

COMPREHENSIVE+ PLAN

Emergency Assistance

In a medical Emergency You must contact Intrepid 24/7, 1-866-883 9787 or 416-640-7865. Toll-free, 24/7

Intrepid 24/7 makes sure that You get the care You need. When You call Intrepid 24/7, a case will be opened for You, and medical staff will review Your case to make sure You receive the best care possible for Your situation. Intrepid 24/7 will even arrange direct payment to Hospitals and other service providers, so You don't need to worry about the bills.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

This insurance covers medical expenses from Sickness or Injury, and losses arising from sudden and unforeseen circumstances. Coverage is subject to certain limitations and exclusions, which are explained in this policy. It is important that You read and understand Your policy.

You must call Intrepid 24/7 to ensure coverage of certain expenses. If You fail to contact Intrepid 24/7, You may be responsible for a portion of the expenses.

In the event of an Accident, Injury or Sickness, Your prior medical history will be reviewed after a claim has been reported.

All benefit limits are expressed in Canadian currency.

This policy is underwritten by Berkley Canada (a W. R. Berkley Company). Imagine Financial Ltd., operating as Ingle International, performs enrolment and provides customer service. Emergency Assistance is provided by Intrepid 24/7, a member of the Ingle Group of Companies.

Berkley Canada will pay the benefits stated in this policy, subject to all of its terms, conditions, limitations, exclusions and other provisions for Reasonable and Customary expenses that are

incurred as a result of an unexpected Sickness or Injury up to the benefit maximum for that particular benefit, or to the overall policy maximum. All maximums stated in this policy are per Insured Person per consecutive 12 month period unless otherwise stated.

This policy is in force only if Ingle International confirms Your coverage after receiving Your enrolment application and the full premium. If You have not received confirmation of coverage, contact Ingle International immediately at **1-888-386-8888** or help@ingleinternational.com.

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 before You travel.

For information about making a claim, or the status of a claim You have already sent us, call **Ingle International at 1-888-386-8888**.

POLICY FOR INTERNATIONAL STUDENT HEALTH INSURANCE

SECTION I – ELIGIBILITY AND COVERAGE PERIOD

To be eligible for coverage, a person must be:

- an international student at a Participating Educational Institution with a current passport and/or student visa, under the age of 65, whose name is on file with the Plan Administrator as being insured under this policy during the Coverage Period; or
- the international student's parent, legal guardian, Teacher or Chaperone under the age of 65; or
- the Spouse and/or Dependent Child(ren) under the age of 65 of any of the persons listed above, residing together in Canada.

Coverage commences on the latest of:

- the date the Plan Administrator confirms that a person is insured under the policy;
- the date that an Insured Person leaves his or her Home Country to come to Canada;
- the effective date shown on the Insured Person's confirmation of coverage letter.

Travel from the Insured Person's Home Country to Canada is covered (including any layover location en route to Canada) provided the total trip length between departure from the Insured Person's Home Country and arrival in Canada does not exceed seven (7) days.

This policy terminates on the earliest of:

- the expiry date indicated on the Insured Person's confirmation of coverage letter,
- the date the required premium is due and unpaid and appropriate statutory notice has been given to the Insured Person,
- the date the Insured Person attains age 65,

- the date we obtain reasonable evidence of fraudulent use of the coverage card,
- the date the Insured Person permanently returns to their Home Country,
- 60 days after the date the Insured Person is no longer enrolled and not attending a Participating Educational Institution (the "termination date"), or
- 60 days after the date the Insured Person no longer meets the eligibility requirements under SECTION I – ELIGIBILITY AND COVERAGE PERIOD.

School breaks and travel outside Canada during the Coverage Period are valid provided at least 51% of the Coverage Period is spent in Canada. Coverage for travel to the USA is limited to a maximum of 30 days per visit and cannot exceed 49% of the Coverage Period.

Visits to an Insured Person's Home Country are permitted, however, coverage will be suspended and expenses will not be covered, nor premiums refunded while in the Insured Person's Home Country, except where travel to the Insured's Home Country is expressly taken in order to participate in a school-organized sporting or extra-curricular event. 51% of the Coverage Period must still be spent in Canada.

