



TRAVELANCE

YOUR PEACE OF MIND, OUR PROMISE

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Student Accident Plan

Effective October 2016



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STUDENT ACCIDENT PLAN

A. 10 DAY RIGHT TO EXAMINE

Please take the time to read this **Policy** and the **Confirmation of Coverage** that is sent to you. If you have any questions you may contact your agent. You may cancel this **Policy** within **10 days** of the date on the **Confirmation of Coverage** for a full refund, if there is no claim in process.

B. READING THIS POLICY

Capitalized and bolded words in this **Policy** are defined terms whose definition appears in **Section H** – Policy Definitions.

C. WHO IS ELIGIBLE FOR COVERAGE?

A person who resides in Canada, excluding the province of Quebec, and is:

- a) over **6 months** of age and under **14 years** of age on the date of purchase; OR
- b) over **13 years** of age and under **26 years** of age on the date of purchase and who is a full-time student, which we define as being enrolled in a minimum of **3** concurrent courses.

D. PERIOD OF COVERAGE

Coverage under this **Policy** begins on the date and time the application and the required premium is received by Old Republic Insurance Company of Canada or its authorized representative;

Coverage continues until the earlier of:

- a) the expiration date shown on the **Confirmation of Coverage**; or
- b) the date the **Insured** ceases to be a full-time student as defined in **Section C**.

This Policy is in effect **24 hours** per day, every day during the Period of Coverage.

E. WHAT THIS POLICY COVERS

This **Policy** will pay the benefits described in **Section G**, which arise from **Injuries** sustained by the **Insured** as a result of an **Accident** that occurs during the Period of Coverage. The benefits for dread disease, counselling, out of province/country emergency medical and the travel benefits are payable as described whether or not an **Accident** has occurred.

All benefits payable are subject to the Conditions & Limitations described in **Section I** and the Exclusions described in **Section F**.

F. EXCLUSIONS

No benefit is payable under this Policy for:

1. any loss resulting from any intentionally self inflicted injury while sane or insane;
2. **Sickness**, except as described in the Dread Disease Benefit, Counselling Benefit, Out of Province/Country Emergency Medical Benefit and Travel Benefits;
3. purchase, repair or replacement of eyeglasses, contact lenses, orthotic devices, trusses, braces or prescriptions thereof (except as otherwise provided herein);
4. any loss resulting directly or indirectly, wholly or partially from any of the following causes:
 - a) the **Insured's** or a beneficiary's commission or attempt to commit a wilful, criminal or malicious act;
 - b) the **Insured's** abuse of drugs or medications, use of illicit drugs or a blood alcohol level in excess of 80 milligrams of alcohol in 100 millilitres of blood.

G. ACCIDENT BENEFITS

1. Total and Permanent Disability - \$350,000

When an **Injury** results in the **Total and Permanent Disability**, but not loss of life of the **Insured**, the **Company** shall pay the maximum benefit, less any amount paid/payable under any other benefit of this **Policy**, subject to the following provision: the **Insured** must be judged by **Competent Medical Authorities** to have a **Total and Permanent Disability**. No benefit is payable under this provision if the **Insured** dies within **12 months** after the **Accident** or prior to being so judged, whichever is later.

2. Accidental Death - \$30,000

The death benefit is payable when death occurs as the result of an **Injury**, as defined in this **Policy**. This benefit is increased to **\$50,000** if the **Insured** dies as a result of an **Injury** sustained while riding as a fare paying passenger (not as a pilot, operator or crew member) on an aircraft maintained by a **Scheduled Airline**.

3. Double Indemnity Accidental Death

The amount of indemnity for death will be doubled if death arises from an **Accident** which occurs while riding, boarding or alighting from any school vehicle owned or leased by a proper school authority or any bus, streetcar or subway coach.

