

STUDENT ACCIDENT INSURANCE

for

2011

*This is your
POLICY BROCHURE*

11128

for

**CONESTOGA COLLEGE
INSTITUTE OF TECHNOLOGY AND
ADVANCED LEARNING**

DEAR STUDENT:

Conestoga College Institute of Technology and Advanced Learning is providing you with Accident insurance protection. This brochure outlines the benefits for which you are covered. Please read it carefully.



OLD REPUBLIC

INSURANCE GROUP

RELIABLE LIFE INSURANCE COMPANY

TOTAL AND PERMANENT DISABILITY

UP TO \$100,000

When an Injury results in the Total and Permanent Disability, but not loss of life of the Insured, within 90 days of an Accident, the Company shall pay the sum of up to **\$100,000** less any amount paid/payable under any other Benefit Section of this Policy subject to the following provision: the Total and Permanent Disability must be such that the Insured shall be judged by Competent Medical Authorities to be totally and permanently disabled. No benefit is payable under this provision if the Insured dies within 12 months after the Accident or prior to being so judged, whichever is later.

PRINCIPAL SUM ACCIDENT BENEFITS

DISMEMBERMENT OR TOTAL LOSS OF USE

UP TO \$100,000

When Injury does not result in loss of life of an Insured within 90 days after the occurrence of the Accident but does result in any of the following losses within 365 days of the Accident, the Company will pay for such total and permanent loss or total and permanent loss of use as follows:

Both hands or both feet at or above wrists or ankles, one hand and one foot at or above wrist or ankle, one hand or one foot at or above wrist or ankle and the entire sight of one eye, the entire sight of both eyes **\$100,000**. One arm at or above elbow or one leg at or above knee or hearing in both ears or speech **\$30,000**. One hand at or above wrist or one foot at or above ankle, the entire sight of one eye **\$20,000**. Thumb and index finger at or above the metacarpal-phalangeal joint **\$10,000**. One or more entire fingers or entire thumb at or above the metacarpal - phalangeal joint or all the entire toes of one foot **\$1,000**. Part of any one finger or thumb (complete severance at or above the proximal interphalangeal joint) **\$350**. One entire phalanx of any one finger or one or more toes **\$150**. A benefit provided under this section will not be paid under any circumstances for more than one of the losses, the greatest loss sustained by the Insured as the result of any one Accident. When a benefit is payable under this section of the Policy for any loss, no amount shall be payable under any other section of the Policy with respect to such loss with the exception of any benefit otherwise payable for prosthetic appliances. Any amount payable under this benefit section shall be paid when proof is submitted that the loss or loss of use is total and permanent and has been continuous for a period of 12 months from the date of the Accident.

DREAD DISEASE

UP TO \$7,500

When as a result of becoming afflicted with one of the following diseases, which first manifests itself while this policy is in force, AIDS (Acquired Immune Deficiency Syndrome), Diphtheria, Encephalitis, Cancer, Hemolytic Uremic Syndrome (Renal Failure caused solely by E-Coli Bacterial Infection), Leukaemia, Muscular Dystrophy, Multiple Sclerosis, Myocarditis, Poliomyelitis, Rabies, Scarlet Fever, Spinal Meningitis, Tetanus, Tularaemia, Typhoid, an Insured requires confinement in a hospital or the employment of a licensed or graduate nurse, the Company shall pay the excess expenses incurred, to a maximum of **\$5,000** for such confinement or employment. The Company will also pay the cost of commercial lodging, laundry expenses and meals, at the rate of **\$100** per day to a maximum of **\$2,000** should the attending Physician advise that the parent, legal guardian or spouse leave their usual place of residence to stay with or closer to the Insured with respect to any one illness. Also the Company will pay up to **\$500** for parking or other incidental expenses with regard to this benefit. Expenses under this section must be incurred within 3 years from the date the disease is diagnosed by a Physician or surgeon.

DEATH BENEFIT

\$5,000

The amount of \$5,000 shall be payable in the event of death due to any cause

DOUBLE INDEMNITY

The amount of indemnity for loss of life caused by an Accident will be doubled if such loss occurs while riding, boarding or alighting from any school vehicle owned or leased by a proper school authority or any bus, streetcar or subway coach.

