iMED Health Insurance
for New International Students at University of British Columbia (UBC)

PLEASE READ THIS POLICY CAREFULLY

CONTACT THE 24-HOUR TOLL-FREE EMERGENCY ASSISTANCE NUMBER AT 1-800-995-1662 (NORTH AMERICA) OR COLLECT (416) 340-8444 FOR HOSPITAL ADMISSIONS, OR IF INCAPACITATED, AS SOON AS POSSIBLE.

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FREQUENTLY ASKED QUESTIONS

ELIGIBILITY

1. **Will I need a medical examination to join the plan?**
   No, a medical examination is not required.

COVERAGE

1. **Are pre-existing medical conditions covered?**
   Yes, but with certain limitations. Please refer to your policy wording for details.

2. **Can I seek treatment from a doctor or hospital of my choice?**
   Yes, we do not restrict you from using any legitimate, qualified medical provider or hospital. Should your treatment be required due to a medical emergency, please contact TIC Travel Insurance Coordinators for directions.

3. **What happens if I am in a country where the appropriate treatment cannot be provided?**
   Once the treatment has been deemed medically necessary, TIC Travel Insurance Coordinators must be contacted and they will then make the necessary evacuation arrangements.

4. **What do I do if the attending Medical Personnel do not speak my language?**
   Refer them to the TIC Travel Insurance Coordinators toll free number. TIC Travel Insurance Coordinators' multilingual staff will be able to communicate effectively on your behalf.

5. **Does my coverage extend to include cosmetic surgery?**
   No, not if the surgery is elective. However, if the surgery is required because of an accident that occurred while you were insured, your policy will cover the costs.

LIFE EVENTS

1. **Can I receive treatment when returning to my Home Country?**
   Coverage for a maximum of 90 consecutive days is available to Insured's permanently returning to their Home Country or Primary Place of Residency provided premium has been paid for this term.

CLAIMS

1. **What is the deadline for submitting Medical claims?**
   All claims must be submitted no later than 365 days from the beginning of the medical treatment, 120 days after the Insured Person's date of termination (or 180 days after the Insured Person's date of termination if the billing is being sent direct from the provider), or 90 days after the Group Policy has been terminated, whichever is earlier.

2. **Where are my claims processed and paid?**
   All claims are processed at MSH INTERNATIONAL's global claim center located at:

   North and South America:
   300, 999 – 8th Street S.W.
   Calgary, Alberta, Canada T2R 1N7
   Fax: +1 403 265 9425
   claimsamerica@msh-intl.com

   Europe:
   82 rue Villeneuve
   92587 Clichy Cedex
   France
   Fax: +33 (0) 1 44 20 99 03
   claimseurope@msh-intl.com

   Middle East & Africa:
   DIFC, Liberty House
   Office 304
   PO Box 506537
   Dubai
   UNITED ARAB EMIRATES
   Fax: +971 4 363 7327
   claimsmea@msh-intl.com

   Asia:
   East Unit, 5th Floor
   North Tower, Building 9
   Lujiazui Software Park
   No. 20, Lane 91
   E Shan Road, Pudong
   Shanghai P. R. CHINA 200127
   Fax: +86 21 6160 0153
   claimsasia@msh-intl.com

   All documentation relating to the claim including the claim form and accounts must be provided. Copies of original documents will be accepted for amounts up to $500 USD. The original receipts must be retained by the insured member for a period of 24 months from the date the claim was incurred during which time MSH INTERNATIONAL may request these documents to validate any claim at any time. In the event the original copy cannot be produced, the insured member will be responsible for any claim payments made in regards to that receipt.

3. **How do I make a claim?**
   Claims should be submitted as per the guidelines outlined on pages 10 and 11.

4. **Do claims need to be translated into English or converted into Canadian funds for processing?**
   No, MSH INTERNATIONAL can process claims received in many different languages or currencies.

5. **Do I have to provide a "Deposit" against my claim when I am admitted to the hospital?**
   This is not required unless requested by the service provider. If so, contact TIC Travel Insurance Coordinators in this regard.

   Call Collect From Anywhere in the World
   00 1 (416) 340-8444

6. **Will the plan provide direct reimbursement to a hospital or medical provider?**
   On approval of the hospital or medical provider, direct reimbursement can be made.

   You will be required to provide the hospital or provider's name, location, telephone and fax numbers so that arrangements can be made for direct payment as allowed by provider.

Pre-approval of Medical Treatment please email
precert@msh-intl.com
Or
Fax to the Attention of Precertification Department
(Canada) 001-403-265-9425

7. What happens if I am hospitalized?
Contact TIC Travel Insurance Coordinators at the number shown on your I.D. card:

Call Collect From Anywhere in the World
00 1 (416) 340-8444

Please do not hesitate to contact MSH INTERNATIONAL should you have any questions regarding your benefit program.

MSH INTERNATIONAL'S Client Service Centre
Phone: 00 1 (403) 537-8823
Toll Free: 1 (866) 767-7959 (within North America)
Email: clientservice@americas.msh-intl.com

INSURING AGREEMENT
In consideration of the payment of the premium, the Insurer agrees with the policyholder to reimburse up to the limits detailed in this policy for costs incurred during the policy term subject to all of the exceptions, limitations and provisions of this policy.

Any word explained in the Definitions section herein will have the same meaning throughout this document. The currency of this policy is expressed in Canadian dollars (CAD).

GEOGRAPHICAL AREA OF COVERAGE
Worldwide

EFFECTIVE DATE AND POLICY TERM
This policy takes effect at 12:00 a.m., local standard time on the date stated in the application for coverage or the date coverage is approved by the Insurer and from which date all insurance months shall be calculated. It continues in force for the period for which premium has been paid. Coverage may be renewed subject to approval by the Insurer for further consecutive terms, not exceeding 12 months, on payment of premium at the rate and in the amount determined at the time of renewal by the Insurer.

WAR RISK COVERAGE
The Insurer reserves the right to exclude or surcharge coverage in countries deemed to be locations of extreme risk. Locations of extreme risk are subject to change based on the Insurer's assessment. Advance notification of 15 days will be provided by MSH INTERNATIONAL (CANADA) LTD. to employers with employees or Dependents in locations deemed to be of extreme risk before any surcharge becomes applicable.

