

School Board International Student

MEDICAL PLAN



Policy#: 017874

This insurance policy (in booklet form) explains the insurance benefits under the School Board International Student Medical Plan for Ontario Schools and should be kept in a safe place.

Sun Life Assurance Company of Canada agrees with you, the policy owner, to pay the benefits of this policy according to its terms and conditions.

In this document, you and your mean, as the context requires, the owner of the policy and the person for whom insurance is in force under this policy.

If you, the person insured, are under the age of 16 (or 18 if resident in Quebec), the owner of this policy will be your legal guardian in Canada.

We, us and our mean Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.



Dean Connor
President and Chief Executive Officer
Sun Life Assurance Company of Canada



Brigitte Catellier
Vice-President, Associate General Counsel
and Corporate Secretary
Sun Life Assurance Company of Canada

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Medical facility: We reserve the right, as reasonably required and at our expense, to transfer you to our network hospital or medical facility for the appropriate medical treatment, when we deem that you are medically fit to travel.

Out-of-province and out-of-Canada coverage: Your out-of-province and out-of-Canada insurance coverages are designed to cover losses arising from sudden, unexpected and unforeseen circumstances. It is important that you read and understand your policy before you travel as your coverage is subject to exclusions, limitations and restrictions.

If you require travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

Pre-authorization requirements: We must approve in advance any surgery, invasive procedure or major diagnostic testing or treatments before the expenses are incurred. You are responsible for contacting us for approval or informing the attending Physician to do so, except in extreme circumstances where such a delay would result in a life threatening risk. If such services are not pre-approved, claims will be assessed as per the terms and conditions of the policy, and if approved, reimbursed at 80% of all eligible expenses up to the policy limits and maximum. Please review the policy provisions carefully.

Prior medical history: In the event of an accident, illness or injury, your prior medical history may be requested by us for review in order for the payment of your claim.

Pre-existing condition exclusion: No benefit will be payable in respect of a Pre-Existing Condition.

Visits to your Home Country: Medical expenses incurred while you are in your Home Country during the Coverage Period are not covered under this policy.

Restriction on beneficiary designation: This policy contains a provision removing or restricting your right to designate persons to whom or for whose benefit insurance money is to be payable.

Please read your policy carefully.

If you have any questions or require more information, please contact the Sun Life Customer Care Centre at 1-888-206-9004 or by writing to us at:

Sun Life Assurance Company of Canada
PO Box 2015 STN Waterloo
Waterloo, ON N2J 0B1

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I. DEFINITIONS

Whenever used in this policy, the following terms when capitalized have the meaning specified below.

Accident A sudden, unforeseen and unintentional event exclusively attributable to an external cause, while insured under this policy.

Common Carrier any person or agency that is legally authorized, licensed and actively operates a business of public transportation of passengers by land, water or air, for profit. Common Carriers include railroads, steamships, airlines, buses and taxis, where passengers are charged a fare.

Coverage Period the period of up to 12 consecutive months during which you are insured for benefits under this policy, which begins on the policy start date and ends on the policy end date shown in the *Policy particulars* page.

Dentist or Dental Surgeon a practitioner of dentistry lawfully qualified and licensed to practice in the jurisdiction in which they provided the services or supplies for which the charges are incurred.

Emergency a sudden, unexpected, unforeseen occurrence of an acute illness or accidental injury requiring immediate Medical Treatment.

Home Country the country where you resided or maintained a permanent residence prior to entry into Canada, or the country indicated in your student record.

Hospital a facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. It must have facilities for diagnostic treatment and major surgery. Nursing care must be available 24 hours a day. Hospital does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium, convalescent hospital or a facility for treating alcohol or drug abuse or beds set aside for any of these purposes in a Hospital.

Illness a disease or disorder of the body which was incurred or sustained while insured under this policy that results in the deterioration of health and requiring a reasonably prudent person to consult a Physician for the purpose of Medical Treatment.

Immediate Family Member the person to whom you are legally married to or with whom you have been residing for at least the last 12 months, a parent or step-parent, brother, sister, stepbrother or stepsister, your child (including your legally adopted child or stepchild), brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law, or, a guardian.

Injury bodily injury occurring as a direct result of an Accident and not as a result of any other cause while insured under the policy.

Medically Necessary in reference to a given service or supply, means such service or supply:

- is appropriate and consistent with the diagnosis according to community standards of medical practice;
- is not experimental or investigative in nature; and
- cannot be omitted without adversely affecting your condition or quality of medical care.

Medical Treatment any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is Medically Necessary and prescribed by a Physician. Medical Treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to illness, injury or symptom.

Nurse an out-of-hospital private duty nurse, when Medically Necessary, for nursing care services, and not for custodial care. The private duty nurse must be a Nurse who is licensed, certified or registered in the jurisdiction where you are receiving the nursing care and who is not an Immediate Family Member and includes a registered nurse (RN), registered nursing assistant (RNA), certified nursing assistant (CNA), licensed practical nurse (LPN) or registered practical nurse (RPN).

OHIP the Ontario Health Insurance Plan.

Overdose the inadvertent or deliberate consumption of a dose much larger than habitually used and likely to result in a serious toxic reaction or death.