BLANKET DENTAL ACCIDENT REIMBURSEMENT

Subject to sub-paragraph (a) - (d) inclusive, when an Injury to a whole or sound tooth including a filled or restored tooth manifests itself and requires and receives dental treatment within 60 days of the date of the Accident resulting in Injury, the Company shall pay the reasonable and necessary expense for such treatment rendered within 52 weeks of the Accident. Payment with respect to all dental treatment rendered shall be limited to a maximum payment of up to **\$750** for each injured tooth for which coverage is available pursuant to this section. The following provisions apply also:

- (a) any payment made under this section shall be made in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the Insured's province or territory of residence;
- (b) capped or crowned teeth shall be deemed as whole or sound teeth;
- (c) Insureds with valid dental claims will be allowed a period of one year from the date of the Accident for the completion of any necessary dental treatment covered under this benefit;
- (d) no benefit will be payable for replacement, adjustment or repair of artificial teeth or dentures (except as otherwise provided herein) or for any dental treatment provided solely for cosmetic, esthetic or orthodontic reasons whatever the cause.

OUT OF PROVINCE EMERGENCY SURGICAL AND MEDICAL ACCIDENT BENEFITS

UP TO \$15,000

If a bodily Injury sustained by the Insured, outside the Insured's province/territory of residence, shall within 30 days from the date of an Accident necessitate the services of a licensed doctor of medicine, osteopath or chiropractor, surgical operation, hospital expenses, taking of x-rays, laboratory services or anaesthetist fees the Company will pay for such charges outside the Insured's province/territory of residence less the amount normally allowed for such services by any GHIP, up to a maximum of **\$15,000**. (Maximum duration of any trip - 30 days)

EXTENDED HOSPITAL EXPENSE BENEFIT

UP TO \$2,000

When, as the result of an Accident and within 30 days of the Accident, the Insured is confined to Hospital for one day or more, the Company will pay the actual expenses incurred for a semi-private or private room while the Insured is confined to Hospital. Also included is the rental of telephone or television subject to an overall limit of \$25 per day for each day the Insured is confined to Hospital. No benefit shall be paid with respect to confinement occurring more than 52 weeks from the date of the Accident.

COUNSELLING BENEFIT

UP TO \$500

If, as a result of the Insured's death, dismemberment or dread disease (as described elsewhere in this policy), counselling for the Insured, his/her parents, siblings, spouse and dependents by a licensed psychologist is recommended by a legally qualified Physician, the Company will pay the cost of such counselling up to a maximum of **\$500** in total.

CONFINEMENT DISABILITY BENEFIT

UP TO \$6,100

If, as the result of an Accident, complete and continuous hospitalization is required within 30 days of the Accident, the Company shall pay **\$50** for each 24-hour period, from day 1 up to 14 days, and **\$25** for each day afterwards up to 16 additional days. When an Injury shall, within 30 days of the date of the Accident, result in the complete and continuous confinement of the Insured (except for necessary medical attention) and the Insured is under the regular care of a licensed Physician or surgeon, the Company will pay **\$250** per month commencing with the 31st day of such confinement up to a maximum of 20 months.

BLANKET ACCIDENT EXPENSE REIMBURSEMENT

For an Injury which was sustained in the Insured's province/territory of residence and for which coverage is not available under any GHIP whether enrolled in such a plan or not, the Company will pay for reasonable and medically necessary expenses, for which coverage is not available under any GHIP incurred within 156 weeks of the date of the Accident resulting in an Injury that requires, within 30 days of the date of the Accident, services of a legally qualified physiotherapist (excluding athletic therapy) or registered nurse or expense for the purchase of hearing aids (but not including repair or replacement of same), crutches, splints, orthotic devices, trusses, medical braces, rental of wheelchair or hospital bed, prescription drugs, cast and cast materials and hospital services for which benefits are not provided by any GHIP. The Insured must be under the regular care and attendance of a legally qualified Physician or surgeon while receiving such services. Also covered is emergency local licensed ground ambulance service to the nearest medical facility. In the event that necessary services be performed by a chiropractor or osteopath, benefits will be limited to **\$10** per visit or a maximum of **\$250** per policy term.

