

Kids Plus™ Accident Insurance Policy 2015-2016

BENEFIT SUMMARY – This Benefit Summary forms part of the Policy.		ACTIVE PLAN Child only	VALUE PLAN Child only	ADULT PLAN Adult only
Dental Treatment and Eyewear				
Dental treatment within 7 years following Accident for Children (1 year for Adults)	[Benefit 1]	Prov Fee Guide	Prov Fee Guide	Prov Fee Guide
Dental treatment after 7 years following Accident for Children	[Benefit 1]	\$1,500	\$1,250	not available
Dental Implants (each)	[Benefit 1]	\$1,750	\$1,500	\$1,250
Orthodontics	[Benefit 1]	\$2,500	\$1,500	\$2,000
Dentures and artificial teeth	[Benefit 2]	\$500	\$500	\$500
For eyeglasses/contact lenses: Repair/replacement. See page 2 for details.	[Benefit 3]	\$350	\$300	\$250
For eyeglasses/contact lenses: Initial purchase when not previously required or worn. See page 2 for details.	[Benefit 3]	Full Cost	Full Cost	\$300
Fracture, Dislocation or Surgery				
Skull (depressed) or spine (three or more vertebrae)	[Benefit 4]	\$1,000	\$750	\$750
Skull (not depressed) or spine (less than three vertebrae) or pelvis	[Benefit 4]	\$500	\$250	\$250
Arm between elbow and shoulder, or thigh, or hip, or shoulder blade, or shoulder	[Benefit 4]	\$175	\$150	\$150
Lower leg, or knee cap, or ankle, or calcaneus (heel bone), or bone(s) of the feet (metatarsals) or hand(s) (metacarpals), or collar bone, or forearm, or wrist, or elbow	[Benefit 4]	\$125	\$100	\$100
Sternum, or sacrum/coccyx, or upper jaw, or lower jaw, or nose, or two or more toes, fingers or ribs	[Benefit 4]	\$75	\$50	\$50
One toe, finger or rib, or any bone not specified above	[Benefit 4]	\$50	\$25	\$25
Surgery for: severed tendon(s) or burns (requiring skin graft), or ruptured kidney/liver/spleen, or punctured lung, or knee (when there is no fracture or dislocation), or eye surgery, or emergency surgery requiring general anaesthetic (excluding dental surgery)	[Benefit 4]	\$150	\$100	\$100
Hospital, Paramedical, Counselling, and Prosthetics				
Private or semi-private room while in hospital; ground ambulance service; registered nurse or certified nursing aid if requested by attending physician; rental of crutches, appliances, wheelchair, or hospital-type bed (limited to purchase price); prescription drugs; splints, casts and cast materials, trusses, pressure garments requested by attending Physician for curative or therapeutic purposes only	[Benefit 5]	Full Cost	Full Cost	Full Cost
Rental of TV, radio, or telephone while in hospital	[Benefit 5]	\$25/day	\$20/day	\$15/day
Treatment by a physiotherapist or registered massage therapist when requested by the attending Physician; treatment by a chiropractor or osteopath; medical supplies for the purpose of dressing changes when prescribed by the attending Physician	[Benefit 5]	\$800	\$600	\$400
Braces prescribed by the attending Physician for curative or therapeutic purposes only (limited to one purchase per Injury)	[Benefit 5]	\$1,250	\$1,000	\$500
Counselling	[Benefit 6]	\$1,000	\$500	\$500
Purchase of artificial limbs, eyes, hearing aids, and other prosthetic appliances	[Benefit 7]	\$5,000	\$5,000	\$5,000
Commercial repair of a prosthetic appliance	[Benefit 7]	\$500	\$500	\$500
Travel and Transportation				
Emergency Out-of-Province/Country medical expenses	[Benefit 8]	\$100,000	\$50,000	\$25,000
Emergency Return Flight	[Benefit 9], Family Transportation [Benefit 10]	\$1,000	not available	not available
Above is for Injury and Sickness?		Both	Injury only	Injury only
Emergency Transportation	[Benefit 11]	\$250	\$250	\$250
Special Treatment Travel	[Benefit 12]	\$2,500	\$2,500	\$2,500
Death or Disability				
Accidental Death	[Benefit 13]	\$20,000	\$7,500	\$10,000
Double Indemnity	[Benefit 13]	\$40,000	\$15,000	\$20,000
Non-Accidental Death	[Benefit 14]	\$20,000	\$7,500	not available
Repatriation	[Benefit 15]	\$5,500	\$5,500	\$5,500
Permanent Total Disability	[Benefit 16]	\$360,000	\$75,000	not available
Rehabilitation and Special Services				
Confinement Disability	[Benefit 17]	\$750/month	\$500/month	not available
Rehabilitation	[Benefit 18]	\$10,000	\$5,000	\$2,500
Private Tutor	[Benefit 19]	\$5,000	\$2,500	not available
Wage Loss	[Benefit 20]	\$1,000	not available	not available
Babysitting	[Benefit 21]	\$100	\$50	not available
Dismemberment or Total and Permanent Loss of Use				
Both hands, or both feet, or one hand and one foot, or one hand or one foot and entire sight of one eye, or entire sight of both eyes, or speech and hearing	[Benefit 22]	\$200,000	\$50,000	\$50,000
One entire arm or leg, or one hand or foot, or entire sight of one eye, or speech, or hearing in both ears	[Benefit 22]	\$60,000	\$20,000	\$20,000
Entire thumb and index finger (same hand)	[Benefit 22]	\$30,000	\$10,000	\$10,000
Thumbs, fingers, or toes (each entire thumb, finger, or toe)	[Benefit 22]	\$4,000	\$1,000	\$1,000
One entire phalanx of any one finger, or hearing in one ear	[Benefit 22]	\$2,000	\$500	\$500
Critical Illness				
Hospital services or nursing expenses	[Benefit 23]	\$12,600	\$5,600	not available
Commercial accommodation/meals, travel/parking	[Benefit 23]	\$2,900	\$2,900	not available

