How It Works
You are automatically covered for a Principal Sum amount of $25,000.

Here’s What You Get
Broad Accident Insurance Coverage
- Your plan provides generous Accidental Death & Dismemberment benefits if the Insured Person is injured in a covered accident.
- Sanctioned Activity Coverage
- Your coverage is in force while participating in an event or activity which takes place at the direction and with the approval of the Poolholder.

Definitions
Insured Member means you, if you are a member under the age of 75 and/or 90 depending on the Class, or a volunteer under the age of 75.
Insured Person means an Insured member or an Insured volunteer.

Beneficiary Designation
If you are an Insured Employee you may designate a beneficiary to receive the amount payable under this portion of your accident. In the absence of such designation, the beneficiary shall be your estate. All other benefits will be payable to you.

Benefits and Coverages
Accidental Death, Dismemberment, Paralysis and Loss of Use
If a covered loss occurs within 365 days following the covered accident causing the loss, the Plan will pay in one sum the indicated percentage of the Principal Sum as set out in the following Table of Losses:

| Loss of life | The Principal Sum |
| Loss of both hands or both feet | Four-fifths of the Principal Sum |
| Loss of one hand or one foot | Three-quarters of the Principal Sum |
| Loss of one hand and the entire sight of one eye | Three-quarters of the Principal Sum |
| Loss of one foot and the entire sight of one eye | Three-quarters of the Principal Sum |
| Loss of one arm or one leg | Four-fifths of the Principal Sum |
| Loss of one hand or one foot | Three-quarters of the Principal Sum |
| Loss of the entire sight of one eye | One-third of the Principal Sum |
| Loss of speech and hearing | Three-quarters of the Principal Sum |
| Loss of eating | Two-thirds of the Principal Sum |
| Loss of dressing | One-third of the Principal Sum |
| Loss of all of one foot | One-quarter of the Principal Sum |
| Use of one or both arms or both hands | Three-quarters of the Principal Sum |
| Use of one hand or one foot | Three-quarters of the Principal Sum |
| Use of one arm or one leg | Four-fifths of the Principal Sum |

Paralysis
Quadriplegia (total paralysis of both upper and lower limbs) Two Times The Principal Sum up to a maximum of $50,000.
Paraplegia (total paralysis of both lower limbs) Two Times The Principal Sum up to a maximum of $50,000.
Hemiplegia (total paralysis of upper and lower limbs of one side of the body) Two Times The Principal Sum up to a maximum of $50,000.

“Loss” means all reasonable and necessary expenses for the following para-medical services:
(a) incurred in Canada;
(b) transportation costs, when such service is provided by a professional ambulance service, to the nearest approved Hospital which is equipped to provide the required medical care.
(c) Hospital charges for the difference between the public ward allowance under the Insured Person’s provincial or territorial government health insurance plan and the accommodation charge for a semi-private Hospital room.
(d) fees for services of a licensed chiropractor.
(e) fees for services of an osteopath, physiotherapist, speech therapist or audiologist.
(f) fees for services of a licensed orthotist.
(g) fees for services of a licensed prosthetist.
(h) fees for services of a licensed dietician.

Reimbursement shall only be made provided that expenses are:
(a) incurred in Canada;
(b) incurred within 52 weeks of the date of the accident causing injury;
(c) incurred for a loss or injury not paid for or reimbursed by any other insurance, policy or plan; and
(d) supported by an original standard dental claim form submitted to the Company as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is $50,000 for all Injuries resulting from any one accident.

Accidental Dental Expense Reimbursement
If you suffer injury to your teeth and gums and within 30 days of the date of the accident causing such injury, the Plan will pay in one sum the indicated percentage of the Principal Sum for each loss, the Plan will pay in one sum.

The maximum amount payable for this benefit is $1,000 dollars for all Injuries resulting from any one accident.

Emergency Taxy Benefit
If you need immediate emergency medical assistance, a benefit will be paid for reasonable expenses to transport you to or from a doctor’s office or the nearest hospital, to a maximum of $100.

Fracture Benefit
If you sustain an Injury resulting in a fracture or dislocation listed in the following Fracture Table, the Company shall pay the amount specified in the Fracture Table, provided that such fracture or dislocation occurs within 30 days after the date of accident causing such injury. The maximum amount payable for this benefit is $50,000 dollars for all Injuries resulting from any one accident if the Insured Person was wearing a helmet.

