



Industrial Alliance Insurance and Financial Services Inc.

(hereinafter called the Company)

Issued to: ALBERTA RISK MANAGED INSURANCE CONSORTIUM

(hereinafter called the Policyholder)

Policy Number: 100012511

Effective Date: September 1, 2020

Expiry Date: September 1, 2021

In consideration of the payment in advance of the premium in the amount and in the manner set forth herein, the Company agrees to insure eligible persons of a participating school board of the Policyholder who are named or designated herein for loss resulting from Injury or Sickness to the extent herein provided and subject to all the exclusions, limitations and provisions of this policy.

All periods of time under this policy begin and end at 12:01 a.m., Standard Time, at the address of the Policyholder.

This policy will be automatically renewed for further consecutive terms upon payment of the premium at the rate and in the amount determined by the Company at the time of renewal, subject to the part titled "Termination of Policy".

The provisions set forth on the following pages together with this page constitute the policy.

In witness whereof, the Company has caused this policy to be executed by its President and Chief Executive Officer and Corporate Secretary, but it will not be binding upon the Company until countersigned by the Company's Registrar.

A handwritten signature in black ink, appearing to be "Samuel", written over a horizontal line.

PRESIDENT AND CHIEF EXECUTIVE OFFICER

A handwritten signature in black ink, appearing to be "Jennifer Stiller", written over a horizontal line.

CORPORATE SECRETARY

COUNTERSIGNED

A handwritten signature in black ink, appearing to be "M. White", written over a horizontal line.

REGISTRAR

DEFINITIONS

“**Accident**” or “**Accidental**” whenever used in this policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of claim.

“**Airworthiness Certificate**” whenever used in this policy means “Standard” Airworthiness Certificate issued by the Federal Aviation Agency of Canada or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of its registry.

“**Chartered Aircraft**” whenever used in this policy means an aircraft which, following a written agreement, is being provided for a specified destination and period of time.

“**Day Care**” whenever used in this policy means a facility which is operated according to law, including laws and regulations applicable to day care facilities and which provides care and supervision for children in a group setting on a regular basis. Day care will not include a Hospital, the child’s home or care provided during normal school hours while a child is attending grades 1 through 12.

“**Division Headquarters**” whenever used in this policy means Special Markets Solutions Division Headquarters of Industrial Alliance Insurance and Financial Services Inc. located at 400-988 Broadway West, PO Box 5900, Vancouver, British Columbia, V6B 5H6.

“**Emergency**” whenever used in this policy means an event that makes it necessary to receive immediate treatment from a Physician or be immediately hospitalized.

“**Flight Time**” whenever used in this policy means the total time from the moment the aircraft first moves under its own power for the purpose of take-off until the moment it comes to rest at the end of the flight.

“**Full-Time**” whenever used in this policy means enrollment consisting of three or more courses at any one time or, alternatively, attending classes for a minimum of six hours per day, five days per week. With respect to Day Care, preschool, playschool or kindergarten children, full-time is as dictated by the Day Care, preschool, playschool, or kindergarten they attend.

“**Hospital**” whenever used in this policy means an institution operated pursuant to law for the care and treatment of sick and injured persons with organized facilities for diagnosis, major surgery and 24 hour nursing service. This does not include a convalescent or nursing home, or home for the aged, health spa, a facility for the treatment of alcoholism or drug addiction, or a rehabilitation centre.

“**Injury**” whenever used in this policy means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

“**Insurance Act**” whenever used in this policy means the applicable insurance legislation in the applicable provincial jurisdiction.

“**Insured Person**” whenever used in this policy means persons or categories of persons as designated in Section 1 of the Schedule.

“**Leased Aircraft**” whenever used in this policy means an aircraft whose possession is turned over to a firm or individual for a specified period of time, with the owner retaining full title to such aircraft.

DEFINITIONS (Continued...)

“Loss” whenever used in this policy with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to one phalanx of any one finger means complete loss of one entire phalanx; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

“Loss of Use” whenever used in this policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the Accident.

“Member of the Crew” whenever used in this policy means a person assigned to duty in an aircraft during Flight Time, and whose occupation is related to the safety of passengers, the operation and/or the actual flying of the aircraft.

“Member of the Immediate Family” whenever used in this policy means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

“Non-Teaching Employee” whenever used in this policy means a person, residing in Canada, who is directly employed by a participating school board of the Policyholder.

“Nurse” whenever used in this policy means a graduate registered nurse (R.N.) or nurse who is licensed to practice nursing service by a governmental agency having jurisdiction over such licensing. The nurse is neither the Insured Person nor a Member of the Immediate Family and must not ordinarily reside in the Insured Person’s Residence.

“Occupation” whenever used in this policy means the occupation engaged in by the Insured Person for wage or profit immediately prior to the occurrence of any Injury under this policy.

“Parent” whenever used in this policy means the parent, parents or legal guardian of a Student insured under this policy.

“Physician” whenever used in this policy means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) who is licensed to practice medicine by (1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing organization, or (2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

“Regular Care and Attendance” whenever used in this policy means medical treatment to the extent necessary under existing standards of medical practice for the condition causing disability, Hospital confinement or requiring such treatment.