Kids Plus™ Accident Insurance Policy 2015-2016

In consideration of the payment of the applicable premium and subject to the provisions, conditions, exclusions, and limitations set out in the Policy, Industrial Alliance Insurance and Financial Services Inc. (the Company) enters into a contract of insurance with the person who has applied for insurance and insures all eligible Children and Adults named on the Enrolment Form. Coverage will commence on the Effective Date and will terminate on the Expiry Date. The Company agrees to pay indemnity for loss resulting from Injury to the extent herein provided in accordance with the plan chosen (Active, Value, or Adult) and premium paid. **The Policy pays for loss due to an ACCIDENT ONLY unless otherwise stated. Coverage for children qualifies as student insurance for coordination of benefits.** As required by the Insurance Act, please note the following: **This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.**

1. DENTAL

When Injury to whole or sound teeth requires and first receives treatment by a dentist within 60 days from the date of an Accident, benefits will be paid for customary treatment payable by the Insured or Parent within 7 years following the date of the Accident for Children (within one year for Adults). Capped or crowned teeth are considered whole or sound.

If treatment cannot be completed within 7 years due to the development of a Child's teeth, the Company will pay up to the specified maximum per injured tooth as shown in the Benefit Summary, for the expense incurred to cap, crown, replace, or restore each injured tooth, provided treatment is completed prior to the Child reaching the age of 26.

Benefits will be paid for dental implants (subject to a maximum of two for any one Accident) required solely as a result of an Accident provided treatment is received within 7 years following the date of the Accident for Children (one year for Adults), up to a maximum per implant per Accident as shown in the Benefit Summary.

Benefits will be paid for Injury related orthodontic treatment required solely as a result of an Accident provided treatment is received within 7 years following the date of the Accident for Children (one year for Adults), up to the specified maximum per Accident as shown in the Benefit Summary.

No Dental benefit will be paid for treatment received outside Canada, other than as provided under the Emergency Out-of-Province/Country Travel benefit.

