

**SKATE CANADA**  
**SUMMARY OF INSURANCE COVERAGE**  
**Policy No. 100011082 issued by Special Markets Solutions, a division of**  
**Industrial Alliance Insurance and Financial Services Inc.**

**SPORT ACCIDENT INSURANCE**

You are covered for a principal sum of \$25,000.00 if an injury is sustained as the result of an accident while and in consequence of:

- a) Participating as an insured coach of the Policyholder in practice or competition in the sport of Figure Skating, which practice or competition is approved by and under the supervision of proper authority of the team, club, organization or the Policyholder of which the insured coach is a member; or
- b) Traveling directly to and from such practice or competition along a normal or reasonable route, without delay or stopover.

**ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY**

The "loss" or "loss of use" must occur within 365 days of the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

	% of Principal Sum
Life	100%
Both Hands or Both Feet	200%
Entire Sight of Both Eyes	200%
One Hand and One Foot	200%
One Hand and Entire Sight of One Eye or One Foot and Entire Sight of One Eye	200%
Speech and Hearing in both Ears	200%
One Arm or One Leg	150%
One Hand or One Foot	133 1/3%
Entire Sight of One Eye or Speech or Hearing in both Ears	133 1/3%
Thumb and Index Finger of Either Hand or Four Fingers of Either Hand	66 2/3%
Hearing in One Ear	33 1/3%
All Toes of One Foot	25%
Quadriplegia (total paralysis of all four limbs)	200%
Paraplegia (total paralysis of the lower limbs)	200%
Hemiplegia (total paralysis of one side of the body)	200%

**ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT (\$5,000)**

If, due to a force or blow external to the mouth, injury results to whole or sound teeth (capped or crown teeth will be considered whole or sound) and treatment is required within 30 days, the Company will pay the treatment expenses actually incurred.

**ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT (\$25,000)**

If injury requires medical treatment within 30 days, the Company will pay for expenses incurred for any of the following services or supplies: a) services of a nurse, when recommended by a physician, subject to a \$5,000.00 maximum per any one accident; b) transportation by a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of \$5,000.00 per any one accident; c) hospital charges for the difference between public ward allowance under the provincial hospital plan and the semi-private accommodation charge (private accommodation charge if recommended by a physician); d) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, to a maximum of \$5,000.00 per any one accident; e) services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a physician, to a maximum reimbursement of \$500.00 per any one accident; f) drugs and medicines which require the written prescription of a physician to a maximum of \$150.00 per any one accident; g) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; (braces do not include dental braces) to a maximum of \$750.00 per any one accident; h) services of a licensed chiropractor, to a maximum reimbursement of \$500.00 per any one accident.



**BEREAVEMENT BENEFIT (\$1,000)**

If an injury results in loss of life, the Company will pay the reasonable and necessary expenses actually incurred by the Spouse and Dependent Children for up to six (6) sessions of grief counselling, by a professional counsellor.

**CRITICAL INCIDENT STRESS COUNSELLING BENEFIT (\$1,000)**

In the event an Insured Person incurs counselling expenses for services provided by a recognized professional, the Company will pay the reasonable and necessary charges actually incurred for such services within 12 months following the date of commencement of treatment, subject to an overall maximum of \$1,000.00.

The following conditions must be met in order for such counselling expenses to be paid;

- a) with respect to off-ice related incidents, the reason for treatment is traced directly to a trauma suffered by an Insured Person who is present when an Injury is sustained by another Insured Person and for which a payment for loss of life is made under the Part titled "Accidental Death, Dismemberment and Specific Loss Indemnity".
- b) with respect to on-ice related incidents, the reason for treatment is traced directly to a trauma suffered by an Insured Person who is present when an Injury is sustained by another Insured Person and for which a payment for loss of life is made under the Part titled "Accidental Death, Dismemberment and Specific Loss Indemnity".
- c) The reason for treatment is traced directly to a trauma suffered by a member of the Insured Person's family who is present when an Injury is sustained by the Insured Person and for which a payment for loss of life is made under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity".

The treatment must commence within one week of the trauma.