“Residence” whenever used in this policy means the primary dwelling of which the Insured Person is an occupant and the premises on which it is situated.

DEFINITIONS (Continued...)

“**Sickness**” whenever used in this policy means sickness or disease occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim.

“**Student**” whenever used in this policy means a permanent resident of Canada over six months of age, who is presently enrolled with and attending regularly, on a Full-Time basis, any Canadian licensed or registered Day Care, preschool, playschool, kindergarten, elementary or secondary school of a participating school board of the Policyholder, and who has not taken or arranged to take full-time permanent employment. This definition does not apply to home schooled students.

“**Teacher**” whenever used in this policy means a person, residing in Canada, who is directly employed by a participating school board of the Policyholder.

“**Travelling Directly**” whenever used in this policy means any travel that would take the Insured Person directly to or from his Residence and the school along the most normal and reasonable route without delay or stopover.

“**Trip**” whenever used in this policy means any trip limited to a 30-day duration. No coverage is provided under the part titled “Emergency Out-of-Province/Country Accident Benefit” for trips in excess of 30 days.

Whenever a reference to the masculine gender appears in this policy, it will also be construed to include the feminine gender.

Attached to and forming part of Policy Number 100012511

ACCIDENTAL DEATH BENEFIT

If, within 12 months of the date of the Accident, Injury results in the loss of life of an Insured Person, the Company will pay an Accidental Death benefit of \$20,000.00.

The benefit payable under this part will be the only amount payable under this policy, unless benefits are payable under the parts titled "Counselling Benefit" or "Repatriation Benefit".

Double Indemnity

The Company will pay two times the amount applicable if such loss of life occurs while the Insured Person is riding in or on, including boarding or alighting from, any public conveyance operated under a license for the conveyance of passengers for hire or any vehicle owned or leased by a school authority.

In no event will the liability of the Company exceed two times the Accidental Death benefit.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT (CLASS 1, CLASS 2 AND CLASS 3 INSURED PERSONS ONLY)

When Injury to whole or sound teeth requires and first receives treatment by a dentist within 60 days of the Accident, benefits will be paid for customary treatment payable by the Class 1, Class 2 or Class 3 Insured Person or Parent within five years from the date of the Accident. Capped or crowned teeth are considered whole or sound. Maximums payable are based on the fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association or its equivalent as determined by the Company.

If treatment cannot be completed within five years due to the development of a Class 1, Class 2 or Class 3 Insured Person's teeth, the Company will pay up to a maximum of \$1,000.00 per injured tooth for the expense incurred to cap, crown, replace or restore each injured tooth, provided treatment is completed prior to the Class 1, Class 2 or Class 3 Insured Person reaching the age of 26.

Benefits will be paid for dental implants (subject to a maximum of two for any one Accident) required solely as a result of an Accident provided treatment is received within five years following the date of the Accident, subject to a maximum of \$1,250.00 per implant per Accident.

Benefits will be paid for Injury-related orthodontic treatment required as a direct and sole result of an Accident provided the treatment is received within five years from the date of the Accident, subject to a maximum of \$1,500.00 per Accident.

No dental expense will be paid for treatment received outside Canada other than as provided for under the part titled "Emergency Out-Of-Province/Country Accident Benefit".

Where one or more customarily employed and professionally adequate methods of treating an Injury to the teeth exists, the Company will pay an amount equal to the cost of the least expensive treatment.

Attached to and forming part of Policy Number 100012511

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT (CLASS 4 INSURED PERSONS ONLY)

When Injury to whole or sound teeth requires and first receives treatment by a dentist within 60 days of the Accident, benefits will be paid for customary treatment payable by the Class 4 Insured Person within 12 months from the date of the Accident. Capped or crowned teeth are considered whole or sound. Maximums payable are based on the fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association or its equivalent as determined by the Company.

Benefits will be paid for dental implants (subject to a maximum of two for any one Accident) required solely as a result of an Accident provided treatment is received within 12 months following the date of the Accident, subject to a maximum of \$1,250.00 per implant per Accident.

Benefits will be paid for Injury-related orthodontic treatment required as a direct and sole result of an Accident provided the treatment is received within 12 months from the date of the Accident, subject to a maximum of \$1,500.00 per Accident.

No dental expense will be paid for treatment received outside Canada other than as provided for under the part titled "Emergency Out-Of-Province/Country Accident Benefit".

Where one or more customarily employed and professionally adequate methods of treating an Injury to the teeth exists, the Company will pay an amount equal to the cost of the least expensive treatment.

ARTIFICIAL LIMBS, EYES, HEARING AIDS AND OTHER PROSTHETIC APPLIANCES BENEFIT

When Injury results in these appliances being prescribed by a Physician and purchased within three years from the date of the Accident, the Company will pay the cost, subject to a maximum of \$5,000.00 as a result of any one Accident.

If a prosthetic appliance is damaged in an Accident which causes Injury to an Insured Person and the appliance requires commercial repair, the Company will pay the cost of repair, subject to a maximum of \$250.00 for all such repairs during the term of this policy.

