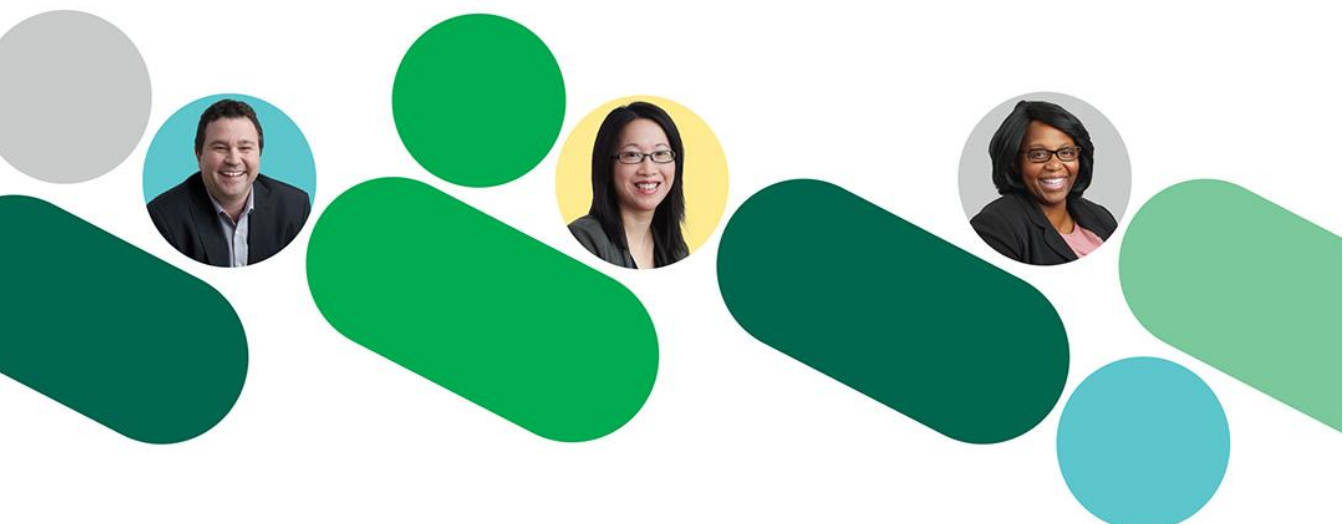




Your plan



Policy N° 1L960
for Trust Members of
UNIVERSITY OF PRINCE EDWARD ISLAND,
A PARTICIPATING MEMBER OF INTERUNIVERSITY SERVICES INC.
May 1st, 2024

This booklet contains important information.
Please keep it for future reference.

Your Benefits at A Glance

Emergency Out of Province Coverage, Anywhere In The World, 24 Hours A Day Against Injury & Sickness

- Eligible Insured Persons
 - Yourself
 - Your spouse
 - Your children.

Covered Expenses

- Medical
 - Hospitalization
 - Ambulance
 - Nursing Care
 - Drugs & Medicine.
- Emergency Dental Treatment
- Evacuation
- Repatriation
- Family Transportation and Accommodation
- Return of Vehicle
- Rental Expense
- Hotel Convalescence
- Referral Services outside of Canada.

Note: AXA Assistance must be notified within 48 hours of an Emergency, or when reasonably possible. Claims may be reduced if contact is not made with AXA Assistance within 48 hours of admission to Hospital.

For more information on how to contact AXA Assistance, refer to the last page of this booklet.

Important Notice

SSQ, Life Insurance Company Inc. having issued Policy No. 1L960 to **University of Prince Edward Island, a participating member of Interuniversity Services Inc.** (Hereinafter called the Policyholder) hereby certifies that the bearer of this booklet, being an eligible Member of a participating company of the Policyholder, his eligible spouse and eligible dependent children, if any, are insured, provided applicable premium is paid.