Physician a medical doctor or surgeon who is licensed to practice medicine where that practice is located.

Pre-Existing Condition any illness, injury or medical condition where signs or symptoms appeared that reasonably required medical attention, treatment, hospitalization, or that resulted in medical treatment and/or hospitalization (including changes in medication or dosage) during the 90-day period before your policy start date or, in the case of EMERGENCY OUT-OF-CANADA COVERAGE, the 90-day period before your departure from Ontario.

Reasonable and Customary Costs the costs charged to a person for eligible medical services or supplies that do not exceed the general level of charges in the area where the expenses were incurred.

SBISMP School Board International Student Medical Plan.

School Board each participating school board under the School Board International Student Medical Plan.

II. WHO IS ELIGIBLE

To be eligible for coverage under this policy, a person must meet all the following conditions:

- possess a valid Study Permit issued by the government of Canada;
- pass all medical assessments required for entry into Canada;
- be registered as a full-time international student with the School Board and attending regular classes during the Coverage Period;
- not be eligible for coverage under any provincial or territorial government health insurance plan in Canada;
- be under 65 years old;
- if you were previously insured under an international student health insurance policy issued by us, the prior policy must not have been terminated by us prior to the end of the prior policy's coverage period for any reason.

We may request satisfactory proof of health or mental health assessment to determine if a policy can be issued to you.

Who is not eligible

Your dependent children or spouse are not eligible for coverage under this policy.

When coverage starts and ends

Your coverage starts on the **later** of:

- the policy start date shown on the *Policy particulars* page; or
- the date confirmed by us if you are hospitalized as an in-patient on the policy start date.

Your coverage will end on the **earliest** of the following dates:

- the policy end date shown on the *Policy particulars* page;
- the last day of the month in which you cease to meet the eligibility requirements set out under WHO IS ELIGIBLE;
- the date you leave Ontario permanently;
- the date we terminate your policy because:
 - o your medical plan proof-of-coverage card has been misused;
 - o you were returned to your Home Country by us either through the Repatriation or Return Home benefit under this policy; or
 - o you refused to be repatriated or returned to your Home Country by the date stated in our offer to you.

III. YOUR MEDICAL BENEFITS

You are covered for up to a maximum of \$3,000,000 for medical expenses caused by Illness or Injury incurred during the Coverage Period while you are insured under this policy. Your covered medical benefits are described in this section (Your Medical Benefits). The amounts reimbursed are subject to all exclusions, limitations, restrictions and other provisions in this policy. We will pay benefits to you or to the assigned person/health care provider named on the claim form.

Unless otherwise noted, covered medical expenses are reimbursed or paid only up to the rate allowed by OHIP or on a Reasonable and Customary Costs basis. We have also established a network of preferred health care providers for your convenience. Our network provides you with the appropriate Medical Treatment and ease of payment of your covered medical expenses. Please visit www.sunlife.ca/studenthealth for the applicable list of preferred providers.

These benefits are for expenses incurred in Ontario except as provided otherwise in this policy.

All amounts of money referred to in this policy are in Canadian dollars.

Subject to all terms and conditions of this policy, the following benefits are payable for Medically Necessary services, unless otherwise noted.

1. Hospitalization and related services

We will reimburse the following expenses if you are admitted to Hospital for Medical Treatment:

- standard ward Hospital accommodation;
- intensive or coronary care unit;

- drugs and medications that are prescribed by a Physician while in Hospital;
- services and supplies administered by the Hospital.

We must be notified within 48 hours prior to any surgery or major diagnostics, unless a delay would result in a life-threatening risk. Failure to notify us will result in payment of only 80% of all eligible medical expenses.

For Medical Treatment of an Emergency when you are an out-patient, we will reimburse the Reasonable and Customary Costs.

2. Diagnostic services

We will reimburse the cost of diagnostic laboratory tests and x-rays that are ordered by the attending Physician during an Emergency.

Magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies are not covered unless we have given our preapproval.

3. Medical services

We will reimburse the services of a Physician provided in Hospital or during clinical visits. If recommended by a Physician, we will also reimburse the services of an anesthetist.

As an alternative to admission to Hospital, we will pay for the services of a Nurse, when recommended by a Physician, up to a maximum of \$2,000 in the Coverage Period. Services must be for nursing care and not for custodial care. The services must be provided in your home and the cost must not exceed the OHIP daily rate for a public ward stay.

4. Psychiatric care

Expenses for the Medical Treatment of psychiatric disorders are covered up to a maximum of \$15,000 in the Coverage Period for in-patient or out-patient Hospital services.

5. Psychologist

Expenses for out-patient psychology services are covered when performed within the psychologist's area of expertise and require the skills and qualifications of a psychologist. The psychologist must be certified and licensed to practice in the area where the service was rendered. The services are covered up to a maximum of \$600 in the Coverage Period.

6. Repatriation

If you are diagnosed as terminally ill (with 12 months or less to live) and your medical condition is deemed stable by us, we will pay expenses that we consider to be reasonable for your return by the most direct route to the air terminal nearest your normal residence in your Home Country.

