Blyth ACADEMY INTERNATIONAL

TRAVEL MEDICAL INSURANCE

Blyth ACADEMY
INTERNATIONAL SUMMERS

SUMMARY OF ELECTED BENEFITS

Medical:	Please refer to policy for details.
Accidental Death & Dismemberment:	Principle amount is a flat rate of ten thousand dollars ($10, 000).
Geographical Area of Coverage:	Worldwide.

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 Persons 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
Providing the applicable Regulatory Forms and Tax Receipts, upon request

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 thirty (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

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INSURING AGREEMENT

In consideration of the payment of the premium, the Insurers agree with the policyholder to reimburse up to the limits detailed in this policy for losses occurring 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).

SANCTION LIMITATION AND EXCLUSION CLAUSE

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade and economic sanctions, laws or regulation of the European Union, United Kingdom or United States of America. LMA 3100

IMPORTANT NOTICE REGARDING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT:

This insurance is not subject to, and does not provide certain of the insurance benefits required by the United States Patient Protection and Affordable Care Act (ACA). This insurance does not provide and insurers may not intend to provide minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the policy documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy.

ACA requires certain US citizens and US residents to obtain ACA compliant health insurance coverage. In some circumstances penalties may be imposed on persons who do not maintain ACA compliant coverage.

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You should consult your attorney or tax professional to determine if ACA's requirements are applicable to you. Should the coverage provided under this plan be altered by the insurer and subsequently be deemed to be exempt from the requirements of ACA we will notify you immediately.

GEOGRAPHICAL AREA OF COVERAGE:

Worldwide

COVERAGE WITHIN HOME COUNTRY AND COUNTRY OF RESIDENCE:

Coverage is not available for Insured Persons while they are in their Home Country or Country of Residence.

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 twelve (12) months, on payment of premium at the rate and in the amount determined at the time of renewal by the Insurer.

EFFECTIVE TIME:

Coverage commences when the Insured Person leaves his or her Country of Residence or Home Country during the course of any bonafide Trip and ends upon return to his or her Home Country or Country of Residence.

HIGH RISK COVERAGE

The Insurers reserve 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 fifteen (15) days will be provided by MSH INTERNATIONAL (CANADA) LTD. to employers with employees in locations deemed to be of extreme risk before any surcharge becomes applicable.

TERMINATION OF POLICY

This policy may be terminated by either party with prior notice provided at least thirty (30) days in advance of the requested termination date.

ELIGIBILITY

For the purposes of this policy, the Insured Person shall be considered as those persons who:
Are attending a post-secondary institution outside of their Home Country or Country of Residence;
Are under age seventy (70);

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Are covered under a Provincial Government Health Insurance Plan;
Have paid the required premium or had such premium paid on their behalf by the policyholder.

(Coverage is not available to spouses or dependant children of the Insured Person).

TERMINATION DATE OF INSURED PERSON'S INSURANCE

The insurance of an Insured Person shall terminate on the earliest of the following:

The date this policy is terminated;
The date that any premium required or due on the part of the Insured Person remains unpaid;
The date that the Insured Person reaches age seventy (70);
The date that the Insured Person ceases to attend a post-secondary institution outside of their Home Country or Country or Residence; or
The date that the Insured Person is no longer covered under a Provincial Government Health Insurance Plan.

Termination of the insurance of any Insured Person either because of termination of employment or termination of this policy will not prejudice consideration of any claim that may have occurred prior to such termination.available, we must know your final date by March 1st. There may be a change fee or a difference in airfare, and we will let you know what this is.

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:

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

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DEFINITIONS

Accident: Any sudden and unforeseen event occurring during the policy term, 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.

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

Common Carrier: A conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Country of Residence: The country in which the Insured Person considers to be his or her primary residence while outside of their Host Country.

Critical Medical Condition: The patient is acutely ill, has unstable vitals that are not normal, could be unconscious and major complications may be present. Indicators for recovery are unfavorable and death may be imminent.

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

Deductible: The dollar amount of eligible expenses for which the Insured Person is liable, before any remaining eligible expenses are reimbursed under this policy. The Deductible, unless otherwise indicated, will be applied to all categories of eligible expenses before Benefits are available under this policy.