ELIGIBILITY
For the purposes of this policy, Insured Persons shall be considered as those persons who:

1. Are enrolled as a student, on foreign assignment or travelling outside of their Home Country for an accredited educational facility;
2. Are eligible Dependents of the Insured Person as defined by this policy;
3. Are under age 65;
4. Have been enrolled under this Policy;
5. Have requested and received approval for extension of coverage upon termination of assignment and while traveling back to Home Country and have paid premium for this period or have had the premium paid on their behalf.

TERMINATION DATE OF INSURANCE
The insurance of an Insured Person shall terminate on the earliest of the following:

1. The date this policy is terminated;
2. The date that any premium required or due on the part of the Insured Person remains unpaid;
3. The date that the Insured Person reached age 65;
4. The date that the Insured Person no longer meets the Eligibility requirements as stated in the Policy or as approved by the Insurer;
5. The date the insured Dependent ceases to be an eligible Dependent as defined by this policy.

Termination of the insurance of any Insured Person will not prejudice consideration of any claim that may have occurred prior to such termination.

TERMINATION OF POLICY
This policy may be terminated by either party with prior notice provided at least 120 days in advance of the requested termination date.

TERMINATION BY INSURED PERSON
Subject to approval by Plan Administrator (David Cummings Insurance Services Ltd.), the Insured Person may request termination of this contract by giving written notice of termination to the Plan Administrator acting on behalf of the Insurer, or by delivery thereof to an authorized agent (e.g. school or organization). If this policy is cancelled prior to the Effective Date, the Insured Person will receive a full refund of premiums paid on a pro-rata basis.

If this policy is cancelled after the Effective Date, the Insurer will refund the premiums paid subject to proof of existing equivalent coverage being in place.
Refunds are subject to no claims having been incurred, paid, or pending. A waiting period of 90-days applies to all refunds.

OTHER INSURANCE
If, at the time of loss, the Insured Person has insurance from another source for Benefits provided under this policy, the policy with the earliest Effective Date will be deemed to be first payor. Any Benefits payable by the following shall not be considered as a covered cost under this policy:

1. Any group or individual Hospital or medical plan.
2. Any government Hospital or medical plan.
3. Any Worker's Compensation Act.
4. Any public or tax-supported agency.

DEFINITIONS
Accident: Any sudden and unforeseen event resulting in bodily Injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.
For the purpose of the AD&D Benefit insured under this policy, please note the Accident must occur during the policy term.

Benefits: Any covered expenses/services that the Insurer will pay under this policy.

Benefit Maximum: The amount stated as the maximum payable for any particular Benefit per Policy Year, unless otherwise stated.

Complications Relating to Maternity Care: Complications are defined as any medical condition relating to pregnancy that if not immediately treated will threaten the life of the mother or unborn child.

Corrective Device: A device that is required by You on the advice of a Physician to correct a debilitating physical impairment and without which it would be a physical impossibility for You to continue Your studies or Your teaching responsibilities at the educational

institution in which You are enrolled or are teaching. "Corrective Devices" include prosthetic limbs, wheelchairs, seeing-eye dogs, and hearing aids.

Couple Coverage: Coverage that includes the primary Insured Person and an eligible spouse or eligible Dependent child, as defined by this policy.

Coverage Period: The period of time during which You are insured for the Benefits provided by this policy, starting from 12:00 a.m. on the Effective Date until 11:59 p.m. on the latest of the date (a) specified as the Termination Date on the enrollment form; or (b) of termination of any extension of this policy. The maximum Coverage Period including extensions is 365 consecutive days at any one time.
Coverage for a maximum of 90 consecutive days is available to Insured Persons permanently returning to their Home Country or Primary Place of Residency provided premium has been paid for this term.

Day Patient: A patient who occupies a Hospital bed or is charged for a Hospital bed.

Deductible: The dollar amount for which the Insured Person is liable, before any remaining eligible expenses are reimbursed under this policy.

Dentist or Dental Surgeon: a practitioner who holds a Doctor of Dentistry degree and is legally registered and licensed to practice dentistry in the country where services within the scope of their licence are provided.

Dependent:

1. The spouse or common law spouse (including same sex) of an Insured Person (but excluding those legally separated), and under the age of 65.
2. Unmarried children, step-children, foster children, legally adopted children and children under legal guardianship or custody, who are accompanying the primary Insured Person outside of their Home Country, and who are dependent on the Insured Person for support, provided that such children are not less than 15 days old and not more than 18 years old (or not more than 24 years old provided it can be proven that the child is continuing in full-time education).
3. Unmarried children, step-children, foster children and legally adopted children, who are accompanying the primary Insured Person outside of their Home Country, and who are dependent on the Insured Person for support due to physical or mental disability.

Diagnostic Services: Laboratory tests and x-ray services, radiographs and nuclear medicine procedures used to diagnose and treat medical conditions.

Effective Date: Means either
a) The date You arrive in the location of foreign study or assignment. In this case coverage is automatically provided to a maximum of 10 days while traveling to location of foreign study or assignment from Your Home Country or Primary Place of Residency; or
b) A later date as communicated by the Plan Administrator.

Emergency: A sudden and unexpected turn of events or change of condition which requires immediate medical treatment and which first manifests itself while this policy is in force as to the Insured Person.

Expatriate: A person who leaves his/her Home Country to reside in a foreign country for which he/she does not hold a valid passport.

Home Country: The country for which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be taken to mean the country that the Insured Person has declared on the application form. Where a family is to be covered by the policy, there will be deemed to be one Home Country for that family, which will be the Home Country declared on the application form.

Hospital: Any medical or surgical institution which is legally licensed in the country in which it is located and whose main activities are not those of a rehabilitation centre, spa, hydro clinic, sanatorium, nursing home or home for the aged. It must be under the constant supervision of a resident Physician.

Hospital Services: Costs for accommodation, nursing, operating theatres, drugs, dressings, diagnostic procedures or any other necessary costs made by the Hospital for medical treatment.