CONFINEMENT DISABILITY BENEFIT (CLASS 1, CLASS 2 AND CLASS 3 INSURED PERSONS ONLY)

If, within 30 days from the date of the Accident and as a result of a Class 1, Class 2 or Class 3 Insured Person's Injury, the Class 1, Class 2 or Class 3 Insured Person is continuously confined to home or Hospital while under the Regular Care and Attendance and on the advice of a Physician and unable to attend classes of any type, the Company will pay a benefit of \$500.00 per month, commencing with the 31st day up to a maximum of 36 consecutive months of confinement.

COUNSELLING BENEFIT

Upon the medical advice of the attending Physician and as a result of an Insured Person's death, Injury, or Critical Illness, the Company will pay for an Insured Person or Member of the Immediate Family to undergo counselling performed by a registered psychologist or a professional counsellor, subject to a maximum of \$500.00. Expenses must be incurred within three years from the date of death, Injury or diagnosed Critical Illness.

CRITICAL ILLNESS BENEFIT

If an Insured Person is diagnosed by a Physician with any of the following diseases:

- Acquired Immune Deficiency Syndrome (AIDS)
- Cancer
- Diphtheria
- Encephalitis
- Hemolytic Uremic Syndrome (renal failure resulting from E-coli bacteria)
- Meningitis
- Multiple Sclerosis
- Muscular Dystrophy
- Myocarditis
- Poliomyelitis
- Rabies
- Scarlet Fever
- Tetanus
- Tularemia
- Typhoid

which first manifests while this policy is in force, the Company will pay reasonable expenses actually incurred within three years from the date the disease is first diagnosed for Hospital services: semi-private or private ward accommodation (including rental of television, radio or telephone, subject to a maximum of \$15.00 per day) and the employment of a Nurse or certified nursing aid if requested by the attending Physician, subject to a maximum of \$5,600.00 for all such expenses.

In addition, the Company will pay a commercial accommodation and meal allowance to the Parent of the Insured Person who must leave their Residence to stay with or near the Insured Person, subject to a maximum of \$80.00 per day for a maximum of 30 days for any one illness, provided all receipts are submitted to the Company.

The Company will also pay reasonable travel expenses plus parking costs incurred by the Parent of the Insured Person to visit the hospitalized Insured Person, subject to a maximum of \$500.00 for any one illness, provided all receipts are submitted to the Company.

DENTURES AND ARTIFICIAL TEETH BENEFIT (CLASS 1, CLASS 2 AND CLASS 3 INSURED PERSONS ONLY)

If a Class 1, Class 2 or Class 3 Insured Person's Injury requires and receives treatment by a dentist and results in the breakage of dentures or an artificial tooth or teeth, the Company will pay the actual cost of repair or replacement, subject to a maximum of \$250.00 during the term of this policy.

DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

If, within 12 months of the date of the Accident, Injury results in any of the following losses, the Company will pay for Loss of or permanent and total Loss of Use of:

Both Hands or Both Feet	\$50,000.00
One Hand and One Foot	\$50,000.00
One Hand and the Entire Sight of One Eye.....	\$50,000.00
One Foot and the Entire Sight of One Eye	\$50,000.00
The Entire Sight of Both Eyes.....	\$50,000.00
Speech and Hearing in Both Ears.....	\$50,000.00
One Arm or One Leg	\$20,000.00
One Hand or One Foot	\$15,000.00
The Entire Sight of One Eye	\$15,000.00
Speech or Hearing in Both Ears	\$15,000.00
Entire Thumb and Entire Index Finger of the Same Hand	\$10,000.00

DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY (Continued...)

Thumbs, Fingers, or Toes (Each Entire Thumb, Finger, or Toe)	\$ 1,000.00
One Entire Phalanx of Any One Finger.....	\$ 500.00
Hearing in One Ear	\$ 500.00

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs)	\$40,000.00
Paraplegia (complete paralysis of both lower limbs).....	\$40,000.00
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	\$40,000.00

Indemnity provided under this part will be paid for one of the losses, the greatest, sustained by any one Insured Person as the result of any one Accident, except that when death occurs within 90 days after the date of the Accident, indemnity will only be paid under the part titled “Accidental Death Benefit”.

Benefits paid or payable for any of the above losses will be the only amounts payable under this policy except those benefits payable under the part titled “Artificial Limbs, Eyes, Hearing Aids and Other Prosthetic Appliances Benefit”.

EMERGENCY OUT-OF-PROVINCE/COUNTRY ACCIDENT BENEFIT

When Injury occurs outside an Insured Person’s province of Residence or Canada during a Trip while the policy is in force, and requires Emergency treatment by a Physician or dentist, in addition to any reimbursement items listed in (a) to (i) under the part “Hospital and Paramedical Reimbursement Benefit”, the Company will pay the expense actually incurred, less the amount allowed by any provincial health plan, for out-patient Emergency room charges, standard Hospital ward charges, Physician’s fees, surgeon’s fees, Emergency services of a dentist or dental surgeon, Hospital expenses, and x-rays or laboratory services as may be requested by the attending Physician or dentist, subject to a maximum of \$50,000.00 in Canadian funds with respect to any one Accident.