Extended Coverage After Termination

If an Insured Person is Hospitalized on the last day of this policy's Coverage Period for an eligible Sickness or Injury, coverage will be automatically extended for up to 30 days without additional premiums. Coverage for the same Sickness or Injury for which an Insured Person was initially Hospitalized, will be extended for an additional 72 hours after the Insured Person is discharged from the Hospital to facilitate an Insured Person's return to the Home Country.

Coverage is automatically extended for up to 72 hours in the event an Insured Person missed his or her scheduled return to their Home Country due to a delay caused by the Common Carrier in which the Insured Person is a passenger.

SECTION II - DEFINITIONS

Whenever used in this policy, the following terms shall be capitalized and have the meaning specified below.

"Accident" means a sudden, unforeseen, unexpected and unintentional event exclusively attributable to an external cause resulting in bodily Injury.

"Chaperone" means an individual who is temporarily visiting Canada for the purposes of accompanying one or more international students to monitor their behaviour and/or to ensure their safety at a Participating Educational Institution.

"Common Carrier" means any person or agency publicly engaged in the business of transporting 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" means the period of time that an Insured Person is insured under the policy, starting from 12:01 a.m. on the effective date of coverage and ending at 12:00 midnight on the termination date.

"Dentist" means a practitioner of dentistry lawfully qualified and licensed to practice in the jurisdiction in which he has provided the services or supplies for which the charges are incurred.

"Dependent Child" means unmarried persons residing with You and dependent on You for support if You are their parent or legal guardian, and who are:

- at least 15 days old, unless the child is born as a result of an eligible pregnancy as set out under this policy, and under 21 years of age; or
- under 26 years of age and in attendance at an institution of higher learning, or
- of any age over 15 days old and have a mental or physical impairment.

"Emergency" means an unexpected and unforeseen Sickness or Injury which makes it necessary to receive immediate Medical Treatment for the relief of acute pain or suffering which cannot be delayed until the Insured Person returns to his or her Home Country.

"Excursion" means any continuous travel outside of Canada (and not to an Insured Person's Home Country) during the Coverage Period, provided that at least 51% of the Coverage Period is spent in Canada.

"GHIP" (Government Health Insurance Plan) means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

"Home Country" means the country where the Insured Person maintained a permanent residence prior to entry into Canada.

"Hospital" means an establishment which:

- holds a license as a Hospital (if licensing is required in the jurisdiction);
- operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- provides 24 hour a day nursing service by registered or graduate nurses;
- has a staff of one or more Physicians available at all times;
- provides organized facilities for diagnosis, and major medical surgical facilities;
- is not primarily a clinic, nursing, rest or convalescent home or similar establishment; and
- is not, other than incidentally, a place for the treatment of alcohol or drug addiction.

"Hospitalized" means an Insured Person occupies a Hospital bed for more than 24 hours for Medical Treatment and for which admission was recommended by a Physician when Medically Necessary.

"Immediate Family Member" means the Insured Person's Spouse, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), child (including legally adopted child or stepchild), brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law.

"Injury" means bodily damage or harm, sustained by an Insured Person, directly resulting from Accident that occurs while the Insured Person's coverage under this policy is in force and requires Emergency treatment that is covered by this policy.

"Insured" or **"Insured Person"** means a person for whom insurance is in force under this policy and who is on file/declared with the Plan Administrator.

"Insurer" means Berkley Canada (a W. R. Berkley Company) who provides this insurance.

"Loss" means, in sections pertaining to Accidental Death and Dismemberment benefits:

- with reference to quadriplegia, paraplegia, and hemiplegia: the complete and irreversible paralysis of such limbs;
- with reference to hand or foot: complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;
- with reference to arm or leg: complete severance through or above the elbow or knee joint;
- with reference to thumb and index finger: complete severance through or above the first phalange;
- with reference to eye: the irrecoverable loss of the entire sight thereof;
- with reference to speech: complete and irrecoverable loss of the ability to utter intelligible sounds;
- with reference to hearing: complete and irrecoverable loss of hearing in both ears;
- with reference to "Loss of Use": the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss of use is determined to be permanent.

"Medical Treatment" means any reasonable medical, therapeutic or diagnostic measure prescribed by a medical Physician or eligible paramedical practitioner, including prescribed medication, reasonable investigative testing, Hospitalization, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem.