Note: An expense for a splint, brace or orthotic device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities is not covered.

REHABILITATION BENEFIT

UP TO \$5,000

If an Accident causes Injury to the Insured which requires that the Insured undergo special training in order to be qualified to engage in a special occupation in which he would not have engaged except for such Injury, the Company will pay the reasonable and necessary expense actually incurred by the Insured but shall not exceed **\$5,000** nor shall payment be made for any expenses incurred more than three years after the date of the Accident, nor shall payment be made for room, board or other ordinary living, travelling or clothing expense.

SPECIAL TREATMENT TRAVEL EXPENSE BENEFIT

UP TO \$2,000

If, within 52 weeks from the date of the Accident, an Injury requires special treatment that cannot be obtained within a 100-mile (160 km) radius of the Insured's residence, the Company will pay up to a maximum of **\$60** per day for travel expenses and necessary expense incurred away from home, but not to exceed the maximum limit of **\$2,000**.

TUITION BENEFIT

UP TO \$2,000

When, within 90 days from the date of the Accident, an Injury shall disable totally and confine the Insured to his or her residence for a period in excess of 30 days, the Company shall pay the expense incurred within six months from the date of the Accident for tutorial services of a qualified teacher holding a current Provincial Ministry of Training, Colleges and Universities Teaching Certificate at a rate not to exceed **\$30** per hour. In addition, the Company shall pay for the rental of necessary equipment and required program software as suggested and approved by Conestoga College. All benefits payable under this section are subject to an aggregate amount of **\$2,000**.

DENTURE, HEARING AID AND REMOVABLE

TEETH EXPENSE (Resulting from Injury)

UP TO \$250

If Injury requires and receives treatment by a Physician or dentist within 30 days of the date of the Accident and results in the breakage of dentures, hearing aids or a removable artificial tooth or teeth of the Insured, the Company shall pay the actual cost of repair or replacement of said denture, hearing aids, or artificial tooth or teeth up to a maximum of **\$250** in respect to all such repairs or replacements during the term of this insurance.

PROSTHETIC APPLIANCES

UP TO \$5,000

When prescribed by a Physician or surgeon and purchased within 156 weeks of the date of the Accident, the Company will pay benefits for expenses incurred for artificial limbs, eyes, and/or hearing aids up to a maximum of **\$5,000** for each Injury resulting in a loss requiring such an appliance. This does not include repairs, adjustments or replacement of same.

FAMILY TRANSPORTATION EXPENSE UP TO \$1,000

Should the Insured be hospitalized as a result of a covered Accident and the attending Physician advises the necessary attendance of a parent, legal guardian or spouse, the Company shall pay up to **\$1,000** for the reasonable cost of transportation by economy class.

SPECIAL CLOTHING BENEFIT UP TO \$200

When as the result of an Injury, the attending Physician advises the purchase of special protective clothing, the Company will pay up to **\$200** in respect of all such purchases.

EMERGENCY TRANSPORTATION UP TO \$200

If an Accident occurring in or on Conestoga College premises or buildings requires immediate medical treatment, the Company will pay the reasonable travel expense incurred per kilometre, as defined by Revenue Canada, in transporting the Insured to a doctor's office or nearest hospital, subject to a maximum payable of **\$200**.

EYEGLASS AND CONTACT LENS EXPENSE UP TO \$200

(Applies only if there is concurrent bodily Injury)

If injury requires and receives treatment by a Physician or dentist or registered nurse within 30 days of the date of the Accident and such Injury: (1) results in the breakage of eyeglasses or loss or breakage of a contact lens or lenses of the Insured, the Company will pay the actual cost of repair or replacement of the eyeglasses or contact lens or lenses up to a maximum of **\$200** in respect to all such repairs or replacements during the term of this insurance; or, (2) results in the purchase of eyeglasses or contact lenses upon the advice of the Physician when neither were a requirement with respect to a condition existing prior to the Injury, the Company shall pay the necessary and reasonable expense.

FRACTURE OR DISLOCATION BENEFIT

When an Injury results in any of the fractures (including greenstick) or dislocations listed in the following schedule, the Company will pay the amount specified for such fracture or dislocation provided that not more than one such benefit (the largest) shall be payable as the result of any one Accident.