Reimbursement is payable only for the excess charges over and above any amounts payable or collectable under any provincial medical care or hospital plan or other travel policy. Coverage will be coordinated with any other policy according to the guidelines published by the Canadian Life and Health Insurance Association Inc. (CLHIA).

EMERGENCY TRANSPORTATION BENEFIT

When Injury requires immediate medical attention but does not necessitate an ambulance, the Company will pay the reasonable expense to transport the Insured Person via private vehicle/taxi from the location of the Accident to a Physician’s office or the nearest Hospital, and return to the school or Residence of the Insured Person. If the Injury requires special transportation to and from school following the date of the Accident, the Company will pay the reasonable expense incurred. All benefits payable under this part are subject to a maximum of \$250.00.

EYEGASSES AND CONTACT LENSES BENEFIT

If an Insured Person’s 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.

FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY

If the Insured Person sustains an Injury requiring medical or surgical treatment which results in any of the fractures, dislocations, tendon severances or miscellaneous conditions listed in the following schedule, the Company will pay in accordance with the percentage indicated below up to a maximum of \$1,000.00 for any such occurrence, and not more than one such indemnity, the greatest, will be payable as the result of any one Accident. In the event of compound, comminuted or bi-lateral fractures, the amount payable will be doubled.

For complete fracture (including Greenstick type fracture) of:

Skull (depressed)	100%
Skull (not depressed)	33%
Spine (one or more vertebrae)	50%
Jawbone (mandible or maxilla)	33%
Thigh (femur)	33%
Pelvis	33%
Knee cap	27%
Lower leg	25%
Shoulder blade	25%
Ankle (small bones)	25%
Wrist (small bones)	25%
Forearm	12%
Sacrum or coccyx	17%
Sternum	17%
Arm, between the elbow and shoulder	17%
Collarbone	12%
Nose	12%
Two or more ribs	10%
One hand (one or more metacarpal)	10%
One foot (one or more metatarsal)	10%
Facial bones	10%
One rib	10%
Any bone not specified above	10%

For complete dislocation of:

Hip	42%
Knee (with open primary repair)	33%
Shoulder (with open reduction)	25%
Wrist	17%
Ankle	17%
Elbow	12%
Bones of foot, other than toes	10%

**FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY
(Continued...)**

Severance of tendon or tendons of:

Heel (Achilles)	22%
Ankle	20%
Knee.....	18%
Foot (excluding toes).....	17%
Elbow.....	17%
Wrist	12%
Hand (including fingers).....	12%

Miscellaneous:

Ruptured kidney (operative).....	27%
Ruptured liver (operative)	27%
Ruptured spleen (operative)	27%
Punctured lung (with open surgery)	23%
Burns (requiring one or more skin grafts)	22%
Knee (injured and requiring surgery when there is no fracture or dislocation).....	22%
Bone operation (injured portion removed when there is no fracture or dislocation).....	20%
Eye surgery	20%
Emergency surgery requiring general anaesthetic (excluding dental surgery).....	20%

HOSPITAL AND PARAMEDICAL REIMBURSEMENT BENEFIT

When an Insured Person under the Regular Care and Attendance of a Physician, and as a result of Injury, requires and first receives treatment within 30 days from an Accident, the Company will pay the reasonable expenses actually incurred in Canada except as otherwise provided under the part titled “Emergency Out-Of-Province/Country Accident Benefit” within three years from the date of the Accident for:

- (a) Hospital services: semi-private or private ward accommodation (including rental of television, radio or telephone, subject to a maximum of \$15.00 per day);
- (b) licensed ground ambulance service including instances involving Sickness and other non-Injury emergencies, subject to a maximum of \$1,000.00 as a result of such Sickness or other non-Injury emergency;
- (c) the employment of a Nurse or certified nursing aid if requested by the attending Physician;
- (d) treatment by a licensed chiropractor or osteopath, subject to a maximum of \$1,000.00;
- (e) treatment by a licensed physiotherapist or registered massage therapist when requested by the attending Physician, subject to a maximum of \$1,000.00;
- (f) rental of crutches and appliances, wheelchair, or hospital-type bed (limited to purchase price);
- (g) prescription drugs;

Attached to and forming part of Policy Number 100012511

HOSPITAL AND PARAMEDICAL REIMBURSEMENT BENEFIT (Continued...)

- (h) splints (including cast and cast materials), trusses, pressure garments and braces requested by the attending Physician for curative or therapeutic purposes only (braces are limited to one purchase only with respect to any one Injury); and
- (i) medical supplies for the purpose of dressing changes when prescribed by the attending Physician, subject to a maximum of \$500.00.

PERMANENT TOTAL DISABILITY (CLASS 1, CLASS 2 AND CLASS 3 INSURED PERSONS ONLY)

If Injury totally and permanently disables the Class 1, Class 2 or Class 3 Insured Person within 120 days of the date of the Accident, the Company will pay \$50,000.00. Total and permanent disability must continue for 12 consecutive months, must be total, continuous and permanent at the end of the 12 months, and must prevent the Class 1, Class 2 or Class 3 Insured Person from ever engaging in any occupation or employment for compensation or profit.

Benefits paid or payable under this part will be reduced by the amount payable under any other part of this policy for the same Injury.

