



# CADRE SCHOOL ACCIDENT INSURANCE PLAN



## YOUR INSURANCE CERTIFICATE Collège International Marie de France

*Reference group policy no 3071  
From August 1st, 2011 to July 31st, 2012.*



### 1 BENEFITS

<b>A. Benefit in case of accidental death*:</b>	<b>Benefit</b>
School vehicle or public conveyance Other circumstances (insured is aged 25 years or over at the time of death) (insured is aged under 25 years at the time of death)	\$15,000 \$10,000 \$5,000

<b>B. Benefit in the event of natural death:</b>	
Paid on the death of an insured under age 18 at the time of death or under age 25 at the time of death for a student	\$2,500

<b>C. Benefit in case of loss of use or accidental dismemberment following an accident*:</b>	
Loss of two limbs, or one limb and sight in one eye, or loss of sight in both eyes	\$50,000
Loss of hearing in both ears and loss of speech	\$50,000
Loss of hearing in both ears or loss of speech	\$25,000
Loss of one limb or sight in one eye	\$12,500
Loss of hearing in one ear	\$3,000
Loss of fingers or toes (complete severance for each finger or toe)	\$1,000
<b>Maximum amount payable under this clause</b>	<b>\$50,000</b>

The benefit in case of loss of use or accidental dismemberment is payable 365 days after the date of the accident under the following conditions:

- The loss occurs within 365 days following the accident, and
- The insured has not died of injuries resulting from the accident within 365 days after the date of the accident.

Only the death benefit is payable if death results from the accident within 365 days.

<b>D. Accidental fracture*:</b>	
Du crâne avec enfoncement, de la colonne avec Of the skull, with depression; of the spine, with displaced vertebrae; of the pelvis	\$250
Of the skull, without depression; of the spine, without displaced vertebrae; the femur, tibia, fibula, humerus ulna, radius	\$50
Any other bone not listed above	\$25

The fracture must be diagnosed within 30 days following the accident, otherwise no benefit will be payable under this clause.

In case of multiple fractures, Industrial Alliance will pay the benefit for the fracture that entitles the insured to the highest amount.

**\*Restriction: For insureds aged 65 or over at the time of the accident, the benefits in case of accidental death, dismemberment, loss of use or accidental fracture correspond to 50% of the amounts indicated.**

<b>E. Total disability following an accident for an insured who has the status of student at the time of the accident:</b>	
• <b>Reorientation expenses</b> that the student, due to total disability caused by an accident, must incur in order to train for a new occupation, <b>up to a maximum of \$3,000.</b>	
• <b>Remedial classes at the rate of \$20 per hour</b> commencing on the 21 <sup>st</sup> day of absence from regular classes, <b>up to a maximum of \$1,000.</b> These courses must be given by a teacher approved by the educational institution board.	
• <b>Disability benefit:</b> If an accident is the direct cause of total and continuous disability, recognized by a physician, the Company will pay a weekly benefit of \$125, starting on the 8 <sup>th</sup> day of disability, from June 1 <sup>st</sup> to August 31 <sup>st</sup> .	

**Restriction: No reorientation expenses, remedial classes or disability benefits are payable if the insured has already been compensated for accidental dismemberment or loss of use of limbs, sight, hearing or speech.**

<b>F. Dental care expenses per damaged tooth following an accident: up to \$300, for reasonable expenses incurred as a result of an injury to a whole and sound tooth, for X-rays or treatments administered by a dentist within 260 weeks following the date of the accident.</b>	
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Dental fees are reimbursed according to the expenses incurred by the claimant providing those expenses do not exceed the rates suggested by the dental surgeons association of the province in which the services are provided.