"Medically Necessary" means the services or supplies provided by a Hospital or Physician, licensed Dentist or other licensed provider that are required to identify or treat an Insured Person's Sickness or Injury and that are defined as follows:

- consistent with the symptom or diagnosis and treatment of the Insured Person's Sickness or Injury;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of the Insured Person, a Physician or Surgeon or other licensed provider; and
- when applied to the care of an in-patient, it further means that the Insured Person's medical symptoms or conditions require that the services cannot be safely provided as a Hospital outpatient.

“**Participating Educational Institution**” means a school, college, university, or other recognized Canadian institution of learning which has been fully accredited (if required) in accordance with applicable law and regulations and has agreed to participate in the International Student Health Insurance Comprehensive+ Plan.

“**Physician**” or “**Surgeon**” means a medical doctor, other than the Insured Person or an Immediate Family Member, who is licensed to administer Medical Treatment and prescribe drugs in the jurisdiction where he or she provides medical services.

“**Plan Administrator**” means Imagine Financial Ltd., operating as Ingle International.

“**Reasonable and Customary**” means the amount usually charged for treatment, services or supplies to provide an appropriate level of care given the severity of the Sickness or Injury being treated, in the geographical location where the treatment, services or supplies are being provided.

“**Sickness**” means the onset or deterioration of illness or disease requiring Medical Treatment, care or advice while the Insured Person is in Canada or on an Excursion.

“**Spouse**” means the person related to an Insured Person in one of the following ways:

- legally married to an Insured Person or in a civil union, or

- living with the Insured Person in a conjugal relationship and represented as the Insured Person's Spouse or partner.

“**Stable**” means the existing medical condition is not worsening and there has been no alteration* in any medication for the condition or its usage or dosage, nor any Medical Treatment prescribed or recommended by a Physician or received, during the 90 day period prior to the policy's effective date.

**Alteration includes a new medication, stopped medication, increase or decrease in medication, but does NOT include changes between brand-name and generic versions of drugs with the same active ingredient and dosage, or routine adjustments of maintenance medications such as insulin, Coumadin or Warfarin.*

“**Teacher**” means an individual in the education profession who is temporarily visiting Canada for the purposes of accompanying one or more international students and/or whose visit is sponsored by a Participating Educational Institution as part of a cultural exchange or similar program.

“**You**”, “**Your**” means the Insured Person.

SECTION III - BENEFITS

When, by reason of Sickness or Injury, an Insured Person incurs eligible expenses as described in this part, the Insurer will reimburse the Reasonable and Customary costs for such expenses, subject to all limitations, exclusions and other provisions of the policy. The Insurer will pay benefits to the claimant or the assigned person/health care provider named on the claim form, during the Coverage Period to a maximum of \$5,000,000 per Insured Person. Coverage for an Insured Person under the age of six (6) months old is limited to \$25,000. The benefits within this policy are not subject to a deductible.

Should an Insured Person qualify for and receive coverage under GHIP, eligible expenses shall exclude any treatment or services eligible under GHIP.

1. Hospitalization Expenses

- a. Hospital charges for room and board in a Hospital, limited to the semi-private accommodation level;
- b. emergency room fees;
- c. Hospital charges for out-patient services when medically required.

2. Medical Emergency Expenses

- a. the services of a legally qualified Physician or Surgeon;
- b. the services of a registered graduate nurse (other than an Immediate Family Member) while outside of Hospital, up to a maximum limit of \$15,000 subject to pre-approval;
- c. diagnostic services such as lab tests and/or x-ray examination as ordered by a Physician or Surgeon for the purpose of diagnosis;
- d. the rental of crutches or Hospital type bed, standard wheelchair, cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by Intrepid 24/7, but in no event will the amount payable exceed the total purchase price or that expense typically covered under provincial programs.

3. Emergency Ground Transportation

Expenses incurred for transportation of an Insured Person by a licensed ground ambulance (or taxi fare up to \$125 in lieu of ambulance) to the nearest medical facility for Medical Treatment as the result of a covered Emergency. The maximum amount payable for this benefit for any one Sickness or Injury is \$10,000 per Insured Person.