4. Dismemberment or Loss of Use

When an **Injury** does not result in death of the **Insured** within **90 days** after the occurrence of the **Accident**, but does result in any of the following losses within **365 days** of the **Accident**, the **Company** will pay the benefit listed for any one of the **Injuries** described in the chart below. If more than one **Injury** described is suffered in the same **Accident**, only the greatest benefit is payable, less any amount previously paid/payable under any other benefit of this **Policy**. Only amounts paid under the prosthetic appliances benefit will not be deducted from this benefit. For this benefit to be payable, proof must be submitted from **Competent Medical Authorities** that the dismemberment or loss of use is permanent and has been continuous for a period of **12 months** from the date of the **Accident** causing the **Injury**.

Dismemberment or Loss of Use:	Benefit
both hands or both feet at or above wrists or ankles	\$ 150,000
one hand and one foot at or above wrist or ankle	\$ 150,000
one hand or one foot at or above wrist or ankle and the entire sight of one eye	\$ 150,000
the entire sight of both eyes	\$ 150,000
one arm at or above elbow or one leg at or above knee or hearing in both ears or speech	\$ 45,000
one hand at or above wrist or one foot at or above ankle, or the entire sight of one eye	\$ 30,000
thumb and index finger at or above the metacarpal-phalangeal joint	\$ 15,000
one or more entire fingers or entire thumb at or above the metacarpal-phalangeal joint or all the entire toes of one foot	\$ 1,500
part of any one finger or thumb (complete severance at or above the proximal interphalangeal joint	\$ 450
one entire phalanx of any one finger or one or more toes	\$ 150

5. Extended Hospital Expense – Unlimited

If within **30 days** of an **Accident**, and as a result of that **Accident**, an **Insured** is confined to **Hospital** in excess of **24** consecutive hours the **Company** will reimburse the actual expenses paid for a private or semi-private room for the duration of the confinement. Also included is the rental of a telephone and television up to a combined limit of **\$25** per day for each day of **Hospital** confinement. This benefit is payable for a maximum confinement of **365 days**. This benefit is not available to anyone not covered by a **GHIP**.

6. Accident Medical and Rehabilitation Expenses – Up to \$2,000

If an **Insured** requires **Treatment** of an **Injury** within **30 days** of an **Accident** from any of the listed providers, the **Company** will pay reasonable and necessary medical expenses not covered by a **GHIP** up to **\$50** per visit for the expenses incurred within **3 years** from the date of the **Accident**. Payment to all providers is limited to a combined maximum of **\$500** per **Accident**. The provider(s) must be a legally qualified: chiropractor, osteopath, physiotherapist (excluding athletic therapy), or registered nurse.

The **Company** will also pay the expense for one purchase per any one **Injury** for any of the following devices: crutches, splints, orthotic devices, trusses, braces, rental of wheel chair or **Hospital** bed, prescription drugs, and cast of any type. A splint, brace or orthotic device used for non-therapeutic purposes or solely for participation in sports or other leisure activities is not covered.

7. Dental Accident Reimbursement

The **Insured** is covered if a dental **Injury** to a whole or sound tooth/teeth manifests itself and receives required dental **Treatment** within **60 days** of an **Accident**. The **Company** will pay the reasonable and necessary expenses required for dental **Treatment** of the injured tooth/teeth that is completed within **10 years** from the date of the **Accident** (**1 year** if age **19** and over). If dental development of the Insured child is insufficient to complete the **Treatment** within **10 years** from the date of the **Accident**, a report from the attending **Dentist** must be submitted to the **Company** within **90 days** from the date of the **Accident**. This report must explain the dental **Injury** sustained and the reason for the delay in completion of the **Treatment** beyond **10 years** from the date of the **Accident**. All dental **Treatment** payable under this benefit is limited to only those teeth that sustained an **Injury** which first manifested itself within **60 days** of the **Accident**. The amount payable after **10 years** is limited to **\$1,500** per tooth.

Orthodontic **Treatment** required due to **Accident** related dental **Injuries** and received within the time limits indicated in the above will be paid up to a maximum of **\$1,500** per **Accident**.