Immediate Family Member: Refers to spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, mother-in-law, grandson, granddaughter, grandfather or grandmother of the Insured Person.

Injury: Any harm to the body caused by an Accident resulting, directly and independently of all other causes, in the Insured Person incurring Medical Expenses.

Inpatient: A patient who occupies a Hospital bed for more than 24 hours for medical treatment and for which admission was recommended by a Physician or Surgeon.

Insured Person/You/Your: An eligible person as defined in the eligibility section of this policy.

Insurer: Hauteville Insurance Company, who provides this insurance.

Medical Appliances: Minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, orthotics and the temporary rental of a wheelchair when prescribed by a Physician or Surgeon.

Medical Assistance Provider: Travel Insurance Coordinators (TIC).

Medical Expenses: Those medical and related expenses for which coverage is provided under the Major Medical Benefits section of this policy which are necessarily incurred as a result of Injury or Sickness while coverage is in force under this policy as to the Insured Person.

Medically Necessary: Those services or supplies which are provided to You that are required to identify or treat Your Sickness or Injury and that are necessary for the relief of acute pain or suffering, or to identify or treat Your Sickness or Injury; or with respect to Hospital Services, those which cannot safely be provided to You as an Outpatient.

MSH INTERNATIONAL (CANADA) LTD: The third party administrator and claims administrator appointed by the Insurers.

Newborn Care: The Medically Necessary expenses associated with the care and treatment of a newborn child while in Hospital immediately following birth and any Medically Necessary expenses incurred up to the guaranteed period of coverage elected under Maternity Care.

Nurse Practitioner (NP): Is a registered nurse who is prepared, through advanced education and clinical training, to provide a wide range of preventative and acute health care services to individuals of all ages.

Outpatient: An Insured Person who receives treatment, including Diagnostic Services at a Hospital, or other medical institution, or at a Physician's office;

where the Insured Person is not admitted or confined to a Hospital bed as an Inpatient or Day Patient.

Overall Maximum Limit: The total aggregate lifetime limit that may be claimed by an Insured Person. Such limit is indicated in the wording of this policy.

Physician's Assistant (PA): Is a medical professional who works as part of a team with a medical doctor. A PA is a graduate of an accredited PA educational program who is nationally certified and licensed to practice medicine with the supervision of a physician.

Physician or Surgeon: A legally licensed medical practitioner recognised by the law of the country where treatment is provided and who, in rendering such treatment, is practising within the scope of his/her licensing and training. A Physician or Surgeon must not be the Insured Person or an Immediate Family Member of an Insured Person.

Policy Year: the 12-month period beginning on the date the Primary Insured Person's coverage under the Policy commences. Subsequent Policy Years commence on the anniversary of that date.

Pre-Existing Condition: a Sickness or Injury which occurs prior to the Effective Date of coverage under this policy.

Prescription Drugs: drugs, medicines, serums and vaccines which must, by federal law or regulation in the country where incurred, be dispensed only pursuant to a prescription from a licensed Physician or Dentist. For geographical areas where there are no regulatory laws for such substances, eligibility will be determined by Canadian standards as defined by the Canadian Food and Drugs Act and Regulations.

Primary Place of Residency: The location where the Insured Person maintains a permanent residence that is not located in the Home Country.

Reasonable and Customary Costs: Costs incurred for approved, eligible treatment or supplies that do not exceed the standard costs of other providers of similar standing in the same region, for the same treatment of a similar Sickness or Injury.

Routine Care: Designated for patients who require a Physicians visit for a medical service, including Diagnostic Services and medication, that is not considered urgent at the time of the initial visit. Routine Care does not include annual Physician's visits.

Sickness: Any illness or disease to the Insured Person which causes the Insured Person to incur Medical Expenses.

Termination Date: The date Your coverage under this Policy ends. Coverage ends on the latest of the date and time, (a) the date You request as the end date of Your application or (b) the date You permanently return to Your Home Country or (c) for Insured Persons permanently returning to their Home Country, a maximum of 90 consecutive days from the date of return provided premium has been paid to cover this period.

Well Baby Care: The customary Health Care services provided to a healthy newborn that are determined to be medically necessary, even though they are not provided as a result of illness, injury or congenital defect. This includes a series of regularly scheduled checkups, hearing loss assessments and immunizations. Please refer to the Medical Benefit for coverage and limitations.

GENERAL EXCLUSIONS

This policy does not cover expenses caused or contributed to directly or indirectly by:

1. Elective medical treatment;
2. Medication commonly available without a prescription; contraceptives, vitamin preparations; or medication received on a preventive basis that is not deemed Medically Necessary due to a pre-existing Sickness or Injury. This includes but is not limited to vaccinations and immunizations except as provided under the Well Baby Care provision of this policy;
3. The Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency HIV/AIDS Coverage Benefit, except as provided under the HIV/AIDS Benefit;
4. Air travel, other than as a passenger in a certified commercial aircraft that provides passenger service and complies with government regulations concerning pilot licensing and current certificates of airworthiness;
5. Active participation in war or any act of war, or Radioactive contamination;
6. Committing or attempting to commit any criminal act;
7. Termination of pregnancy, except in the care of a major, vital complication which presents a clear and significant risk of death to the mother;
8. Hang gliding, paragliding, sport parachuting, sky diving, athletic or sports activities for remuneration or prize money, or while riding or driving in or on any motorised vehicle or device in any race of speed contents; scuba diving at a depth greater than 15 meters, and rock or precipice climbing at a height greater than 15 meters;
9. Intentional misuse of medication except as insured under the suicide clause of this policy, use of intoxicants or illegal drugs, or treatment thereof or Accidents related thereto;
10. Injuries received as a direct consequence or as a result of the Insured Person having blood content of more than 80 milligrams of alcohol per 100 millilitres of blood or, in the absence of a specific measurement, in the professional opinion of the attending Physician;
11. Any prescription medication classified as a Life Style drug;
12. Fertility or infertility treatment and/or drugs related to;
13. Any claim arising from a trip or assignment undertaken outside the Host Country that has been arranged solely for the purpose of securing treatment or therapy unless it has been pre-approved by the Insurer.
14. Any Medical Expense incurred relating to a Pre-Existing Condition except:
    - Medical Expenses that are medically recognized as Routine Care of the Pre-Existing Condition but excluding any treatment or surgery which can reasonably be delayed until the Insured Person's expected date of return to their Home Country or Primary Place of Residency outside of Canada without causing irreversible or permanent damage or;
    - Medical Expenses incurred resulting from a change in the Pre-Existing Condition.