Eligible expenses include economy airfare (and stretcher, if required) and return airfare for a qualified medical attendant (if certified as necessary by the attending Physician), including, if required, overnight hotel and meal expenses for the medical attendant.

If you refuse to be repatriated, your policy will be terminated by us and any further expenses payable under this policy will not be covered. Such termination may make you ineligible for other international student health insurance policies issued by us.

In the event of your death, we will pay the expenses for the return of your remains by the most direct route to the air terminal nearest your normal residence in your Home Country. Eligible expenses include the cost of preparation and transportation of remains, documentation and standard shipping container.

The maximum amount we will pay under this provision is \$10,000 in the Coverage Period.

7. Return home benefit

We reserve the right as reasonably required to transport you to your Home Country if you:

- are unable to continue your studies due to an Illness or Injury; or
- have a serious Illness that requires ongoing treatment.

If you refuse to be transported when declared medically or mentally fit to travel, your policy will be terminated by us, and any further expenses incurred after your refusal to be transported to your Home Country will not be covered. Such termination may make you ineligible for other international student health insurance policies issued by us.

The maximum amount we will pay under this provision is \$5,000 in the Coverage Period.

8. Emergency air transport

We will reimburse the cost of a one-way economy class ticket on a commercial flight to fly you to the nearest medical facility equipped to provide the appropriate Medical Treatment, when preapproved by us, and upon the written recommendation of the attending Physician.

When deemed Medically Necessary, we will also reimburse the cost of a qualified medical attendant, including the return flight, to accompany you.

The maximum amount we will pay under this provision is \$250,000 in the Coverage Period.

9. Family transportation expense

We will reimburse the Reasonable and Customary Costs for an Immediate Family Member's round-trip economy class flight, up to a maximum of \$5,000 when either:

- you are hospitalized as an in-patient for seven consecutive days or more and the attending Physician has requested that an Immediate Family Member be in attendance; or
- it is necessary for an Immediate Family Member to identify your body before the release of your body.

10. Living expenses for Immediate Family Member

When an Immediate Family Member is approved for the Family transportation expense benefit under this subsection of the policy, we will also pay up to \$150 a day for the Reasonable and Customary Costs of meals and accommodations when provided by commercial establishments, up to a maximum benefit of \$1,500. You must submit the appropriate receipts for review.

11. Ambulance services

When you have an Emergency we will pay up to the maximum amount allowed by OHIP for:

- the cost for a licenced ground ambulance that takes you to the nearest Hospital able to provide the Medical Treatment; or
- the cost for a licensed air ambulance that takes you to the nearest Hospital able to provide the Medical Treatment.

12. Dental accident

We will pay for the services of a Dentist or Dental Surgeon required to treat a fractured jaw or Injuries to permanent natural teeth if the fracture or Injury was caused by an Accident which occurs while you are covered under the policy. We will not pay for any services required to treat a fracture or Injury because of a condition that existed before the Accident.

Treatment must take place within 90 days of the Accident and be completed no later than 30 days of the policy end date. A treatment plan with complete details must be submitted to us in advance of receiving the treatment.

Benefits will be based on the Dental Fee Guide in effect in the jurisdiction where the services were provided. The maximum amount payable is \$4,000 per incidence.

To file a claim you must provide us with an Accident report from the Dentist or Dental Surgeon.

13. Dental emergencies

We will pay:

- up to a maximum of \$100 per tooth for the extraction of impacted wisdom teeth when deemed Medically Necessary;
- up to an aggregate maximum of \$500 in the Coverage Period for the relief of dental pain that is not caused by either a Dental Accident or impacted wisdom teeth.

All treatment must be completed within the Coverage Period.

14. Medical appliances and miscellaneous medical expenses

When prescribed by the attending Physician we will pay for:

- non-dental prostheses, such as artificial limbs and eyes, up to an aggregate maximum of \$200 in the Coverage Period;
- oxygen, including the rental of equipment for oxygen administration and kidney dialysis equipment, up to an aggregate maximum of \$500 in the Coverage Period;
- minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers;
- catheters, hypodermic needles;
- temporary rental of a wheelchair or hospital-type bed (the rental cost must not exceed the purchase price and requires our preapproval);
- blood plasma, whole blood, including the administration thereof.

15. Paramedical services

We will pay for the services of a physiotherapist, chiropractor, massage therapist, osteopath, speech therapist, chiropractist or podiatrist, up to a maximum of \$600 per category of practitioner in the Coverage Period.

The services must be performed within the practitioner's area of expertise and require the skills and qualifications of that practitioner.

For massage therapy expenses to be eligible, you must have a Physician's written referral.

When ordered by a chiropractor, osteopath, chiropractist or podiatrist, coverage also includes one x-ray per category of practitioner in the Coverage Period.

16. Prescription drugs

We will cover prescription drugs required to treat your illness or injury when they are prescribed for out-patient use by a Physician, Dentist or other professional legally authorized to prescribe drugs, and dispensed by a pharmacist.

Charges in excess of the lowest priced equivalent generic product are not covered unless a Physician specifies in writing that no substitution for the prescribed drug may be made. Payments for any single purchase are limited to quantities that can be reasonably used in a 60-day period. The maximum amount we will pay under this provision is \$10,000 in the Coverage Period.

