



KIDS PLUS™ ACCIDENT INSURANCE 2017 - 2018

underwritten by

INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.

SUMMARY OF INSURANCE BENEFITS FOR

**S.D. NO. 75 (MISSION)
BOARD NO. 012020434/17**

For your information, the following is a description of the benefits that may be provided under the Kids Plus™ Accident Insurance Policy (the "Policy") issued to an Insured (as defined below) and of the other terms and conditions of the Policy. The benefits will depend on the plan selected (Active Plan, Value Plan or Adult Plan) on the application form. Coverage under the Policy will commence on the Effective Date and will terminate on the Expiry Date. **The Policy pays for loss due to 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.**

DEFINITIONS:

"ACCIDENT" means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of the claim.

"ADULT" means a permanent resident of Canada who has Provincial Health Coverage and is age 20 to age 64 inclusive at the time of application.

"CHILD/CHILDREN" means a permanent resident of Canada who has Provincial Health Coverage and is 6 months to 19 years of age inclusive at the time of application. Foreign exchange and international students in Canada, and Canadian residents attending school outside of Canada, are not eligible to apply.

"COMPANY" means Industrial Alliance Insurance and Financial Services Inc., a member of the iA Financial Group.

"EFFECTIVE DATE" means the latter of September 1, 2017 and the date the Company or its authorized representative receives your application form or renewal form and the required premium will constitute the Effective Date of the Policy.

"EXPIRY DATE" means the date the Insured is no longer a permanent resident of Canada; the date the Insured is covered by a replacement Kids Plus™ Accident Insurance Policy or at 12:00 midnight on September 30, 2018, whichever date first occurs.

"INJURY" means 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" means the applicable insurance legislation in the applicable provincial jurisdiction.

"INSURED" means a Child or Adult for whom application has been made and for whom the applicable premium has been paid.

"PARENT" means the parent or legal guardian who has applied for a Child under the Policy.

"PHYSICIAN" means a legally qualified, licensed doctor of medicine.

"POLICY" means Kids Plus™ Accident Insurance Policy.