PRIVATE TUITION EXPENSE (CLASS 1, CLASS 2 AND CLASS 3 INSURED PERSONS ONLY)

If Injury results in a disability within 100 days of the Accident which confines the Class 1, Class 2 or Class 3 Insured Person to home or Hospital for 30 consecutive days, the Company will pay for a qualified teacher's private tutorial service, subject to a maximum of \$40.00 per hour. In addition, the Company will pay the labour charges, wiring and rental of communication equipment to provide tutorial service from the school to home or Hospital. Approval must be obtained from the proper school authority. All benefits payable under this part are subject to a maximum of \$2,500.00.

REHABILITATION BENEFIT

If Injury requires an Insured Person to be trained in a special occupation, the Company will pay the necessary expense during the three years following the Accident, subject to a maximum of \$5,000.00, for special training. Payment will not be made for travelling or clothing expenses, room, board, or other ordinary living expenses.

REPATRIATION BENEFIT

If Injury results in an Insured Person's loss of life outside his province of Residence within 12 months of an Accident, the Company will pay the expense incurred for preparing the deceased for burial or cremation and transportation to the deceased's city of Residence, subject to a maximum of \$5,000.00.

Travelling expenses will be paid for a Member of the Immediate Family to identify the Insured Person's remains up to a maximum of \$100.00 per day, subject to maximum of \$500.00.

SPECIAL TREATMENT TRAVEL BENEFIT

If Injury requires special medical or dental treatment by a Physician or dentist that is unavailable within a 160 kilometer radius of the Insured Person's Residence, the Company will pay the reasonable travel expense to obtain it. If the Insured Person's age necessitates an escort, the escort will be paid for reasonable travel expenses plus up to a maximum of \$80.00 per day for commercial accommodation and meals, provided all receipts are submitted to the Company. All benefits under this part are payable for 12 months from the date of the Accident and are subject to a maximum of \$2,500.00.

If Injury requires special medical or dental treatment by a Physician or dentist that is unavailable within an 80 to 160 kilometer radius of the Insured Person's Residence, the Company will pay the reasonable fuel expense to obtain it. Such fuel expense is payable for 12 months from the date of the Accident and is subject to a maximum of \$1,000.00.

LIMITED AIR TRAVEL COVERAGE

Insurance provided under this policy 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, this policy 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, Leased or Chartered by the Policyholder or a participating school board of the Policyholder..

EXCLUSIONS AND LIMITATIONS

This policy does not cover loss, fatal or non-fatal, caused by or resulting from:

- (a) Sickness or disease either as a cause or effect except as otherwise provided;
- (b) suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- (c) Injury for which there are expenses incurred for a brace or similar device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;
- (d) Injury for which there are expenses incurred for mouthguards or treatment of Temporal Mandibular Joint (TMJ) dysfunction, whatever the cause;
- (e) Injury resulting from repetitive/strenuous activity (i.e., overexertion, strains, etc.);
- (f) declared or undeclared war or any act thereof;
- (g) active full-time service in the armed forces of any country;

EXCLUSIONS AND LIMITATIONS (Continued...)

- (h) Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage";
- (i) Injury for which compensation is payable under any Workers' Compensation Act or similar legislation, except in the case of "Accidental Death Benefit", "Dismemberment and Specific Loss Indemnity" and "Permanent Total Disability".

No benefits or expenses are payable under this policy for treatment or services which are insured services or basic health services (i.e., Physician's fees) under the provincial medical care or Hospital plan applicable to an Insured Person whether or not that Insured Person is covered thereunder.

Benefits payable for dental expense shall be for excess of expenses paid, payable or insured under any government sponsored dental care plan or other dental plan or policy.

If an Insured Person is entitled to similar reimbursement benefits through any other insurer or plan, the benefits payable under this policy shall be coordinated, so that the total benefits from all insurers or plans shall not exceed the actual loss incurred.

All amounts and maximums described in this policy are in Canadian dollars. Any amounts payable to or from the Company are in Canadian dollars.

An Insured Person cannot be covered under more than one Blanket Student Accident policy. In the event an Insured Person is enrolled under more than one Blanket Student Accident policy issued to different Policyholders, benefits with respect to any one Accident will only be payable under one such policy.

EXPOSURE AND DISAPPEARANCE

If, as the result of an Accident, an Insured Person is unavoidably exposed to the elements and if, as a result of such exposure and within 12 months after the date of the Accident, the Insured Person suffers a loss for which indemnity would otherwise have been payable hereunder, such loss will be deemed to be the result of Injury.

Where, due to the Accidental wrecking, sinking or disappearance of a conveyance in which an Insured Person was riding, the Insured Person disappears, and if the body of the Insured Person is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that the Insured Person suffered loss of life as a result of Injury.

TERMINATION OF POLICY

This policy may be terminated by the Company or by the Policyholder by one giving to the other 30 days notice in writing of such intention to terminate, delivered personally or sent by registered mail to the latest address of the Company or the Policyholder, as the case may be and thereupon, the policy will cease on the expiration of such 30 days. This policy may be terminated by the Company forthwith provided such cancellation is given in writing, delivered personally or sent by registered mail to the latest address of the Policyholder in the event of failure by the Policyholder to remit premiums to the Company as and when due.