The Deductible does NOT include:

- Amounts exceeding the benefit limit; or
- Any expenses for services and supplies not covered by this policy.

Dentist: 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.

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

Disability: The inability to perform the principal duties of any occupation in relation to the Insured Person's education, skills, training and experience.

Durable Medical Equipment:
Is defined as equipment which:

- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of Sickness or Injury; and
- Is appropriate for use in a patient's home.

Please refer to Appendix 1 of this policy for a listing of items classified as Durable Medical Equipment.

Effective Date: The date on which the coverage under this policy begins.

Emergency: A sudden and unexpected medical condition or Injury that requires immediate medical treatment. The condition or injury must have manifested itself while this policy is in force as to the Insured Person.

Experimental: Medical procedures that are regarded to be either:

- Not proven by scientific evidence to be effective;
- Not generally accepted by the medical community as being effective;
- Not recognized by professional medical organizations as conforming to accepted medical practice;
- In clinical trials or need further study; or
- Rarely used, novel, or unknown and lack authoritative evidence of safety and efficacy.

Extra-Hazardous Aviation Activity: An aircraft while it is being used for one or more of the following activities:

Acrobatics or Stunt Flying
Racing or any Endurance Test
Crop Dusting or Seeding
Spraying
Exploration
Pipe or Power Line Inspection
Any Form of Hunting Bird or Fowl Herding
Aerial Photography or Banner Towing
Any Test or Experiment
Firefighting

Any flight which requires:
- a special permit; or
- waiver; from the FAA, even though granted.

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 policyholder has declared upon commencement of this policy. 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 by the policyholder.

Hospice Care: The term Hospice Care means:
- A coordinated, interdisciplinary program to meet the physical, psychological, spiritual and social needs of dying persons and their families;
- A program that provides palliative and supportive medical, nursing and other health services through home or Inpatient care during the Sickness; and
- A program for persons who have a terminal Sickness and for the families of those persons.

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 Services or any other necessary costs made by the Hospital for medical treatment.

Host Country: The country outside of the Insured Person's Home Country or Country of Residence in which the Insured Person is attending a post-secondary institution; as declared by the policyholder.

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 twenty-four (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: Mitsui Sumitomo Syndicate 3210, HCC Insurance Holdings Inc., and Aspen Re who provide this insurance.

Lifestyle Drugs: Pharmaceutical products that depict improvements to a person's way of life, style of living, function or appearance. Including but not limited to baldness, aging, acne, erectile dysfunction, and obesity, and smoking cessation.

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

Medically Necessary: any health care service or procedure that a qualified health provider would provide to a patient for the purpose of preventing, diagnosing or treating any illness, disease, injury or its symptoms in a manner that is a) prescribed in accordance with generally acceptedstandards of care, b) clinically appropriate in terms of type, frequency, extent, site and duration, c)not primarily for the convenience of the patient and d) within the scope of practice of such practitioner.

Mental, Nervous and Emotional Disorders: Mental, Nervous and Emotional Disorders are any disorders that are listed in Chapter V (Mental and Behavioral Disorders) of the International Statistical Classification of Diseases and Related Health Problems 10th Revision by the World Health Organization (WHO). (http://www.who.int/classifications/icd).

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

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 medical practitioner who holds a Doctor of Medicine degree and is legally registered and licensed to practice medicine in the country where services within the scope of his license are provided.

Policy Year: The period of June 28, 2016 – June 30, 2017, both days inclusive.

Policyholder Aircraft: An aircraft which is owned, leased, or operated by or on behalf of the Policyholder.

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.

Prosthetic: A device, external or implanted, that substitutes for, or supplements a missing or defective part of the body.

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 Check-up: A complete periodic health assessment of the body systems performed by a licensed medical practitioner, that gathers information and screens for disease by performing a physical examination and utilizes laboratory and other diagnostic testing.

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

Trip: means a bona fide trip:

- While attending a post-secondary institution outside of their Home Country or Country of Residence;
- Which begins when an Insured Person leaves his or her Country of Residence or Home Country, for the purpose of beginning the trip;
- Which ends upon return to his or her Home Country or Country of Residence; and
- Excluding bona fide leaves of absence and vacations.