4. Air Transportation Benefit

This benefit must be pre-approved and arranged by Intrepid 24/7

Expenses up to a maximum limit of \$300,000 in total per Coverage Period for the cost of air transportation if Medically Necessary as the result of a covered Emergency for either:

- a. Air ambulance to the nearest Hospital or to a Hospital in Your Home Country;
- b. Transport on a licensed airline, including the cost for additional seats to accommodate a stretcher if required, to return You to Your province or territory of residence in Canada or Your Home Country;

The cost of ground transportation before or after the flight or for connecting flights as well as the cost of a medical attendant if required are included in this benefit.

5. Repatriation

This benefit must be pre-approved and arranged by Intrepid 24/7

- a. In the event of the death of the Insured Person a maximum limit of \$20,000 for preparation of remains and return of the deceased Insured Person in a standard shipping container to the city of residence in the Home Country of the deceased. This benefit also applies to burial or cremation at the place of death should the family opt not to repatriate the remains.
- b. A maximum limit of \$20,000 for the cost of one-way transportation by the most appropriate means, including air ambulance or stretcher accommodation on a commercial airline, including the cost of a medical attendant if required, to return You to Your Home Country for ongoing care or recovery if You have received Medical Treatment for a covered Sickness or Injury under this policy.

6. Travel for Members of the Immediate Family

The actual expenses incurred up to a maximum limit of \$5,000 for the round-trip by the most direct and economical route for up to two (2) Immediate Family Members to:

- a. visit the Insured Person who is Hospitalized for a minimum of 7 days; or
- b. identify the body of an Insured Person before repatriation.

This benefit will also pay up to \$150 per day for Reasonable and Customary commercial living expenses incurred by each Immediate Family Member, up to a maximum limit of \$1,500 each.

7. Prescription Drugs

Drugs or medicines that legally require a Physician's or Dentist's written prescription following a consultation which are required as a result of an Emergency but not to exceed a 60 day supply per prescription.

8. Maternity Expense Indemnity

In the event of the pregnancy of an Insured Person commencing during the Coverage Period, the Reasonable and Customary expenses actually incurred in Canada for a maximum period of six (6) months following the birth of the child, up to a maximum limit of \$25,000 subject to all limitations, exclusions and other provisions of this policy for pre-natal care, complications arising from such pregnancy, childbirth and post-natal care.

This benefit is provided only when there was continuous coverage under this policy prior to the commencement of the pregnancy and the benefit ends on the expiry date. Expenses incurred outside of Canada are not covered.

Spontaneous, or non-induced, pregnancy terminations are covered. Induced terminations are limited to one per Coverage Period.

9. Dental Accident and Emergency Benefit

When performed by a legally qualified Dentist or oral surgeon, Emergency treatment:

- a. up to \$4,000 to repair or replace whole or sound natural teeth or permanently attached artificial teeth damaged as a result of an accidental blow to the face.
- b. up to \$650 for relief of pain caused other than by a blow to the face and including

impacted wisdom teeth for which You have not previously received treatment or advice.

Reimbursement will not exceed the minimum fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which the Insured Person receives such treatment.

Treatment must be initiated within seven (7) days from the time the Emergency began and be completed no later than 90 days after treatment began and within the Coverage Period.

10. Other Professional Medical Services

When deemed essential on an Emergency basis and accompanied by a written referral from a Physician, expenses for: physiotherapist, chiropractor, licensed chiroprapist, massage therapist, naturopath, osteopath, podiatrist, speech therapist or acupuncturist; up to a maximum limit of \$1,000.00 per policy, for each class of practitioner.

11. Psychiatric/Psychological Benefit

When deemed essential by the attending Physician, the policy covers expenses incurred for:

- a. visits to a licensed psychiatrist, psychologist or social worker for the relief of acute symptoms, up to a maximum limit of \$1,500 per policy; or
- b. for Hospitalization of the Insured Person due to psychological, mental or emotional disorders, suicide, any attempt at suicide, intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury up to a lifetime maximum of \$50,000;
- c. fees billed separately for the services of a psychiatrist provided on an in-patient basis following an Emergency, up to a lifetime maximum of \$10,000;
- d. the initial visit to the Physician.