**EMERGENCY TRANSPORTATION BENEFIT (\$75)**

When an injury requires immediate medical attention, the Company will pay the reasonable expense incurred to transport the insured to either a physician's office or the nearest hospital, including return to the residence of the insured.

**EYEGASSES AND CONTACT LENSES BENEFIT**

If injury is treated by a physician, dentist or nurse within 30 days of the accident resulting in broken eyeglasses or loss or breakage of a contact lens or lenses, the Company will pay the cost of repair or replacement, subject to a maximum of \$200.00, or if the injury necessitates the purchase of eyeglasses or contact lenses (not previously required or worn) upon the advice of a physician, the Company will pay the reasonable and necessary expense for the initial purchase.

**FAMILY TRANSPORTATION BENEFIT (\$15,000)**

If injury results in confinement as an inpatient in a hospital, and such injury results in a loss being payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, and the hospital is located at least 150 km from the insured's residence, the Company will pay the expenses actually incurred by a member of the immediate family for hotel accommodation and transportation by the most direct route to the confined insured. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometre travelled.

**FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY (\$500)**

If injury results in a fracture, dislocation, tendon severance or other miscellaneous type condition, the Company will pay various percentages of the indemnity amount for any such occurrence, and not more than one such indemnity, the greatest, as the result of any one accident.

**HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT (\$15,000)**

If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the insured's principal residence and/or the cost of modification to one motor vehicle utilized by the insured, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

**IDENTIFICATION BENEFIT (\$5,000)**

If injury results in loss of life, and requires body identification, the Company will pay the expenses actually incurred by a member of the immediate family for lodging, board and transportation by the most direct route, provided the body is located not less than 150 kilometres from the member of the immediate family's residence and the identification of the body is required by the police or a similar law enforcement agency having authority over such matters. If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometre travelled.

**PHYSICIAN VALIDATION EXPENSE**

If as a result of Injury for which benefits are payable under the policy, the insured requires and receives medical or surgical treatment within 30 days of the date of the injury, an insured incurs an expense charged by a Physician or surgeon for the purpose of validating or completing a claim form hereunder, the Company will pay such expense, subject to a maximum of \$50.00 per Injury.

**PRIVATE TUITION (\$2,000)**

If, within 100 days an injury disables and totally confines the insured to residence or hospital for a period in excess of 40 consecutive school days, the Company will pay, from the first day, the expenses incurred within 12 months of the date of the accident, for a) private tutorial services of a qualified teacher at a rate not to exceed \$20.00 per hour; and b) labour charges, wiring and rental of communication equipment to provide a telephone tutorial service from the school to the residence or the hospital.

**PSYCHOLOGICAL THERAPY BENEFIT (\$5,000)**

If injury results in a loss payable to an insured under the Accidental Death, Dismemberment and Specific Loss Indemnity and results in the insured requiring psychological therapy, as prescribed by a physician, the Company will pay the reasonable and necessary expenses actually incurred.

**REHABILITATION BENEFIT (\$15,000)**

If injury requires that the insured undergo special training in order to be qualified to engage in a special occupation in which the insured would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

**REPATRIATION BENEFIT (\$15,000)**

If injury results in loss of life, the Company will pay the expense incurred for shipment of the body to the city of residence of the deceased.

**SPOUSAL RETRAINING BENEFIT (\$5,000)**

If injury results in loss of life, the Company will reimburse the spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which the spouse would not otherwise have sufficient qualifications.

**WEEKLY ACCIDENT INDEMNITY**

For those who are gainfully employed on a full-time, part-time or casual basis immediately before the date of the accident.

**Total Disability**

If injury results in total disability within 30 days of an accident (prior to age 65), the Company will pay 66.70% of gross weekly earnings to a maximum of \$500.00 for each week of total disability, and subject to the maximum period payable of 26 weeks.

**Partial Disability**

If injury results in partial disability within 30 days of an accident, or immediately after a period of total disability (prior to age 65), the Company will pay 66.70% of gross weekly earnings to a maximum of \$250.00 for each week of partial disability, and subject to the applicable maximum period payable of 13 weeks.