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

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

BENEFIT SUMMARY This Benefit Summary forms part of the Policy.	ACTIVE PLAN	VALUE PLAN	ADULT PLAN
	Child only	Child only	Adult only
Dental Treatment and Eyewear			
Dental treatment within 7 years following Accident for Children (1 year for Adults) [BENEFIT NUMBER 1]	Prov Fee Guide	Prov Fee Guide	Prov Fee Guide
Dental treatment after 7 years following Accident for Children [BENEFIT NUMBER 1]	\$1,500	\$1,250	not available
Dental Implants (each) [BENEFIT NUMBER 1]	\$1,750	\$1,500	\$1,250
Orthodontics [BENEFIT NUMBER 1]	\$2,500	\$1,500	\$2,000
Dentures and artificial teeth [BENEFIT NUMBER 2]	\$500	\$500	\$500
For Eyeglasses/contact lenses: Repair/replacement [BENEFIT NUMBER 3]	\$350	\$300	\$250
For Eyeglasses/contact lenses: Initial purchase when not previously required or worn [BENEFIT NUMBER 3]	Full Cost	Full Cost	\$300
Fracture, Dislocation or Surgery			
Skull (depressed) or spine (three or more vertebrae) [BENEFIT NUMBER 4]	\$1,000	\$750	\$750
Skull (not depressed) or spine (less than three vertebrae) or pelvis [BENEFIT NUMBER 4]	\$500	\$250	\$250
Arm between elbow and shoulder, or thigh, or hip, or shoulder blade, or shoulder [BENEFIT NUMBER 4]	\$300	\$200	\$200
Lower leg, or knee cap, or ankle, or calcaneous (heel bone), or bone(s) of the feet (metatarsals) or hand(s) (metacarpals), or collar bone, or forearm, or wrist, or elbow [BENEFIT NUMBER 4]	\$250	\$150	\$150
Sternum, or sacrum/coccyx, or upper jaw, or lower jaw, or nose, or two or more toes, fingers or ribs [BENEFIT NUMBER 4]	\$200	\$125	\$125
One toe, finger or rib, or any bone not specified above [BENEFIT NUMBER 4]	\$125	\$100	\$100
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 NUMBER 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 NUMBER 5]	Full Cost	Full Cost	Full Cost
Rental of TV, radio, or telephone while in hospital [BENEFIT NUMBER 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 NUMBER 5]	\$800	\$600	\$400
Braces prescribed by the attending Physician for curative or therapeutic purposes only (limited to one purchase per Injury) [BENEFIT NUMBER 5]	\$1,250	\$1,000	\$500
Counselling [BENEFIT NUMBER 6]	\$1,000	\$500	\$500
Purchase of artificial limbs, eyes, hearing aids, and other prosthetic appliances [BENEFIT NUMBER 7]	\$5,000	\$5,000	\$5,000
Commercial repair of a prosthetic appliance [BENEFIT NUMBER 7]	\$500	\$500	\$500
Travel and Transportation			
Emergency Out-of-Province/Country medical expenses [BENEFIT NUMBER 8]	\$100,000	\$50,000	\$25,000
Emergency Return Flight [BENEFIT NUMBER 9], Family Transportation [BENEFIT NUMBER 10]	\$1,000	not available	not available
Above is for Injury and Sickness?	Both	Injury only	Injury only
Emergency Transportation [BENEFIT NUMBER 11]	\$250	\$250	\$250
Special Treatment Travel [BENEFIT NUMBER 12]	\$2,500	\$2,500	\$2,500
Death or Disability			
Accidental Death [BENEFIT NUMBER 13]	\$20,000	\$7,500	\$10,000
Double Indemnity [BENEFIT NUMBER 13]	\$40,000	\$15,000	\$20,000
Non-Accidental Death [BENEFIT NUMBER 14]	\$20,000	\$7,500	not available
Repatriation [BENEFIT NUMBER 15]	\$5,500	\$5,500	\$5,500
Permanent Total Disability [BENEFIT NUMBER 16]	\$360,000	\$75,000	not available
Rehabilitation and Special Services			
Confinement Disability [BENEFIT NUMBER 17]	\$750/month	\$500/month	not available
Rehabilitation [BENEFIT NUMBER 18]	\$10,000	\$5,000	\$2,500
Private Tutor [BENEFIT NUMBER 19]	\$5,000	\$2,500	not available
Wage Loss [BENEFIT NUMBER 20]	\$1,000	not available	not available
Babysitting [BENEFIT NUMBER 21]	\$200	\$100	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 NUMBER 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 NUMBER 22]	\$60,000	\$20,000	\$20,000
Entire thumb and index finger (same hand) [BENEFIT NUMBER 22]	\$30,000	\$10,000	\$10,000
Thumbs, fingers, or toes (each entire thumb, finger, or toe) [BENEFIT NUMBER 22]	\$4,000	\$1,000	\$1,000
One entire phalanx of any one finger, or hearing in one ear [BENEFIT NUMBER 22]	\$2,000	\$500	\$500
Critical Illness			
Hospital services or nursing expenses [BENEFIT NUMBER 23]	\$12,600	\$5,600	not available
Commercial accommodation/meals, travel/parking [BENEFIT NUMBER 23]	\$2,900	\$2,900	not available

KIDS PLUS™ ACCIDENT INSURANCE POLICY 2017 - 2018

1. DENTAL

When Injury to whole or sound teeth requires and first receives treatment by a dentist within 30 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, providing 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. EYEGASSES 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;

- (a) 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
- (b) 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 bilateral 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 and 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 for 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)	Meningitis	Rabies
Cancer	Multiple Sclerosis	Scarlet Fever
Diphtheria	Muscular Dystrophy	Tetanus
Encephalitis	Myocarditis	Tularemia
Hemolytic Uremic Syndrome (renal failure resulting from E-coli bacteria)	Poliomyelitis	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 threat, 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 covered under more than one Kids Plus™ Accident Insurance Policy, the Company's liability is limited to the return of premiums paid for the second application 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.

GENERAL PROVISIONS

1. The Application Form and the Policy issued to the Insured constitute the entire contract between the Company and the Insured.
2. No agent has the authority to change the Policy or waive any of its provisions. No change in the Policy shall be valid unless approved and endorsed by an Executive Officer of the Company.
3. 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.
4. 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.
5. 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.
6. The Company reserves the right to require examination of the Insured when and so often as it may reasonably require while a claim is pending.
7. 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.
8. An action or proceeding against the Company for the recovery of a claim under the Policy will not be commenced more than one year 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.