12. Annual Physician Visit

The cost of one visit to a licensed Physician for a general check-up during a 12 consecutive month period, provided the minimum term of insurance purchased is six (6) consecutive months.

13. Eye Examination

One visit to a licensed optometrist during a 12 consecutive month period up to a maximum limit of \$100 per Insured Person, provided the minimum term of insurance purchased is six (6) consecutive months.

14. Vaccination and Tuberculosis Testing

The actual cost incurred for

- a. One flu vaccination in a 12 month period up to a maximum of \$50, and
- b. Tuberculosis vaccination and/or testing during a 12 consecutive month period up to a maximum limit of \$100 per Insured Person, provided the minimum term of insurance purchased is six (6) consecutive months. Services performed to satisfy the requirements of a third party (for example, for immigration or program eligibility) are not covered.

15. Elective Testing for Sexually Transmitted Diseases (STD)

Elective testing for sexually transmitted diseases (STD) during a 12 consecutive month period, including one consultation for the prescription of the 'morning after pill', up to a maximum limit of \$100 provided the minimum term of insurance purchased is six (6) consecutive months.

16. Trauma Counselling

Expenses incurred for up to six (6) sessions of trauma counselling if an Insured Person suffers a covered Loss of single or double dismemberment, or Loss of sight of one or both eyes, or single dismemberment and Loss of sight in one eye within 90 days from the date of an Accident which occurred during the Coverage Period.

17. Tutorial Service Benefit

In the event an Insured Person is totally confined to a Hospital due to a covered Sickness or Injury, we will pay the actual expense incurred within 365 days from the date of the Sickness or Injury for a qualified private tutorial service, provided:

- a. such confinement is continuous for a minimum period in excess of 30 consecutive days; and
- b. such payment shall not exceed the rate of \$20 per hour nor an aggregate total payment of \$400 during the Coverage Period.

18. Substance Abuse Treatment Benefit

Expenses incurred for Emergency transportation and emergency room expenses incurred in relation to the effects of alcohol, drugs or other intoxicants. This benefit also includes up to three (3) follow-up counselling or treatment sessions related to drug or alcohol dependency following the initial Emergency. This benefit is limited to one incident per year and to \$25,000 per year, provided the minimum term of insurance purchased is six (6) consecutive months.

This benefit does not include admission into out-patient or in-patient treatment programs beyond the three (3) follow-up sessions noted above.

19. Corrective Device Defect, Malfunction or Theft

Up to a maximum limit of \$1,000 for repair or replacement of any corrective device provided as part of a benefit under this policy which manifests a defect or malfunction such that the corrective device becomes unusable, or of any corrective device which is stolen, during the Coverage Period. The corrective device must be recommended by the Insured Person's treating Physician to correct a physical disability of the sort that would exclude the Insured Person from being able to participate in his or her studies, teaching or other important life responsibilities.

This benefit does not apply to defects or malfunctions which were evident prior to the Coverage Period, nor does this benefit apply to defects or malfunctions covered by other insurance plans including manufacturers' warranties.

ACCIDENTAL DEATH AND DISMEMBERMENT

If a covered Loss occurs due to Injury, we will pay in one sum the indicated percentage of the Principal Sum as set out in the Loss Schedule below, as follows:

Common Carrier Principal Sum: \$100,000.

24 Hour Accident Principal Sum: \$ 50,000.

1. Common Carrier Accident

Should an Insured Person incur either Loss of life or a dismemberment described in the Loss Schedule as a result of an Injury sustained while riding as a fare paying passenger on a Common Carrier, benefits shall be paid in accordance with the Common Carrier Principal Sum.

2. 24 Hour Accident

If Injury results in any of the following losses within 365 days after the date of the Accident other than due to a Common Carrier, the policy provides the benefits indicated below, in accordance with the 24 Hour Accident Principal Sum:

LOSS SCHEDULE

Loss	% 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 one arm	50%
Loss of one leg	50%
Loss of one hand	50%

Loss of one foot	50%
Loss of entire sight of one eye	50%
Loss of thumb or index finger of the same hand	33 1/3%
Loss of speech and hearing	100%
Loss of speech or hearing	66 2/3%
Quadriplegia, paraplegia, hemiplegia	100%
Loss of use of both arms or both hands	100%
Loss of use of one hand or one foot	50%
Loss of use of one arm or one leg	50%

Disappearance

If the body of an Insured Person has not been found within one year of the Insured Person's disappearance (as documented by a competent governmental or law enforcement agency), such Insured Person shall, in the absence of any evidence to the contrary, be deemed to have suffered Loss of life.