In addition to the above, Benefits will not be payable for:

15. Examinations by, or the services of, a Physician if required solely for the use of a third party;
16. Traveling contrary to the medical advice of a Physician or Practitioner or for the purpose of obtaining Medical Treatment or when a terminal prognosis was given to the Insured Person prior to the Coverage Period;
17. Persons age 65 or over; and

18. Any costs incurred during any period for which the appropriate premium has not been paid or while the policy is not in force as to the Insured Person.

This policy also includes the following clauses / endorsements:

NUCLEAR, CHEMICAL, BIOLOGICAL TERRORISM EXCLUSION

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto, it is agreed that this insurance excludes any losses, directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below), regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement:

"Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone, on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public, in fear.

"Chemical" agent shall mean any compound that, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

"Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

WAR AND TERRORISM EXCLUSION

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss if the assured/Insured Person takes an active part therein.

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
2. Any act of terrorism.

   For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to 1 and/or 2 above.

If the Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the assured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Please refer to each Benefit description for additional exclusions.

MAJOR MEDICAL BENEFITS

Overall Maximum Limit

Notwithstanding the limits stated in the separate sections of this policy, the Overall Maximum Limit for Medical Expenses shall not exceed two million dollars ($2,000,000) per Insured Person, per lifetime.

Reimbursement is 100% of all eligible expenses with no Deductible.

Eligibility

All primary Insured Persons, their spouses and eligible Dependent children (as defined by this policy) are eligible for Medical coverage.

Hospital Benefits

When, by reason of Injury or Sickness, an Insured Person is confined to a Hospital, the Insurer will pay the Reasonable and Customary Costs for room and board charges (up to semi-private room accommodation), including the costs relating to Physicians, Surgeons, nursing, operating room, Prescription Drugs, dressings, Diagnostic Services, Medical Appliances, and any other necessary cost made by the Hospital for Inpatient Hospital Services, Day Patient Hospital Services, as well as costs incurred in an intensive care unit. **It is recommended that Insured Persons obtain pre-authorization from MSH INTERNATIONAL (CANADA) LTD. or the Medical Assistance Provider. Requests for pre-authorization should be submitted at least 10 days prior to the anticipated service date. Pre-authorization requests will be processed within 3 to 5 business days.**

Physician's Fees

All Reasonable and Customary Costs made by a Physician, Physician's Assistant's, or Nurse Practitioner for professional services or Medical Treatment.

Medical, Surgical and Diagnostic Services

When by reason of Injury or Sickness, an Insured Person incurs expenses for any of the following while under the regular care and attendance of a Physician or Surgeon, the Insurer will pay the Reasonable and Customary Costs incurred for the following:

1. **Corrective Devices.** A device that is required by You on the advice of Physician to correct a debilitating physical impairment and without which it would be a physical impossibility for You to continue Your studies or Your teaching responsibilities at the educational institution in which You are enrolled or are teaching. "Corrective Devices" include prosthetic limbs, wheelchairs, seeing-eye dogs, and hearing aids.
2. **Diagnostic, X-Ray, and Laboratory Services.** X-Ray or Laboratory examinations under the attendance or supervision of a Physician or Surgeon for Diagnostic Services. Laboratory, x-ray, magnetic resonance imaging (MRI), cardiac catheterisation, computerised axial tomography (CAT) scans must be provided by or ordered by a Physician.