The following provisions apply to all payments arising out of the Dental **Accident** benefit:

- any payment made under this benefit shall be made in accordance with the current Fee Guide for General Practitioners published by the Dental Association at the time of **Treatment** in the **Insured's** province or territory of residence, subject to the limits as stated above.
- capped or crowned teeth shall be considered as whole or sound teeth.
- Insureds** age **19** and over: All necessary dental work must be completed within **1 year** from the date of the **Accident**.
- no benefit is payable for replacement, adjustment or repair of artificial teeth or dentures, except as otherwise provided, or for any dental **Treatment** provided solely for cosmetic or esthetic reasons.
- where there exists more than one customarily employed and professionally adequate method of treating an **Injury** to the teeth, the **Company** will pay an amount equal to the cost of the least expensive **Treatment**.

8. Dread Disease – Up to \$12,000

These benefits are payable if any one of the listed diseases is first diagnosed during the Period of Coverage. The diseases are: AIDS (Acquired Immune Deficiency Syndrome), Diphtheria, Encephalitis, Cancer, Cardiomyopathy, Haemolytic Uremic Syndrome (Renal failure caused solely by E-coli Bacterial infection), Leukaemia, Meningitis, Muscular Dystrophy, Multiple Sclerosis, Myocarditis, Necrotizing Fasciitis, Poliomyelitis, Rabies, Scarlet Fever, Tetanus, Tularaemia and Typhoid.

If an **Insured** suffers from a named dread disease and requires the employment of a licensed nurse, the **Company** shall pay the expenses incurred to a maximum of **\$9,000** for such employment.

The **Company** will also pay: a) the cost of commercial lodging, laundry expenses, and meals, at the rate of **\$100** per day to a maximum of **\$2,500** should the attending **Physician** advise that the parent or legal guardian leave their usual place of residence to stay closer to the **Insured** with respect to any one illness; and, b) up to **\$500** for parking or other incidental expenses with regard to this benefit. Expenses under this benefit must be incurred within **3 years** from the date the disease is first diagnosed by a **Physician**.

9. Counselling – Up to \$750

If as a result of the **Insured's** death, dismemberment, or dread disease as described in this **Policy**, a **Physician** recommends counselling for the **Insured**, his/her parents and/or siblings by a licensed psychologist, the **Company** will pay the cost of such counselling up to a combined total maximum of **\$750**.

10. Confinement Disability – Up to \$21,000

Beginning on the date of an **Accident**, if the Insured requires continuous uninterrupted confinement to **Hospital** or home (other than the attendance of medical appointments), the **Company** will pay **\$500** per month for each month of continuous confinement beginning on the **31st day** after the **Accident**. This benefit is payable each month for a maximum of **42 months** and is payable only for the initial confinement. It is not payable if

subsequent confinements result from the same **Accident**. To qualify for this benefit the **Insured** must be under the regular care and attendance of a **Physician** for the period of confinement.

11. Special Training – Up to \$6,000

If an **Accident** causes **Injury** to the **Insured** which requires the **Insured** to undergo special training to be qualified to engage in an occupation in which he/she would not have engaged except for such **Injury**, the **Company** will pay a maximum of **\$6,000** towards that training providing the expense is incurred within **3 years** from the date of the **Accident**. Included in this benefit is coverage for required meals and accommodation to a maximum of **\$150** per day if the special training is outside the **Insured's** city/town of residence. This Special Training Benefit is limited to a total maximum of **\$6,000**.

12. Special Treatment Travel Expense – Up to \$3,000

If, within **1 year** from the date of an **Accident**, an **Injury** requires special **Treatment** that cannot be obtained within a **160 km** radius of the **Insured's** residence, the **Company** will pay up to a maximum of **\$60** per day for travel and other necessary expenses. This benefit is limited to a maximum of **\$3,000**.