Attached to and forming part of Policy Number 100012511

EFFECTIVE DATE OF INSURANCE OF AN INSURED PERSON

Each person who is eligible for insurance under this policy shall become an Insured Person on the later of:

- (a) the effective date of this policy;
- (b) the date he becomes an eligible person, as specified in Section 1 of the Schedule.

TERMINATION OF INSURANCE OF AN INSURED PERSON

Insurance with respect to each Insured Person will immediately terminate on the earliest of the following dates:

- (a) the date this policy is terminated;
- (b) the premium due date if the participating school board of the Policyholder fails to pay the required premium for an Insured Person, except as the result of an inadvertent error;
- (c) the date an Insured Person reaches 70 years of age;
- (d) the date an Insured Person ceases to be associated with the participating school board of the Policyholder in a capacity making such person eligible for insurance hereunder.

INADVERTENT ERROR

The insurance of an Insured Person will not be prejudiced by the failure on the part of the Policyholder to transmit reports or comply with any of the provisions of this policy when such failure is due to inadvertent error or clerical mistake. This clause does not apply to claims reporting. Claims must be reported within the time frame specified in "Notice and Proof of Claim" under the part titled "General Provisions".

GENERAL PROVISIONS

THE CONTRACT

This policy, including the endorsements, insertions, riders or attachments, if any, and the application for the contract if attached to the policy, constitutes the entire contract and no agent has authority to change the contract or waive any of its provisions.

CONFIDENTIALITY OF INFORMATION

The Policyholder acknowledges that all information provided to the Company in connection with an application for insurance or insurance coverage of a person will be treated as confidential.

GENERAL PROVISIONS (Continued...)

CONFIDENTIALITY OF INFORMATION (Continued...)

The Company and the Policyholder are obliged to comply with legislation relating to the collection, retention, use and disclosure of personal information about policyholders, certificate holders and personnel. The Policyholder acknowledges receipt of the Company's Privacy Policy ("the Privacy Policy") attached as Appendix 1, setting out the Company's standards in dealing with personal information and agrees to manage any personal information held by it on behalf of the Company in a manner consistent with the Privacy Policy. Additionally, the Policyholder agrees to abide by any privacy procedures relevant to it provided by the Company from time to time. Such procedures are intended to implement the principles set out in the Privacy Policy.

WAIVER

The Company will be deemed not to have waived any conditions of this contract, either in whole or in part, unless the waiver is clearly expressed in writing and signed by a duly authorized officer of the Company.

POLICY REPLACEMENT - BENEFICIARY

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 Person.

NOTICE AND PROOF OF CLAIM

The Insured Person or his agent, or a beneficiary entitled to make a claim or his agent, will

(a) give written notice of claim to the Company:

- (i) by delivery thereof, or by sending it by registered mail to the Division Headquarters or chief agency of the Company in the province, or
- (ii) by delivery thereof to an authorized agent of the Company in the province,

not later than 30 days from the date of the Accident or the date of diagnosis for the "Critical Illness Benefit";

(b) within 90 days from the date of the Accident or the date of diagnosis for the "Critical Illness Benefit" for which the claim is made, furnish to the Company such proof of claim as is reasonably possible in the circumstances of the happening of the Accident or Sickness, and the loss occasioned thereby; and

(c) if so required by the Company, furnish a satisfactory certificate as to the cause or nature of the Accident or Sickness for which the claim may be made under the contract.

FAILURE TO GIVE NOTICE OR PROOF

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 12 months from the date of the Accident, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

GENERAL PROVISIONS (Continued...)

CLAIM FORMS

The Company, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant will be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

TIME OF PAYMENT OF CLAIMS

Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS

All monies payable under this policy by the Company will be paid in the currency in which premiums are paid.

PHYSICAL EXAMINATION AND AUTOPSY

The Company at its own expense will have the right and opportunity to examine the person of any individual whose Injury or covered disease is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

INSPECTION OF RECORDS

The Policyholder will, from time to time, whenever requested by the Company during the term of this policy and for 12 months after its expiration, permit the Company to inspect all records of the Policyholder relating to this policy and all Insured Persons hereunder.

LEGAL ACTION

No action at law or in equity will be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action will be brought after the expiration of 12 months (two years in Alberta and British Columbia, and three years in Quebec) after the time written proof of loss is required to be furnished.

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.

APPENDIX 1

PRIVACY POLICY FOR iA FINANCIAL GROUP

iA Financial Group is composed of Industrial Alliance Insurance and Financial Services Inc. and its subsidiaries (“iA”). iA is committed to protecting its clients’, employees’ and representatives’ (the “Individual’s”) privacy, and to ensuring the confidentiality of the personal information provided to iA in the course of its business.

iA’s Privacy Policy sets out the standards for collecting, using, disclosing and storing Individual’s personal information. iA’s Privacy Policy also explains how iA safeguards the Individual’s personal information and right to access that information.

PERSONAL INFORMATION

Personal Information is any information about an individual that identifies him, such as financial, lifestyle or health information, but not their name, or business title, address, telephone and email.

Personal information has to be protected regardless of its characteristics or its form, whether written, graphic, audio, visual, computerized or any other form.