3. **Prescription Medication.** Limited to a 90-day supply of any one type per Policy Year unless prescribed while a Hospital Inpatient.
4. **Paramedical Services.** The services of a registered or certified massage therapist, chiropractor, physiotherapist, osteopath, naturopath, speech therapist, podiatrist or acupuncturist up to a maximum of $1,000 per profession, per Policy Year, per Insured Person.
5. **Psychiatric Care.** Up to $25,000 for the services of a Psychiatrist while hospitalized as an Inpatient due to an emotional disorder. Psychologist, psychiatrist, counselor covered to a combined maximum of $2,500 per Policy Year per Insured Person on Outpatient basis.
6. **Medical Equipment and Supplies.** (Payable only if required as the result of a covered Sickness or Injury). Purchase of medical supplies, including dressings and prosthetic appliances. When required as the result of a covered Sickness or Injury only, up to $350 for prescription glasses or contact lenses or up to $500 for hearing aids. Rental charges for wheelchairs, crutches, Hospital-type bid or other appliances, not to exceed the purchase price.
7. **Private Duty Nursing Care.** Up to a $5,000 lifetime maximum for the services of a Registered Nurse, Registered Nurse Assistant or Home Care Worker when ordered by the attending Physician.
8. **Emergency Transport.** The full cost of licensed ambulance service to the nearest Hospital when Medically Necessary. Emergency transfers between Hospitals when ordered by the attending Physician, including user fee; OR, taxi fare to or from a Hospital or medical clinic for eligible medical care to a maximum of $100 per illness or injury.
9. **Acute Dental Care.** Pays up to $600 reimbursement per Emergency for the immediate relief of acute dental pain caused by other than a blow to the face. All treatment must be initiated within 48 hours from the time the Emergency began and must be completed no later than 90-days after treatment began assuming coverage is in force during the treatment period Dental conditions for which the Insured Person has previously received treatment or advice are not covered.
10. **Emergency Dental Treatment.** When an accidental blow to the mouth or face results in Injury to an Insured Person, the Insurer will pay for the Emergency dental treatment necessary to restore or replace permanently attached artificial teeth or sound natural teeth lost or damaged in an Accident up to $2,500 per Insured Person, per Injury.
    Emergency repairs to artificial teeth including bridges and denture plates are covered up to a maximum of $500 per Insured Person, per Injury.
    Dental treatment must be initiated within 90 days following an Accident and completed within the policy term. Detailed medical documentation from a Physician or Dentist must be provided to support an Insured Person's claim.
    Expenses incurred as a result of chewing Accidents or Injury due to placing an object to or in the mouth are not payable.
11. **Annual Physician Visit.** When a minimum of 6 months coverage has been purchased, Insurer will pay up to $100 for one visit to a General Practitioner (Physician) during the Policy Year for a Non-Emergency exam and associated tests.
12. **Eye Exams.** Reasonable and Customary Charges for one Non-Emergency eye exam performed by a licensed Optometrist per 365-day period. Note: The costs of glasses or contact lenses are NOT covered unless required as per the Medical Equipment and Supplies Benefit, above.
13. **HIV/AIDS Coverage.** Expenses incurred as a result of a positive HIV, AIDS, or ARC diagnosis, which was diagnosed after coverage commenced, will be based on standard terms and conditions of the Policy and covered to a lifetime maximum of $10,000.
14. **Maternity Coverage.** Maternity Coverage up to a combined maximum of $25,000 for pre-natal care, childbirth, post-natal care, and Newborn Care (up to age 15 days). For newborn coverage past the age of 15 days, an application for Dependant coverage must be made within 15 days. Emergency complications due to pregnancy are subject to the Overall Maximum Limit ($2,000,000). Termination of pregnancy is not covered, except in the care of a major, vital complication which presents a clear and significant risk of death to the mother.
15. **Complications Relating to Maternity Care:** Complications are defined as any medical condition relating to pregnancy that if not immediately treated will threaten the life of the mother or unborn child.
16. **Well Baby Care.** Includes a series of regularly scheduled checkups that begin in the first week after birth until the first month of life, subject to a maximum of two visits during this period. Hearing loss assessments and immunizations are also covered under Well Baby Care. Immunizations covered include the first dose of Hepatitis B and the dose for Tuberculosis for residents of developing countries.
17. **Suicide Clause:** This policy insures Medical Expenses incurred as a result of attempted suicide subject to the maximums and limitations under this medical benefit.
18. **Pre-Existing Medical Conditions:** This policy covers expenses that are medically recognized as routine care of the pre-existing condition but excludes any treatment or surgery which can reasonably be delayed until the Insured Person's expected date of return to their Home Country or primary place of residency outside of Canada without causing irreversible or permanent damage. This policy also covers medical expenses incurred resulting from a change in the pre-existing medical condition.

Your insurance also covers;

Mountaineering, scuba diving, rock or precipice climbing. This policy covers medical expenses incurred as a result of mountaineering and scuba diving to a depth of 15 meters, and rock or precipice climbing up to 15 meters in height, subject to the maximums and limitations under this medical benefit

Trauma Counseling. If a Insured Person suffers a covered loss listed in the Schedule of losses under the Accidental Death & Dismemberment Benefit, (other than loss of life) within 90 days from the date of an Accident which occurred during the Coverage Period, the Insurer will pay up to six sessions per lifetime of the Insured Person for trauma counseling by a registered Psychologist when ordered by the attending Physician.

Returning Insured Benefit. Coverage for a maximum 90 consecutive days is available to Insured Person's permanently returning to their Home Country provided premium has been paid for this period.

The following Benefits are covered with the prior approval from Your Medical Assistance Provider. The maximum amount payable for the following

Transportation Benefits cannot exceed the Overall Maximum Limit.

1. **Air Evacuation.** The cost of transporting You to the nearest Hospital or to a Hospital in Your Home Country, if Medically Necessary, either:
   a) as a stretcher fare in a regular flight, including economy return fares for qualified medical attendants (not a relative) and their associated fees and expenses; or
   b) an appropriately equipped air ambulance, including associated fees and expenses for a qualified crew.
   Land ambulance costs at each end of the flight or connecting flights are included. The attending Physician must certify that the Insured Person is medically fit for the type of transfer selected.
2. **Family Transportation and Subsistence Allowance.** If You have no family members within 500 kilometers of Your location while You are outside Your Home Country and You are Hospitalized and Your Hospitalization is expected to last a minimum of 7 days or in the event of the death of the Insured Person. The Insurer will pay up to a combined lifetime maximum of $7,500 towards the cost of round-trip transportation based on the lowest available fare for the most direct route for two (2) persons nominated by You to travel to Your bedside, as well as for commercial accommodation and meals for a maximum period of 7 days for these two (2) persons. The attending Physician must certify that the situation is serious enough to warrant the visit. Submit all bills and receipts to the Claim Administrator.
3. **Repatriation or Burial of Deceased.** If death occurs during the Coverage Period as a result of a covered Injury or Sickness, the Insurer will pay either (a) up to $12,500 towards the Reasonable and Customary Costs for the preparation and return of the Insured Person's remains to the Insured Person's Home Country in a standard transportation container or (b) up to $10,000 for the cost of preparing the remains, cremation or burial, and a burial plot in the location where death occurs. The costs for a coffin, urn, headstone or funeral are excluded.
4. **Return Home:** If, in the event of Emergency Sickness or Injury of the Insured Person which necessitates the return home of the Insured Person for immediate medical attention, the Insurer will reimburse the actual extra cost of a one-way economy airfare by the most direct route for the Insured Person to return to Insured Person's Home Country, up to a lifetime maximum of $5,000.
5. **Costs of Returning Home due to Family Emergency.** If the Insured Person must unexpectedly return Home due to the fact that an Immediate Family Member who is not traveling with the Insured Person has died, or is hospitalized for a serious Sickness, the Insurer will pay up to a lifetime maximum of $2,500 towards the cost of round-trip transportation based on the lowest available fare for the most direct route to the location nearest the institution where the Immediate Family Member is being held. The Insurer will also pay up to lifetime maximum of $1,000 for commercial accommodation and meals for the Insured Person. This Return Home Benefit must occur within the Coverage Period.

Please refer to the General Exclusions section for Medical Exclusions and limitations.