Table: Fracture Benefit

<table>
<thead>
<tr>
<th>Fracture</th>
<th>Benefit Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clavicle (collarbone)</td>
<td>12% of the Fracture Benefit</td>
</tr>
<tr>
<td>Patella (knee cap)</td>
<td>27% of the Fracture Benefit</td>
</tr>
<tr>
<td>Femur (thigh)</td>
<td>33% of the Fracture Benefit</td>
</tr>
<tr>
<td>Maxilla (upper jaw)</td>
<td>33% of the Fracture Benefit</td>
</tr>
<tr>
<td>Vertebrae (spine)</td>
<td>20% of the Fracture Benefit</td>
</tr>
<tr>
<td>Radius or Ulna (forearm)</td>
<td>12% of the Fracture Benefit</td>
</tr>
<tr>
<td>Femur (thigh)</td>
<td>33% of the Fracture Benefit</td>
</tr>
<tr>
<td>Tibia or Fibula (shinbone)</td>
<td>20% of the Fracture Benefit</td>
</tr>
<tr>
<td>Shoulder blade (scapula)</td>
<td>25% of the Fracture Benefit</td>
</tr>
<tr>
<td>Patella (knee cap)</td>
<td>20% of the Fracture Benefit</td>
</tr>
<tr>
<td>Coloboma (webbed thumb or finger)</td>
<td>25% of the Fracture Benefit</td>
</tr>
<tr>
<td>Facial bones</td>
<td>17.5% of the Fracture Benefit</td>
</tr>
</tbody>
</table>

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is $50,000 dollars for all Injuries resulting from any one accident.
For complete dislocation of the:

(a) Hip ................................................................. 42% of the Fracture Benefit
(b) Knee (with open primary repair) .......................... 33% of the Fracture Benefit
(c) Shoulder (with open reduction) .......................... 25% of the Fracture Benefit
(d) Wrist ............................................................... 17% of the Fracture Benefit
(e) Ankle .............................................................. 17% of the Fracture Benefit
(f) Elbow ............................................................... 12% of the Fracture Benefit
(g) Bones of Foot, other than Toes ............................ 6% of the Fracture Benefit

Rehabilitation Benefit
Reimburses your expenses for occupational training to a maximum of $15,000 if such expenses are incurred within two years of and as a result of an injury for which you receive a benefit under the Plan.

Home Alteration and Vehicle Modification Benefit
Pays a benefit of up to $15,000 for modification to your home or vehicle if you suffer an injury for which you receive a benefit under the Plan and require a wheelchair to be ambulatory.

Family Transportation
For which you receive a benefit under the Plan and require a wheelchair to be ambulatory.

Pays a benefit of up to $15,000 for the transportation of an immediate family member to your hospital if you suffer an injury for which you receive a benefit under the Plan and as a result are confined to a hospital more than 100 kilometres from home.

Repatriation Benefit
Pays a benefit of up to $15,000 to cover the expenses incurred to return your body to your city of residence if you suffer a covered accidental death while at least 50 kilometres from home.

Policy Exclusions
The Plan will not cover any losses caused in whole or in part by, or resulting from in whole or in part from, the following:

(a) suicide or any attempt thereof by you while sane;
(b) self inflicted injury or any attempt thereof by you while sane or insane;
(c) declared or undeclared war or any act thereof;
(d) sickness, disease, or bodily or mental incapacity whether the loss or claim results directly or indirectly from any of these;
(e) mental incapacity whether the Loss or claim results directly or indirectly from any mental incapacity;
(f) an injury sustained while you are undergoing the medical or surgical treatment of sickness, disease, or bodily or mental incapacity;
(g) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
(h) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if you are:
   (i) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
   (ii) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
   (iii) riding as a passenger in an aircraft owned or leased by the Policyholder;
(i) 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;
(j) injury or Loss sustained if you are on full-time active duty in the armed forces or organized reserve corps of any country or international authority. (Unearned premium for any period for which you are on full-time active duty shall, upon application to the Company by the Policyholder, be refunded); and

(m) the commission or attempted commission by you or injury incurred while you are in the course of committing or attempting to commit any act which if adjudicated by a court would be an indictable offence under the laws of the jurisdiction where the act was committed; and

(h) an act, attempted act or omission taken or made by you, or an act, attempted act or omission taken or made with your consent, for the purposes of interrupting the blood flow to your brain or to cause asphyxiation to you whether with intent to cause harm or not; and
(o) natural causes; and
(p) an accident occurring while the Insured Person is not engaged in a Sanctioned Activity.

Aggregate Limit Per Accident
The maximum amount the Company will pay for two or more Insured Persons injured in one accident is the amount of the Aggregate Limit Per Accident set out in the Policy, if any. If the total of the benefits which would be paid by the Company would exceed the Aggregate Limit Per Accident, each Insured Person shall receive their proportionate share of the amount of the Aggregate Limit Per Accident paid by the Company.

Effective Date
Your coverage begins on the date you satisfy the definition of “Insured Member”.

Termination Date
Coverage ends on the earliest of:

1. the date the policy is terminated;
2. the premium due date if premiums are not paid when due;
3. the date you no longer satisfy the definition of an Insured Member;
4. the first day of the month following the date you no longer belong to an Eligible Class of Insured Member as set out in the Policy.

This brochure provides only brief descriptions of the coverage available. The full details of the coverage are contained in the Policy including limitations, exclusions and termination provisions. If there are any conflicts between this document and the Policy, the Policy shall govern. Insurance is underwritten by AIG Insurance Company of Canada.