POLICY EXCLUSIONS

GENERAL EXCLUSIONS

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

- 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;
- Radioactive contamination;
- Committing or attempting to commit any criminal act;
- Intentionally self-inflicted Injury, suicide or self-destruction or any attempt (while sane or insane);
- Pregnancy, miscarriage, childbirth or termination of pregnancy or expenses relating thereto;
- Mountaineering, scuba diving, rock or precipice climbing, hang gliding, paragliding, sport parachuting, or sky diving;
- Athletic or sports activities for remuneration or prize money;
- Riding or driving in or on any motorised vehicle or device in any race or speed contests;
- Misuse of medication, use of intoxicants or illegal drugs, or treatment thereof or Accidents related thereto;
- Injuries received as a direct consequence or as a result of the Insured Person having blood content of eighty (80) milligrams or more of alcohol per one hundred (100) millilitres of blood or, in the absence of a specific measurement, in the professional opinion of the attending Physician;
- A trip that has been arranged solely for the purpose of securing treatment or therapy unless it has been pre-approved by the Insurer;
- Mental, Nervous or Emotional Disorders;
- Services primarily for weight reduction or treatment of obesity, or any care which involves weight reduction as a main method for treatment. This includes any program, product or medical treatment for weight

reduction or any expenses of any kind to treat obesity, weight control or weight reduction. In the event of morbid obesity (a BMI of forty (40) or greater), requests may be submitted to the Insurer for consideration. These requests will be reviewed on a case by case basis and will be subject to an evaluation of medical necessity; and

- The Insured Person travelling against the advice of a Physician.

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

- Third party services. Any service received by an Insured Person, which in whole or in part is necessary for the production or completion of a document or transmission of information to satisfy the requirements of a party other than the patient.
- Any cost 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.
- Any charges incurred for obtaining medical records, unless requested by MSH INTERNATIONAL (CANADA) LTD.;
- Any Medical Expense incurred while covered under the plan but submitted after ninety (90) days following the date the expense was incurred.

MEDICAL EXCLUSIONS

The following expenses are not eligible for reimbursement under this policy:

- Non-Emergency medical treatment or expenses related thereto;
- Experimental, non-Medically Necessary and/or cosmetic surgery, whether or not for psychological reasons unless required as the result of Injury incurred while this policy is in force;
- Fertility or infertility treatment and/or drugs related thereto;
- Smoking cessation products, Prescription Drugs prescribed for the treatment of obesity or erectile dysfunction, and any other Lifestyle Drugs (unless specifically stated in this policy);
- Drugs, medicines, serums, and vaccines that can be legally obtained without a prescription in the country where incurred, where disputes arise as to the eligibility of such drugs or medicines, then the eligibility is to be determined by the Canadian Food and Drugs Act and Regulations;
- Hair growth stimulants;
- Routine Check-ups;
- Organ transplants and related services;
- Hospice care.

This policy also includes the following exclusion:

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 along or 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 which, 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(s) (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 one (1) and/or two (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.

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EMERGENCY MEDICAL BENEFITS

Benefits are available on an EMERGENCY basis only. Any expenses relating to medical care that is not considered an Emergency, as defined by this policy, will not be covered.

Benefits

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 lifetime of the Insured Person.

Reimbursement is 100% of all eligible expenses, unless otherwise stated, with no Deductible.

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.

In the case of an Emergency it is required that the Insured Person contact MSH INTERNATIONAL (CANADA) LTD. or the Medical Assistance Provider within seventy-two (72) hours of the Emergency occurring.