MEDICAL EMERGENCY ASSISTANCE
TRAVEL INSURANCE COORDINATORS (TIC)
Worldwide Emergency Coverage

In the event of Emergency Hospitalization please call:
TIC TRAVEL INSURANCE COORDINATORS
WORLDWIDE EMERGENCY ASSISTANCE
as soon as possible

1-800-995-1662
From Canada and the United States
011-416-340-8444
Collect to Canada
From anywhere else in the World

In order to assist You in an Emergency situation, TIC will require the following information when You contact them.

1. Name of caller, telephone number and relationship to the patient.
2. Name of the patient, age, sex and location and their certificate number (if known).
3. Name of organization.
4. TIC Identification number (011841/000).
5. Nature of medical problem.
6. Telephone numbers of medical personnel involved.
7. How and when the next communication will take place.

In the event You are admitted to a hospital TIC must be notified immediately. They will take the appropriate action to assist You and monitor Your care until the situation is resolved – 24 hours a day, 7 days a week, 365 days a year.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Benefits
The principal sum is a flat amount of $50,000.

Eligibility
All primary Insured Persons are eligible for Accidental Death & Dismemberment coverage. Coverage is not available for spouses or Dependent children of the primary Insured Person.

AGGREGATE LIMIT OF LIABILITY: $10,000,000
The Insurer shall not be liable for any amount in excess of the above stated aggregate limit of liability.

If the aggregate amount of all indemnities otherwise payable by reason of coverage provided under this policy exceeds such aggregate limit of liability, the Insurer shall not be liable as respects each Insured Person for a greater proportion of the indemnity otherwise payable than the aggregate limit of liability bears to the aggregate amount of all such indemnities.

Coverage
Accidental Death, Dismemberment, Loss of Sight and Paralysis.

If such injuries shall result in any one of the following specific losses within one year from the date of Accident, the Insurer will pay the Benefit specified as applicable thereto, based upon the principal sum stated in the Insured Person's application, provided, however, that not more than one (the largest) of such Benefits shall be paid with respect to all injuries resulting from one Accident.

Schedule of Losses

For the Loss of:	**% of Principal Sum Payable**
Life	100%
One Hand & One Foot	100%

One Hand or One Foot And the Sight of one Eye	100%
Both Hands or Both Feet or the Sight of Both Eyes	100%
Speech and Hearing in Both Ears	100%
Sight of One Eye	66 2/3%
Hearing in Both Ears	66 2/3%
Speech	66 2/3%
Thumb & Index Finger of Same Hand	33 1/3%
Hearing in One Ear	25%
Loss of Four Fingers of the Same Hand	33 1/3%
Loss of All Toes of the Same Foot	12 1/2%
Both Hands or Both Feet	100%
Both Arms or Both Legs	100%
One Arm or One Leg	75%
One Hand or One Foot	66 2/3%
Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%

"Loss" shall mean:

1. With respect to hand or foot, the actual severance through or above the wrist or ankle joint;
2. With respect to arm or leg, the actual severance through or above the elbow or knee joint;
3. With respect to eye, the total and irrecoverable loss of sight;
4. With respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree;
5. With respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid of device;
6. With respect to thumb and index finger, the actual severance through or above the first phalange;
7. With respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand;
8. With regard to toes, the actual severance of both phalanges of all toes of the same foot.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.

"Loss of use" shall mean the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to the Insurer to be permanent.

Exposure and Disappearance
Loss resulting from unavoidable exposure to the elements and arising out of hazards described above shall be covered to the extent of the Benefits afforded an Insured Person.

If the body of an Insured Person has not been found within one year of the disappearance, stranding, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the Accident, it shall be presumed subject to all other conditions of the policy, that the Insured Person suffered loss of life resulting from bodily injuries sustained in the Accident and covered under this policy.

PROVISIONS – AD&D BENEFIT

Notice of Claim: Written notice of claim must be given to the Insurer within 30 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice by or on behalf of the claimant to the Insurer or to any authorised agent of the Insurer, with information sufficient to identify the Insured Person, shall be deemed notice to the Insurer.

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

Proofs of Loss: Written proof of loss must be furnished to the Insurer within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Time of Payment of Claim: Indemnities payable under this policy will be paid immediately upon receipt of due written proof of such loss.

Payment of Claims: Indemnity for accidental loss of life will be payable to the beneficiary of record in a lump sum. The lump sum payment will be made immediately upon receipt of the required proofs of claim.

If, at the death of the Insured Person, there is no surviving beneficiary, the accidental loss of life indemnity shall be payable in one sum to the estate of the Insured Person.

All other indemnities will be payable to the Insured Person.

Physical Examinations and Autopsy: The Insurer at its own expense shall have the right and opportunity to examine the body of any Insured Person whose Injury is the basis of claim when and as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years (or the minimum time, if more than three years, permitted by law in the province where the Insured Person resides) after the time written proof of loss is required to be furnished.

Designation or Change of Beneficiary: Subject to any statutory restrictions, an eligible Insured Person may designate a beneficiary to receive death Benefits payable under this policy or may change any beneficiary already appointed, by filing written notice. No designation or change of beneficiary under the policy shall be binding upon the Insurer until the original or a duplicate thereof is received by the designated custodian or beneficiary records. No assignment of interest shall be binding upon the Insurer until the original or a copy thereof is received by the Insurer. The Insurer assumes no responsibility for the validity or legal sufficiency of such designation or change of beneficiary assignment.

Conformity with Provincial Statutes: Any provision of this policy which, on its Effective Date, is in conflict with the statutes of the province in which this policy was delivered or issued for delivery is hereby amended

to conform to the minimum requirements of such province.

Workers' Compensation Laws: This policy is not in lieu of and does not affect any requirements for coverage under any Workers' Compensation Law.

AD&D Exclusions and Limitations

1. AD&D coverage is not insured in the event of suicide.

Please refer to the General Exclusions section for additional exclusions and limitations.

HOW TO CLAIM

Help us provide the best possible claims service by making sure that all claim forms are accurate and complete. Supporting information should be attached where requested.

In order to keep better track of your claims, and due to the potential banking fees associated with bank transactions, it is in your best interest to accumulate your claim documentation and submit them in batches. This will help reduce the fees your financial institute may deduct from your account.