FRACTURE OF	MAXIMUM BENEFIT
the skull (depressed)	\$750
the skull (not depressed)	\$250
the spine (one or more vertebrae)	\$250
the lower jaw (alveolar process excepted)	\$ 50
the upper jaw	\$ 75
the shoulder (dislocation), the clavicle (collar bone), or elbow	\$ 75
the hip, the pelvis, or the thigh (femur)	\$125
the knee cap	\$ 80
the sacrum or coccyx	\$ 50
the sternum	\$ 50
the leg (tibia or fibula)	\$100
the upper arm (humerus), or the scapula (shoulder bone)	\$125
the forearm (radius or ulna), the hand or wrist (other than phalanges)	\$ 75
the foot (other than phalanges)	\$ 40
the ankle	\$ 50
two or more toes, fingers or ribs	\$ 45
one rib	\$ 25
one finger or one toe	\$ 25
any bone not specified above	\$ 25

SUMMARY OF BENEFITS MAXIMUM PAYABLE

• TOTAL AND PERMANENT DISABILITY BENEFIT	\$100,000
• DISMEMBERMENT/TOTAL LOSS OF USE BENEFIT	\$100,000
• DEATH BENEFIT	\$ 5,000
• DREAD DISEASE BENEFIT	\$ 7,500
• DOUBLE INDEMNITY BENEFIT	
• BLANKET DENTAL ACCIDENT EXPENSE	
• OUT-OF-PROVINCE MEDICAL EXPENSE	\$ 15,000
• EXTENDED HOSPITAL EXPENSE	\$ 2,000
• CONFINEMENT DISABILITY BENEFIT	\$ 6,100
• BLANKET ACCIDENT EXPENSE	
• REHABILITATION EXPENSE	\$ 5,000
• SPECIAL TREATMENT TRAVEL EXPENSE	\$ 2,000
• TUITION EXPENSE	\$2,000 (\$30/HR)
• DENTURES AND HEARING AIDS EXPENSE	\$ 250
• PROSTHETIC APPLIANCES EXPENSE	\$ 5,000
• FAMILY TRANSPORTATION EXPENSE	\$ 1,000
• SPECIAL CLOTHING EXPENSE	\$ 200
• EMERGENCY TRANSPORTATION EXPENSE	\$ 200
• EYEGLASS/CONTACT LENS EXPENSE	\$ 200
• FRACTURES BENEFIT	\$ 750
• COUNSELLING BENEFIT	\$ 500
• NO SUICIDE LIMITATION BENEFIT	

ELIGIBILITY

Full-time fee paying Students enrolled in full-time day programs in the following areas:

- Post Secondary
- Certificate

EFFECTIVE DATE OF INSURANCE

Coverage is effective on the later of: a) September 1, 2011; b) the first scheduled school day; or c) the date the eligible person becomes a Student with Conestoga College Institute of Technology and Advanced Learning.

TERMINATION OF INSURANCE

The coverage will terminate the earlier of: a) 11:59 p.m. on August 31, 2012; or, b) the date the Insured ceases to be a Student.

COVERAGE TERM

Covers all Accidents, 24 hours per day, every day, during the full policy term.

SUBROGATION RIGHTS

The Company, upon making any payment or assuming liability under this policy, shall be subrogated to all rights of recovery of the Insured against any person or corporation and may bring action in the name of the Insured to enforce such rights.

CO-ORDINATION OF BENEFITS

If an Insured is entitled to similar benefits through any other insurer, the benefits payable under this insurance shall be co-ordinated so that total benefits from all insurers shall not exceed the actual loss incurred.

ACCIDENT BENEFITS

If proof be furnished satisfactory to the Company that an Insured under this policy has suffered any loss or incurred expense as a direct result of bodily Injury or Injuries and that such loss resulted within the time limit as specified herein and while this policy is in force, then, except as provided in the schedule of Conditions, Limitations & Exclusions, the Company upon approval of said proof, will pay the benefits for such loss or expense as provided in the benefits described on the reverse side of this form.

DEFINITIONS

This Policy contains capitalized key words or phrases that are defined herein.