Where one or more customarily employed and professionally adequate methods of treating an Injury to the teeth exists, the Company will pay an amount equal to the cost of the least expensive treatment.

Maximums payable under this benefit are based on the fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association or its equivalent as determined by the insurance industry.

2. DENTURES AND ARTIFICIAL TEETH

If an Insured's Injury requires and receives treatment by a dentist, and results in the breakage of dentures or an artificial tooth or teeth, the Company will pay the actual cost of repair or replacement up to the maximum shown in the Benefit Summary during the term of the Policy.

3. EYEGLASSES AND CONTACT LENSES

If an Insured's Injury is treated by a Physician, dentist, or registered nurse (RN) within 30 days of an Accident AND;

- results in broken eyeglasses or loss or breakage of a contact lens or lenses, the Company will pay the cost of repair or replacement up to the maximum shown in the Benefit Summary, or
- necessitates the purchase of eyeglasses or contact lenses (not previously required or worn) upon the advice of a Physician, the Company will pay the amount shown in the Benefit Summary for the initial purchase.

4. FRACTURE, DISLOCATION, OR SURGERY

When Injury results in any of the listed fractures, dislocations, or surgeries and requires medical or surgical treatment, the Company will pay the benefit specified in the Benefit Summary. No more than one amount (the greatest) will be payable as the result of any one Accident. For the shoulder or knee cap dislocation benefit to be payable, there must be open reduction/open primary repair.

In the event of compound, comminuted, or bi-lateral fractures, the amount payable will be doubled.

5. HOSPITAL AND PARAMEDICAL

When an Insured under the regular care and attendance of a Physician, and as a result of Injury, requires and first receives treatment within 30 days from an Accident, the Company will pay the reasonable and customary expense for items listed in the Benefit Summary up to the maximums specified on a per Injury basis. The expense must be incurred in Canada (except as otherwise provided under the Emergency Out-of-Province/Country Travel benefit) within 3 years from the date of the Accident for Children and within one year from the date of the Accident for Adults.

6. COUNSELLING

Upon the medical advice of the attending Physician, as a result of an Insured's death, Injury, or Critical Illness, the Company will pay up to the maximum shown in the Benefit Summary for an Insured or his/her immediate family to undergo counselling performed by a registered psychologist or professional counsellor. Expenses must be incurred within 3 years from the date of death, Injury, or diagnosis of Critical Illness.

7. ARTIFICIAL LIMBS, EYES, HEARING AIDS, AND OTHER PROSTHETIC APPLIANCES

When Injury results in these appliances being prescribed by a Physician and purchased within 3 years from the date of an Accident, the Company will pay the cost up to a maximum of \$5,000 as a result of any one Accident.

If a prosthetic appliance is damaged in an Accident which causes Injury to an Insured and the appliance requires commercial repair, the Company will pay the cost of repair up to \$500 for all such repairs during the term of the Policy.

8. EMERGENCY OUT-OF-PROVINCE/COUNTRY TRAVEL

In addition to expenses reimbursed under the Hospital and Paramedical benefit, the Company will pay the following reasonable and customary expenses incurred by the Insured as a result of being injured on a Trip outside of Canada or his/her province of residence: out-patient emergency room charges; standard hospital ward charges; the emergency treatment by a legally qualified Physician, surgeon, dentist or dental surgeon; hospital expenses, and x-rays and laboratory services as may be requested by the attending Physician. The Injury must occur while the Policy is in force and require that the Insured receive emergency treatment by a Physician or dentist.

For Insureds covered under the Kids Plus™ Active Plan this benefit extends to include coverage for Injury or Sickness. The same benefit wording and limitations apply to Sickness as apply to Injury under this benefit.

The maximum aggregate amount payable, in Canadian funds, for all such Injury incurred (or in the case of the Kids Plus™ Active Plan, for all such Injury or Sickness) during the term of the Policy is as shown in the Benefit Summary. Reimbursement is payable only for the excess charges over and above any amounts payable or collectable under any provincial medical care or hospital plan, or other travel policy. Coverage will be coordinated with any other policy according to the guidelines published by the Canadian Life and Health Insurance Association Inc. (CLHIA).