Schedule of Benefits

Benefits	Amount
Medical Reimbursement Expense	\$2,000,000
Emergency Dental Treatment	\$2,000
Evacuation Benefit	Included
Repatriation	\$15,000
Family Transportation & Accommodation	\$5,000
Return of Vehicle	\$500
Rental Expense	\$200
Hotel Convalescence	\$1,000
Referral Services Outside of Canada	\$500,000
Deductible	Nil
Coinsurance	100 %

Description of Eligible Persons

The following classes of persons are eligible:

Class I: All Active Trust members who enrol in the Member Only Plan.

Class II: All Active Trust members who enrol in the Member and Family Plan.

Class III: All Retired Trust members who enrol in the Member Only Plan.

Class IV: All Retired Trust members who enrol in the Member and Family Plan.

“Member” means an active employee working at least 20 hours per week and shall be extended to mean a retired employee

All participating members, Spouses and Dependent Children must be covered under a Canadian federal and/or provincial health and hospitalization insurance plan or similar coverage and must be covered under the Policyholder's Group Health Insurance Plan.

Coverage is limited to a maximum duration of one hundred and eighty (180) days with respect to any one Trip.

Definitions

Wherever used in this booklet:

"You", "Your" and "Yourself" mean the person who holds this booklet, who is an eligible member of the Policyholder.

"We", "Us" and "SSQ" mean SSQ, Life Insurance Company Inc.

"Policy" means the group Policy specified herein, which is on file with the Policyholder.

"Member" means an active employee working at least twenty (20) hours per week and shall be extended to mean a retired employee.

"Spouse" means an individual:

- a) to whom you are legally married, or
- b) with whom you have continuously cohabited in a conjugal relationship for a minimum of one (1) year immediately before a Loss is incurred under the Policy.

Only one (1) individual will qualify as a spouse.

If you are legally married but also cohabiting with an individual as described under section (b) above, you may elect in writing which one of the individuals will qualify as a spouse. This election must be filed with your employer. If an election is not filed, the spouse will be the individual to whom you are legally married.

"Dependent Child" means a natural child, adopted child, stepchild or a child who is in a parent-child relationship with the Member. The child is unmarried, dependent upon the Member for maintenance and support and:

- a) under twenty (20) years of age, or
- b) under twenty-five (25) years of age and in attendance at an Institution for Higher Learning on a full-time basis, or
- c) by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon the Member for support within the terms of the Income Tax Act.

"Institution for Higher Learning" is limited to universities, colleges, CEGEP's and trade schools.

"Insured Person" mean You, Your Insured Spouse or Your Insured Dependent Child.

"Injury" 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 the Policy, provided such injury is sustained and for which expenses are incurred during the course of a Trip outside the province of Residence. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal physiological function and includes illness and infections, occurring while the Policy is in force as to the Insured Person whose sickness is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Disease" means any unhealthy condition of the body or any part thereof occurring while the Policy is in force as to the Insured Person whose disease is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Trip" means travel, undertaken by the Insured Person, which commences on the date of departure from the Insured Person's province of Residence and continues until the return date to his province of Residence, subject to a maximum duration of one hundred and eighty (180) consecutive days.

"Residence" means the primary dwelling, of which the Insured Person is an occupant and the premises on which it is situated.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered Nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purpose of this definition, Physicians and Nurses will not exclude an Immediate Family Member.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) 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 body, or
2. a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Nurse" 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. Nurse is neither the Insured Person himself nor an Immediate Family Member.

"Immediate Family Member" means a person at least eighteen (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 relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Travelling Companion" means a person who is sharing the same booked accommodation with the Insured Person.

"Emergency" means unexpected and not preplanned.

"Airfare" means the regular fare charged for an economy class seat on a regular flight by a scheduled air carrier (domestic or international), which holds an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such air carrier in the country of its certification.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

"Fare" means the regular fare charged for:

1. an economy class seat on a regular flight by a domestic or international scheduled air carrier,
2. a coach seat on a passenger train,
3. a regular seat on a passenger bus or
4. an economy class seat on a boat,

where each of these carriers must hold an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such carrier in the country of its certification.

