

International Student Sickness & Accident Group Medical Plan

Travel Insurance Policy Wording

Effective June 2002



Name: _____

I.D. #: _____

Group Policy Number: FS _____

Effective Date: _____

Expiry Date: _____

The student insured by this policy acknowledges that the International Student Sickness & Accident Group Medical Plan excludes any Injury or Sickness occurring within 90 days prior to the Effective Date.

In conjunction with the purchase of this policy, the student insured by this policy authorizes release to T.I.C. Agencies Ltd. or its representative any information, including medical records, that is needed to process a claim filed under this policy and further confirms being in good health and knows of no reason to seek medical attention.



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If there is a discrepancy between this wording and the wording of the original printed and bound policy booklet, the original shall take precedence.

Identification of Insurers

The "Insurer" as referred to in this policy means Co-operators Life Insurance Company.

All insurance is administered by "T.I.C." as referred to in this policy, meaning T.I.C. Agencies Ltd., operating as T.I.C. Travel Insurance Coordinators.

T.I.C. HEAD OFFICE

300 - 2609 Westview Drive
North Vancouver, BC V7N 4M2
Tel: 604-986-4292
Fax: 604-986-7796
Toll Free: 1-800-663-4494
www.travelinsurance.ca

Important Notice

Please read your policy carefully before you travel

Why is coverage important to me?

An accident or sickness can happen any time. When they do happen, they can easily ruin both your trip and your financial security. Canadian hospitals can charge thousands of dollars per day for in-patient treatment and a visit to the emergency ward could cost you over \$200, excluding doctor's fees and diagnostic services.

What am I covered for?

International Student Sickness & Accident Group Medical Plan is intended to cover sudden, unexpected, and unforeseeable circumstances. Please read the section titled "Benefits" in the policy.

What is not covered?

International Student Sickness & Accident Group Medical Plan does not cover everything. This insurance has exclusions, conditions and limitations which you should read.

How many days coverage should I buy?

As an international student in Canada on a valid Student Visa, you may be entitled to coverage under the Medical Services Plan in the province where you are studying. Each province has its own regulations regarding international students and how long they must wait before they qualify for coverage. You should contact your provincial ministry of health to determine the waiting period in your province. This insurance is available to cover you until you qualify for the provincial program - up to 365 days per enrollment.

What if I have an emergency or claim?

You must notify T.I.C. as soon as possible. Call the T.I.C. claims department at 1-800-882-5246 within 48 hours of being admitted to a hospital and before any surgery is performed. Failure to do so, without reasonable cause, will reduce eligible expenses by 20%. To make a claim, fill out the Claim Form completely and include all original bills. Incomplete forms will cause delay.

Do I have to reveal my medical history?

We are dedicated to protecting your privacy. Your medical history will be collected when required and will only be used or disclosed for the purpose of adjudicating your claim. For a copy of T.I.C.'s privacy policy, please contact us or visit our website.

I want to stay longer; can I extend my policy?

Yes, you can. Prior to your trip you can purchase additional coverage or, after departure, just call your agent or T.I.C. no sooner than seven days prior to the expiry of your policy. You can purchase an extension provided you call (during business hours) at least 48 hours prior to the expiry of your first coverage. You must indicate that you are in good health and do not have any claims filed with T.I.C.

Travel Assistance

Assistance for a medical emergency arising anywhere in the world is provided on a best effort basis. T.I.C. Agencies Ltd., Co-operators Life Insurance Company, or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received or for failure to obtain medical service.

Mandatory Statement of Health and Consent

We require you to sign the Enrollment Form.

Who underwrites this insurance?

This special program is designed and managed by T.I.C. Agencies Ltd. – travel insurance innovators since 1972 and is underwritten by Co-operators Life Insurance Company a subsidiary of the Co-operators Group of companies, the largest wholly Canadian owned multi-line insurance company.

Note: Capitalized words indicate the words are defined on page 13.