9. EMERGENCY RETURN FLIGHT

If the Insured's Sickness or Injury qualifies for the Emergency Out-of-Province/Country Travel benefits and results in the

Insured having to return early or miss the scheduled return flight upon the advice and recommendation of the attending Physician, the Company will reimburse the Insured for the cost of one way Economy airfare up to the maximum shown in the Benefit Summary for the additional airfare paid to return to the original departure point. This benefit only applies to the Kids Plus™ Active Plan.

10. FAMILY TRANSPORTATION

If the Insured is hospitalized and qualifies for Emergency Out-of-Province/Country Travel benefits and the Physician requires the necessary attendance of a Parent, the Company will pay for the reasonable cost of transportation by Economy class up to the maximum shown in the Benefit Summary. This benefit only applies to the Kids Plus™ Active Plan.

11. EMERGENCY TRANSPORTATION

When Injury requires immediate medical attention but does not necessitate an ambulance, the Company will pay up to the maximum shown in the Benefit Summary for the expense to transport the Insured via private vehicle/taxi from the location of the Accident to a Physician's office or the nearest hospital, and return to the school, workplace, or residence of the Insured, and to transport the Insured to and from school or work if the Injury requires special transportation.

12. SPECIAL TREATMENT TRAVEL

If Injury requires special medical or dental treatment by a Physician or dentist that is unavailable within a 100 mile (160 km) radius of an Insured's residence, the Company 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 accommodation and meals, provided all receipts are submitted to the Company. All benefits under this section are payable for one year from the date of the Accident and subject to the maximum shown in the Benefit Summary.

13. ACCIDENTAL DEATH

Upon receipt of satisfactory evidence that Injury resulted in the death of an Insured within one year from the date of an Accident, the Company will pay the Accidental Death benefit as shown in the Benefit Summary. The benefit payable under this section will be the only amount payable under the Policy, unless benefits are payable for Repatriation or Counselling. **Double Indemnity:** The amount payable will be doubled for loss of life resulting from an Accident which occurs while riding in, boarding, or alighting from a bus, streetcar, subway coach or train, or any vehicle owned or leased by a school authority. In no event will the liability of the Company exceed twice the amount of the applicable Accidental Death benefit.

14. NON-ACCIDENTAL DEATH

Upon receipt of satisfactory evidence that the death of an Insured occurred while the Policy was in force, the Company will pay the Non-Accidental Death benefit as shown in the Benefit Summary if the Insured dies for any reason other than an Accident. If the Insured dies as the result of a medical condition, the Non-Accidental Death benefit will only be payable if the medical condition that caused or contributed to the death first manifested itself while the Policy was in force as to the Insured. The benefit payable under this

section will be the only amount payable under the Policy, unless benefits are payable for Repatriation or Counselling. This benefit only applies to Children.

15. REPATRIATION

If Injury results in an Insured's loss of life outside his/her province of residence within one year of an Accident, the Company will pay the expense incurred for preparing the deceased for burial or cremation and transportation to the deceased's city of residence, subject to a maximum of \$5,000. Travelling expenses will be paid for a family member to identify the Insured's remains, up to a maximum of \$100 per day, subject to an aggregate limit of \$500.

16. PERMANENT TOTAL DISABILITY

If Injury totally and permanently disables an Insured within 120 days of the date of an Accident, the Company will pay the Permanent Total Disability benefit as shown in the Benefit Summary. Total and permanent disability must continue for 12 consecutive months, must be total, continuous, and permanent at the end of the 12 months, and must prevent the Insured from ever engaging in any occupation or employment for compensation or profit.

The benefit payable for Permanent Total Disability will be reduced by the amount(s) payable under any other section of the Policy for the same Injury. This benefit only applies to Children.

17. CONFINEMENT DISABILITY

If, within 30 days from the date of an Accident, an Insured is continuously confined to home or hospital while under the care and on the advice of a Physician and unable to attend classes of any type, the Company will pay the monthly Confinement Disability benefit as shown in the Benefit Summary, commencing with the 31st day up to a maximum of 36 consecutive months of confinement. This benefit only applies to Children.