If the accident required treatments by a recognized physician or dentist, the Company will reimburse the replacement or repair cost of a dental prosthesis **up to a maximum of \$300.**

### G. Hospital and paramedical expenses resulting from an accident:

The Company reimburses reasonable expenses for services, care or treatment rendered following an injury which are incurred in the insured's province of residence within 104 weeks following the accident, for:

- Supplementary cost for a private or semi-private room in a hospital, **up to a maximum of \$55 per day.**
- **A \$25 benefit for each night spent in hospital (paid in addition to the above-mentioned expenses), starting the first night, up to a maximum of \$1,000.**
- **Therapeutic medications** that can only be obtained through a physician's prescription and are sold through a pharmacist (remainder of expenses not paid through a public or private insurance plan).
- **Rental of a wheelchair, crutches or other orthopedic appliances, or the purchase (but not the replacement) if a rental is more costly or not possible.** The purchase (but not the replacement) of a fiberglass cast. Orthopedic appliances must be recommended by a physician and be medically necessary for recovery.  
**Restriction: Orthopedic devices used solely for the purposes of practising sports activities are not reimbursable.**
- Initial purchase (but not the replacement) of prostheses (artificial limbs), other than dental prostheses and hearing aids, **up to a maximum of \$3,000.**
- Initial purchase (but not the replacement) of a hearing aid, **up to a maximum of \$500.**
- **Treatments by a physiotherapist, chiropractor, occupational therapist, podiatrist, osteopath, hearing or speech therapist are reimbursed at the rate of \$20 per visit (including all costs incurred during the visit), up to a maximum of \$240 per contract year for all of these treatments.** The health specialist giving the treatments must be a member in good standing of his or her professional association.
- **Out-of-hospital services of a nurse,** when recommended by a physician.
- **Transportation expenses within 24 hours of the accident by the most economical means,** taking the insured's state of health into account, **up to a maximum of \$1,000 per for:**
  - Emergency transportation (ambulance, taxi or private vehicle) of the insured to the nearest doctor's office or hospital reasonably equipped to provide the required care.
  - Transportation (taxi or private vehicle) from this hospital or doctor's office to the insured's residence.
  - A maximum of \$10 for parking expenses.
  - 67% of the return expenses from the insured's residence to the hospital or doctor's office for a second consultation.
  - **Emergency transportation (ambulance, taxi or private vehicle)** following a sudden illness between the place where the insured person became suddenly ill and the nearest qualified hospital to provide the required care.
  - Transportation by a private vehicle is reimbursed at the rate of \$0.28 per kilometre.
- **Room and board** for the person who must accompany the insured during this person's hospitalization following an accident. The reimbursable expenses are **\$100 per day, up to a maximum of \$500,** if the insured is hospitalized over 50 kilometres from his or her residence.
- Repair or replacement of glasses or contact lenses, used to correct vision, **up to a maximum of \$100 per contract year.**

The maximum amount payable under the "Hospital and paramedical expenses" clause is **\$25,000 per accident.**

<b>H. Emergency care outside the province of residence: up to a maximum of \$5,000 per accident</b> for transportation by ambulance, services of a physician and hospital care (including nursing care, laboratory analyses, X-rays or other tests for diagnostic purposes) obtained outside the insured's province of residence following an accident. The Company will pay expenses in excess of expenses covered under any government or private plan if it was impossible to obtain this care or these services in the insured's province of residence.	
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<b>I. Convalescence allowance (insured is aged 18 years or over):</b>	
<b>This benefit of 50 \$ per day is payable, to a maximum of \$500 per contract year,</b> if the insured spends at least one night in hospital or has day surgery following an accident:	
• Day surgery entitles the insured to one day of convalescence, i.e., a convalescence indemnity of \$50.	
• Each night of hospitalization entitles the insured to one day of convalescence, i.e., a convalescence indemnity of \$50 for each night spent in hospital.	

<b>J. Childcare expenses:</b>	
Expenses incurred by the parent (or guardian) are reimbursed, <b>up to \$10 per hour and to a maximum of \$100 per contract year</b> for care of:	
• His or her insured child under age 18 who must remain at home following an accident.	
• His or her other children under age 18 if the parent (or guardian) must accompany an insured child under age 18 for medical follow-up after an accident.	
The childcare worker must be at least 18 years of age and must not be a member of the insured's immediate family.	

