

**RAINY RIVER DISTRICT SCHOOL BOARD
BLANKET STUDENT ACCIDENT INSURANCE**

Policy No.: 100010095

Issued by

**Industrial Alliance Insurance and Financial Services Inc.
(The Company)**

All full-time students of the Policyholder, under age 70, for whom the appropriate premium has been paid are insured under the terms of an Accident policy which provides 24-hour coverage every day throughout the year, including week-ends, summer vacation and other school breaks.

Definitions

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

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

"Emergency" means an event that makes it necessary to receive immediate treatment from a Physician or be immediately Hospitalized.

"Hospital" means an institution operated pursuant to law for the care and treatment of sick and injured persons, with organized facilities for diagnosis, major surgery and 24 hour nursing service. This does not include a convalescent or nursing home, or home for the aged, health spa or a facility for the treatment of alcoholism, drug addiction or mental illness.

"Injury" means bodily Injury caused by an Accident occurring while the policy is in force as to the Insured whose Injury is the basis of claim and resulting directly and independently of all other causes in Loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

"Insured" means a Student, insured under the policy.

"Loss" whenever used with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to one phalanx of any one finger means complete loss of one entire phalanx; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; and as used with reference to hearing means the total and irrecoverable loss thereof.

"Loss of Use" means a Loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the Accident.

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

"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. The Nurse is neither the Insured nor a Member of the Immediate Family and must not ordinarily reside in the Insured's Residence.

"Parent" means the Parent or legal guardian of a Student insured under the policy.

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

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

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

"Sickness" means Sickness or disease occurring while the policy is in force as to the Insured whose Sickness is the basis of claim.

"Student" means a permanent resident of Canada over six months of age, who is presently enrolled with and attending regularly, on a full-time basis, any Canadian licensed or registered Day Care, preschool, playschool, kindergarten, elementary or secondary school of the Policyholder, and who has not taken or arranged to take full-time permanent employment. Home-schooled students are covered while in attendance at or participating in school-

sponsored activities under the supervision of a proper school authority. Full-time enrollment consists of three or more courses at any one time or, alternatively, attending classes for a minimum of six hours per day, five days per week. With respect to Day Care, preschool, playschool or kindergarten children, full-time is as dictated by the Day Care, preschool, playschool, or kindergarten they attend. Foreign exchange students and international students are ineligible for coverage under the policy.

"Travelling Directly" means any travel that would take the Insured directly to or from his Residence and the school along the most normal and reasonable route without delay or stopover.

"Trip" means any Trip limited to a 30-day duration. No coverage is provided under the part titled "Emergency Out-of-Province/Country Accident Benefit" for trips in excess of 30 days.

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

WHAT BENEFITS ARE PROVIDED?

Accidental Death Benefit

If, within 12 months of the date of the Accident, Injury results in the Insured's loss of life, the Company will pay an Accidental Death Benefit of \$5,000.00. The benefit payable under this part will be the only amount payable under the policy, unless benefits are payable under the parts titled "Counselling Benefit" or "Repatriation Benefit".

Double Indemnity

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

Accidental Dental Reimbursement Benefit

If Injury to whole or sound teeth requires and first receives treatment by a dentist within 60 days of the Accident, benefits will be paid for customary treatment payable by the Insured or Parent within five years from the date of the Accident. Capped or crowned teeth are considered whole or sound. Maximums payable are based on the fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association or its equivalent as determined by the Company. If treatment cannot be completed within five years due to the development of a student's teeth, the Company will pay up to a maximum of \$1,000.00 per injured tooth for the expense incurred to cap, crown, replace or restore each injured tooth, provided treatment is completed prior to the Student reaching the age of 26.

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

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

Artificial Limbs, Eyes, Hearing Aids and Other Prosthetic Appliances - Benefit

If Injury results in these appliances being prescribed by a Physician and purchased within three years from the date of the Accident, the Company will pay the cost to a maximum of \$5,000.00. If a prosthetic appliance is damaged in an Accident and requires commercial repair, the Company will pay the cost of repair to a maximum of \$250.00 during the term of the policy.

