



Your insurance policy



Accident insurance plan

Accifamily is an individual insurance contract which provides for payment of a benefit if the insured has an accident.

General provisions

Your insurance policy consists of this document, along with the Specific Provisions. Please keep these documents in your records for the entire duration of protection you have chosen (indicated in the Specific Provisions). Benefits will be paid according to the conditions of this policy.

1. Eligibility

Any person between at least 15 days-old and 75 years and who permanently resides in Canada during the coverage period and whose name appears on the application form sent to the Head Office of Industrial Alliance Insurance and Financial Services Inc., hereinafter called "the Company." However, the applicant must be a person of full age under the terms of the laws of his province of residence. Any children born during the contract coverage period will be insured free of charge beginning on their 15th day of life until the end of the coverage period.

2. Effective Date and Automatic Renewal

Upon payment of the premium, the contract takes effect retroactively on the latest of the following dates: the date the application was received at the Company's Head Office, the date the applicant subscribed to the contract by telephone or the date of the premium payment specified by the applicant, as long as the total premium is paid within 15 days of the application.

Each insured whose name is listed in the most recent *Specific Provisions* is covered beginning on the date that the premium is paid for this insured, and until the expiry date of the period chosen by the applicant. Unless the applicant provides us with written instructions to the contrary, when the period expires, the Company commits to automatically renew the contract for a period of the same length, provided the premium for the aforesaid period is paid in full within the prescribed deadline.

The insured is covered 24 hours a day, anywhere in the world.

3. Premium Payment and Payment Period

The premium for the initial contract and, if applicable, any renewal of the said contract, is collected at the beginning of each insurance period by pre-authorized cheque (PAC) (for clients who opted for this payment method before August 1, 2013), credit card or cheque in accordance with the instructions given by the applicant. The premium and expiry date are indicated in the *Specific Provisions*. The premium is the one payable based on the age and sex of each of the insureds, the type of protection and the selected coverage period, according to the rates scale in effect on the effective date of the contract and, subsequently, on the contract renewal date.

Except for the first premium, the applicant has a 30-day grace period to pay the premiums of any subsequent renewals during which period the contract will be kept in effect. If premiums are received after this deadline the contract will be cancelled automatically, a new contract will be issued and will take effect upon reception of the premium at the Company's Head Office.

4. Limitations

This policy contains a provision removing the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

We are required under certain legislation to advise you that your claim under this contract is governed by a limitation period set out in the *Insurance Act* or other similar applicable legislation in your province (e.g., *Limitations Act, 2002* in Ontario and *Civil Code* in Quebec). This means that you cannot commence legal proceedings after a certain period of time has passed.

5. Description of Benefits

	BASIC Plan	MACCIMUM Plan
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A. Accidental Death

Aboard a school vehicle or public transportation

\$15,000 \$60,000

Other circumstances (insureds age 25 years or over at time of death)

\$10,000 \$40,000

Other circumstances (insureds age under 25 years at time of death)

\$5,000 \$20,000

B. Natural Death

Paid upon the death of insureds under age 18 at time of death or under age 25 at time of death for students

\$2,500 \$10,000

C. Dismemberment or Loss of Use Following an Accident*

	BASIC Plan	MACCIMUM Plan
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of two limbs or one limb and sight in one eye or both eyes

\$50,000 \$200,000

of hearing in both ears and loss of speech

\$50,000 \$200,000

of hearing in both ears or loss of speech

\$25,000 \$100,000

of one limb or sight in one eye

\$12,500 \$50,000

of hearing in one ear

\$3,000 \$12,000

of finger or toe (each finger or toe, completely severed)

\$1,000 \$4,000

Maximum amount payable under this clause	\$50,000	\$200,000
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* **Restriction** - The dismemberment or loss of use benefit is payable 365 days after the date of the accident under the following conditions:

- the dismemberment or loss of use occurs within 365 days following the date of the accident, and;
- the insured did not die of injuries resulting from this accident within 365 days following the date of the accident.

Only the death benefit is payable if the accident results in death within 365 days.