We will not pay for the treatment of infertility, erectile dysfunction, hair loss and anti-obesity. We will also not pay for dietary supplements, vitamins, infant foods, contraceptives, smoking cessation products, vaccines and the cost of giving injections, serums and vaccines.

17. Maternity

We will reimburse the medical expenses incurred during the Coverage Period related to a pregnancy and/or child birth if the pregnancy begins:

- while you are covered under this policy;
- within 30 days prior to the policy start date; or
- while you were insured prior to start date of this policy under an international student insurance policy issued by us in respect of your studying with the School Board.

If you were covered by such a prior policy, you are eligible for the maternity benefit of this policy if:

- there has been no lapse in coverage and the prior policy's end date occurred immediately before the start date of this policy;
- the prior policy contained a maternity benefit substantially similar to this benefit;
- the prior policy was not terminated by us; and
- you were not returned to your Home Country under the prior policy's repatriation or return home provisions.

Coverage includes, but is not limited to, expenses for caesarean sections, spontaneous or non-induced terminations of pregnancy. Expenses for induced terminations are covered when the attending Physician determines that your pregnancy constitutes a life-threatening risk and provides us with satisfactory medical evidence.

The maximum amount for maternity care is \$10,000 per pregnancy.

Well-baby care expenses for your newborn child are also covered, but limited to a maximum of \$150.

All expenses must be incurred in Canada. Any pregnancy-related expenses incurred outside of Canada are not covered.

18. Orthopedic Shoes

When prescribed by a Physician, podiatrist or chiropractor, we will pay up to a maximum of \$200 in the Coverage Period toward the purchase of a pair of custom-made orthopedic shoes when required to correct a deformity of the bones or muscles and not solely for athletic use. The condition the orthopedic shoes is intended to correct must have occurred while the policy is in force.

19. Immunization and vaccination

We will reimburse immunization and vaccination expenses, up to a maximum of \$150 in the Coverage Period. These expenses are not required to be Medically Necessary.

20. Testing and vaccination for tuberculosis

Expenses for testing and vaccination against tuberculosis are covered up to a maximum of \$100 in the Coverage Period provided this policy is purchased with a duration of 12 consecutive months. (Please refer to the *Policy particulars* page to determine whether the Coverage Period purchased for this policy is 12 consecutive months.) These expenses are not required to be Medically Necessary.

21. Eye Examination

We will reimburse up to a maximum of \$100 towards an eye examination performed by a licensed optometrist or ophthalmologist once every 12 months when the purpose is to obtain a prescription for eyeglasses or contact lenses, provided this policy is purchased with a duration of 12 consecutive months. (Please refer to the *Policy particulars* page to determine whether the Coverage Period purchased for this policy is 12 consecutive months.) Eye examinations are not required to be Medically Necessary.

22. Annual Medical Examination

We will reimburse the cost of one visit to a Physician for a general check-up, up to a maximum of \$150, provided this policy is purchased with a duration of 12 consecutive months. (Please refer to the *Policy particulars* page to determine whether the Coverage Period purchased for this policy is 12 consecutive months.) Annual medical examinations are not required to be Medically Necessary.

IV. EMERGENCY OUT-OF-PROVINCE COVERAGE

You are covered for a maximum of 30 days per trip starting on the date you leave your province of residence. We will pay the Reasonable and Customary Costs of the benefits and services set out in Section III YOUR MEDICAL BENEFITS due to illness or injury caused by an emergency until the initial emergency is resolved and the condition is stabilized.

Failure to contact us within 48 hours of admission to hospital may limit reimbursement of eligible medical expenses.

You must return to your province of residence for a period of 24 hours before becoming eligible for another 30 days of coverage.

V. EMERGENCY OUT-OF-CANADA COVERAGE

If you travel outside of Canada, and you incur an Illness or Injury caused by an Emergency, we will cover eligible expenses set out under the EMERGENCY TRAVEL ASSISTANCE provisions.

You are covered for a maximum of 30 days per trip starting on the date you leave your province of residence. You must return to your province of residence for a period of 24 hours before becoming eligible for another 30 days of coverage.

Failure to contact us or our emergency travel assistance provider within 48 hours of admission to Hospital may limit reimbursement of eligible medical expenses.

Medical expenses incurred while you are in your Home Country during the Coverage Period are not covered under this policy. Your coverage will resume when you return to Canada provided you continue to meet all the eligibility requirements under Section II, WHO IS ELIGIBLE.

EMERGENCY TRAVEL ASSISTANCE

Eligible expenses

We will cover eligible expenses as described below.

Hospital and medical services and travel assistance expenses must satisfy all of the following criteria to be eligible. They must be:

- incurred due to an Emergency which occurs during the first 30 days of travelling outside Canada (excluding travel in your Home Country). The 30-day travel period starts on the first day of departure from your province of residence; and
- incurred as a result of Emergency treatment of an Illness or Injury which occurs outside Canada or outside your Home Country.

Medical expenses incurred while you are in your Home Country during the Coverage Period are not covered under this policy.