Confinement Disability Benefit

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

Counselling Benefit

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

Critical Illness Benefit

If the Insured is diagnosed, by a Physician, with Acquired Immune Deficiency Syndrome (AIDS), Cancer, Diphtheria, Encephalitis, Hemolytic Uremic Syndrome (renal failure resulting from E-coli bacteria), Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myocarditis, Poliomyelitis, Rabies, Scarlet Fever, Tetanus, Tularemia or Typhoid which first manifests itself while the policy is in force, the Company will pay reasonable expenses actually incurred within three years from the date the disease is first diagnosed for semi-private or private ward Hospital services and the employment of a Nurse or certified

nursing aid if requested by the attending Physician, subject to a maximum of \$5,600.00.

Dentures and Artificial Teeth Benefit

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

Dismemberment and Specific Loss Indemnity

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

Both Hands or Both Feet.....	\$50,000.00
One Hand and One Foot.....	\$50,000.00
One Hand and the Entire Sight of One Eye.....	\$50,000.00
One Foot and the Entire Sight of One Eye.....	\$50,000.00
The Entire Sight of Both Eyes.....	\$50,000.00
Speech and Hearing.....	\$50,000.00
One Arm or One Leg.....	\$20,000.00
One Hand or One Foot.....	\$15,000.00
The Entire Sight of One Eye.....	\$15,000.00
Speech or Hearing in Both Ears.....	\$15,000.00
Entire Thumb and Entire Index Finger of the Same Hand.....	\$10,000.00
Thumbs, Fingers, or Toes (Each Entire Thumb, Finger or Toe).....	\$ 1,000.00
One Entire Phalanx of Any One Finger.....	\$ 500.00
Hearing in One Ear.....	\$ 500.00

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

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

Emergency Out-Of-Province/Country Accident Benefit

If Injury during a Trip outside the Insured's province of Residence or Canada (maximum 30-day duration) requires Emergency treatment by a Physician or dentist, the Company will pay the expense actually incurred for: a) out-patient Emergency room charges, b) standard Hospital ward charges, c) Physician's fees, d) surgeon's fees, e) Emergency services of a dentist or dental surgeon, f) Hospital expenses, and g) x-rays or laboratory services as may be requested by the attending Physician or dentist, less the amount allowed by any provincial health plan to a maximum of \$50,000.00.

Emergency Transportation Benefit

When Injury requires immediate medical attention, the Company will pay the reasonable expense for transportation via private vehicle/taxi from the location of the Accident to a Physician's office or the nearest Hospital and return to the school or Residence to a maximum of \$250.00.

Eyeglasses and Contact Lenses Benefit

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

Fracture, Dislocation, Tendon Severance and Miscellaneous Indemnity

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

For complete fracture (including Greenstick type fracture) of:

Skull (depressed).....	100%
Skull (not depressed).....	33%
Spine (one or more vertebrae).....	50%
Jawbone (mandible or maxilla).....	33%
Thigh (femur).....	33%
Pelvis.....	33%
Knee cap.....	27%
Lower leg.....	25%
Shoulder blade.....	25%
Ankle (small bones).....	25%
Wrist (small bones).....	25%
Sacrum or coccyx.....	17%
Sternum.....	17%
Arm, between the elbow and shoulder.....	17%
Forearm.....	12%
Collarbone.....	12%

Nose.....	12%
Two or more ribs.....	10%
One hand (one or more metacarpal).....	10%
One foot (one or more metatarsal).....	10%
Facial bones.....	10%
One rib.....	10%
Any bone not specified above.....	10%

For complete dislocation of:

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

Severance of tendon or tendons of:

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

Miscellaneous:

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

Hospital and Paramedical Reimbursement Benefit

When the Insured is under the Regular Care and Attendance of a Physician, and as a result of Injury, require and first receive treatment within 30 days from an Accident, the Company will pay the reasonable expenses actually incurred in Canada except as otherwise provided under the part titled "Emergency Out-Of-Province/Country Accident Benefit" within three years from the date of the Accident for: a) Hospital services: semi-private or private ward accommodation (including rental of television, radio or telephone, subject to a maximum of \$15.00 per day); b) licensed ground ambulance service including instances involving Sickness and other non-Injury emergencies, subject to a maximum of \$1,000.00 as a result of Sickness of other non-Injury emergencies; c) the employment of a Nurse or certified nursing aid if requested by the attending Physician; d) treatment by a licensed chiropractor or licensed osteopath, subject to a maximum of \$1,000.00; e) treatment by a licensed physiotherapist or licensed registered massage therapist when requested by the attending Physician, subject to a maximum of \$1,000.00; f) rental of crutches and appliances, wheelchair, or Hospital-type bed (limited to purchase price); g) prescription drugs; h) splints, trusses, pressure garments and braces requested by the attending Physician for curative or therapeutic purposes only (braces are limited to one purchase only with respect to any one Injury); i) and medical supplies for the purpose of dressing changes when prescribed by the attending Physician, subject to a maximum of \$500.00.