9. 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.

PRIVACY PROCEDURES

In order to comply with federal and provincial privacy legislation relating to the collection, use and disclosure of personal information of the Insured, the Company requires that the attached Privacy Policy For The Industrial Alliance Group (Appendix 1) be followed.

APPENDIX 1 – PRIVACY POLICY FOR THE INDUSTRIAL ALLIANCE GROUP

The Industrial Alliance Group is composed of Industrial Alliance Insurance and Financial Services Inc. and its subsidiaries (the “Company”). The Company is committed to protecting the Company’s clients’, employees’ and representatives’ (the “Individual/s”) privacy, and to ensuring the confidentiality of the personal information provided to it in the course of the Company’s business.

The Company’s Privacy Policy sets out the Company’s standards for collecting, using, disclosing and storing the Individual’s personal information. The Company’s Privacy Policy also explains how the Company safeguards the Individual’s personal information and the Individual’s right to access that information.

Personal Information

Personal Information is any information about an individual that identifies him or her, such as financial, lifestyle or health information, but not their name, title or business address, telephone or email.

Personal information has to be protected regardless of its characteristics or its form, whether written, graphic, audio, visual, computerized or any other form.

Purpose of Information Collection

Collecting information about the Individual is necessary in order for the Company to provide the Individual with high quality services. The nature and sensitivity of the information the Company collects about the Individual varies according to the services the Company provides the Individual, and to legal requirements imposed on it (such as the Individual’s social insurance number, where investment income is generated by a chosen product).

The purposes for which the Company collects personal information about the Individual are identified at or before the time of collection. For example, information may be collected while submitting an application, opening an account, or submitting a claim.

Purposes for collecting information generally include providing products or services requested, confirming the Individual’s identity, protecting against fraud, or dealing with matters concerning the relationship between the Company and the Individual.

Any questions and concerns the Individual may have regarding the purposes for collecting information may be directed to us at the address provided below.

Consent

When the Company collects personal information from the Individual, the Company obtains the Individual’s consent to use the information for the purposes collected. The Company will obtain the Individual’s consent for any additional use or collection, or if the purpose of using the information is changed.

The Company generally seeks the Individual’s express written consent in order to collect, use or disclose personal information. Where appropriate, for less sensitive information, the Company may accept the Individual’s verbal consent. Occasionally, the Company may imply consent where the Company can infer consent from the Individual’s action or inaction.

Consent must be given by the Individual or the Individual’s authorized representative such as a legal guardian or a person having power of attorney.

The Individual may withdraw the Individual’s consent at any time, subject to legal or contractual restrictions (for example, the Individual’s right to withdraw consent is necessarily limited where the Company needs information to extend a loan against the value of a policy issued by it). The Company will inform the Individual of the consequences of such withdrawal, including the possibility that the Company may not be able to provide a product or process a request. If the Individual chooses not to consent, the Company will record the decision in the Company’s file.

In limited circumstances, the Company has the right (or obligation) to collect, use or disclose personal information without the Individual’s knowledge and consent. This occurs when legal, medical, or security reasons may make it impossible or impractical to seek consent. When information is being collected for the investigation of a potential breach of contract, the prevention or detection of fraud, or for law enforcement purposes, seeking consent might defeat the purpose of the information collection. Similarly, seeking consent may be impossible or inappropriate when the Individual is a minor, seriously ill or otherwise incapacitated.

Limits to Collection, Use and Disclosure

The Company limits the collection of the Individual's personal information to what the Company needs in relation to the purposes identified to the Individual.

The Company collects the information directly from the Individual unless the Individual allows the Company to collect information from a third party or in accordance with the law.

The Company limits the use of the Individual's personal information to the purposes the Company has identified to the Individual. This means that the Company cannot use the Individual's personal information for other purposes without the Individual's consent, except as required by law.

The Company cannot disclose the Individual's personal information to anyone except with the Individual's consent or as required by law.

The Individual's personal information is only accessible to certain authorized persons, and only to the extent necessary to perform their duties.