Beneficiary

The benefit for Loss of life is payable to the deceased person's estate. If the Insured Person is under age 16 (or 18 in Quebec), the benefit is payable to their parent or legal guardian. We may ask the claimant to prove their relationship to the deceased.

SECTION IV - EXCLUSIONS

Failure to contact Intrepid 24/7 in the event of Hospitalization within 48 hours from the time of the Emergency may limit eligible medical expenses.

This policy does not cover losses or expenses related in whole or in part, directly or indirectly to any of the following:

- a. Any Sickness, Injury or medical condition that was not Stable in the 90 days prior to the effective date.
- b. injuries received while the Insured Person is participating in any manoeuvres or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority;
- c. pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except as otherwise provided under Section III, Item 8 – Maternity Expense Indemnity;
- d. dental surgery or cosmetic surgery unless such surgery is a result of a covered Injury, except as otherwise provided under Section III, Item 9 – Dental Accident and Emergency;
- e. any Sickness or Injury if at the time of the Sickness or Injury, the Insured Person is under the influence of drugs, alcohol or other intoxicants (unless administered on, and in strict accordance with, the advice of a legally qualified Physician), except as provided under Section III, Item 18 – Substance Abuse Treatment Benefit;
- f. mental, emotional or psychological disorders including medications except as otherwise provided under Section III, Item 11 – Psychiatric/Psychological Benefit;
- g. treatment or services that contravene any GHIP plan in Canada;
- h. suicide any attempt at suicide, intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury whether the Insured Person is sane or insane when the Insured Person has attempted suicide or self-inflicted injury or caused intentional self-inflicted injury in the 5 years prior to the effective date. ;
- i. intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, whether the insured Person is sane or insane;
- j. an act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority;
- k. any services or supplies provided by an Insured Person or an Immediate Family Member of the Insured Person;
- l. a Sickness or Injury that, at the time of departure from their Home Country, might reasonably be expected to require an Insured Person to undergo Medical Treatment, surgery or Hospitalization;
- m. any elective, dental, plastic or cosmetic surgery except as the result of a covered Emergency;
- n. Medical Treatments required on an ongoing basis, including continued stabilization of a medical condition, regular care of a chronic condition, home healthcare and investigative testing;
- o. the portion, if any, of any expenses for treatment, advice or Hospitalization which are not Reasonable and Customary;
- p. treatment or services within the Insured Person's Home Country after the Insured Person has returned or been repatriated back to the Home Country;
- q. drugs and medications which are:
 - i. commonly available without a prescription, preventative medications or vaccines (except as otherwise provided in Section III, Item 14 – Tuberculosis Vaccination and Testing), acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products;
 - ii. any type of contraceptive, pregnancy test, fertility drug or test, or erectile

dysfunction drugs;

iii. not legally registered and approved in Canada or not Medically Necessary.

- r. translation services of any kind, even when utilized in the delivery of medical services
- s. organ transplants;
- t. any Sickness, Injury or medical condition for which a diagnosis need not have been made, where the policy is purchased or the visit is undertaken for the purpose of securing or with the intent of receiving medical or Hospital services, whether or not such visit is taken on the advice of a Physician or Surgeon;
- u. medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a Physician by telephone or e-mail;
- v. the worsening, recurrence, side effects or complications of a medical condition resulting from the Insured Person's failure to follow the directions of a Physician or other health care provider;
- w. Injury resulting from participation in: professional athletics (for which the Insured Person is remunerated); mountain climbing; aviation except as a fare-paying passenger on a commercial aircraft; hang gliding; sky diving; parachuting; bungee jumping; snow skiing or snowboarding outside of marked trails at supervised recreational facilities; motorized speed events or contests; scuba diving unless PADI/NAUI certified or accompanied by a certified instructor;
- x. any Sickness, Injury or medical condition resulting from the commission or attempted commission of an illegal act;
- y. any consultation or treatment for Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnoses.