International Student Sickness & Accident Group Medical Plan

In consideration of the payment of premium in accordance with the section of this policy entitled "Premium & Renewal", the Insurer agrees with the Policyholder to insure all Eligible Persons for whom application is made, and the Insurer will pay for loss resulting from Emergency Injury or Sickness under the circumstances and to the extent described in this policy.

PREMIUM & RENEWAL

This insurance is issued in consideration of the payment of premiums at the rates as outlined in Item 6 on the Policy Declaration Page for coverage from the Effective Date.

This insurance may be renewed for further consecutive terms subject to the consent of the Insurer, not to exceed 365 consecutive days, and upon payment of the premium at the rate and in the amount determined by the Insurer at the time of renewal.

POLICY PERIOD

Provided premium has been paid, coverage for losses arising as a result of an Injury or Sickness for each Insured begins in Canada at the latest of:

- a) 12:01 a.m. on the effective date on the Policy Declaration Page issued to the Policyholder or
- b) 12:01 a.m. on the Effective Date on the Enrollment Form/I.D. Card.

All coverage terminates at the earliest of:

- a) 12:00 midnight on the expiry date on the Policy Declaration Page issued to the Policyholder or
- b) 12:00 midnight on the expiry date on the Enrollment Form/I.D. Card or
- c) 12:00 midnight on the day any premium required or due on the part of the Insured is due and unpaid or
- d) 12:00 midnight on the day preceding when an Insured or an Insured Dependent ceases to be a Dependent as defined in this policy or
- e) 365 days from the Effective Date on the Enrollment Form/I.D. Card or
- f) Time the Insured departs North America to return to his/her Country of Origin.

Time in all cases will be the standard time at the address of the Policyholder as stated on the Policy Declaration Page.

DESCRIPTION OF COVERAGE

1. International Student Sickness & Accident Group Medical Plan pays up to the sum insured as indicated on the Policy Declaration Page for reasonable, necessary and customary expenses incurred unexpectedly by an Insured while on a stay in Canada on or after the Effective Date and during the Period of Coverage. Eligible expenses are paid for Acute Emergency Hospital, unexpected Emergency medical, or other covered expenses, due to Injury or Sickness.
2. Expenses incurred outside of Canada are covered provided the majority of time covered under this insurance is spent in Canada. Expenses will not be paid when incurred in the Insured's Country of Origin.

BENEFITS

1. **Hospital Confinement** – pays for customary (for the area where situated) charges made by the Hospital for standard accommodation and for services and supplies reasonable and necessary for the care of the Insured during confinement as a resident in-patient.
2. **Medical Services** – pays for:
 - a) The services of a legally licensed medical physician or surgeon, anesthetist and registered graduate nurse (all of whom are other than a relative by blood or marriage of the Insured). Unless hospitalized as a resident in-patient, charges for nursing services shall be limited to a maximum of \$10,000 per Injury or Sickness.
 - b) The services of a legally licensed physiotherapist, chiropractor, chiroprapist, osteopath, or podiatrist (other than a relative by blood or marriage of the Insured) when ordered by the attending physician as treatment for an insured Injury. Not to exceed \$500 per Injury for out-patient treatment.
 - c) When performed at the time of the initial Emergency, lab tests and/or X-ray examination as ordered by a legally licensed medical physician for the purpose of diagnosis.
 - d) The use of a licensed local air, land or sea ambulance (including mountain or sea evacuation), when reasonable and necessary, to the nearest Hospital. Charges are limited to a maximum of \$10,000 per Injury or Sickness.
 - e) Rental of crutches or hospital-type bed, but not to exceed the purchase price; and the cost of splints, trusses, braces or other approved prosthetic appliances.
 - f) Emergency out-patient services provided by a Hospital.