13. Family Transportation – Up to \$1,000

If the **Insured** is Hospitalized as a result of an **Accident** and the attending **Physician** advises that the attendance of a parent or legal guardian is necessary, the **Company** will pay up to **\$1,000** for the reasonable cost of transportation by economy class on a commercial carrier.

14. Tutoring – Up to \$6,000

If, within **90 days** of an **Accident**, and as a result of that **Accident**, the **Insured** is confined to their residence for a period in excess of **30 days**, the **Company** shall pay the expenses incurred within **6 months** of the **Accident** for tutorial services provided by a qualified teacher holding a current Provincial Ministry of Education Teaching Certificate at a rate not to exceed **\$30** per hour. The **Company** will also pay for the rental of necessary equipment and required program software as suggested and approved by the Board of Education in which the **Insured** is in attendance. All coverage under this benefit is limited to a total of **\$6,000**.

15. Dentures and Hearing Aids – Up to \$300

If an **Injury** to the **Insured** requires and receives **Treatment** by a **Physician** or **Dentist** within **30 days** from the date of the **Accident** and results in the breakage of dentures, hearing aids, or a removable artificial tooth or teeth of the **Insured**, the **Company** will pay the cost of replacement or repair of these devices up to a maximum of **\$300** per **Accident**.

16. Prosthetic Appliances – Up to \$5,500

If prescribed by a **Physician** and purchased within **3 years** from the date of an **Accident**, the **Company** will pay for artificial limbs, eyes and/or hearing aids up to a maximum of **\$5,500** for each **Injury** resulting in a loss requiring such an appliance. Repairs, adjustments or replacement of same are limited to **\$300** per **Accident**.

17. Special Clothing – Up to \$400

If as the result of an **Injury**, the attending **Physician** advises the purchase of special protective clothing, the **Company** will pay up to **\$400** in respect of all such purchases.

18. Emergency Transportation

The expense of a ground ambulance is covered to transport an **Insured** to the nearest medical facility as a result of an **Accident**.

If an **Accident** occurring on school premises requires immediate medical **Treatment**, the **Company** will pay up to **\$350** for a taxi or the reasonable alternative travel expense incurred per kilometre, as defined by Revenue Canada, in transporting the **Insured** to the nearest appropriate medical facility.

19. Eyeglasses and Contact Lenses – Up to \$300

If an **Injury** occurs which requires and receives **Treatment** by a **Physician**, **Dentist**, or registered nurse within **30 days** of the **Accident**, the **Company** will pay up to **\$300** for the replacement or repair of eyeglasses or contact lenses belonging to the **Insured** that were broken when the **Injury** was

sustained; or, if the **Insured** requires the use of eyeglasses or contact lenses as a result of the **Injury** within **30 days** of the **Accident**, that would not otherwise have been required without the **Injury** having been sustained, the **Company** will pay up to **\$300**. This benefit does not cover the replacement of eyeglasses or contact lenses for prescription changes or loss.

20. Fracture or Dislocation

When an **Injury** results in any of the fractures or dislocations listed in the following schedule, the **Company** will pay the benefit as listed. If more than one **Injury** described is suffered in the same **Accident**, only the greatest benefit is payable.

FRACTURE / DISLOCATION OF:	BENEFIT PAYABLE
the skull (depressed)	\$750
the skull (not depressed)	\$250
the spine (one or more vertebrae)	\$250
the lower jaw (alveolar process excepted)	\$ 50
the upper jaw	\$ 75
the shoulder (dislocation), the clavicle (collar bone), or elbow	\$ 75
the hip, the pelvis, or the thigh (femur)	\$125
the knee cap	\$ 80
the sacrum or coccyx	\$ 50
the sternum	\$ 50
the leg (tibia or fibula)	\$100
the upper arm (humerus), or the scapula (shoulder bone)	\$125
the forearm (radius or ulna), the hand or wrist (other than phalanges)	\$ 75
the foot (other than phalanges)	\$ 40
the ankle	\$ 50
two or more toes, fingers or ribs	\$ 45
one rib	\$ 25
one finger or one toe	\$ 25
any bone not specified above	\$ 25