Emergency Services covered under the emergency travel assistance coverage include any reasonable medical services or supplies, including advice, treatment, medical procedures or surgery required as the result of an Emergency.

Travel assistance services

We will provide a toll-free number (found on your travel card) which gives you 24-hour access to a worldwide assistance network. For an Emergency which occurs during the 30-day travel period, the network will provide the following emergency travel assistance services:

- Physician and Hospital referrals;
- ongoing monitoring of Medical Treatment if you are admitted to Hospital;
- coordination of transportation arrangements via ground or air ambulance if it is Medically Necessary to return you to Canada or to a Hospital that is equipped to provide the required treatment;
- payment assistance for Hospital and medical expenses;
- legal referrals;
- a telephone interpretation service; and
- a message service for you (messages will be held up to 15 days).

Emergency payment assistance

You must confirm your coverage under the health provisions of this policy with our emergency travel assistance provider before receiving Medically Necessary services to ensure that any expenses you incur are paid. If you are not able to confirm with our emergency travel assistance provider before receiving services, you must do so as soon as is reasonably possible afterward. If you don't confirm coverage and services are received in circumstances where you could have reasonably contacted our emergency travel assistance provider, then we have the right to deny or limit payments for all expenses not confirmed.

If we have paid for Hospital and medical expenses on your behalf, you must sign an authorization form allowing us to recover the amount we've paid from the appropriate government health care plan in your Home Country (where such government health care plan exists).

If we have paid or have agreed to pay for expenses that require a portion to be paid by you under this policy or the government health care plan in your Home Country (where such government health care plan exists), or are not covered under this policy, you must reimburse us for any amount payable by you or that are not covered under these policies.

If we haven't paid for expenses incurred, we will only reimburse you when we receive proof satisfactory to us of your claim for reimbursement.

An Emergency ends when you are medically stable to return to Canada or your Home Country.

Hospital and medical services

We cover the Reasonable and Customary Costs for the following items, less any amount that may be payable by a government health insurance plan in your Home Country for:

- a semi-private Hospital room;
- other Hospital services;
- out-patient services in a Hospital;
- the services of a Physician;
- prescription drugs required to treat your Illness or Injury when they are prescribed for out-patient use by a Physician, Dentist or other professional legally authorized to prescribe drugs, and dispensed by a pharmacist. The maximum amount we will pay is \$5,000 per Emergency;
- economy air fare to return you to Canada for Medical Treatment;
- licensed ground ambulance service to the nearest Hospital equipped to provide the required treatment, or to Canada as determined by us or our emergency travel assistance provider;
- emergency air ambulance service to the nearest Hospital equipped to provide the required treatment, or to Canada as determined by us or our emergency travel assistance provider, when your physical condition prevents the use of another means of transportation; and
- the services and return air fare for a Nurse when your physical condition prevents the use of another means of transportation, and you require a Nurse during the flight.

Travel assistance benefits

We cover Reasonable and Customary Costs for the following travel assistance benefits:

- your return transportation, if your hospitalization prevents you from returning on the originally scheduled, pre-paid transportation, and you must purchase a new return ticket. The extra cost of your return fare is payable to a maximum of a one-way economy fare, less any amount reimbursed for the unused return ticket;
- a visit by your Immediate Family Member if you are hospitalized for more than seven days while travelling without a relative. The visit includes meals and accommodation up to a maximum of \$150 per day, and round-trip economy transportation, for the visiting Immediate Family Member. These expenses are also covered when it is necessary for one of them to identify you if you die, before the release of your body.

The combined maximum amount we will pay for these travel assistance benefits is \$5,000 for each travel Emergency.

Repatriation

If you die while travelling outside of Canada (excluding travel to your Home Country), we will arrange for the necessary authorizations and the return of your remains to your province of residence or to your Home Country. Preparation of the deceased for repatriation includes expenses for cremation at the place of death. Return of the deceased includes a basic shipping container, but excludes expenses for burial, such as burial caskets and urns.

The maximum amount we will pay for the preparation and return of the deceased is \$5,000.

Vehicle return

If you are unable to operate a vehicle (owned or rented) because you are being returned to Canada for Medical Treatment, we will pay the cost of returning the vehicle to Canada, or the nearest appropriate rental agency. We will also pay this benefit if you die.

The maximum amount we will pay for returning the vehicle is \$1,000 per Emergency.

Exclusions and limitations

All invasive and investigative procedures (including any surgery, angiogram, MRI, PET scan, CAT scan), must be pre-authorized by our emergency travel assistance provider before being performed, except in extreme circumstances where surgery is performed on an Emergency basis immediately following admission to Hospital. If you are admitted to Hospital, failure to contact our emergency travel assistance provider within 48 hours of admission may limit reimbursement of eligible medical expenses.