D. Accidental Fracture*	BASIC Plan	MACCIMUM Plan
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Of the skull, with depressed skull; spine, with displaced vertebrae; pelvis

\$250 \$1,000

Other bones

\$50 \$200

* **Restriction** - The fracture must be diagnosed within 30 days following the accident, otherwise no benefit will be payable under this clause.

In case of multiple fractures resulting from the same accident, the Company will pay the benefit for the fracture that entitles the insured to the highest amount.

E. Total Disability Following an Accident for Insureds with Student Status when the Accident Occurs**

Reorientation costs:* up to \$3,000 for costs which the student, due to total disability caused by an accident, must incur in order to train for a new occupation.

* **Restriction** - These costs must be incurred within 2 years following the accident.

Remedial classes:* at a rate of \$10 per hour up to \$1,000, are payable beginning on the 31st day of absence from regular classes.

* **Restriction** - Remedial classes must be given by a teacher approved by management of the educational institution that the student attends.

Disability benefit:* if an accident is the direct cause of a total and permanent disability, recognized by a physician, the Company will pay a monthly benefit of \$200, up to a maximum of \$5,000, starting on the 31st day of the disability period.

* **Restriction** - The monthly disability benefit is payable up to the allowed maximum as long as the insured is alive and unable to resume normal activities as a student. However, no benefits will be paid during the period in which the insured occupies a remunerative position.

** **Restriction** - No reorientation costs, remedial classes or disability benefits are payable if the insured has already been compensated for dismemberment or loss of use of limbs, sight, hearing or speech.

F. Dental Care Expenses per Damaged Tooth Following an Accident

Up to \$300, for reasonable expenses incurred as a result of an injury to a whole and sound tooth, for X-rays or treatments administered by a dentist within 260 weeks of the date of the accident.

Dental fees are reimbursed to the applicant according to the fees incurred for the insured and within the rate schedule suggested by the provincial dental surgeons association of the province in which the services are administered.

Up to a maximum of \$250, if the accident requires treatment by a recognized physician or dentist, the Company will reimburse the replacement or repair cost of a dental prosthesis.

G. Hospital and Paramedical Expenses Following an Accident*

Reimbursement of reasonable costs for services, care or treatment rendered following an accidental injury that are incurred in the insured's province of residence within 104 weeks of the date of the accident for:

- Supplementary cost for a private or semi-private room in a hospital, up to a maximum of \$55 per day.
- A \$25 benefit for each night of hospitalization (paid in addition to the above-mentioned costs), starting on the first night, up to a maximum of \$1,000.
- Therapeutic medication that can only be obtained with a physician's prescription and sold by a pharmacist (balance of expenses not paid through other plans (government plan, group insurance or individual insurance))
- Rental of a wheelchair, crutches or other orthopedic equipment, or the purchase (but not the replacement) if rental is more expensive or impossible. Orthopedic equipment must be recommended by a physician and be medically necessary for recovery.
- The purchase (but not the replacement) of a fibreglass cast.

- Purchase (but not the replacement) of a prosthetic device (artificial limbs) other than dentures and hearing aids, up to a maximum of \$3,000.

- Purchase (but not the replacement) of a hearing aid, up to a maximum of \$500.

- Treatments received from a physiotherapist, chiropractor, occupational therapist, podiatrist, osteopath, audiologist or speech therapist are reimbursed at a rate of \$15 per visit (including all costs incurred during the visit), up to a maximum of \$180 per contract year for all treatments received. The health specialist administering the treatments must be a member in good standing of his/her professional association.

- Out-of-hospital nursing services, when recommended by a physician.

- Transportation expenses within 24 hours of the accident using the most economical means available and taking the insured's state of health into account, up to a maximum of \$1,000 for:

- Emergency transportation of the insured (ambulance, taxi or private vehicle) to the nearest doctor's office or hospital that is reasonably equipped to provide the necessary care.

- Transportation (taxi or private vehicle) of the insured from the hospital or doctor's office to the insured's residence.

- A \$10 benefit for parking expenses.

- Transportation using a private vehicle is reimbursed at a rate of \$0.28 per kilometre.

- Room and board for the person accompanying the insured during hospitalization following an accident. A \$100 benefit per day, up to a maximum of \$500, on the condition that the facility where the insured is hospitalized is over 50 kilometres from his/her residence.