21. Out-of-Province/Country Emergency Medical – Up to \$100,000

The **Company** will pay for **Emergency Treatment** required for an **Injury** sustained or **Sickness** that first arises during the Period of Coverage while the **Insured** is travelling outside of their province or territory of residence. The **Emergency Treatment** included in this benefit are the services of a **Physician**, **Hospital**, x-ray clinic, ground ambulance, necessary and reasonable alternative ambulance service up to **\$1,000**, and/or registered nurse (other than a family member). Also included are the costs for crutches, braces, splints, trusses or other prosthetic appliances, emergency medicine, blood, and/or plasma, and the rental costs for a wheelchair and/or **Hospital-type** bed.

All services must be ordered or prescribed by the attending Physician and pre-approved by the Company and its emergency medical assistance provider. The Insured or a travelling companion must notify the Company's 24 hour emergency assistance provider in the event of a loss.

24 HOUR EMERGENCY ASSISTANCE

1-800-334-7787 (Canada/USA) or elsewhere collect 1-905-667-0587

The **Company** reserves the right to return the **Insured** to their original point of departure following **Emergency Treatment** by the form of transportation deemed medically appropriate when medical evidence obtained and the attending **Physician** confirms the **Insured** is able to return without endangering the **Insured's** life or health. All costs incurred are included in the **\$100,000** maximum policy limit for Out-of-Province/Country Emergency Medical Benefit. Transportation arrangements must be pre-approved by the **Company** and its emergency medical assistance provider to be eligible.

If the **Insured** refuses to return to their province or territory of residence as soon as they are medically fit to do so as determined by the attending **Physician**, the **Company**, and the emergency medical assistance provider, all benefits under Out-of-Province/Country Emergency Medical Benefits will cease.

No benefit is payable to return the **Insured** to the trip destination or to rejoin the trip or tour except as described under **Benefit 22 – Travel Benefits**.

This benefit is limited to trips not exceeding **30 days** outside the **Insured's** province/territory of residence.

This **Policy** benefit maximum is reduced from **\$100,000** to a maximum limit of **\$5,000** for anyone not covered by a GHIP.

Pre-Existing Medical Conditions or related conditions are covered provided that the **Insured** had not received **Treatment** or required the use of medication for the **Pre-existing Medical Condition** during the **3 month** period prior to the departure date. **Pre-existing Medical Conditions** are not covered if the condition was present prior to or on the date of departure and would have prevented an ordinarily prudent person from travelling.

The **Company's** and the emergency assistance provider's obligation to provide services described in this **Policy** are subject to the conditions, limitations and exclusions set out in this **Policy**. The medical professional(s) suggested or designated by the **Company** or the emergency assistance provider to provide services according to the benefits and terms of this **Policy** are not employees of the **Company** or the emergency assistance provider. Therefore, neither the **Company** nor the emergency assistance provider shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any **Emergency Treatment** or service you may receive or your failure to obtain or receive any **Emergency Treatment** or service.

22. TRAVEL BENEFITS

a) Cancellation Insurance: The **Company** shall pay the **Insured** the prepaid non-refundable costs up to a maximum of **\$1,000** for the entire cancellation of a trip reservation prior to departure due to **Sickness, Injury**, or death of the **Insured**. No other cause of cancellation is covered. The **Sickness** or **Injury** must be documented by the attending **Physician** who is required to be informed of the upcoming travel plans. Payment is limited to the lesser of **\$1,000** or the amount of the non-refundable cancellation penalty in place within **72 hours** of the **Physician's** advice to cancel. Cancellation due to emotional or mental disorders is not covered unless the **Insured** is **Hospitalized**.