We will not pay the expenses:

- for services that are not immediately required or which could reasonably be delayed until you return to Canada or your Home Country;
- for services relating to an Illness or Injury which caused the Emergency, if they were received after the Emergency ended;
- for services provided to you after the date that we or our emergency travel assistance provider, based on available medical evidence, determine that you can be returned to Canada or your Home Country;

- for services received by you for an Illness or Injury, including any complications if you unreasonably refused or neglected to receive recommended medical services for that Illness or Injury;
- for services related to an Illness or Injury, including any complications or any Emergency arising directly or indirectly from that Illness or Injury, where the trip was taken to obtain medical services for that Illness or Injury;
- incurred by you for an Emergency which occurs in any destination outside of Canada more than 30 days after your departure from your province of residence or an Emergency which occurs at any time in your Home Country;
- for the regular treatment of a chronic Injury or Illness. Emergency Services do not include treatment provided as part of an established management program that existed before you left your province of residence, due to or related to a Pre-Existing Condition;
- due to pregnancy;
- incurred on a non-emergency or referral basis; and
- incurred under any of the conditions specified in Section VII, WHEN WE WON'T PAY.

To determine eligibility, we may require the attending Physician to provide medical evidence certifying that your Pre-Existing Condition was stable for a minimum period of 90 days before you traveled outside Canada. "Stable" means that the attending Physician has stated that he does not expect a recurrence of the same medical condition or any problems related to that condition while you travel outside Canada.

Due to conditions such as war, political unrest, epidemics, and geographic inaccessibility, emergency travel assistance services may not be available in certain countries.

Neither we nor the emergency travel assistance provider providing the assistance services is responsible for the availability, quality or results of the Medical Treatment received by you, or for the failure to obtain Medical Treatment.

VI. YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Your Accidental Death and Dismemberment (AD&D) benefit is the amount that is equal to the percentage for the specified loss listed in this policy's Loss Schedule, applied to the applicable Principal Sum as defined below.

1. Common Carrier Accident

If you die or suffer a loss shown in the Loss Schedule due to an Accident while travelling as a fare paying passenger on a Common Carrier, the Common Carrier Principal Sum is \$100,000.

2. 24 Hour Accident

If you die or suffer a loss shown in the Loss Schedule due to an Accident that is other than a Common Carrier Accident, the 24 Hour Accident Principal Sum is \$25,000.

Loss Schedule	% of Principal Sum
Loss of life	100%
Loss of both hands or Loss of both feet	100%
Loss of entire sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand and the entire sight of one eye	100%
Loss of one foot and the entire sight of one eye	100%
Loss of speech and hearing in both ears	100%
Loss of one arm or one Leg	75%
Loss of one hand or one foot	67%
Loss of entire sight of one eye	67%
Loss of speech or hearing in both ears	67%
Loss of thumb and index finger of either hand	33%
Loss of four fingers of either hand	33%
Loss of hearing in one ear	33%
Loss of all toes on one foot	25%
Paralysis Benefits	% of Principal Sum
Quadriplegia (complete paralysis of both upper and lower limbs)	100%
Paraplegia (complete paralysis of both lower limbs)	100%
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	100%

Loss of an arm means that it was severed at or above the elbow. Loss of a hand means that it was severed at or above the wrist. Loss of a leg means that it was severed at or above the knee. Loss of a foot means that it was severed at or above the ankle. Loss of a thumb, finger or toe means that it was severed at or above the first joint from the hand or foot. Loss of sight, speech or hearing must be total and permanent.

Only the largest percentage is paid for injuries to the same limb resulting from the same Accident. We will not pay more than 100% of the amount of coverage if an Accident results in more than one loss.

For paralysis, sight or hearing related claims, your Loss must be total and continuous for at least one year. Before we pay this benefit, you must provide proof that the loss is permanent.

Exposure and Disappearance If your body has not been found within one year of an Accident, we will consider, subject to all other conditions of this policy, that you have suffered loss of life resulting from Injuries sustained in an Accident and the loss is covered under this policy. There must be no evidence that you are alive.

VII. WHEN WE WON'T PAY

In addition to any exclusions or limitations identified for the particular benefit in Section III MEDICAL BENEFITS, we will not pay any claims resulting directly or indirectly from:

1. a Pre-existing Condition;
2. any expenses, treatment, services or supplies that are deemed to be experimental, cosmetic, not legal or not approved for use in Canada, self-prescribed, not Medically Necessary, or elective or non-emergency, without our preapproval;
3. any costs that exceed the Reasonable and Customary Costs in the locality where the services or supplies are provided;
4. eligible expenses for which a Physician's written approval is required but not provided to us;
5. any Medical Treatment when provided by your Immediate Family Member;
6. participation in any training exercises of the armed forces, militia, national guard or organized reserve corps of any country or international authority;
7. declared or undeclared war, insurrection, acts of terrorism, kidnapping, rebellion, voluntary participation in a riot, protests or act of civil disobedience;
8. any Injury or Illness that occurs during travel in a country that the government of Canada has placed under a travel advisory, warning travellers to either avoid non-essential travel or avoid all travel to that country;
9. self-inflicted injuries or attempted suicide, while sane or insane;
10. committing or attempting to commit a criminal offence or an illegal act or from an accident while being impaired by drugs or alcohol (deemed impaired by law in the area where the accident occurred);
11. missed or cancelled appointments, delivery charges, travel to and from appointments;
12. magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies, unless authorized in advance by us or our emergency travel assistance provider;
13. medical examinations or services required solely for the use by or at the request of a third party (including immigration purposes) or consultations with a Physician by telephone or e-mail;
14. Illness or Injury when sustained due to the use of illegal drugs, misuse/abuse of drugs, alcohol (blood alcohol concentration exceeding 80 milligrams in 100 millilitres of blood) or other intoxicants;
15. your failure to follow or comply with the medical advice, direction, treatment or recommendation of a Physician or other health care provider or travelling when advised not to do so by your Physician;
16. any treatment or surgery inside Canada, where this policy is purchased or where the visit is undertaken specifically for the sole purpose of attaining Medical Treatment or Hospital services, whether or not such visit is taken on the advice of a Physician;