- g) Drugs or medicines that require a legally licensed medical physician's written prescription but not to exceed one-month's supply to a maximum \$500 per Insured unless hospitalized as an in-patient, but excluding any charges made for the administration of injectable drugs, serums or vaccines.
 - h) Expenses incurred for treatment by a psychiatrist at his or her office when referred by a legally licensed medical physician, to a maximum benefit of \$200 per calendar year.
 - i) Covers up to five (5) out-patient follow-up visits, as part of the initial Acute Emergency to the Insured's physician following Emergency treatment of a covered Injury or Acute Sickness.
3. **Return Home** – reimbursement up to \$3,000 for the actual extra cost of one-way economy transportation by the most direct route to the Insured's Country of Origin in the event the covered Injury or Sickness of the Insured necessitates the immediate return of the Insured during the Period of Coverage. Must be pre-approved by T.I.C.
 4. **Family Transportation** – reimbursement up to \$1,500 for the actual cost of economy class transportation by the most direct route via a common carrier in the event an Insured becomes hospitalized as a result of a covered Injury or Sickness, and the attending physician advises the necessary attendance of a Family Member of the Insured and up to \$100 per day to a maximum of \$500 for reasonable out-of-pocket expenses incurred by the transported Family Member. Must be pre-approved by T.I.C.
 5. **Accidental Dental** – pays up to \$3,000 reimbursement for Emergency treatment or services to whole or sound natural teeth (capped or crowned teeth are considered whole or sound natural teeth) caused by an accidental blow to the face. The actual expenses incurred are not to exceed the minimum fee specified in the schedule of fees relating to Dentistry, approved and published by the Canadian Dental Association of the province or territory in which the school the Insured is attending is located (refer to General Condition #7).
 6. **Dental Emergencies** – pays up to \$500 reimbursement for the immediate relief of Acute dental pain caused by other than a blow to the face. Dental conditions for which the Insured has previously received treatment or advice are not covered (refer to General Condition #7).

7. **Return of Deceased Body** – pays up to \$10,000 reimbursement in the event of death of an Insured due to a covered Injury or Sickness, for the expense actually incurred for homeward carriage in a standard transportation container to the permanent residence of the Insured, or up to \$4,000 for cremation or burial at the place of death, when death is due to a covered Injury or Sickness.
8. **Air Ambulance** – pays for pre-paid, medical Emergency transportation of the Insured to a Hospital when arranged, coordinated and authorized by T.I.C., and/or the use of air ambulance to the nearest Hospital equipped to deal with the Emergency, or where assessed as medically transportable, transport of the Insured to a Hospital in the Insured's Country of Origin.
9. **Psychiatric Care** – pays the hospitalization of the Insured due to emotional, mental, or nervous disorders and in no event shall the cumulative sum of all eligible expenses for any emotional, mental, or nervous disorders exceed \$10,000.

EXCLUSIONS

Benefits are not payable for expenses due to:

FS1 Any emotional, mental or nervous disorders by whatever cause, unless hospitalized (refer to Benefit #9), or except as specified under item 2 (h) under benefits of this policy.

FS2 Suicide, attempted suicide, or intentionally self-inflicted Injuries while sane or insane.

FS3 Acts caused by or resulting from or in connection with War, kidnapping or Terrorism, including Nuclear, Chemical, Biological Terrorism, regardless of any other cause or event contributing concurrently or in any other sequence to the loss, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction. The commission or attempted commission of any criminal/ criminal like act by the Insured, a Family Member or Travelling Companion; contravention of any statutory law or regulation in the area where the loss occurred.

FS4 An Injury or Sickness where the Trip is undertaken for the purpose of securing medical treatment or advice for such Injury or Sickness.

FS5 Loss, death or Injury, if at the time of the loss, death or Injury, evidence supports the Insured was affected by, or the medical condition causing the loss was in any way contributed to by the use of prohibited drugs, alcohol or any other intoxicant.

FS6 Any elective, consequence of a prior elective procedure, non-Emergency or routine follow-up, procedures or treatment except as specified under item 2.(i) under benefits of this policy.

FS7 Travelling against doctor's orders.

FS8 An Injury or Sickness, or state of health which, prior to the Effective Date of coverage, was such as to render Expected Medical Treatment or hospitalization.