b) Emergency Return Flight: The **Company** shall pay the **Insured** up to a maximum of **\$1,000** for the additional airfare to return to the original departure point due to a **Sickness** or **Injury** of the **Insured**. No other cause for interruption is covered. The **Sickness** or **Injury** must be documented by the attending **Physician**. Payment is limited to the lesser of a one-way economy airfare or change fees on existing tickets, less any refunds received.

c) Repatriation of Remains: Up to a limit of **\$3,000**, in the event of an **Insured's** covered death occurring after the departure date, the **Company** will pay either the cost of the actual expense incurred for conveyance of the body of the **Insured** to the outbound point of departure or for the reasonable cost for burial or cremation abroad.

d) Exclusions Pertaining to the Out of Province/Country Emergency Medical and Travel Benefits: In addition to the exclusions listed here, the Conditions & Limitations listed in **Section I** and Exclusions listed in **Section F** also apply. No benefits are payable under these sections of the **Policy** caused by the following activities: suicide or attempted suicide; declared or undeclared war, hostility, civil war, riot, insurrection, invasion, terrorism or any act of hostility thereof; participation in any of the following: armed forces training exercises or manoeuvres, sporting events of a professional nature for remuneration, motor or motorized racing competition, mountaineering, parachuting, skydiving, parasailing, bungee jumping, gliding or piloting an aircraft or underwater activities of a professional nature, a payment which contravenes any plan of any government or political subdivision or law in Canada; pregnancy in the normal course, miscarriage, childbirth or complications within **2 months** of the expected date of birth; a journey undertaken for the purpose of securing or with the intent of receiving medical attention, **Hospital**, or dental services; mental health disorders; expenses incurred inside of the **Insured's** province or territory of residence, maintenance therapy for existing medical conditions or **Hospital**/medical expenses incurred on an elective non-emergency basis.

H. POLICY DEFINITIONS

Accident: means a happening due to external, violent, sudden, or fortuitous causes beyond the **Insured's** control which occurs during the Period of Coverage.

Company, Our, Us, We: means Old Republic Insurance Company of Canada.

Competent Medical Authorities: means legally licensed **Physicians** who hold a specialty directly related to the nature of the cause of disability and who are recognized by the **Company** as qualified to make an assessment.

Confirmation of Coverage: confirms the insurance coverage you have purchased indicating your policy number, your purchase date and your expiration date along with a brief summary of benefits. This document sets out your Period of Coverage and forms an integral part of the **Policy** contract.

Dentist: means any person, other than the **Insured** or any member of his or her family, who is duly licensed to practice dentistry in any province/territory of Canada.

Emergency Treatment: means any medical, therapeutic or diagnostic procedure, which is necessary to prevent or alleviate existing danger to life or health. **Emergency Treatment** is not required when medical evidence indicates that the **Insured** is able to return to his her province/territory of residence.

GHIP: means any Canadian government, including provincial/territorial government, health insurance plan.

Hospital: means a duly licensed facility which accommodates inpatient care, which has registered nurses on a full-time basis, a laboratory and an operating room where surgical operations are performed by qualified surgeons. Excluded are convalescent homes, rest homes, nursing homes, homes for the aged, hospices, drug and alcohol treatment centres, health spas or clinics or any facility not operated **24 hours** per day under the supervision of a **Physician**.

Injury: means sudden bodily damage caused by an **Accident** during the Period of Coverage causing the **Insured** to seek **Emergency Treatment**.

Insured: means a person who has applied for the insurance, meets the eligibility requirements in **Section C** and for whom the appropriate premium has been received by Old Republic Insurance Company of Canada or its authorized representative.

Physician: means any person, other than the **Insured** or an **Insured's** family member, who is qualified and legally licensed to practice medicine, perform medical **Treatment** and/or surgery, within the scope of their license where the medical services are rendered.

Policy: means this document and your **Confirmation of Coverage** issued at the time the required premium has been paid.

Pre-Existing Medical Condition: means a medical condition for which **Treatment** has been received or taken, including prescribed medication, or which exhibited symptoms prior to the departure date of a trip.