"Accommodation" means lodging in the vicinity of the Hospital where the Insured Person is confined.

"Motorized Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

The word "province" will be construed as the territory when either the Insured Person's Residence is located or the treatment is rendered in a territory in Canada.

The male pronoun will be construed as the feminine when the person is a female.

Eligibility of Insurance

All participating members, their Spouses and Dependent Children must be covered under a Canadian federal and / or provincial health and hospitalization insurance plan and must be covered under the Policyholder's other group health and hospitalization insurance plan.

Emergency Medical Reimbursement Expense Benefit

When by reason of Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section, SSQ, Life Insurance Company Inc. will reimburse the reasonable and necessary charges for services or supplies as follows:

1. hospital charges including those for room and board, up to and including the semi-private accommodation level, subject to a maximum duration of twelve (12) months;
2. hospital charges for outpatient services when medically required;
3. expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of \$10,000 per Accident, Sickness or Disease;
4. charges for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a thirty (30) day supply;
5. expenses charged for the services of a duly licensed or duly registered physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of \$1,000 per Insured Person per Accident, Sickness or Disease;
6. expenses for a licensed ground ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, excluding air ambulance, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of \$5,000 per Accident, Sickness or Disease;
7. expenses incurred for the following:
 - a) blood plasma, whole blood or oxygen, including the administration thereof;
 - b) x-rays and laboratory examinations which are required for diagnostic purposes;
 - c) artificial limbs, eyes or other prosthetic appliances; subject to a maximum of \$2,000 per calendar year;
 - d) rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints);
 - e) rental of a wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment, subject to a maximum of \$5,000 per Accident, Sickness or Disease;

8. expenses for medical care and treatment rendered or surgical procedure performed by a Physician;
9. expenses for the services of a licensed anaesthetist when recommended by a Physician;
10. expenses for the services of any of the following licensed practitioners, provided such practitioner does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of \$500 per specialty per Accident, Sickness or Disease (such services do not require the recommendation of a Physician except as indicated below):
 - a) chiropractor
 - b) osteopath
 - c) chiropodist or podiatrist
 - d) massage therapist, on the recommendation of a Physician
 - e) speech therapist
 - f) licensed psychologist.

Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of one (1) x-ray per practitioner for each Insured Person per Accident, Sickness or Disease.

Emergency Dental Treatment Benefit

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon, SSQ Life Insurance Company Inc. will pay the reasonable and necessary expenses actually incurred by the Insured Person, but not to exceed in the aggregate the amount of \$2,000 as the result of any one (1) accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the Insured Person's province of Residence.

Evacuation Benefit

If, as a result of Injury, Sickness or Disease, an Insured Person requires any of the following evacuations:

1. Transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by SSQ, Life Insurance Company Inc.
2. Transportation to the Insured Person's province of Residence by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by SSQ, Life Insurance Company Inc. and the attending Physician certifies in writing that the Insured Person's medical condition after receiving treatment (including diagnostic testing) warrants the return to his province of Residence for further treatment or to recover.
3. Transportation to the Insured Person's province of Residence in the event he is confined as an inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

SSQ, Life Insurance Company Inc. will pay the reasonable and necessary transportation expenses actually incurred by the Insured Person including any related medical services and supplies.

SSQ, Life Insurance Company Inc. will also pay the reasonable and necessary expenses actually incurred by a medical attendant or one (1) Immediate Family Member, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board. All covered expenses incurred by the medical attendant or Immediate Family Member are subject to a maximum amount of \$5,000.

The above benefit will be payable under one (1) of the policies issued to the Policyholder by SSQ, Life Insurance Company Inc.