- Costs incurred to repair or replace glasses or damaged contact lenses used to correct vision following an accident, certified by a physician, up to a maximum of \$100 per contract year.

* **Restriction** - The maximum amount payable under the "Hospital and Paramedical Expenses" clause is \$25,000 per accident.

H. Emergency Care Outside the Province of Residence

Up to a maximum of \$5,000 per accident for ambulance transportation, the services of a physician and hospital care (including nursing care, laboratory analyses, X-rays or other diagnostic tests) obtained outside the insured's province of residence following an accident. The Company will pay expenses in excess of those covered under other plans (government plan, group insurance or individual insurance) if it was impossible to obtain these care or these services in the insured's province of residence.

I. Convalescence Allowance (insureds age 18 and over)

This benefit is payable, up to a maximum of \$500 per contract year, if the insured spends at least one night in hospital or has day surgery following an accident:

- Day surgery entitles the insured to one day of convalescence benefit, which is equivalent to \$50.

- Each night of hospitalization entitles the insured to one day of convalescence benefit, which is equivalent to \$50.

J. Childcare Expenses*

The costs incurred by the applicant, at a rate of up to \$10 per hour and a maximum of up to \$100 per contract year for the care of:

- the insured child under age 18 who must remain at home following an accident suffered by him.

- the other children under age 18 if the applicant must accompany an insured child under age 18 for medical follow-up after an accident suffered by the insured child.

* **Restriction** - Childcare expenses are reimbursed if the childcare provider is at least 18 years of age and is not a member of the insured's immediate family.

K. Transportation (Round trip) between the Home and School*

The costs incurred by the applicant following an accident involving an insured student, in order to transport the student between home and school, up to a maximum of \$10 per day and a maximum of \$100 per contract year.

Transportation using a private vehicle is reimbursed at a rate of \$0.28 per kilometre.

* **Restriction** - The insured student must not be able to travel to his/her educational institution using his/her usual method of transportation and the individual who transports the insured student must be age 18 or over.

Your insurance policy

6. Definitions

- A. Accident:** Any bodily injury resulting solely and directly from an external, sudden, violent and involuntary cause that occurs while the victim is insured under the contract and that requires medical or surgical care within 30 days of the date of the accident.
- B. Accidental death:** Death resulting from an accident.
- C. Child:** Any descendent of the applicant or of his/her spouse.
- D. Disability:** An injury to the insured's physical or mental capability resulting directly from an accident and that has a strong and lasting effect on the insured's body or mind that prevents him/her from carrying out all activities which are normal for a student of that age.
- E. Dismemberment or Loss of Use:** The complete separation or total and definitive loss of use resulting from an accident. For loss of sight, the insured must have a corrected visual acuity of less than 20/200 or a visual field of less than 20 degrees. For loss of hearing, the insured must have a hearing threshold greater than 90 decibels within a range of sound frequencies between 500 to 300 Hz. Loss of a finger or toe means its complete separation from the metacarpophalangeal, or metatarsophalangeal articulation, depending on the case.
- F. Fracture:** Violent rupture of a bone following an accident. The fractures resulting from an illness are excluded.
- G. Hospital:** An establishment legally recognized and accredited as a short-term healthcare hospital center or hospital by the government authorities that regulate the establishment's activities. Exclusions: establishments reserved for convalescent patients or individuals suffering from chronic diseases.
- H. Hospitalization :** Refers to a stay in a hospital room or in an emergency room for observation.
- I. Injury:** Any bodily lesion resulting from an accident.
- J. Limb:** A hand or a foot
- K. Member of the Immediate Family:** Insured's father, mother, grandparents, sister, brother, child or spouse.
- L. Natural death:** Death resulting from an illness.
- M. Orthopedic equipment:** A device applied to a limb or part of the body to correct an injury.
- N. Public transportation:** A public transportation vehicle licensed to transport passengers for a fee upon which the insured was travelling as a paying passenger.
- O. Spouse:** The person legally married to or in a civil union with the applicant or living in a conjugal relationship with the applicant continuously for at least 12 months.
- P. Student:** A person enrolled in full-time studies at an educational institution recognized by the education ministry of the province of residence.