Scheduled Airline means any aircraft operated by an airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by such airlines or licensed tour companies).

Sickness: means an acute illness, acute pain and suffering or a disease that requires **Emergency Treatment** or **Hospitalization** due to the first onset of symptoms during the Period of Coverage.

Total and Permanent Disability: means the inability to ever engage in any occupation or employment for wages or profit.

Treatment: means any medical, dental, therapeutic or diagnostic procedure prescribed, performed or recommended by a **Physician** or **Dentist**.

I. CONDITIONS & LIMITATIONS

1. In no case may an Insured be covered under more than one plan with the **Company**. Excess premiums paid shall be refunded upon request.
2. Any benefits payable under this **Policy** are excess of any other coverages the **Insured** may have with any other insurance company or any other source of recovery.
3. With the exception of the "10 Day Right to Examine" on page 1, premium refunds are not available.
4. Benefits are not available to any insured attending any school outside of Canada.
5. The **Company** shall have the right to have the **Insured** examined by one or more **Physicians** of its choice prior to determining whether or not a benefit is payable under this **Policy**.
6. This contract is subject to the statutory conditions in The Insurance Act of the province or territory of the Insured's residence. In the event that this **Policy** and the appropriate Insurance Act disagree, the Insurance Act will prevail.

J. SUBROGATION RIGHTS

Old Republic Insurance Company of Canada, upon making any payment or assuming liability under this **Policy**, shall be subrogated to all rights or recovery of the **Insured** against any person or corporation and may bring action in the name of the **Insured** to enforce such rights.

K. CO-ORDINATION OF BENEFITS

If an **Insured** is entitled to similar benefits through any other insurer, the benefits payable under this insurance shall be co-ordinated so that the total benefits from all insurers shall not exceed the actual loss incurred.

L. SUBMITTING A CLAIM

1. Please reference the **Insured's Policy** number that appears on the **Confirmation of Coverage**.
2. Claim forms can be obtained from the Student Accident claims department at:
Old Republic Insurance Company of Canada
Student Accident Claims Department
P.O. Box 557,
Hamilton, Ontario, L8N 3K9
by phone: 1 (888) 831-2222
or from the Travelance website: www.travelance.ca/claims/
3. The parent/**Insured** completes the front portion only.
4. The attending **Physician** or **Dentist** must complete the back portion of the appropriate claim form and attach an itemized account.
5. Claims forms should be submitted to:
Old Republic Insurance Company of Canada
Student Accident Claims Department
P.O. Box 557,
Hamilton, Ontario, L8N 3K9
6. The **Company** must be notified within **60 days** of the occurrence of any covered loss. Claim forms along with the initial dental or **Physician's** report must be submitted within **90 days** of the date of the loss. If the **Insured** is under the age of **18**, it is the responsibility of the parent or legal guardian to submit the required claims information.
7. Subject to the Conditions & Limitations, and Exclusions sections of this **Policy**, the **Company** will review and approve claims for payment. Any action or proceeding against the **Company** for the recovery of any claim under this **Policy** shall not be commenced more than **2 years** after the date the loss is payable or would have been payable if it had been a valid claim under this **Policy**.
8. All benefits payable are paid to the parent or legal guardian when the **Insured** is a minor, otherwise to the **Insured** or the **Insured's** estate.

M. PRIVACY POLICY

The **Company** is committed to protecting your privacy. Collecting personal information about you is essential to Our ability to offer you high quality insurance products and service. The information provided by you will only be used for determining your eligibility for coverage under the **Policy**, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties such as other insurance companies, health organizations and GHIP to adjudicate and process any claim. In the event that we must share your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. We take great care to keep your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If you have any questions about the **Company's** privacy policy, please contact our Privacy Officer at 905-523-5587 or email at: privacy@oldrepublicgroup.com.

Underwritten by
Old Republic Insurance Company of Canada



Paul M. Field, CPA, CA
President and Chief Executive Officer

TASA1617