The following additional exclusions are also applicable to Accidental Death and Dismemberment benefits:

- a. Sickness, disease, or disability whether the Loss or claim results directly or indirectly from any of these;
- b. mental incapacity whether the Loss or claim results directly or indirectly from any mental incapacity;
- c. sustained while the Insured Person is undergoing the medical or surgical treatment of Sickness, disease, or bodily or mental infirmity;
- d. stroke or cerebrovascular condition, cardiovascular condition including, but not limited to, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
- e. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - i. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
- f. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying Sickness, disease or condition including but not limited to diabetes;
- g. an act, attempted act or omission taken or made by the Insured Person, or an act, attempted act or omission taken or made with the Insured Person's consent, for the purposes of interrupting the blood flow to the Insured Person's brain or to cause asphyxiation to the Insured Person, whether with intent to cause harm or not; and
- h. natural causes.

SECTION V – CLAIM PROCEDURES

1. Emergency Medical Assistance

This policy provides worldwide emergency assistance for Insured Persons while in Canada, or on an Excursion, except where local conditions render such assistance not feasible. In the event of Sickness or Injury covered by this policy requiring Hospitalization, Intrepid 24/7 must be notified within 48 hours from the time of incident. If Intrepid 24/7 is not informed, this could result in the denial of claims for some expenses and some expenses being only partially covered. In the event of a medical Emergency You or someone acting on Your behalf must call one of the worldwide telephone numbers listed below:

U.S. and Canada **1-866-883-9787**
Elsewhere **416-640-7865** Collect

It is Your responsibility to ensure that Intrepid 24/7 is contacted, or someone acting on behalf of the Insured Person. If Intrepid 24/7 is not contacted within 48 hours, benefits under this policy may be limited

2. Notice and Proof of Claims

Intrepid 24/7 will coordinate services and billings with providers to ensure direct billing of the Insured Person's expenses where available and when notified accordingly. In such instances the Insured Person will only be required to complete a claim form to authorize the sharing of his or her personal information. If the Insured Person pays directly for medical services and need to seek reimbursement, the Insured Person or someone acting on behalf of the Insured Person must retain all original itemized invoices and receipts from all medical providers, original prescription receipts,

and any other original documentation to substantiate any eligible expenses. Claims may be filed by electronic claims submission or by mail to:

Ingle International – Claims Administration

460 Richmond Street, Suite 100
Toronto, Ontario (Canada) M5V 1Y1
1-888-386-8888 | studentclaims@ingleinternational.com | www.studyinsured.com

Note: Remember to retain a copy for Your records.

Documentation must be received within the following timelines in order for your claim to be eligible:

- a. within 90 days from the date of the Sickness or Injury, furnish to us such proof of claim as is reasonably possible in the circumstances of the happening of the Sickness or Injury occasioned thereby during the Coverage Period; and
- b. if so required by us, furnish a certificate as to the cause and nature of the Accident or Injury caused thereby, for which the claim is made and as to the duration of the Injury or Loss, from a legally qualified medical practitioner.

3. Notice of Claim After Your Policy Ends

We must receive the Insured Person's claim within twelve (12) months of the date his or her policy ended. We will not pay any claim we receive more than twelve (12) months after the date the Insured Person's policy ended, regardless of when the eligible expense was incurred.

SECTION VI – GENERAL PROVISIONS AND LIMITATIONS

Pre-Approval Requirements

Intrepid 24/7 must approve in advance any surgery, invasive procedure or major diagnostic testing or treatments before any expenses are incurred. It remains Your responsibility to contact Intrepid 24/7 for approval or to inform the attending Physician to do so, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis. 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. In some cases, the approval must be provided by us before any expenses are incurred and Intrepid 24/7 may contact us.

Clerical Error

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

Applicable Law

This contract of insurance is governed by the laws of the province or territory where this policy was issued. Any legal proceeding by You, Your heirs or assigns shall be brought in the courts of the province or territory where this policy was issued.

Other Insurance

Benefits under this policy are payable in excess of those available under any other similar plans or insurance policies, or contracts, or government health insurance plans, or any private, public, provincial or territorial automobile insurance plan, providing Hospital, medical or therapeutic coverage or benefits, or any other third party liability insurance in force. You may not claim or receive in total more than 100% of the loss caused by the insured event.