7. Exclusions, Restrictions and limitations

In addition to the restrictions aforementioned in the contract, no benefits are payable for:

- A.** The death of an insured resulting from suicide. However, if the death of an insured eligible for the natural death benefit results from suicide and the insurance has been in force with the Company for two continuous years without interruption, an amount equal to this benefit is payable. In such a case, any increase in the face amount resulting from the purchase of the MACCIMUM option is subject to an exclusion period of two continuous years of insurance.
- B.** Natural death resulting from an illness for which the insured had consulted a physician or received a medical treatment during the 12 months preceding the effective date of this contract unless, in these previous 12 months, the insured was covered by a similar accident insurance contract issued by the Company. In this case, the payable benefit is the lowest amount of the benefit under the existing contract and the benefit under the similar contract.
- C. Death, losses, fractures, disability, or costs arising from one of the above circumstances:**
- attempted suicide, voluntary dismemberment or any self-inflicted injury, whether or not the insured was conscious of his/her actions;
 - gas inhalation, poisoning, voluntary absorption of medications or drugs unless taken as prescribed by a physician;
 - the insured was under the influence of drugs or had a blood alcohol level exceeding 80 milligrams per 100 millilitres of blood, whether or not the insured was conscious of his or her actions.
 - while the insured is driving a motor vehicle and the concentration of alcohol in the blood exceeds the limits prescribed by law;
 - while the insured is driving a motor vehicle over the legal speed limit or without valid proof of the competency, licence or certificate required by law;
 - a criminal act that the insured committed, was preparing to commit, attempted to commit or resulting from provoking or participating in a riot or a demonstration against public order, a military operation, an act of terrorism or a war, whether war be declared or not;
 - flight or attempted flight on board of a plane or other aircraft, if the insured is part of the crew, or performs any function related to the flight;
 - participating in acrobatics or any sporting activities for which the insured is paid, racing motorized vehicles, playing contact football as a member of a team in a competitive league at college or university level or if he/she is paid for this activity, scuba diving, parachuting, competitive downhill skiing, hang gliding, mountain climbing or bungee jumping.
- D.** Care or treatments provided by a member of the insured's immediate family (except for transportation expenses).
- E.** Orthopedic devices used solely for the purposes of practicing sports activities.
- F.** Costs incurred for magnetic resonance imaging tests, computed tomography (CT scans), X-rays and costs incurred at a private clinic.

The following restrictions apply:

- A.** For insureds aged 65 or over at the time of the accident, the benefits in case of accidental death, dismemberment, loss of use or accidental fracture correspond to 50% of the amounts indicated in the contract.
- B.** When an insured is covered by several accident insurance policies issued by the Company, he/she will only receive the benefits payable under the most advantageous of these plans. The Company reimburses the premiums paid for the other policies, for this insured, for the last year only.

8. Coordination of benefits for dental care, hospital, paramedical and emergency care expenses

The insured must at all times and in the first place request to be reimbursed by other plans (government plan, group insurance or individual insurance) than this contract. The Company's responsibility is limited to the portion of costs not reimbursed by these other plans.

As for public plans, the Company's responsibility is limited to the portion of costs that exceeds the costs reimbursable by these public plans, whether or not they are reimbursed.

WHAT TO DO IN CASE OF AN ACCIDENT

9. Claims

To make a claim, the applicant must contact the **ACCIFAMILY Client Service Department at 418-684-5405 or toll free at 1-888-266-2224** to obtain a claim form.

This form, along with proof of the nature and extent of the losses sustained, must be provided to the satisfaction of the Company no later than **90 days after the accident**.

Original copies of invoices and receipts for which reimbursements are claimed must be furnished to the Company within this same time limit, except for paragraphs F and G in section 5, for which the time limits are specified in said paragraphs.

The Company has the right to ask the insured to undergo an examination by a physician or dentist of the Company's choice, and to obtain any information from any attending physician or from any hospital where the insured may have been admitted, as often as the Company deems necessary.

The Company will remit the benefits payable under the terms of this contract to the applicant or to his legal assignee.

All payments remitted under the terms of this contract will be made in legal Canadian currency.