#### K. Return transportation expenses between the home and educational institution:

The amounts paid by the parent (or guardian) following an accident involving an insured student, to transport the student between home and educational institution, **up to \$10 per day and to a maximum of \$100 per contract year.**

The student must not be able to go to his or her educational institution using his or her usual method of transportation and the individual who provides return transportation for the insured must be aged 18 or over. Transportation expenses by a private vehicle are reimbursed at the rate of \$0.28 per kilometre.

#### L. Registration fees for a student under age 25 at the time of the accident:

If, following an accident, the student is totally disabled during the year or part of the school year and must redo the year, Industrial Alliance reimburses 50% of the student's registration fees, **up to a maximum of \$1,000.**

## 2 DEFINITIONS

- a) **Accident:** Any bodily injury resulting directly from an external, sudden, violent, involuntary and independent cause, which occurs while the victim was insured under the contract, and which requires medical or surgical care within 30 days of the date of the accident. For more accuracy, under no circumstances can a bodily injury resulting from a suicide be considered as an accident according to the meaning of this policy.
- b) **Accidental Death:** Death resulting from an accident.
- c) **Claimant:** The insured or, in his or her absence, his or her estate or legal representatives.
- d) **Company:** The insurer : Industrial Alliance Insurance and Financial Services Inc.
- e) **Disability:** Injury to physical or mental capacity directly resulting from an accident that has a strong and lasting effect on the physical or mental capacity of the insured and that prevents him or her from carrying out the activities that are normal for a student of that age.
- f) **Dismemberment or loss of use of limbs, sight, hearing or speech:** Loss resulting from an accident. A limb means a hand or a foot. The loss of a hand or a foot means total and permanent loss of use. Loss of sight in one eye, hearing or speech means the total and irrevocable loss of use of these functions. Loss of a finger or a toe means its complete severance from the metacarpophalangeal or metatarsophalangeal joint.
- g) **Fracture:** Violent rupture of a bone following an accident.
- h) **Hospital:** A short-term care institution or hospital centre legally recognized as such by the government authorities that the establishment reports to. Exclusions: institutions reserved for convalescents or individuals suffering from chronic diseases.
- i) **Injury:** Any bodily lesion resulting from an accident.
- j) **Insured:** Any person aged 75 or under who meets the eligibility requirements and for whom the required premium has been paid.
- k) **Member of the immediate family:** Father, mother, grandparents, sister, brother, children of insured's person.
- l) **Natural death:** Death resulting from an illness.
- m) **Orthopedic appliances:** A device applied to a limb or part of the body to correct an injury.
- n) **Public conveyance:** Licensed to transport passengers for a fee while the insured was travelling as a paying passenger.
- o) **Student:** A person aged 75 or under, enrolled in full-time studies at an educational institution recognized as such by the Ministry of Education of the province of residence.

## 3 EXCLUSIONS

No benefits are payable for:

- a) Natural death occurring within twelve months of the beginning of insurance and attributable in whole or in part to an illness or injury for which the insured received treatments or medical care or took medication for during the twelve months preceding this date. This exclusion does not apply if, during the preceding twelve months, the insured was covered by an accident insurance contract issued by the Company.
- b) Death if the insured commits suicide and the individual was not insured under an accidental insurance contract issued by the Company during an uninterrupted period of two years.
- c) Losses, fractures, disability or expenses sustained as a result of an attempted suicide, voluntary dismemberment or any self-inflicted injury, whether or not the insured was conscious of his or her actions.
- d) Death, losses, fractures, disability or expenses sustained as a result of gas inhalation, poisoning, voluntary absorption of medications or drugs unless taken as prescribed by a physician.
- e) Death, losses, fractures, disability or expenses sustained while the insured was under the influence of drugs or had a blood alcohol level exceeding 80 milligrams per 100 millilitres of blood, whether or not the insured was conscious of his or her actions.
- f) Death, losses, fractures, disability or expenses sustained as a result of a criminal act that the insured committed, was preparing to commit, attempted to commit or resulting from this individual provoking a riot, attempt against public order or war, whether war be declared or not.
- g) Death, losses, fractures, disability or expenses sustained as a result of flight or attempted flight on board of a plane or other aircraft, if the insured is part of the crew, or performs any function related to the flight.
- h) Death, losses, fractures, disability or expenses sustained while the insured was racing motorized vehicles or as a result of scuba diving, parachuting, competitive alpine skiing, hang gliding, mountain climbing, bungee jumping.
- i) Dental care, hospital and paramedical expenses, and emergency care reimbursable by any other private plan (group insurance or individual insurance) or government plan. Also, in the case of a person who is not covered by a government plan providing for a benefit following an illness or injury, the Company only reimburses the portion of the fees that would have been reimbursed in the case of a person covered by such a government plan.
- j) Care or services provided by a member of the immediate family of the insured (except for transportation expenses).
- k) Orthopedic devices used solely for the purposes of practising sports activities.
- l) Expenses incurred for magnetic resonance imagery, CT Scan and X-rays.

**An insured who is covered under several accident insurance policies issued by the Company will only receive benefits under the most advantageous of these contracts. The Company will reimburse the premiums paid during the last year under the other contracts.**

## CLAIMS

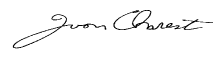
To make a claim, the claimant must contact **Client Service at (418) 684-5332 or toll free at 1 888 715-5232** to obtain a claim form.

Unless otherwise indicated, the claimant must send the claim form and provide proof of the nature and extent of the losses to the Company's satisfaction on the forms supplied by the Company, to the Company's Head Office, at his or her own expense, **within 90 days of the accident.** The original bills and receipts must also be sent to the Company within the same 90-day period.

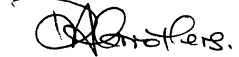
The Company has the right to ask the insured to undergo an examination by a physician or dentist of the Company's choice, and to obtain any information from any attending physician or from any hospital where the insured may have been admitted, as often as the Company deems it necessary.

The Company pays the benefits due under this policy to the claimant or his or her estate.

All payments made under the terms of this contract must be in the legal tender of Canada.



Yvon Charest  
President and Chief Executive Officer



Douglas A. Carrothers  
Secretary of the Company

You can reach us Monday – Friday (except holidays)  
**between 8:00 a.m. and 5:00 p.m. E.T.** by calling (toll-free or collect):

Quebec City : (418) 684-5405

Elsewhere : 1 888 266-2224

## ELIGIBILITY

**The following are eligible for this insurance:** students who permanently reside in Canada during the period of coverage, shown on the list of insureds the policyholder sends to the Company (unless an exception clause is mentioned on the insurance application or submission and is accepted by the Company).

Participation is mandatory for all students.

## BEGINNING OF THE INSURANCE

**The insurance begins:**

- a) On the above-mentioned effective date, for all individuals eligible on this date;
- b) On the first day they attend school or activities, for students who were not registered with the policyholder at the time the contract went into effect; or
- c) On the date the former contract expires, for an insured who was already covered under a similar contract previously issued by the Company.

## EXTENT OF THE COVERAGE

The insured is covered 24 hours a day, while the insurance is in force, regardless of where the accident occurs.

## END OF INSURANCE

**The insurance ends on the first of the following dates:**

- a) The date on which the insured is no longer recognized as a student with the policyholder;
- b) The contract expiry date specified above.

## IMPORTANT

This document summarizes the advantages provided by the CADRE School Accident Insurance; certain exclusions apply. The CADRE contract is the only official document binding the parties.

Please conserve this certificate for the duration of your insurance, as no other document will be issued to you.

## YOUR REPRESENTATIVE :

Alfred Mayor  
Mayor, Bertin & Busson inc.  
1565, boul. de l'Avenir, bureau 206  
Laval (Québec) H7S 2N5  
Tél. : 450-667-3352