FS9 Any loss as a result of an Injury or a Sickness for which symptoms occurred or which required any or all of, Medical Consultation, prescription medication, medical treatment or hospitalization within 90 days immediately preceding the Effective Date.

FS10 Continuing medical treatment or hospitalization the Insured receives or elects to receive, unless the Insured is medically certified as unfit to travel or return to their Country of Origin (whether or not they intend to return) following diagnosis or Emergency treatment of an Injury or Acute Sickness.

FS11 Any rehabilitation, convalescent care or subsequent claim either paid, denied or pending, with respect to an Injury or Sickness, which occurred during the Period of Coverage of this insurance and for which Medical Consultation has been sought.

FS12 An Injury received while participating in speed contests usually in excess of 60 km per hour or Professional athletic sport activities.

FS13 The commission of an Air Ambulance, Family Transportation, and Return Home expenses unless pre-approved by T.I.C.

FS14 Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth, or complications thereof.

FS15 An automobile accident and the Insured is entitled to benefits under the "no fault" benefit schedule of the Insured's automobile policy, or under an applicable "Insurance Act".

FS16 Treatment for an infant less than 15 days old.

FS17 Dental or cosmetic surgery unless such Emergency surgery is a result of a covered Injury.

FS18 Treatment or services that contravene, or are prohibited by legislation under a provincial or territorial hospital/medical plan.

FS19 Naturopathic, holistic or acupuncture treatment.

FS20 Charges that exceed the customary and reasonable rate for the area in which the treatment or services are being performed.

FS21 Any loss incurred outside of Canada where the majority of the Period of Coverage was not spent in Canada.

FS22 Any loss incurred by the Insured in his or her Country of Origin.

FS23 Any losses occurring from nuclear energy or any nuclear contamination from any cause whatsoever.

FS24 Loss arising from air travel, other than as a passenger in a certified public commercial aircraft provided by a regularly scheduled airline operating on any regularly scheduled trip between licensed airports.

FS25 Loss relating to:

- a) eyeglasses and contact lenses;
- b) services or treatment provided by any Workers' Compensation or Occupational Disease Law; or
- c) any benefits provided or paid by any Federal or Provincial Hospital and/or Medical Plans or Acts.

LIMITATIONS

1. The total amount payable under this policy for reimbursement of all covered expenses incurred by any one Insured shall not exceed the sum insured of \$1 million Canadian (CAD), subject to the sum insured indicated on the Policy Declaration Page.
2. Maximum period of coverage: 365 days per enrollment.
3. Age eligibility: Persons 15 days up to 65 years inclusive.
4. Geographic coverage: Worldwide – during the term of this insurance, expenses incurred outside of Canada by an Insured for a covered Injury or Sickness will be paid, provided that the majority of time on risk is spent in Canada. Expenses incurred outside of Canada will not be paid when incurred in the Insured's Country of Origin.
5. The cumulative sum of all eligible expenses for any emotional, mental, or nervous disorders under this policy is limited to \$10,000.

General Conditions

1. This policy is issued in accordance with the Terms and Conditions contained in Master Policy No. 9055577 issued to T.I.C. Agencies Ltd. by CO-OPERATORS LIFE INSURANCE COMPANY. The Insurer hereby insures the person(s) named as the Insured(s) and will pay the benefits listed in this policy.
2. The International Student Sickness & Accident Group Medical Plan - Enrollment Form is the basis of and forms part of this policy.
3. The time in all cases will be the standard time at the address of the Policyholder as stated on the Policy Declaration page.
4. Insurance is in effect only for the coverages and for the sum insured indicated on the Policy Declaration page – subject to Limitations – for which the premium has been paid on or before the Effective Date. Benefits are payable in accordance with the coverage and are limited to the sum insured.
5. Benefits payable do not include interest charges.
6. The coverages outlined in this policy are second payor plans. If there are other third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial auto insurance plan providing Hospital, medical or therapeutic coverage, any government Hospital or medical plan, any “workers compensation act” or any public or tax supported agency, T.I.C. will coordinate all benefits in conjunction with the guidelines provided by Canadian Life and Health Insurance Association.