Repatriation Benefit

If, as a result of Injury, Sickness or Disease, loss of life is sustained by an Insured Person not less than fifty (50) kilometres from the Insured Person's normal place of Residence, SSQ, Life Insurance Company Inc. will pay the reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to the first (1st) resting place (including but not limited to a funeral home or the place of interment) in the vicinity of the normal place of Residence of the deceased, including charges for the preparation of the body for such transportation, subject to a maximum of \$15,000.

The benefit payable under this section will be payable to the person who actually incurred the expenses.

Family Transportation and Accommodation Benefit

If, as the result of Injury, Sickness or Disease, an Insured person sustains loss of life or is confined as an inpatient in a Hospital for at least four (4) consecutive days and under the Regular Care and Attendance of a Physician, SSQ, Life Insurance Company Inc. will pay the reasonable and necessary expenses actually incurred by:

1. any other Insured Persons or Travelling Companion who remained with such Insured Person during his hospitalization, thus preventing them from returning to their province of Residence on the original scheduled return date, provided the return Fare is non-changeable and non-refundable, for their board, Accommodation and transportation by the most direct route back to their normal place of Residence, subject to the cost of one (1) way Fare; or
2. an Immediate Family Member or a family representative for board, Accommodation and one (1) return Fare for transportation by the most direct route to and from the normal place of residence of the Immediate Family Member or family representative to the confined Insured Person, if such Insured Person had been travelling unaccompanied by a family member at the time he became hospitalized.

Reimbursement of transportation expenses under this section is limited to (75%) of the cost of the Fare. If transportation occurs in a Motorized Vehicle 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.

The total maximum amount payable under this section by SSQ, Life Insurance Company Inc. to or on behalf of any Insured Person will not exceed \$5,000 as a result of any one (1) Accident, Sickness or Disease.

Return of Vehicle Benefit

If, as a result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person has become disabled and is unable to continue the trip by means of driving the owned or rented Motorized Vehicle used as a conveyance during such trip, SSQ, Life Insurance Company Inc. will pay the reasonable and necessary expenses actually incurred for the return of such vehicle by a commercial agency to the Insured Person's normal place of Residence or the rental agency, as the case may be.

The maximum amount payable under this section by SSQ, Life Insurance Company Inc. to or on behalf of the Insured Person will not exceed \$500 as a result of any one (1) Accident, Sickness or Disease.

Rental Expense Benefit

If as the result of an Injury, Sickness or Disease, an Insured Person is confined as an inpatient in a hospital and under the regular care and attendance of a Physician, SSQ, Life Insurance Company Inc. will pay the reasonable expenses actually incurred by the Insured Person for the rental of a telephone and/or television set.

The maximum amount payable by SSQ, Life Insurance Company Inc. to or on behalf of any Insured Person will not exceed \$200 as a result of any one (1) Accident, Sickness or Disease.

Hotel Convalescence Benefit

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person, due to his medical condition, is prohibited from resuming any travel following discharge from the Hospital where the Insured Person was confined for a period of not less than seven (7) days, SSQ, Life Insurance Company Inc. will pay the reasonable and necessary expenses actually incurred for board and Accommodation.

The maximum amount payable by SSQ, Life Insurance Company Inc. to or on behalf of any Insured Person will not exceed \$1,000 as a result of any one (1) Accident, Sickness or Disease.

Referral Services Outside of Canada

When recommended by the attending Physician and approved by an Insured Person's Canadian federal and/or provincial health and hospitalization insurance plan, an Insured Person is referred outside Canada, the Insurer will pay for the following eligible benefits. Payments will be made at the reasonable and customary amount for charges in excess of provincial government health care allowances up to a lifetime maximum of five hundred thousand dollars (\$500,000).

Hospital - All hospital charges for medically necessary services, less the amount allowed under the provincial government health care plan, such as:

- Hospital room accommodation
- Intensive care rooms
- Nursing services
- Operating and recovery rooms
- Diagnostic and laboratory services including X-ray
- Oxygen and blood
- Prescription drugs including intravenous solutions
- Physiotherapy.