18. REHABILITATION

If Injury requires an Insured to be trained in a special occupation, the Company will pay the necessary expense for special training during the 3 years following the Accident up to the maximum shown in the Benefit Summary. Payment will not be made for travelling or clothing expenses, room, board, or other ordinary living expenses.

19. PRIVATE TUTOR

If Injury results in a disability within 100 days of an Accident which confines the Insured to home or hospital for 30 consecutive days, the Company will pay up to \$40 per hour for a qualified teacher's private tutorial service. In addition,

the Company will pay the labour charges, wiring, and rental of communication equipment to provide tutorial service from the school to home or hospital. Approval must be obtained from the proper school authority. All benefits payable under this section are subject to the maximum as shown in the Benefit Summary. This benefit only applies to Children.

20. WAGE LOSS

An Insured, actively employed by a business for wages on a part-time basis who suffers an Injury, is under the regular care of a Physician, and is unable to perform all the duties of the job, will be covered for 80% of the Insured's hourly wage during the disability. Actively employed means the Insured has been continuously employed for the 2 weeks immediately prior to the date of an Accident. Benefits will be payable from the 15th day of disability, to the maximum shown in the Benefit Summary during the term of the Policy. With respect to seasonal employment, this benefit will not be paid past the date employment would have normally ceased. This benefit only applies to the Kids Plus™ Active Plan.

21. BABYSITTING

If an Insured sustains an Injury that requires and receives treatment by a Physician, and confines the Insured to home following an Accident, the Company will pay for a babysitter to tend to the Insured during normal school hours or during the Parent's workday if the Parent is unable to do so. The babysitter must be at least 18 years of age and not an immediate family member. This benefit is subject to an hourly maximum of \$10 and an aggregate limit as shown in the Benefit Summary during the term of the Policy. This benefit only applies to Children.

22. DISMEMBERMENT OR TOTAL AND PERMANENT LOSS OF USE

Should Injury result in any of the scheduled losses, within one year from the date of an Accident, the Company will pay the Dismemberment or Total and Permanent Loss of Use benefit, as shown in the Benefit Summary.

"Loss" as used with reference to:

- a) arm or leg means complete severance at or above the elbow or knee joint;
- b) hand or foot means complete severance at or above the wrist or ankle joint;
- c) eye means the irrecoverable loss of the entire sight thereof;
- d) speech and hearing means the total and irrecoverable loss thereof;
- e) thumb or finger means complete severance at or above

the metacarpophalangeal joint;

- f) toe means complete severance at or above the metatarsophalangeal joint;
- g) one phalanx of any finger means complete loss of one entire phalanx.

Loss of Use means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the Accident.

No more than the greatest amount will be paid as the result of any one Accident sustained by any one Insured, except that when death occurs within 90 days after the date of the Accident, indemnity will only be paid for Accidental Death. Benefits paid for any of the scheduled losses under this section will be the only amount payable under the Policy unless benefits are payable for Artificial Limbs, Eyes, Hearing Aids, and Other Prosthetic Appliances. In the event that the amount payable for a scheduled loss under this benefit is less than the amount payable under any other section of the Policy, the section providing the greater benefit will apply.

23. CRITICAL ILLNESS

If an Insured is diagnosed by a Physician with any of the following diseases: Acquired Immune Deficiency Syndrome (AIDS), Cancer, Diphtheria, Encephalitis, Hemolytic Uremic Syndrome (renal failure resulting from E-coli bacteria), Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myocarditis, Poliomyelitis, Rabies, Scarlet Fever, Tetanus, Tularemia or Typhoid; which first manifests itself while the Policy is in force, the Company will pay the reasonable expenses actually incurred within 3 years from the date the disease is first diagnosed for: hospital services – semi-private or private ward accommodation (including rental of television, radio, or telephone to a maximum of \$15 per day) and the employment of a registered nurse (RN) or certified nursing aid if requested by the attending Physician, not to exceed a maximum for all such expenses as shown in the Benefit Summary.