Accident: means a happening due to external, violent, sudden, fortuitous causes beyond the Insured's control. This happening must occur while this insurance is in force.

Company, Our, Us, We: means Reliable Life Insurance Company.

Competent Medical Authorities: means legally licensed Physicians who hold a specialty directly related to the nature of the cause of disability and who are recognized by the Company as qualified to make an assessment.

GHIP: means any Canadian government health insurance plan.

Injury: means bodily injury suffered by the Insured while this insurance is in force, caused directly by an Accident as described above independent of any sickness or other causes.

Insured or Insured Person: means a Student who has satisfied the Eligibility requirements and for whom the appropriate premium has been received by the Company or its broker.

Physician: means any person, other than the Insured or any member of his or her family, who is a practitioner of the healing arts and whose legal and professional standing within his jurisdiction is equivalent to a doctor of medicine (M.D.) duly licensed to practice in any province/territory of Canada.

Student: is a fee paying person, who is enrolled with and attending Conestoga College on a full-time day basis (minimum of 3 credit courses) and **not** registered in an apprenticeship program.

Total and Permanent Disability: means the inability to ever engage in any occupation or employment for wages or profit.

CONDITIONS, LIMITATIONS & EXCLUSIONS

1. In the event of death, only one benefit (the largest) will be paid.
2. No benefit shall be payable for any loss resulting directly or indirectly, wholly or partially from any of the following causes:
 - (a) any intentionally self inflicted injury (except for Death Benefit);
 - (b) sickness or disease either as a cause or effect (except for Death Benefit and Dread Disease as defined herein);
 - (c) the Insured's commission or attempt to commit a willful, criminal or malicious act;
 - (d) the Insured's abuse of drugs or medications, use of illicit drugs or a blood alcohol level in excess of 80 milligrams of alcohol in 100 millilitres of blood
3. No benefit shall be payable for the purchase, repair or replacement of eyeglasses, contact lenses, orthotic devices, trusses, braces or prescriptions thereof (except as otherwise provided herein).
4. In no case may an Insured be covered under more than one policy with the Company; excess premiums paid shall be refunded upon request.
5. Any benefits payable under this Policy are excess of any other coverages the Insured may have with any other insurance company or any other source of recovery.
6. Any benefits that are available under any GHIP are excluded under this policy, whether enrolled in such a plan or not.
7. In the case of visitor or immigrant Students who are ineligible to enrol in a GHIP, the Company shall pay only the benefits that are in excess of the benefits that would have been available under any GHIP if the Insured was eligible to enrol in such a plan.
8. No benefit shall be paid for expenses incurred outside of Canada.
9. The Company shall have the right to have the Insured examined by one or more Physicians of its choice during the pendency of any claim under this Policy.

SUBMITTING A CLAIM

- (a) Obtain a claim form from your school office or telephone
Reliable Life Insurance Company
905-523-5587 or toll free 1-800-463-5437
You can also download a copy from:
www.insuremykids.com
- (b) Insured to complete front portion only.
- (c) The attending Physician or dentist is to complete the back portion of the appropriate claim form and attach an itemized account.
- (d) Submit to:
Reliable Life Insurance Company
Student Insurance Claims
P.O. Box 557
Hamilton, Ontario. L8N 3K9

The Company must be notified within 60 days of the occurrence of any covered risk. Claim forms along with the initial dental report or Physician's statement must be submitted within 90 days of the date of the Accident or date of death. It is the entire responsibility of the Insured to forward the claim forms as indicated.

Any action or proceedings against the Company for the recovery of any claim under this Policy shall 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.

PRIVACY POLICY

The Company is committed to protecting Your privacy. Collecting personal information about You is essential to Our ability to offer You high-quality insurance products and service. The information provided by You will only be used for determining Your eligibility for coverage under the Policy, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that we must share your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. We take great care to keep Your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If You have any questions about the Company's privacy policy, please contact Our Privacy Officer at 905-523-5587 or by email at: privacy@oldrepublicgroup.com.

Signed at Hamilton, Ontario, by the Company
Reliable Life Insurance Company



Paul M. Field, C.A.
Chief Executive Officer

Agent of Record



STAEBLER
INSURANCE

Be Wise, Staeblereize.
519-743-3221 or www.staebler.com