Physicians and Surgeons - Customary charges of physicians and surgeons for services rendered, less the amount allowed under the provincial government health care plan.

Ambulance - Charges for licensed ambulance services required to transport a stretcher patient to and from the nearest hospital able to provide essential care. Charges for air transport are included to a maximum of up to three (3) economy seats on a regularly scheduled flight.

Ambulance Attendant - Charges for travel expenses of an accompanying Registered Nurse or qualified medical attendant (not a relative) when medically necessary and approved by the Insurer.

Limitations and Exclusions (only applicable to Referral Services Outside of Canada):

1. The referral outside Canada must be medically necessary and must not be for services available in Canada as determined by the Insurer.
2. The claim must have prior approval for payment from the appropriate provincial government health program and from the Insurer.
3. Payment will be made for the reasonable and customary charges of the provider of the services or supplies in the area in which the services are rendered.

4. Payment will only be made for services and supplies rendered while the patient was under the active treatment of a licensed physician.
5. Payment will not be made for treatment of any illness commencing within twelve (12) months after the Insured Person's effective date of group coverage, or for which the Insured Person has received medical treatment or has been prescribed drugs twelve (12) months prior to the effective date of this coverage.
6. The services must not be for experimental medical procedures or treatment methods not approved by the Canadian Medical Association.

Maximum Limit of Indemnity

With the exception of those benefits listed below, the total amount payable under this plan for reimbursement of all expenses, which an Insured Person has incurred as the result of all Injuries caused by any one (1) Accident or as the result of any one (1) Sickness or Disease, will not exceed the Maximum Limit of \$2,000,000.

The following benefits are excluded from the Maximum Limit of Indemnity:

- Evacuation Benefit
- Repatriation Benefit
- Family Transportation and Accommodation Benefit
- Return of Vehicle Benefit
- Rental Expense Benefit
- Hotel Convalescence Benefit.

Indemnity Payments

Unless otherwise indicated, all benefits, including those benefits payable for Insured Spouse and/or Insured Dependent Children, will be paid to or at the direction of the Insured Person. Accrued benefits, if any, unpaid at the time of the Insured Member's death will be paid to his estate.

Non Duplication

Any benefits normally payable under this coverage and any other insurance policy or plan that duplicate benefits payable under this policy will be co-ordinated with this policy to the extent that the aggregate reimbursement does not exceed the total expenses incurred.

If the Member of the same family each have family plan coverage, each Member should first submit their own claims to their own insurance plan.

If you and your spouse each have a family coverage status for Emergency Travel Medical insurance plan, claims for your dependent children should first be submitted to the plan of the parent whose birthday occurs earliest in the calendar year. If you are separated or divorced, claims for dependent children should first be submitted to the plan of the parent with custody. If you share joint custody, claims for children should first be submitted to the plan of the parent whose birthday occurs earliest in the calendar year.

Expenses eligible for reimbursement under the Emergency Travel Medical insurance benefits will be reduced by the amount of any corresponding benefits payable under this plan and any other insurance contract. If you are entitled to receive benefits under Emergency Travel Medical insurance plan as well as under any other insurance contract, benefits shall only be payable under Travel Insurance.

The Insurer may, at its discretion, require from the Insured Person an assignment of all right of recovery against any other party for loss to the extent that payment is made hereunder.

Effective Date of Individual Insurance

Insurance as to each eligible person becomes effective:

1. With respect to Member:
 - a) on the Effective Date of the Policy if eligible on or before the Effective Date of the Policy;
 - b) on the date a Member becomes eligible if eligible after the Effective Date of the Policy.
2. With respect to Spouse or Dependent Child:
 - a) on the effective date of the Member's insurance; or
 - b) on the date the Spouse or Dependent Child becomes eligible if eligible after the effective date of the Member's insurance.