PURPOSE OF INFORMATION COLLECTION

Collecting information about an Individual is necessary in order for iA to provide the Individual with high quality services. The nature and sensitivity of the information iA collects about an Individual varies according to the services iA provides the Individual and to legal requirements imposed on iA (such as information required for tax purposes).

The purposes for which iA collects personal information about an Individual are identified at or before the time of collection. For example, information may be collected while submitting an application, opening an account, or submitting a claim.

Purposes for collecting information generally include providing products or services requested, confirming the Individual’s identity, protecting against fraud, or dealing with matters concerning the relationship between iA and the Individual.

CONSENT

When iA obtains personal information from an Individual, iA initially requires the Individual’s consent to collect, use or disclose the information for the purposes specified. iA will obtain the Individual’s consent for any additional use, disclosure or collection, or if the purpose is changed.

iA generally seeks the Individual’s express written consent in order to collect, use or disclose personal information. Where appropriate, iA may accept the Individual’s verbal consent. Occasionally, iA may imply consent where iA can infer consent from the Individual’s action or inaction.

Consent must be given by the Individual or the Individual’s authorized representative such as a legal guardian or a person having a power of attorney.

APPENDIX 1 (Continued...)

PRIVACY POLICY FOR iA FINANCIAL GROUP (Continued...)

CONSENT (Continued...)

The Individual may withdraw his consent at any time, subject to legal or contractual restrictions. iA will inform the Individual of the consequences of such withdrawal, including the possibility that iA may not be able to provide a product or process a request. If the Individual chooses to withdraw his consent, iA will record the decision in its file.

In limited circumstances, iA may collect, use or disclose personal information without the Individual's knowledge and consent. This occurs when legal, medical, or security reasons may make it impossible or impractical to seek consent, or when information is being collected for the investigation of a potential breach of contract, the prevention or detection of fraud, or for law enforcement purposes.

LIMITS TO COLLECTION, USE AND DISCLOSURE

iA only collects the personal information iA needs directly from the Individual or from a third party where the Individual allows iA to collect the information. iA cannot use an Individual's personal information for other purposes without his consent or disclose the Individual's personal information to anyone except with the Individual's consent.

iA may however collect, use or disclose the Individual's personal information without the Individual's consent as permitted or required by law.

iA will limit the collection, use and disclosure of the Individual's personal information to the purposes iA has identified to the Individual. The Individual's personal information is only accessible to certain authorized persons, and only to the extent necessary to perform their duties.

iA will occasionally share the Individual's personal information with service providers or agents to ensure the proper administration of products, or to provide the Individual with the services the Individual requires. In certain circumstances, iA may use service providers outside Canada, including the United States. iA is responsible for the service provider's compliance with privacy legislation, and will ensure that the level of protection of personal information is comparable to that provided by iA.

The Individual has the right to know, on request, to whom the information was disclosed. Only in rare instances is iA prevented by law from making such disclosure. iA maintains accurate records, recording to whom iA disclosed personal information and in what circumstances it was disclosed.

SHARING PERSONAL INFORMATION

iA may establish a list of clients (names, addresses and telephone numbers) and share this list with companies within iA Financial Group. The Individual may request that his name be removed from such a list by writing to the Privacy Officer at the address provided below.

With the Individual's consent, iA may also share the Individual's personal information with companies within iA Financial Group in order to know the Individual better, better meet the Individual's needs and offer the best possible service and client experience. If the Individual does not want to receive such offers for products and services, the Individual may choose not to provide consent.

iA does not sell the Individual's personal information to third parties.

APPENDIX 1 (Continued...)

PRIVACY POLICY FOR iA FINANCIAL GROUP (Continued...)

ACCURACY

iA makes every possible effort to ensure that an Individual's personal information is as accurate and complete as necessary for the purposes it is collected, used, or disclosed.

RETENTION

iA only retains the Individual's personal information for as long as needed for the purposes that it was collected. iA must destroy this information in accordance with the law and iA's file retention guidelines. When iA destroys an Individual's personal information, iA makes sure that confidentiality is secured and that no unauthorized person can access the information during the destruction process.

ACCOUNTABILITY

iA is responsible for the Individual's personal information in iA's possession or control, including information that may be transferred by iA to third parties for processing. iA requires such third parties to keep personal information under strict standards of privacy and protection.

iA adheres to legislated and self-imposed rules, aimed to safeguard the Individual's privacy. iA's Privacy Officer is responsible for the oversight of this Privacy Policy and processes and procedures that iA has, to protect the Individual's personal information. Additional rules are established in a code of conduct, market conduct standards as well as insurance industry guidelines and applicable law.

iA's staff is trained on these processes and procedures and is provided with information about privacy laws.

SAFEGUARDS

iA has implemented and continues to implement rigorous safeguards so that the Individual's personal information remains strictly confidential and is protected against loss or theft, as well as unauthorized use, disclosure, access, copying, or modification.

Protection methods include organizational measures such as requiring security clearances and limiting access to a "need-to-know" basis, physical measures (e.g. building access cards for employees, visitor registration and identification cards, off-site backups and archiving), and technological measures such as the use of passwords and encryption (e.g. the use of firewalls and routinely changing passwords).