Insured benefits do not include, and reimbursement will not be made for any expenses, services or supplies that an insurer is eligible to pay under a motor vehicle liability policy pursuant to the No-Fault Benefits Schedule under any Insurance Act. Where there is no other coverage reasonably available or other plan that will pay the expense, insured benefits will be paid by T.I.C.
7. Treatment relating to any dental claim must be commenced within 48 hours from the onset of the Emergency and must be completed within the Period of Coverage of this policy and prior to the Insured's return to their Country of Origin.
8. Benefits are only payable under one policy, for each Insured during the period of coverage from the Effective Date to the expiry date indicated on the Enrollment Form. If more than one T.I.C. coverage for Sickness & Accident is in force concurrently, benefits will only be paid under one such Policy, the earliest by Effective Date.

9. In the event of any payment of Benefits under this policy, the Insurer shall be subrogated to all the rights of recovery therefore which any Insured receiving such payment may have against any person or organization. Such person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights and shall do nothing after loss to prejudice such rights.
10. The entire coverage of this Policy shall be void if, whether before or after loss, the Insured has concealed or misrepresented any material fact or circumstances concerning this coverage or subject thereof, or the interest therein, or in the case of any fraud or false swearing by the Insured.
11. The Insured shall be responsible for the verification of:
 - a) any medical expenses incurred and shall obtain itemized accounts of all medical services which have been provided,
 - b) any payment made by any other insurance plan or contract,
 - c) at the request of T.I.C., substantiating medical documentation from their Country of Origin and to provide T.I.C., on request, such substantiating documents.
12. All Benefits and Limitations of this policy are deemed to be in Canadian currency (CAD).
13. T.I.C. reserves the right to investigate or obtain private opinion on an Insured person's medical condition and to obtain any and all information relating to a claim.
14. It is a condition of coverage that T.I.C. be notified at the 24-hour claim line prior to, or within 48-hours of, admission to Hospital and prior to any surgery or invasive investigations being performed. Failure to do so, without reasonable cause, will reduce the eligible expenses by 20%.
15. It is a condition precedent to liability that at the time of enrollment, the Insured is in good health and knows of no reason to seek medical attention.
16. The Insurer shall have the right and opportunity to examine the person of the Insured when and so often as it may reasonably require while a claim is pending hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.
17. The Insurer, through its authorized representative, shall be permitted to examine the Policyholder's records relating to this Policy at any reasonable time.

18. This policy includes endorsements, Enrollment Form, ID Card, Policy Declaration, and attached papers, if any, which makes the entire contract of insurance. None other than the Insurer and/or T.I.C. has authority to change this policy or to waive any of its provisions. No change in this policy shall be valid unless approved by the Insurer and the resulting endorsements attached to the policy.
19. The Policyholder may cancel this policy by mailing to the Insurer, through its authorized representative, T.I.C., written notice stating when cancellation shall be effective not less than 30 days in advance. The Insurer may cancel this policy by mailing to the Policyholder at the address shown in this policy written notice stating when, not less than 30 days thereafter, such cancellation shall be effective. The mailing of such notice shall be sufficient proof of notice and the date of cancellation stated in the notice shall become the end of the policy period. Delivery of such written notice either by the Policyholder or by the Insurer shall be equivalent to mailing.