In addition, the Company will pay a commercial accommodation and meal allowance to the Parent who must leave their residence to stay with or near the Insured, of up to \$80 per day for a maximum of 30 days for any one illness, provided all receipts are submitted to the Company.

The Company will also pay reasonable travel expenses plus parking costs incurred by the Parent to visit the hospitalized Insured, up to a maximum of \$500 for any one illness, provided all receipts are submitted to the Company. This benefit only applies to Children.

EXCLUSIONS AND LIMITATIONS

1. The Policy does not cover:

- (a) Sickness or disease either as a cause or effect except as otherwise provided;
- (b) suicide or attempt thereat, except in the case of Non-Accidental Death benefit;
- (c) Injury for which compensation is payable under any Workers' Compensation Act, except in the case of Accidental Death, and Dismemberment or Total and Permanent Loss of Use benefits;
- (d) the expense of a brace or similar device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;
- (e) expenses incurred for mouthguards or treatment of Temporal Mandibular Joint (TMJ) dysfunction, whatever the cause; or
- (f) Injury resulting from repetitive/strenuous activity (e.g. overexertion, strains, etc.).

2. No benefits or expenses are payable under the Policy for treatment or services which are insured services or basic health services (e.g. Physician's fees) under the provincial medical care or hospital plan applicable to an Insured whether or not that Insured is covered thereunder.

3. Benefits payable for Dental shall be for the excess of expenses paid, payable, or insured under any government sponsored dental care plan or other dental plan or policy or any health plan providing accidental dental benefits.

4. If an Insured is entitled to similar reimbursement benefits through any other insurer or plan, the benefits payable under the Policy shall be coordinated, so that the total benefits from all

insurers or plans shall not exceed the actual loss incurred.

5. The Emergency Out-of-Province/Country Travel benefit will not pay for any expenses incurred directly or indirectly as a result of:

- (a) declared or undeclared war, civil war, riot, insurrection, invasion, or any act thereof;
- (b) an illegal act by the Insured;
- (c) any condition for which the Insured travels outside his/her province of residence for the purpose of seeking medical advice or treatment;
- (d) participation in professional sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;
- (e) while under the influence of alcohol, drugs, medication, or other toxic substances.

6. All amounts and maximums described in the Policy are in Canadian dollars. Any amounts payable to or from the Company are in Canadian dollars.

7. An Insured cannot be covered under more than one Kids Plus™ Accident Insurance Policy. In the event an Insured is inadvertently enrolled under more than one Kids Plus™ Accident Insurance Policy, the Company's liability is limited to the return of premiums paid for the second enrolment received.

8. The Kids Plus™ premium is a single one-time annual cost. Premium refunds are only available if requested within 30 days of the Effective Date.

DEFINITIONS

Accident – a sudden and unexpected occurrence due to external, violent, fortuitous causes beyond the Insured's control.

Adult – a permanent resident of Canada who is age 20 to age 64 inclusive at the time of enrolment.

Child/Children – a permanent resident of Canada who is 6 months to 19 years of age inclusive at the time of enrolment. Foreign exchange and international students in Canada, and Canadian residents attending school outside of Canada, are not eligible to enrol.

Effective Date – the latter of September 1, 2015 and the date the Company or its authorized representative receives your enrolment form and the required premium.

Expiry Date – the date the Insured is no longer a permanent resident of Canada; the date the Insured is enrolled in a replacement Kids Plus™ Accident Insurance Policy or at 12:00 midnight on September 30, 2016, whichever date first occurs.

Injury – bodily injury which results, directly and independently of all other causes, in loss covered by the Policy and is caused by an Accident sustained by the Insured while the

Policy is in force as to the Insured.

Insurance Act – the applicable insurance legislation in the applicable provincial jurisdiction.

Insured – a Child or Adult for whom enrolment has been made and for whom the applicable premium has been paid.

Parent – the parent or legal guardian who has applied for enrolment of a Child under the Policy.