REQUEST FOR ACCESS TO INFORMATION AND AMENDMENTS

An Individual has the right to be informed whether iA holds personal information about him and to see that information. The Individual also has the right to enquire as to how iA collected the information, how iA used it and to whom it may have been disclosed.

This information will be provided to the Individual within a reasonable time from the date iA receives the Individual's written request. iA may charge a reasonable fee for processing the Individual's request.

APPENDIX 1 (Continued...)

PRIVACY POLICY FOR iA FINANCIAL GROUP (Continued...)

REQUEST FOR ACCESS TO INFORMATION AND AMENDMENTS (Continued...)

In certain limited and specific circumstances, iA may refuse to provide to the Individual the requested information. Exceptions to the Individual's access right can include information that contains references to other individuals, information that cannot be disclosed for legal, security or commercial proprietary reasons, information that has been obtained in the course of an investigation of a potential breach of contract or fraud, information that is prohibitively costly to provide, and information that is subject to litigation or other privilege.

In cases where iA holds medical information about the Individual, iA may refuse to provide the Individual with direct access to this information and may instead request that a health care professional be designated to provide the information to the Individual.

The Individual may challenge the accuracy and completeness of his personal information. iA will respond to an amendment request within a reasonable time.

Any request for access to information or request for an amendment may be sent to the following address:

Privacy Officer
iA Financial Group
1080 Grande Allée West
PO Box 1907, Station Terminus
Québec (Québec) G1K 7M3
Email: PrivacyOfficer@ia.ca

COMPLAINTS AND CONCERNS

iA's employees and representatives are trained to respond to questions or concerns about personal information. Should an Individual be unsatisfied with an iA employee's or representative's response, the Individual may contact the Privacy Officer at the address mentioned above.

In addition, any complaint concerning the protection of personal information should be addressed to the Privacy Officer.

REVIEW OF THE POLICY

This Policy shall be reviewed every three years. It shall also be reviewed whenever there are substantive changes to legislative or regulatory requirements.

SCHEDULE

Section 1 - Insured Persons - The following persons or categories of persons are Insured Persons under this policy:

Classification of Insured Persons	<u>Name or Category of Insured Persons</u>
Class 1	Full-Time Students of a participating school board of the Policyholder under age 70 for whom the appropriate premium has been paid, excluding foreign exchange Students, international Students, Class 2 and Class 3 Insured Persons.
Class 2	Full-Time Students of a participating school board of the Policyholder under age 70 for whom the appropriate premium has been paid, excluding foreign exchange Students, international Students, Class 1 and Class 3 Insured Persons.
Class 3	Full-Time Students of a participating school board of the Policyholder under age 70 for whom the appropriate premium has been paid, excluding foreign exchange Students, international Students, Class 1 and Class 2 Insured Persons.
Class 4	Teachers and Non-Teaching Employees of a participating school board of the Policyholder under age 70 for whom the appropriate premium has been paid.

Section 2 - Premium - The premium for the initial term of this policy is calculated at the following rates, subject to a minimum retained policy premium of \$1,000.00 *per participating school board*:

- Class 1 - \$1.05 per Insured Person per annum
- Class 2 - \$1.60 per Insured Person per annum
- Class 3 - \$4.80 per Insured Person per annum
- Class 4 - \$1.05 per Insured Person per annum

Section 3 - Description of Hazards - The hazards against which insurance is provided under and subject to the provisions of this policy for each classification of Insured Persons are defined as follows:

- | | |
|---------|--|
| Class 1 | Injury sustained by the Insured Person while: <ul style="list-style-type: none">(a) in or on school buildings or premises by reason of attending classes on any regular school day;(b) in attendance at or participating in any school activity approved and supervised by proper school authority; |
|---------|--|

SCHEDULE (Continued...)

Section 3 - Description of Hazards (Continued...)

- Class 1 (Continued...) (c) Travelling Directly to or from any regularly scheduled and approved school activity under the direction or supervision of a proper school authority;
- (d) Travelling Directly to or from the Insured Person's Residence and school for the purpose of attending classes or participating in any school sponsored activity.

Class 2 Injury sustained by the Insured Person:

- (a) from 12:01 a.m. to 12:00 midnight on each day the Policyholder establishes as a day Students are required to attend classes at the school, including summer school if the Student is enrolled, and professional development days;
- (b) while in attendance at or participating in any school activity approved and supervised by proper school authority;
- (c) while Travelling Directly to or from any regularly scheduled and approved school activity under the direction or supervision of a proper school authority;
- (d) while Travelling Directly to or from the Insured Person's Residence and school for the purpose of attending classes or participating in any school sponsored activity.

Class 3 Injury sustained by the Insured Person while this policy is in force.

Class 4 Injury sustained by the Insured Person while performing the normal and regular duties of his Occupation during the course of his employment with the participating school board of the Policyholder.

Section 4 - Beneficiary - Benefits payable in the event of the loss of life of an Insured Person are payable to the Parent or guardian where a minor, otherwise to the estate of the Insured Person. All other indemnities payable are payable to the Parent or guardian where a minor, otherwise to the Insured Person.