17. any expenses where a charge would not normally be incurred in the absence of this coverage or for which you or the claimant are not legally obligated to pay;
18. any expenses incurred inside your Home Country;
19. medications that are not prescribed by a Physician or Dentist, medications that are available without a prescription, over-the-counter drugs, drugs that are prescribed for the treatment of infertility, oral contraceptives and contraceptive devices, vitamin preparations, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products and any medication without a Drug Identification Number (DIN);
20. acupuncture, organ transplant, bone marrow transplant, the treatment of Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC) or conditions arising from Human Immunodeficiency Virus (HIV), Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnoses;
21. any Medical Treatment which could have been reasonably delayed until you return to your Home Country;
22. dental surgery or cosmetic surgery unless such surgery is a result of a covered Injury;
23. any expenses we are not legally allowed to pay;
24. other than as provided under Travel Assistance Services, translation services of any kind, even when utilized in the delivery of medical services;
25. transportation by ground or air ambulance where there is no Emergency;
26. any Medical Treatment when you have stayed outside of your province of residence for more than 30 consecutive days;
27. Illness or Injury resulting from participation in:
 - any professional sports, contests, hazardous or risky activities such as parachuting, mountain climbing, sky diving, bungee jumping or hang gliding;
 - aviation (except as a fare-paying passenger on a commercial aircraft);
 - snow skiing or snowboarding outside of marked trails at supervised recreational facilities;
 - motorized speed events or contests;
 - employment when not legally permitted to work in Canada, unless the employment is a mandatory component of the student program; or
 - scuba diving without the appropriate certification that is recognized in Canada or without the accompaniment of a certified instructor.
4. flying in, descending from or being exposed to any hazard related to an aircraft while:
 - receiving flying lessons;
 - performing any duties in connection with the aircraft;
 - being flown for a parachute jump;
 - traveling as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - a member of the armed forces of any country if the aircraft is under the control of or chartered by the armed forces;
5. the hostile action of any armed forces, insurrection or participation in a riot or civil commotion;
6. Illness, disease, infection, disability, poisoning or surgery resulting from the treatment of an Illness;
7. natural causes;
8. services in the armed forces of any country.

VIII. CLAIMS AND CLAIM PAYMENTS

How to make a claim

- **For claims under YOUR MEDICAL BENEFITS and EMERGENCY TRAVEL ASSISTANCE**

Most Physicians and Hospital providers will invoice us directly. A valid SBISMP insurance coverage card must be presented at the time services are rendered.

To make a claim for medical services or supplies not invoiced to us directly by your Physician, Hospital or other provider, complete the health care claim form, copies of which can be obtained by calling the Sun Life Customer Care Centre at 1-888-206-9004.

If you wish to contact us through electronic means, please log in at www.mysunlife.ca and go to the Secure Message Centre.

Please ensure the health care claim form is signed by the Physician, Hospital or other provider that provided your care. Once completed, make copies of the completed health care form, receipts and any other necessary proof of claim for your records and submit the originals to:

Sun Life Assurance Company of Canada
 Claims Department
 PO Box 2015 STN Waterloo
 Waterloo, ON N2J 0B1

If you refuse or fail to sign the medical authorization form or refuse to provide any information pertinent to your claim it may result in a delay in processing your claim.

We may require itemized bills, attending physician statements, commercial laboratory receipts, reports, records, x-rays, study models or other information we consider necessary to assess the claim. You must pay any additional costs associated with providing this information.

Under Section VI, YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT, we will not pay for any losses that are the result of:

1. self-inflicted injuries, attempted suicide or suicide while sane or insane;
2. drug Overdose;
3. carbon monoxide inhalation;

- **For claims under YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

To make a claim under the accidental death and dismemberment provisions of this policy, you or your representative must contact the Sun Life Customer Care Centre at 1-888-206-9004. Detailed directions for completing and submitting claims are included on the claim form.

When to make a claim

- **For claims under YOUR MEDICAL BENEFITS and EMERGENCY TRAVEL ASSISTANCE**

Except where otherwise stated, written proof of claim must be received by us not later than six months following the date the expense was incurred. An eligible expense is incurred on the date the services are received or on the date the supplies are purchased or rented. If an anticipated expense is not specifically described as an eligible expense in your policy, it is your responsibility to contact us before you incur the expense to confirm whether an expense is eligible. We may deny a claim if you have not confirmed with us whether the expense is eligible.