Limitation of Benefits

Intrepid 24/7 on behalf of the Insurer reserves the right, as reasonably required and at its expense, to transfer You to any Hospital or to transport You to Canada or Your Home Country following an

Emergency. If You refuse to be transferred or transported when declared medically fit to travel by the medical director, any continuing costs incurred after Your refusal will not be covered and the payment of such costs becomes Your sole responsibility. Coverage ceases upon Your refusal and no coverage will be provided to You for the remainder of the Coverage Period.

Limits on Assistance Services

Intrepid 24/7 reserves the right to suspend, curtail or limit services in any area or country in the event that war, political instability or hostility renders the area inaccessible. Intrepid 24/7 will use its best efforts to provide services during any such occurrence.

Availability and Quality of Care

Neither the Insurer nor Intrepid 24/7 shall be responsible for the availability or quality of any Medical Treatment (including the results thereof) or the failure of the Insured Person to obtain Medical Treatment during the Coverage Period.

Time limit for recovery of insurance money

Every action or proceeding against the 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 or the provincial or territorial legislation that applies to this policy.

Refunds

In the event that You cease to be eligible for coverage under this insurance policy, or that You return permanently to Your Home Country, before the end of the Coverage Period of this policy, You shall be entitled to a pro-rata refund of the unused portion of the insurance premium You have paid, provided that no claims have been or will be submitted under this policy. Refunds will be subject to a \$25 administration fee.

Premiums

This policy is provided for the Coverage Period, provided that premiums are paid. For subsequent Coverage Periods a new policy can be purchased, subject to the rate table in effect at the time of the purchase.

SECTION VII - STATUTORY CONDITIONS

The Contract

The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

Waiver

The Insurer is deemed not to have waived any condition of this policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by the Insurer.

Copy of Application

The Insurer must, upon request, furnish to the Insured or to a claimant under the contract a copy of the application.

Material facts

No statement made by an Insured Person 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 application or any other written statements or answers given as evidence of insurability.

Notice and proof of claim

The Insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall,

- a. give written notice of claim to the Insurer,
 - i. by delivery thereof, or by sending it by registered mail to the head office or chief agency of the Insurer in the province, or
 - ii. by delivery thereof to an authorized agent of the Insurer in the province,

not later than 30 days from the date a claim arises under the contract on account of an Accident, Sickness or disability;

- b. within 90 days after the date a claim arises under the contract on account of an Accident or Sickness, furnish to the Insurer such proof as is reasonably possible in the circumstances of:
 - i. the happening of the Accident or the start of the Sickness,
 - ii. the loss caused by the Accident or Sickness,
 - iii. the right of the claimant to receive payment,
 - iv. the claimant's age, and

- v. if relevant, the beneficiary's age; and

if so required by the Insurer, furnish a satisfactory certificate as to the cause or nature of the Accident, Sickness or disability for which claim may be made under the contract and as to the duration of such Sickness or disability

Failure to give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if

- a. the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year after the date of the Accident or the date a claim arises under the contract on account of Sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
- b. in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

The Insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but if 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, Sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination

As a condition precedent to recovery of insurance money under the contract,

- a. the claimant must give the Insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while the claim is pending, and
- b. in the case of death of the person insured the Insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Moneys Payable

All money payable under this contract shall be paid by the Insurer within 60 days after it has received proof of claim.

SECTION VIII – ABOUT YOUR PERSONAL INFORMATION

Berkley Canada places great importance on the protection of Your privacy. Your personal information will be collected, used and disclosed only for the purpose of providing You with the insurance services You requested. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, Intrepid 24/7 and the Insurer may collect Your personal health information held by a third party. This information may be released to employees of Intrepid 24/7 and the Insurer for claims analysis and to better serve You.

In no case will the Insurer release this information to any person or organization that is not clearly entitled to it without first seeking Your consent. For details of the Insurer's privacy policy please see:

www.berkleycanada.com/privacy.

To see Ingle International's privacy policy, please visit www.studyinsured.com/privacy.

Underwritten by Berkley Canada (a W. R. Berkley Company)



President
Berkley Canada



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