Extended Coverage After Termination:

20. Extension or renewal of individual coverage is subject to the Terms and Conditions outlined by T.I.C. on file with the duly appointed agents of T.I.C.
21. In the event that an Insured at the end of the Period of Coverage is confined to a Hospital, covered expenses, and expenses only relating to the initial conditions causing hospitalization, for such confinement will be paid for up to a maximum of 365 days from the date of the Injury or Sickness but not to exceed the Sum Insured. At the time of the Insured's discharge, coverage will extend for a further 72 hours in order to facilitate the Insured's return to their Country of Origin.
22. Should an Insured be unable to depart North America to return to their Country of Origin due to weather related or mechanical delays of aircraft, or due to police road closures (police report required), this Insurance will automatically extend up to 72 hours beyond the expiry date of the Insured's insurance as listed on the Insured's Enrollment Form and/or I.D. Card.
23. If an Insured under this insurance is deemed as medically unfit to travel as a result of a covered Injury or Sickness and if this advice is provided prior to the expiry date of this policy as indicated on the Enrollment Form and if this advice is provided, in writing, by the attending physician, this insurance will automatically be extended for five days.

Definitions

“**Acute**” means the initial Emergency, short course (not chronic) treatment phase of an Injury or Sickness.

“**Country of Origin**” means the country in which the Insured maintained a permanent residence prior to entry into Canada.

“**Dependent**” means the Insured's legal or common-law Spouse living with the Insured. It also means the natural, adopted, or step children of the Insured Student who are over 14 days old but not over 21 years old, who are unmarried and dependent upon the Insured for maintenance and support, and living with the Insured.

“**Effective Date**” means the date coverage commences with respect to each Eligible Person as follows:

1. During the period this Group Policy is in force as indicated on the Policy Declaration Page issued to the policyholder; and
2. Where written application is made and premium is paid on the date of such persons arrival in Canada, provided such person submits a completed Enrollment Form within 15 days of registration with the Policyholder and provided such registration takes place within 15 days of such person's arrival in Canada; and
3. Where a completed Enrollment Form for insurance under this group policy is submitted and premium is paid 15 days after such persons registration with the Policyholder, the date when the persons application is accepted by the Insurer.

“**Eligible Person(s)**” means any student attending an accredited school, registered or associated with the Policyholder, or any Dependents, who are residing in Canada and who are not eligible for or enrolled with any Canadian Federal or Provincial Hospital and/or Medical Plan, and who has completed an Enrollment Form for Insurance under this Group Policy and paid the required premium. In the case of a minor, they must meet all the above criteria except that the minor's parent or legal guardian or the school administrator must sign the completed Enrollment Form.

“**Emergency**” means an unforeseen Sickness or Injury affecting the Insured, or any Dependents as defined herein, in such a way that the Insured person requires immediate intervention by a legally licensed medical physician or dentist. Such Emergency no longer exists, when in the opinion of the attending physician, the Insured is able to return to his/her Country of Origin.

“Enrollment Form” means the form titled “Enrollment Form”, containing a pre-numbered I.D. with the Group Policy Number, Policyholder (School) name, Insured’s details, dates of coverage, declaration of health and privacy all signed by the Insured or the authorized agent/administrator if Insured is a minor below 18 years of age.

“Expected Medical Treatment” means Medical Consultation or hospitalization which has been shown, by prior medical history, as probable or certain to occur.

“Family Member” means the Insured’s legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, natural or adopted child.

“Hospital” means an incorporated or licensed hospital having accommodation for resident in-patients, a laboratory, a registered graduate nurse and physician always on duty and an operating room where surgical operations are performed by a legally licensed medical physician or physicians. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

“I.D. Card” means the identification card containing the I.D. number with the name of the Insured and period of coverage, signed by the administrator of the Policyholder.

“Injury” means accidental bodily injuries received while this insurance is in force resulting in loss, independent of Sickness and all other causes.

“Insured” or **“Insured Student”** means an Eligible Person, or any Dependent of an Eligible Person as defined herein, over the age of 14 days but not over 65 years old, who has paid the required premium and meets all the conditions of this insurance.

“Medical Consultation” means the obtaining of any medical services from a licensed medical practitioner for an ailment, illness or disease, which includes any or all of: history taking, medical examination, investigative testing, advice or treatment, and for which a diagnosis of the condition need not have been definitively made. Does not include regular medical check-ups where there is no medical clinical sign, or patient portrayed symptoms.

“Period of Coverage” means the number of days coverage for which premium has been paid and for dates indicated on the Enrollment Form, subject to the Policy Period on page 4.