### **WEEKLY ACCIDENT INDEMNITY (CONTINUED...)**

You must be under the regular care and attendance of a physician for such disability. Payments made for periods less than one week will be paid on the basis of one seventh of the weekly indemnity, for each day of either total or partial disability.

Successive periods of disability due to the same or related causes will be considered one period of disability, unless they are separated by a 30-day period during which you were actively at work.

If the indemnity is payable for total disability, either alone or in concert with any of the benefits outlined, exceeds 75% of the pre-disability gross earnings, the amount payable will be reduced by any amount exceeding said percentage.

Amounts payable will take into account any of the benefits payable under the following: (a) disability or retirement provisions of the Canada/Quebec Pension Plans; (b) benefits payable in accordance with the Workers' Compensation or Occupational Disease Act or Law, or any other law which provides compensation for an occupational injury; (c) income benefits provided by or through any Government Plan of automobile insurance or similar legislations; (d) disability, retirement or other income benefits provided by or through the Policyholder; (e) amounts paid or payable under a group insured or non-insured disability plan (including association group), and (f) amounts paid or payable under an individual insured or non-insured disability plan. Any subsequent changes to the amounts payable under the above stated benefits which are specifically designated as cost-of-living adjustments will neither reduce nor increase the amount payable.

*"Partial Disability"* means the insured (1) is necessitated to spend less than half of the time he normally spends in the usual daily performance of his occupation and (2) requires the regular care and attendance of a physician.

*"Total Disability"* means the insured (1) is unable to perform the substantial and material duties pertaining to his occupation and (2) requires the regular care and attendance of a physician.

### **WEEKLY ACCIDENT INDEMNITY HOME-MAKER**

For those who are not gainfully employed or receiving employment insurance benefits before the date of the accident.

If injury results in total and continuous disability within 30 days of an accident (prior to age 65) which prevents the performance of any and all regular household and/or child-caring duties, the Company will pay, provided that the disability has continued for a period of seven consecutive days, a weekly indemnity of \$100.00, including the seven-day period, while under the regular care and attendance of a physician, subject to the maximum period payable of 13 weeks.

### **LIMITED AIR TRAVEL COVERAGE**

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

- (a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or
- (b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the policyholder.

### **TERMINATION OF INSURANCE OF AN INSURED**

Coverage will terminate immediately on the earliest of: (a) the policy termination date; (b) the premium due date if the Policyholder fails to pay the insured's premium, except as a result of an inadvertent error; (c) attainment of age 65 for the Weekly Accident Indemnity and Weekly Accident Indemnity Home-Maker benefits and age 75 for all other benefits; (d) the date an insured is ineligible for coverage.

**WHEN DOES THIS INSURANCE NOT APPLY?**

- suicide or self-destruction;
- war or act of war;
- full-time active service in the armed forces of any country;
- air travel, unless riding as a passenger on a regular flight by a domestic or international scheduled air carrier and not as a pilot, operator or member of the crew;
- participation in any sport where the insured earns the major portion of his income.
- for sickness or disease, either as a cause or effect;
- for charges of masseur;
- for x-rays, repairs or replacement of pre-existing dentures, fillings or crowns, except as provided in the Accidental Dental Reimbursement Benefit;
- for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada or patent medicines;
- for medical services rendered by nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder;
- by an insured who is not covered under any Federal or Provincial Hospital Plan.

**BENEFICIARY**

Indemnity payable in the event of the loss of life of an insured is payable to the beneficiary or beneficiaries designated in writing by the insured. If there is no such beneficiary designation, the indemnity is payable to the estate of the insured. All other indemnities are payable to the insured with the exception of indemnities payable under the following parts:

Bereavement Benefit  
Family Transportation Benefit  
Identification Benefit

Repatriation Benefit  
Spousal Retraining Benefit

**In the situation where this policy replaces an existing policy issued to the Policyholder, the designation recorded under the replaced policy will be deemed to be valid and of full force and effect under this policy until changed in writing by the insured.**

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

*This summary is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. The Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy issued by Special Markets Solutions, a division of Industrial Alliance Insurance and Financial Services Inc., not this summary.*