However, claims must be submitted within the required time after the expense is incurred. Since mail delays can be extensive, all claims should be submitted as quickly as possible to:

MSH INTERNATIONAL

NORTH & SOUTH AMERICA
MSH INTERNATIONAL
300, 999 – 8th Street S.W.
Calgary AB, T2R 1N7
CANADA
claimsamerica@msh-intl.com

EUROPE
MSH INTERNATIONAL
82 rue Villeneuve
92587 Clichy cedex
FRANCE
claimseurope@msh-intl.com

MIDDLE EAST & AFRICA
MSH INTERNATIONAL
DIFC, Liberty House
Office 304
PO Box 506537
Dubai
UNITED ARAB EMIRATES
claimsmea@msh-intl.com

ASIA
MSH INTERNATIONAL
East Unit, 5th Floor
North Tower, Building 9
Lujiazui Software Park
No. 20, Lane 91
E Shan Road, Pudong
Shanghai P. R. CHINA 200127
claimsasia@msh-intl.com

Phone: 00 1 (403) 537-8823
Toll Free: 1 (866) 767-7959 (within North America)
Fax: 00 1 (403) 265-9425
Email: clientservice@americas.msh-intl.com

MSH INTERNATIONAL recommends that You retain a copy of the claim form and all receipts for Your records.

TIME LIMITS FOR SUBMITTING CLAIMS

It is important to note the time requirements for submitting claims. The following summary outlines these requirements.

Written proof of loss is required as follows:

• Accidental Death & Dismemberment (AD&D)	within 30 days after the claim was incurred
• Medical	within 365 days from the beginning of the medical treatment

In the event of a plan termination or an individual termination of the insured's coverage, all proofs of claim must reach the carrier no later than the time limits specified above, OR no later than 120 days after the Insured Person's date of termination (or 180 days after the Insured Person's date of termination if the billing is being sent direct from the provider), OR 90 days after the Group Policy has been terminated, whichever is earlier.

SUBMISSION OF CLAIMS

HEALTH / MEDICAL CLAIMS

All documentation relating to the claim including the claim form and accounts must be provided. Copies of original documents will be accepted for amounts up to $500 USD. The original receipts must be retained by the Insured Member for a period of 24 months from the date the claim was incurred during which time MSH INTERNATIONAL (CANADA) LTD. may request these documents to validate any claim at any time. In the event the original copy cannot be produced, the Insured Member will be responsible for any claim payments made in regards to that receipt.

Hospital: Submit a Medical Claim Form plus a detailed receipt signed by the Hospital showing:

1. Patient's name and date of birth.
2. Name and address of hospital (as well as phone/fax number and email, if available).
3. Date of service and/or length of stay.
4. Type of accommodation (private or semi-private room).
5. Daily room and board charge.
6. Procedure/special charges by hospital (e.g., drugs, x-rays, surgical procedure, etc.).
7. Physician's charges (if any) and currency.
8. Description of illness or injury/diagnosis.
9. Amount paid by Insured Person and/or amount to be paid to provider (please indicate currency).

Medical treatment: Submit a Medical Claim Form. Applicable sections of the form are to be completed by the Insured. If the receipt does not include the following information, please have Your doctor complete the "Physician's Statement" section:

1. Patient's name and date of birth.
2. Name and address of facility (as well as phone/fax number and email, if available).
3. Date of service.
4. Description of illness or injury/diagnosis.
5. Type of procedure rendered.
6. Number of services or visits made.
7. Amount paid by Insured Person and/or amount to be paid to provider (please indicate currency).
8. Have the doctor PRINT his name and address, then date and sign the form.
9. Attach original receipt from the doctor.

Prescription drugs: Submit a Medical Claim Form. Applicable sections of the form are to be completed by the Insured. The following information is required:

1. Patient's name and date of birth.
2. Name of drug or medication.
3. Number of days of supply.
4. A dated receipt.
5. Amount paid by Insured Person and/or amount to be paid to provider (please indicate currency).
6. The form must then be signed by you and the total amount of the charges shown.

MEDICAL EMERGENCY EVACUATION

If medical treatment is required for an Emergency outside North America, the Insured, or someone acting on their behalf, MUST call the toll-free (or collect) number provided on the identification card. Immediate help is arranged and continued monitoring is provided during the Emergency. TIC representatives look after Hospital admission, referral to doctors, drugs, ambulance, family transportation, airfares, attendant care, return and burial if death occurs. However,

receipts should be kept for Emergency services that cost $200 or less, and for expenses that exceed the specific allowances described in the evacuation policy. These should be submitted together with an authorized Medical Claim Form when the Insured returns home.

Emergency assistance must be arranged by calling TIC. Otherwise, Emergency evacuation (transport) expenses will not be eligible for reimbursement.

ACCIDENTAL DEATH & DISMEMBERMENT CLAIMS Notify the MSH INTERNATIONAL administrator as quickly as possible. We will provide the appropriate forms.

METHOD OF REIMBURSEMENT

When sending in Your claim, please ensure that Your return address and contact information are clearly shown so we can contact You when necessary.

ALL CLAIMS RECEIVED FOR REIMBURSEMENT ARE CONVERTED TO THE CURRENCY OF THE CONTRACT.

The exchange rate utilized for calculation purposes is the rate published by Natixis Bank. The exchange rate calculation is based on the rate available upon the last working day of the month prior to the month in which the service was rendered.

Claim reimbursement can be made using one of the following methods as selected at the time of claim or as information has been provided on the enrollment form.

The following claim payment options are currently available to You:

Benefit Cheque

A claim payment cheque will be mailed to the address provided on the claim form. All cheques will be issued in the currency selected by the insured person, subject to availability.

Wire Transfer

You may request that claims payment be wired into Your account anywhere in the world.
MSH INTERNATIONAL will cover the costs of sending the wire payment, however, please note, it is common for receiving banks to charge You for the cost of receiving the wire transfer. This amount will be deducted from the claim payment and is the responsibility of the account holder.

GENERAL PROVISIONS AND LIMITATIONS

Applicable Law and Arbitration:
This policy shall be governed by, construed and interpreted in accordance with English Law.