Physician – legally qualified, licensed doctor of medicine.

Policy – Kids Plus™ Accident Insurance Policy.

Sickness (as it relates to the Emergency Out-of-Province/Country Travel benefit) – unforeseen and unexpected bodily sickness or disease which first manifests itself while the Insured is outside his/her province of residence.

The Company – Industrial Alliance Insurance and Financial Services Inc.

Trip – any trip limited to a 30 day duration. No coverage is provided under the Emergency Out-of-Province/Country Travel benefits for trips in excess of 30 days.

STATUTORY CONDITIONS

The Contract – The Enrolment Form and the Policy constitute the entire contract.

Waiver – The Company will be deemed not to have waived any condition of the Policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by the Company.

Copy of Enrolment Form – The Company will, upon request, furnish to the Insured a copy of the Enrolment Form.

Notice and Proof of Claim – The Insured or Parent will give written notice of claim by sending it to the Company at the address shown on the claim form not later than 30 days from the date a claim arises under the Policy, and within 90 days of such date furnish to the Company such proof as is reasonably possible of the Accident.

Failure to Give Notice of Proof – Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given as soon as reasonably possible, and in no event later than one year from the date of the Accident if it is shown that it was not reasonably possible to do so within the time so prescribed.

The Company to Furnish Forms for Proof of Claim – The Company will 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 he/she may submit proof of claim in the form of a written statement of the cause or nature of the Accident giving rise to the claim and of the extent of the loss.

Rights of Examination – The Company reserves the right to require examination of the Insured when and so often as it reasonably requires while a claim is pending.

When Moneys are Payable – All moneys payable under the Policy, other than for loss of time, will be paid by the Company within 60 days after it has received proof of claim. The initial benefits for loss of time will be paid within 30 days after the Company has received proof of claim, and payment will be made thereafter in accordance with the terms of the Policy but not less frequently than once in each succeeding 60 days while the Company remains liable for the payments if the Insured, when required to do so, furnishes before payment proof of continuing disability.

Limitations of Actions – An action or proceeding against the Company for the recovery of a claim under the Policy will not be commenced more than two years after the date the insurance money became payable or would have become payable if it had been a valid claim.

Every action or proceeding against an 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.

Premiums – The premiums for the benefits provided by the Policy are set out on the Enrolment Form.

All benefits payable under the Policy on behalf of Children are payable to or at the direction of the Parent. All benefits payable under the Policy on behalf of an Adult are payable to the Adult Insured or in the case of Accidental Death to the Estate of the Adult Insured.

IN WITNESS WHEREOF, the Policy has been signed on behalf of Industrial Alliance Insurance and Financial Services Inc.

President and Chief Executive Officer

Corporate Secretary

NOTICE ON PRIVACY & CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this enrolment from you and which may be subsequently requested by us, from time to time, is required to process your enrolment, and any renewal enrolment, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. employees, its reinsurers, third party administrators, mandataries, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries who are responsible for (a) sponsoring a plan for you, (b) marketing and administration of products or services, (c) assessment of risk (underwriting) and (d) investigation of claims. **Your file will be kept in Industrial Alliance's offices.**

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 2165 West Broadway, P.O. Box 5900, Vancouver, B.C., V6B 5H6, Attention: Director, Administration, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found at our website www.kidsplus.ca or alternatively, contact us at 1-800-556-7411 and request that a copy be faxed or mailed to you.

CLAIMS PROCEDURE

FOR ALL CLAIMS, call at **1-800-556-7411** for a claim form, or print one off our website, www.kidsplus.ca. Please mail the completed form within 90 days of the date of the Accident to the address shown on the claim form.

ONLY IN THE EVENT OF A MEDICAL EMERGENCY OUTSIDE CANADA OR YOUR PROVINCE, call the 24-hour worldwide emergency assistance hotline immediately. From Canada or the U.S.A., call **1-800-255-2008** – from elsewhere, place a collect call through the local operator to **1-305-865-8895**. If possible, call the hotline before obtaining any medical services or treatment to ensure the medical attention you receive is covered.