The Individual has the right to know, on request to whom the information was disclosed. Only in rare instances is the Company prevented by law from making such disclosure. The Company maintains accurate records, recording to whom it discloses personal information and in what circumstances the information was disclosed.

The Company will occasionally share the Individual's personal information with service providers or agents to ensure the proper administration of products or to provide an Individual with the services the Individual requires. These service providers or agents must agree to comply with privacy legislation before receiving any personal information.

In certain circumstances, the Company may use service providers outside Canada, including the United States. The Company is responsible for the service provider's compliance with the Company's Privacy Policy and will ensure that the level of protection of personal information is comparable to that provided by the Company. Any questions concerning the collection, transfer or use of personal information outside Canada can be forwarded to the Privacy Officer at the address provided below.

Retention

The Company only retains the Individual's personal information for as long as needed for the purpose it was collected. The Company must destroy this information in accordance with the law and the Company's file retention guidelines. When the Company destroys the Individual's personal information, the Company makes sure that confidentiality is secured and that no unauthorized person can access the information during the destruction process.

Client List

The Company may establish a list of clients (names, addresses and telephone numbers) and share this list with other companies of the Industrial Alliance Group. The purpose of this list is to allow us to better serve the Individual by offering relevant and available products and services. The Individual may request that the Individual's name be removed from such a list by writing to the Privacy Officer at the address provided below.

The Company does not sell client lists to third parties.

Accuracy

The Company makes every possible effort to ensure that the Individual's personal information is as accurate and complete as necessary for the purposes it is collected, used, or disclosed.

Accountability

The Company is responsible for the Individual's personal information in the Company's possession or control, including information that may be transferred by the Company to third parties for processing. The Company requires such third parties to keep personal information under strict standards of privacy and protection.

The Company adheres to legislated and self-imposed rules, aimed to safeguard the Individual's privacy. The rules are established by this Privacy Policy, the Code of Business Conduct (applicable to directors, officers and employees), Market Conduct Standards (applicable to agents and brokers) as well as insurance industry guidelines and applicable law. The Company's staff is trained on these processes and procedures and is provided with information about privacy laws.

Safeguards

The Company has implemented and continues to implement rigorous safeguards so that the Individual's personal information remains strictly confidential and is protected against loss or theft, as well as unauthorized access, disclosure, copying, use, or modification.

Protection methods include organizational measures such as requiring security clearances and limiting access to a "need-to-know" basis, physical measures (e.g. building access cards for employees, visitor registration and identification cards, off-site backups and archiving), and technological measures such as the use of password and encryption (e.g. the use of routinely changing passwords, firewalls and segmented operator access).

Request for Access to Information and Amendments

The Individual has the right to be informed whether the Company holds personal information about the Individual and to see that information. The Individual also has the right to enquire as to how the Company collected the Individual's information, how the Company used it and to whom it may have been disclosed.

This information will be provided to the Individual within a reasonable time from the date the Company receives the Individual's written request. The Company may charge a reasonable fee for processing the Individual's request.

In certain limited and specific circumstances, the Company may refuse to provide to the Individual the requested information. Exceptions to the Individual's access right can include information that is prohibitively costly to provide, information that contains references to other individuals, information that cannot be disclosed for legal, security or commercial proprietary reasons, information that has been obtained in the course of an investigation of a potential breach of contract or fraud, and information that is subject to solicitor-client or litigation privilege.

In cases where the Company holds medical information about the Individual, the Company may refuse to provide the Individual with direct access to this information and may instead request that a health care professional be designated to provide the information to the Individual.

The Individual may challenge the accuracy and completeness of the Individual's personal information. The Company will respond to an amendment request within a reasonable time.

Any request for access to information or request for amendment must be sent to the following address:

Privacy Officer
Industrial Alliance Insurance and Financial Services Inc.
2165 Broadway West, PO Box 5900, Vancouver, BC, V6B 5H6
Toll free number: 1-855-737-7887
Email: privacyofficer@ia.ca

Complaints and Concerns

The Company's employees and representatives are trained to respond to the Individual's questions or concerns about personal information. Should the Individual be unsatisfied with the Company's employee's or representative's response, the Individual may contact the Privacy Officer at the address mentioned above.

A complaint concerning the protection of personal information should be addressed to the Privacy Officer at the address provided above.