Individual Terminations

The insurance of an Insured Person will immediately terminate on the earliest of the following dates:

1. With respect to an Insured Member
 - a) on the date this policy is terminated;
 - b) on the premium due date if the Policyholder fails to pay the required premium for the Insured Member;
 - c) on the date the Insured Member ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.
2. With respect to the Insured Spouse or Insured Dependent Child
 - a) on the date such person ceases to be eligible;
 - b) on the date the Insured Member's insurance is terminated.

In the event an Insured Person becomes ineligible during a Trip, insurance will terminate on the earliest of the date he returns to his province of Residence or the maximum duration as stated in the definition of "Trip" following the date of departure from such province.

Termination of the insurance of any Insured Person will not prejudice consideration of any claim as a result of Injury, Sickness or Disease which occurred prior to such termination. In the event the Insured Person is hospitalized as a result of Injury, Sickness or Disease prior to the termination of insurance, benefits will be paid provided treatment is continuous for such Injury, Sickness, or Disease subject to the terms and provisions of this policy in effect as of the date of the termination of insurance. However, no benefits will be payable under the sections entitled "Medical Reimbursement Expense Benefit" and "Emergency Dental Treatment Benefit" for expenses incurred after the Insured Person is no longer confined as an inpatient in a Hospital or twelve (12) months from the first (1st) day of hospitalization, whichever occurs first.

Continuation of Coverage

Coverage under this policy may be continued for an Insured Person without payment of premium in the event the Insured Person is delayed beyond his termination date of insurance as follows:

1. If the Insured Person is returning to his province of Residence and the delay is caused by a mechanical breakdown of the conveyance in which he is travelling or scheduled to travel, a traffic accident or inclement weather, coverage will continue up to seventy-two (72) hours from the date his insurance would have terminated;
2. If, as a result of Injury, Sickness or Disease, the Insured Person is confined as an inpatient in a Hospital, coverage will continue up to seventy-two (72) hours from the date of discharge from such Hospital.
3. If, as a result of Injury, Sickness or Disease, the Insured Person is not confined in a hospital but the attending Physician certifies that his medical condition prevents him from returning to his province of Residence, coverage will continue up to a maximum of ten (10) days from the date his insurance would have terminated.

The coverage which is continued under this section will be subject to the terms and provisions of the Policy in effect as of the date of the Insured Person's insurance would have been terminated including any provisions providing for reductions in amounts of insurance.

Exclusions and Limitations

A. This policy does not cover loss (fatal or non-fatal) or expenses caused by or resulting from:

1. suicide or intentionally self-inflicted injury;
2. war, whether declared or not within Canada, the United States of America;
3. perpetration of acts or terrorism or participation in a riot, insurrection or civil commotion;
4. active full-time, part-time or temporary service in the armed forces of any country;
5. pregnancy, childbirth, except complications thereof which will be treated as any other Sickness;
6. a Trip undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation except as stated under the section "Referral Services Outside Canada";
7. participation in any professional athletics; or
8. the following exclusion applies only to Classes III and IV:
any condition for which the Insured Person received medical advice, consultation or treatment within six (6) months prior to the commencement of a Trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication.

"Chronic Condition" means a disease or disorder which has existed for a minimum of six (6) months.

"Stabilized" means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of six (6) months. Adjustments in doses of Warfarin or Coumadin are not considered to be medical intervention for the purpose of this definition, as long as the attending physician can confirm that the Insured Person's condition is stabilized before the date of departure.