- **For claims under YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

Accidental death and dismemberment claims should be made not later than 12 months following the date of the Accident that caused the loss. If a claim is the result of a death, the claim should be made as soon as possible after the death occurred.

- **After your policy ends**

We must receive your claim within 12 months of your policy end date. We will not pay for any claims received by us more than 12 months after your policy end date, regardless of when the eligible expense was incurred.

How payment will be made

- **Payments under YOUR MEDICAL BENEFITS and EMERGENCY TRAVEL ASSISTANCE**

If you were required to pay the provider directly, eligible expenses paid by you will be reimbursed to you.

- **Payments under your ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

The benefit for loss of life is payable to your estate. If you are under age 16 (or age 18 in Quebec), the benefit is payable to your parent or legal guardian. We may ask the claimant to prove their relationship to you.

IX. GENERAL PROVISIONS

Clerical error

Clerical error on our part in the keeping of records for furnishing of information shall not void any insurance otherwise validly in force, provided the proper premium remittance is made, nor shall it continue any insurance otherwise validly terminated under the terms of the policy.

Availability and Quality of Care

We are not responsible for the availability or quality of any Medical Treatment (including the results of the Medical Treatment) or transportation, or for your failure to obtain Medical Treatment while this policy is in effect.

Duplicate policies

If more than one policy is issued to you due to the submission of a duplicate enrolment, only one policy will be effective. We will void any duplicate policies issued as a result and refund any premiums paid by you for the voided policies.

Other insurance

Coverage under this policy is provided on a second payer basis. Any benefit payable to you under similar plans or insurance policies, contracts, government health insurance plans, any private, public, provincial or territorial automobile insurance plan providing hospital, medical or therapeutic coverage or benefits, or any other third party liability insurance that is also in force will be coordinated with this policy to the extent that the total amount paid to you does not exceed the expenses actually incurred by you.

Recovering payments from a third party (Subrogation)

If we've made a payment under this policy as a result of an Illness, Injury or Accident that a third party is or may be responsible for, we'll assert our right of reimbursement, where permitted by law.

Your obligation to reimburse us will not exceed the amount of the benefit we've paid. Our right of reimbursement will apply to any full or partial payments you are entitled to or may receive.

We won't be bound or affected by any compromised settlement between you and the third party unless you have our prior written consent. When a claim is settled and a lump sum payment is made, it is your responsibility to prove that no amount of that lump sum was intended as payment for the eligible expenses we have paid under this policy.

If you do not assert your rights against the third party, you agree, where permitted by law, to assign all of your legal rights against the third party to us.

Your right to terminate this policy

You may terminate this policy at any time by sending a written request to us at the address shown on the inside cover of this policy. Please inform the School Board if you wish to terminate this policy. It is a condition of your study permit that you have appropriate medical insurance. We must receive a minimum of ten days advance written notice of termination.

Our right to terminate this policy

We may terminate this policy as set out under the When coverage starts and ends provision, Section II, WHO IS ELIGIBLE.

Time limit for recovery of insurance money

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 *Limitations Act, 2002*.

Premiums

This policy is provided for the Coverage Period shown in the *Policy particulars* page and on your proof-of-coverage card, provided that premiums are paid. For subsequent Coverage Periods a new policy can be purchased, and we have the right to change the premium at the time of repurchase.

Grace period

The grace period is 31 days for the payment of premiums and is allowed for each premium except the first. During the grace period, insurance remains in force and premiums continue to be payable by you.

We will terminate the policy when payment has not been made before the end of the grace period. We will send you written notice of termination. Any claims for expenses incurred after the policy has terminated are not eligible for payment.

5. Failure to give notice or proof

Failure to give notice of claim or provide proof of a claim within the time limit set out in this policy does not invalidate the claim if you give notice or proof as soon as is reasonably possible and in no event later than 12 months from the date that an eligible expense is incurred.

6. Insurer to furnish forms for proof of claim

We shall 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 the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident or illness giving rise to the claim.

7. Rights of examination

As a condition precedent to recovery of insurance money under this policy, the claimant shall afford to us an opportunity to examine you, the person insured, when and so often as we reasonably require while the claim is pending; and, in the case of your death, we may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

8. When money is payable

All money payable under this policy shall be paid by us within 60 days after we receive satisfactory proof of claim.

X. STATUTORY CONDITIONS

1. The policy

The confirmation of coverage letter you received from Sun Life with your medical plan proof-of-coverage card, the *Policy particulars* page, this policy and any amendment to the policy agreed upon in writing after this policy is issued, constitute the entire policy, and no agent has authority to change the policy or waive any of its provisions.

2. Waiver

We are deemed not to have waived any condition of this policy, either in whole or in part, unless our waiver is clearly expressed in writing signed by our authorized signing officers.

3. Material facts

No statement made by you at the time of enrolment for this policy can be used in defense of a claim under or to avoid this policy unless it is in the enrolment form or any other written statements or answers given as evidence of insurability.

4. Notice and proof of claim

You must send us written notice of all claims not later than the time period set out in the policy for making a claim by sending claims either by regular mail to us or electronically, where available.

You must give us any proof we consider reasonably necessary for a claim.

XI. RESPECTING YOUR PRIVACY

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by e mail to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