“Policy Declaration” means the form titled “Policy Declaration Page” or policy endorsement issued to the Policyholder specifying the name and address of the Policyholder; the group master policy number; the effective and expiry date, the premium, the type of coverage and the sum insured.

“Policyholder” means the accredited learning institution to which the International Student Sickness & Accident Group Medical Plan policy has been issued.

“Professional” means any person who earns the majority of their income from a particular sporting activity.

“Sickness” means illness or disease causing loss commencing while this Insurance is in force.

“Spouse” means a person who is legally married to the Insured, or has been living in a common-law relationship (either opposite sex or same sex) with the Insured for a continuous period of at least one year and who resides in the same household as the Insured.

“Terrorism” means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“War” means war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

STATUTORY CONDITIONS

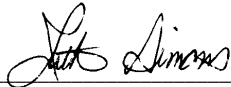
Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in The Insurance Act respecting contracts of Accident Insurance. In Witness Whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO and Senior Vice President.



Dan Thornton

NOTICE

Any notice to the Insurer may be validly given to the undersigned. In witness whereof this policy has been signed, as authorized by the Insurer, by T.I.C. Agencies Ltd.



President & CEO

June 2002

Claims Information

We want to make your claim go as quickly and easily as possible. Please check that you have attached all the necessary documents. Submitting incomplete information will delay your claim.

You can also start your claim by logging on to our website, www.travelinsurance.ca/customers/claims/howto/visitors.html

Write to: T.I.C. Claims Department

FOR BC & PRAIRIE PROVINCES

125 - 4400 Dominion Street
Burnaby, BC, Canada V5G 4G3
Fax: 604-639-8859

FOR ONTARIO & ATLANTIC PROVINCES

330 Woolwich Street
Guelph, ON, Canada N1H 3W5
Fax: 519-837-8032

If you have a question on submitting a claim, please call during regular office hours, Monday to Saturday.

Tel: 604-639-8849 Toll Free: 1-800-882-5246

CLAIMS PROCEDURE

1. **Claims must be submitted within 30 days of initial treatment.**
2. Contact the T.I.C. Claims Department for a Claims Form or download one from our website at: www.travelinsurance.ca/pdfs/IntlStudent.pdf
3. Fully complete all sections of the Claim Form.
4. Submit all the following documents to the T.I.C. Claims Department:
 - a) Fully completed Claim Form;
 - b) Original itemized billings and receipts for all expenses incurred;
 - c) Medical Certificate completed by the treating physician at your destination. This form is available from our office or can be downloaded from our website;
 - d) For hospital visits (out-patient), obtain a copy of the Emergency Room report at the time of the visit;
 - e) For chiropractic/physiotherapy visits, obtain a letter from the referring physician;
 - f) In the event of an injury, provide details of other insurance which may respond to this loss (auto plans, homeowners/tenant or commercial insurance);

IMPORTANT

- Any fee for completion of forms is not covered under this insurance.
- Submission of incomplete forms will delay your claim.
- Failure to provide substantiating documents shall invalidate all claims under this insurance.
- The Authorization and Certification of the claim form may be signed by a spouse, parent or legal guardian for a minor, or a legally-authorized agent/administrator.
- All indemnities payable under this insurance are payable to or at the direction of the Policyholder.
- **T.I.C. Agencies Ltd. must be notified prior to, or within 48 hours of, admission to Hospital and prior to any surgery or invasive investigations being performed.**

Failure to do so, without reasonable cause, will reduce eligible expenses by 20%.

Service is available 24 hours/day, 7 days/week.

FOR EMERGENCIES CALL:

Toll Free 1-800-88CLAIM (1-800-882-5246) Canada/USA

Collect Worldwide + 604-639-8849

FOR EMERGENCIES CALL:

Toll Free 1-800-882-5246 in Canada and U.S.A.

Collect Worldwide + 604-639-8849

T.I.C. HEAD OFFICE

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