Permanent Total Disability

When Injury results in total and permanent disability within 120 days of the date of the Accident and is total, continuous and permanent at the end of 12 consecutive months and prevents engagement in any occupation or employment for compensation or profit, the Company will pay \$50,000.00 less any other amounts payable under the policy for the same Injury.

Private Tuition Expense

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

Rehabilitation Benefit

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

Repatriation Benefit

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

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

Special Treatment Travel Benefit

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

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

How Do I Make A Claim?

For ALL claims, contact your school, Agent or the Company (1-800-556-7411) for a claim form. Written notice of accidental death, dismemberment, loss of sight, hearing, paralysis, or Loss of Use of limbs is to be given to the Company within a period of 30 days from the date of loss. For all other claims, completed claim forms must be filed with the Company within 90 days after the date of the injury and no later than 12 months regardless of whether expenses have been incurred. Attach original receipts for all eligible expenses being claimed.

To Whom Are Benefits Paid?

Benefits payable under the policy are payable to or at the direction of the Parent if the Insured is a minor, otherwise to the Insured or his estate.

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

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

When Does This Insurance Not Apply?

- (a) Sickness or disease either as a cause or effect, other than as provided;
- (b) suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- (c) Injury for which there are expenses incurred for a brace or similar device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;
- (d) Injury for which there are expenses incurred for mouthguards or treatment of Temporal Mandibular Joint (TMJ) dysfunction, whatever the cause;
- (e) Injury resulting from repetitive/strenuous activity (i.e., overexertion, strains, etc.);
- (f) declared or undeclared war or any act thereof;
- (g) active full-time service in the armed forces of any country;
- (h) Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided;
- (i) Injury for which compensation is payable under any Workers' Compensation Act or similar legislation, except in the case of "Accidental Death Benefit", "Dismemberment and Specific Loss Indemnity" and "Permanent Total Disability".

Underwritten by:

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Special Markets Solutions
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IA Financial Group is a business name and trademark of Industrial Alliance Insurance and Financial Services Inc.

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

FORM T1097 ENH (SEP/2016)

ENDORSEMENT NO. 3

In consideration of a renewal premium of \$15,702.05, it is understood and agreed between the Policyholder and the Company that this policy is renewed for a further term of 12 months effective from September 1, 2016 to September 1, 2017.

It is further understood and agreed between the Policyholder and the Company that effective September 1, 2016, Definition – “**Accident**” of this policy is amended to read as follows:

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

It is further understood and agreed between the Policyholder and the Company that effective September 1, 2016, part titled “**FRACTURE, DISLOCATION OR SURGERY INDEMNITY**” of this policy is deleted in its entirety.

It is further understood and agreed between the Policyholder and the Company that effective September 1, 2016, the following benefit shall form part of this policy:

FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY

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

For complete fracture (including Greenstick type fracture) of:

Skull (depressed)	100%
Skull (not depressed)	33%
Spine (one or more vertebrae)	50%
Jawbone (mandible or maxilla)	33%
Thigh (femur)	33%
Pelvis	33%
Knee cap	27%
Lower leg	25%
Shoulder blade	25%
Ankle (small bones)	25%
Wrist (small bones)	25%
Sacrum or coccyx	17%

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 100010095 issued to Rainy River District School Board, by **INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.**



Registrar



ENDORSEMENT NO. 3 (Continued...)

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

Sternum	17%
Arm, between the elbow and shoulder	17%
Forearm	12%
Collarbone	12%
Nose.....	12%
Two or more ribs	10%
One hand (one or more metacarpal).....	10%
One foot (one or more metatarsal).....	10%
Facial bones	10%
One rib.....	10%
Any bone not specified above	10%

For complete dislocation of:

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

Severance of tendon or tendons of:

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

Miscellaneous:

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

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 100010095 issued to Rainy River District School Board, by **INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.**



Registrar



ENDORSEMENT NO. 10

In consideration of a renewal premium of \$14,280.00, it is understood and agreed between the Policyholder and the Company that this policy is renewed for a further term of 12 months effective from **September 1, 2023 to September 1, 2024.**

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 100010095 issued to Rainy River District School Board, by **INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.**

D. Bayes
Registrar