All disputes arising out of or in connection with the present contract shall be finally settled under the Rules of Arbitration of the International Chamber of Commerce of Paris by one or more arbitrators appointed in accordance with the said rules, and shall take place in Paris. The arbitration shall be conducted in English and English Law shall apply. A sole arbitrator shall be appointed by the International Chamber of Commerce of Paris unless the parties to the dispute agree otherwise.

Arbitration fees and expenses will be shared equally between the parties unless otherwise awarded by the Arbitrator (s).

Automatic Continuation of Coverage: If the Insured Person is unavoidably delayed for a reason in no way attributable to the Insured Person, beyond the end of the Coverage Period, this policy will automatically remain in effect at no extra premium for a period not to exceed:

1. 72 hours, if delayed while traveling as a fare paying passenger in a licensed public conveyance or by private vehicle and the delay is caused by mechanical breakdown, a traffic Accident or inclement weather; or
2. the period of confinement as an Inpatient in a Hospital OR the period during which You are unable to travel on medical grounds acceptable to the Claim Administrator. Following discharge from Hospital or following medical approval to travel, an additional 72-hour extension will be granted.

Misrepresentation and Fraud: All Benefits under this policy shall be voidable if the Insurer determines, whether before or after the loss, the Insured Person has concealed or misrepresented any material fact or circumstance concerning this policy or his/her interest therein, or in the case of fraud or false swearing by You or if You refuse to disclose information or permit the use of such information, pertaining to any of the Insured Persons under this policy. The completed and signed application form is the basis of and forms part of this policy and any erroneous responses therefore constitute material misrepresentation. Any claim to which any concealed or misrepresented material fact or circumstance pertain shall not be payable under this policy and You shall be solely responsible for all expenses relating to Your claim, including Emergency medical evacuation costs.

Payment of Benefits: The claims administrator will, on behalf of the Insurer, make payment to the Insured Person or legal representative or directly to the provider of treatment or services. Payment will be made in Canadian currency.

Policy Extensions: The maximum Coverage Period available under this Policy is 365 consecutive days from the Effective Date. Any request for policy extension must be made to the Plan Administrator prior to the Termination Date of Your existing coverage. Coverage for this policy extension will be void from inception if Your financial institution does not honor payment.
Insured Persons returning to their Home Country permanently can continue to be covered under the policy for a period of up to 90 consecutive days, provided the required premium is paid prior to the departure of the Insured Person. The Insurer shall have no liability for any claim incurred where the required premium has not been paid.

Pre-Authorization: It is recommended that Insured Persons obtain pre-authorization from MSH INTERNATIONAL (CANADA) LTD. or the Medical Assistance Provider for all Inpatient and Day Patient Hospitalizations and special Outpatient Services. Requests for pre-authorization should be submitted at least 10 days prior to the anticipated service date. Pre-authorization requests will be processed within 3 to 5 business days.

Premium Payment: The full premium is due and payable when You apply for insurance. If for any reason the premium paid for the coverage applied for is incorrect, the Insurer will a) charge and collect the difference, or b) shorten the Coverage Period if an underpayment in premium cannot be collected, or c) refund any overpayment. Coverage will be null and void if for any reason the financial institution does not honor Your payment. The premium is calculated using the most current premium rates on the date You apply for coverage, and Your age and the Effective Date. We reserve the right to decline any application for insurance.

Refunds: Refunds are calculated on a pro-rata basis from the date postmarked on Your written request or on the date such fax or e-mail request is received by

the Plan Administrator and is subject to a minimum refund amount of $10.

Subrogation: If an Insured Person suffers a loss covered under this policy, the Insurer is granted the right from the Insured Person to take action to enforce all the rights, powers, privileges and remedies of the Insured Person, to the extent of Benefits paid under this policy, against any person or organisation which caused such loss. Additionally, if no fault Benefits or other collateral sources of payment of expenses are available to the Insured Person, regardless of fault, the Insurer is granted the right to make a demand for, and recover those Benefits. If the Insurer institutes an action, the Insurer may do so at its' own expense, in the Insured Person's name, and the Insured Person will attend at the place of loss to assist in the action. If the Insured Person institutes a demand or action for a covered loss he or she shall immediately notify the Insurer so that it may safeguard its' rights. The Insured Person shall take no action after a loss that will impair the rights of the Insurer.

The Contract: The Application, this policy, 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.

Waiver: The Insurer 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 Insurer.

Statutory Conditions

The application, the policy, any document attached to the policy when issued, and any amendment to the contract agreed upon in writing after the policy is issued, constitute the entire contract. Any provision of the policy which, on its Effective Date, is in conflict with the statutes of the jurisdiction in which the policy was issued is hereby amended to conform to the minimum requirements of such statutes.

MSH INTERNATIONAL PRIVACY POLICY

At MSH INTERNATIONAL (CANADA) LTD., we recognize and respect every individual's right to privacy. When You apply for coverage or Benefits, we establish a confidential file of personal information.

We use the information to administer the group Benefit plan. This includes many tasks, such as:

- Determining an Insured Person's eligibility for coverage under the plan
- Enrolling Insured Person's for coverage
- Assessing an Insured Person's claims and providing them with payment
- Managing an Insured Person's claims
- Verifying and auditing eligibility and claims
- Underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- Preparing regulatory reports, such as tax slips

We limit access to information in the Insured Person's file to MSH INTERNATIONAL (CANADA) LTD. staff or persons authorized by MSH INTERNATIONAL (CANADA) LTD. who require it to perform their duties, to persons to whom the Insured Person has granted access, and to persons authorized by law. MSH INTERNATIONAL (CANADA) LTD., the Insured Person's health care provider, other insurance and reinsurance companies, and the plan administrator of the policyholder may also exchange information when the information is needed to administer the group Benefit plan.

For questions or concerns regarding the collection, use, disclosure or storage of personal information, please contact the Privacy Officer by mail or email. Concerns will be addressed within 30 days.

MSH INTERNATIONAL (CANADA) LTD.
c/o Privacy Officer
Suite 300, 999 - 8th Street S.W.
Calgary, Alberta, Canada T2R 1N7
Email: privacyofficer@americas.msh-intl.com