10. Cancellation of the Contract

The applicant may annul the contract free of charge by sending a written demand to the Company within 30 days following receipt of the policy after its initial issue. The applicant may still request to have the contract cancelled after this period by sending a written notice to the Company. Upon receipt of this notice, the Company will terminate the insurance contract and reimburse the unused portion of the premium (number of months between the date the insurance terminated and the initial expiry date of the contract), if this amount exceeds \$25 and if no claims have been accepted.

11. Applicant's Responsibility to Forward any Address or Banking Information Changes

The applicant is responsible for forwarding to the Company any change of address or banking information used to pay the premium. If the Company does not receive the new information and cannot proceed with the premium collection, it will terminate the contract on the expiry of the period provided for in this contract.

12. Statutory conditions

Statutory Conditions vary slightly in each jurisdiction. In the event that the Statutory Conditions attached to this contract vary from the relevant Statutory Conditions in the jurisdiction applicable to this contract, the latter will apply to this contract. Statutory Conditions do not apply in the Province of Quebec.

12.1. The Contract

The application, the General Provisions, the Specific Provisions, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

12.2. Waiver (Applicable where not expressly excluded by legislation)

The Company shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the Company.

12.3. Copy of Application

The Company shall, upon request, furnish to the applicant or to an insured under the contract a copy of the application.

12.4. Material Facts

No statement made by the applicant or the insured at the time of application for this contract may be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

12.5. Notice and Proof of Claim

- (1) The applicant entitled to make a claim, or the agent of the applicant, shall,
 - (a) give written notice of claim to the company, (i) by delivery of the notice, or by sending it by registered mail to the head office or chief agency of the Company in the province, or (ii) by delivery of the notice to an authorized agent of the Company in the Province, not later than 90 days from the date a claim arises under the contract on account of an accident;
 - (b) within 90 days after a claim arises under the contract on account of an accident furnish to the Company such proof as is reasonably possible in the circumstances of (i) the happening of the accident or disability, (ii) the loss caused by the accident, (iii) the right of the applicant to receive payment; and (iv) the applicant's age, if relevant;
 - (c) if so required by the Company, furnish a satisfactory certificate as to the cause or nature of the accident or disability for which claim is made under the contract and, in the case of disability, its duration, together with any other evidence that may be required by the Company as proof of claim.
- (2) Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the accident or the date a claim arises under this contract on account of disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or (b) in the case of the death of the insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

12.6. Company to Furnish Forms for Proof of Claim

The Company shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the forms are not received by this time, a proof of claim can be submitted in a written statement.

12.7. Rights of Examination

As a condition precedent to recovery under this contract, (a) the applicant must give the Company an opportunity to examine the insured when and so often as it reasonably requires while a claim is pending; and (b) in the case of death of the insured, the Company may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

12.8. When Money Is Payable Other Than for Total Disability

Benefits payable under this contract, other than benefits for total disability will be paid by the Company within 60 days after it has received proof of claim satisfactory to the Company.

12.9. Limitations of Actions

An action or proceeding against the Company for the recovery of a claim under the Contract may not be commenced more than 1 year after the date the insurance money became payable or would have become payable if it had been a valid claim, or such longer period as may be prescribed by relevant statute applicable to the claim.

Constitution of a file and protection of personal information

In order to ensure the confidentiality of your personal information, Industrial Alliance Insurance and Financial Services Inc. will set up:

A file, the objective of which is to allow us to offer you insurance, annuities and credit products and other complementary services according to your needs. This file will contain the information required for this purpose.

Only the employees and representatives who need this information to carry out their duties, or any other person you authorize, will have access to this file.

Your file will be kept in the offices of Industrial Alliance Insurance and Financial Services Inc.

You are entitled to consult the personal information contained in this file and, if applicable, to have it rectified by sending a written request to the following address:

Industrial Alliance
Insurance and Financial Services Inc.
Information Access Officer
1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3

Industrial Alliance Insurance and Financial Services Inc. may establish a list of clients for prospecting purposes for use by the Company or IA group of companies. To have your name removed from this list, send a written request to the Information Access Officer at the above-mentioned address.


Denis Riard
President and Chief Executive Officer


Jennifer Dibblee
Corporate Secretary

