person requires training in a special occupation and such training is necessary to allow the Insured Person to pursue a gainful occupation, the Company will pay the reasonable and necessary expense for such training during the three years following the date of accident, but in no event to exceed a maximum of \$5,000.00.

Special Treatment Travel

If Injury requires special medical or dental treatment by a physician or dentist that is unavailable within a 100 miles (160 km) radius of an insured's residence, the Insurer will pay the reasonable travel expense to obtain it. If the Insured's age necessitates an escort, the escort will be paid for reasonable travel expenses plus up to a maximum of \$80 per day for commercial accommodations and meals, provided all receipts are submitted to the insurer. All benefits under this section are payable for one year from the date of the Accident and subject to a maximum of \$2,500.00.