B. This policy does not cover any of the following supplies or services or costs thereof:

1. expenses covered under any government hospital, medical, dental or health care insurance plan, whether payable or not, or expenses for which insurance is prohibited by law;

2. expenses which are reimbursed under the Policyholder's other group health and hospitalization insurance plan;
3. medical examinations for the use of a third (3rd) party, cosmetic surgery and dental services other than those required as a result of an Accident;
4. charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, contraceptives of any type or form and patent medicines;
5. charges for any experimental medical treatments;
6. services for which no charge would ordinarily be made if there were no insurance coverage;
7. expenses incurred for treatment or surgery which medically could be delayed until the Insured Person has returned to his province of Residence; or
8. medical expenses for treatment or surgery which the Insured Person elects to have rendered or performed outside his province of Residence, following an Emergency treatment for or diagnosis of a medical condition which (on medical evidence) would not prevent the Insured Person from returning to his province of Residence prior to such treatment or surgery.

C. The following limitations to the coverage provided under this policy will apply:

1. Coverage for each Trip begins when an Insured Person leaves the border of his province of Residence or if travelling by aircraft, when such aircraft takes off in his province of Residence, provided insurance is in force as to such Insured Person.

Coverage for each Trip terminates when an Insured Person crosses the border of his province of Residence when returning from a Trip or if travelling by aircraft, when such aircraft lands in his province of Residence or as indicated in the definition of "trip" following the date of departure from his province of Residence, whichever is earlier.

2. All expenses must be incurred on a non-elective Emergency basis outside the Insured Person's province of Residence and are in excess of expenses payable under any individual, group or government sponsored hospital or medical plan.
3. In consultation with the attending Physician, SSQ, Life Insurance Company Inc. reserves the right to transfer an Insured Person to another Hospital or to return an Insured Person to his province of Residence for necessary treatment. In the event the Insured Person refuses to comply, SSQ, Life Insurance Company Inc. will no longer be liable for further expenses incurred, which are relating to the condition causing the treatment after the proposed transfer date.

In The Event of a Claim

Written notice of loss must be given to SSQ, Life Insurance Company Inc. within thirty (30) days after the date of such loss. Such notice given by or on behalf of the Insured Person, as the case may be, to SSQ, Life Insurance Company Inc. at 1225, St-Charles Street West, Suite 200, Longueuil, Québec, J4K 0B9 with particulars sufficient to identify the Insured Person, will be deemed to be notice to SSQ, Life Insurance Company Inc.

Failure to give notice within the time provided in this policy will not invalidate any claim, if it is shown not to have been reasonably possible to give such notice during such time and that notice was given as soon as was reasonably possible, but in no event later than one (1) year after the date of the loss.

SSQ, Life Insurance Company Inc., upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss within thirty (30) days after the receipt of such notice.

Written proof of loss must be furnished to SSQ, Life Insurance Company Inc. within ninety (90) days after the date of such loss. Failure to furnish such proof within such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the loss.

SSQ, Life Insurance Company Inc. will have the right and opportunity to examine the person of the Insured Person when and so often as it may reasonably require during the pendency of claim hereunder.

All indemnities provided in the policy for loss will be paid immediately after receipt of due proof.

All moneys payable under the policy are payable in the lawful money of Canada.

This booklet is an outline of your coverage and should be retained for reference. The Group Policy sets forth in detail the terms and conditions of the program and all rights and obligations are determined in accordance with the Group Policy, and not this booklet. For exact provisions of coverage, please contact your employer.

AXA Assistance Canada Inc.
AXA Assistance Program

AXA Assistance is available 24 hours a day, 365 days a year for any medical, travel or personal Emergency.

If a Member becomes ill or insured, call AXA Assistance at one (1) of the following numbers which are shown on the Membership Card:

1-866-783-9473

(toll free from U.S.A. and Canada)

514-285-8195

(From outside U.S.A. and Canada, call collect via operator – don't forget to dial the country code "1-514" before the telephone number)

Be prepared to give the following information:

- The name of the person calling, telephone # and relationship to the Insured Person;
- Insured Person's name, location, **ID #427E** and the Policy # **1L960**;
- The condition of the Insured Person and nature of the emergency;
- Name, location and telephone # of hospital;
- Name, location and telephone # of treating physician.