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:

- **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.
- **Tuberculosis Testing and Vaccinations/Immunizations.** Charges for tuberculosis testing and vaccinations or immunizations are covered up to a combined maximum of one hundred dollars ($100) per Insured Person, per twelve (12) month period.
- **Paramedical Services.** The services of a chiropractor, chiropodist, physiotherapist, osteopath, naturopath, speech therapist, podiatrist, or acupuncturist up to a maximum of six hundred dollars ($600) per profession, per Policy Year, per Insured Person. The services of a psychologist or psychiatrist are covered up to a combined maximum of twenty-five thousand dollars ($25,000) per Policy Year, per Insured Person on an Inpatient basis and a combined maximum of one thousand dollars ($1,000) per Policy Year, per Insured Person on an Outpatient basis. Trauma counselling by a psychologist or psychiatrist is subject to a separate maximum of five hundred dollars ($500) per Policy Year, per Insured Person.
- **Nursing at Home.** The Reasonable and Customary Cost for the medical services of a licensed nurse in the Insured Person's home when prescribed by a Physician and related directly to a medical condition for which the Insured Person has received or is receiving treatment covered under this policy. This Benefit is available for up to fifteen thousand dollars ($15,000) per Insured Person, per Policy Year. The nurse cannot be an Immediate Family Member or currently residing with the Insured Person.
- **Ambulance Charges.** Charges for licensed ground or air ambulance transportation to the nearest Hospital, or from one Hospital to another or from a Hospital to the Insured Person's residence. Air ambulance is

eligible under this provision only when the emergent situation indicates that a ground ambulance cannot reach the scene easily, quickly or the terrain makes air transportation the most practical and was Medically Necessary. Charges for taxi services are eligible up to a maximum of one hundred and fifty dollars ($150) per trip if used in lieu of an ambulance.

- **Vision Care and Hearing Aids.** When required as a result of an Accidental Injury.Charges for eyeglasses and/or contact lenses (that are required for the correction of vision and are prescribed by an ophthalmologist or optometrist), and hearing aids, are covered up to a combined maximum of two hundred dollars ($200) per Insured Person, per Policy Year. Eye examinations are limited to one (1) examination per twelve (12) month period.

Outpatient Services

When by reason of Injury or Sickness (unless otherwise stated), an Insured Person incurs expenses for any of the following while under the regular care and attendance of a Physician, Surgeon, Physician's Assistant, or Nurse Practitioner the Insurer will pay the Reasonable and Customary Costs incurred for the following:

- Physician's, Surgeon's, Physician's Assistant's, Nurse Practitioner's, or anaesthetist's service fees;
- Prescription Drugs, medicine, and serums obtainable only upon a written prescription and dispensed by a pharmacist, a Physician, chemist, Surgeon, Physician's Assistant, or Nurse Practitioner subject to a maximum of ten thousand dollars ($10,000) per Policy
- Year and a limit of a thirty (30) days' supply within a one (1) month period.
- The rental (or purchase, at the option of the Insurer) of crutches, casts, splints, canes, slings, trusses, braces, Hospital-type bed, ventilator, respirator, or other approved Durable Medical Equipment* and the temporary rental of a wheelchair when prescribed by a Physician, Surgeon, Physician's Assistant, or Nurse Practitioner;
- Prosthetics when required as a result of a surgical procedure;
- Blood or blood plasma (includes the administration of blood).

*Durable Medical Equipment Benefits may be subject to plan maximums and frequency limits.
tPlease refer to Appendix 1 for comprehensive Benefit details.

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 subject to a maximum amount of five thousand dollars ($5,000) per Insured Person, per Injury. Dental treatment must be initiated within thirty (30) days following the 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.

The following Emergency dental treatment is also covered under this policy:

- Treatment for the immediate relief of acute dental pain: up to a maximum of six hundred dollars ($600) per Insured Person, per Policy Year.
- Wisdom teeth extractions: up to maximum of one hundred and fifty dollars ($150) per tooth.

Tutorial Services
The Insurer will reimburse the cost of a private tutorial service by a qualified teacher if an Accident or Sickness causes confinement to a home or hospital for more than 7 consecutive days.

The benefit will be paid from the first day of confinement, up to a maximum of twenty dollars ($20) per hour, to a maximum of four hundred dollars ($400) per Policy Year.

Repatriation or Local Burial/Cremation
When Injury or Sickness results in loss of life of an Insured Person outside his/her Home Country, the Insurer will pay for the preparation and the transportation of the mortal remains of the Insured Person from the place of death up to a maximum of fifteen thousand dollars ($15,000) or the preparation and local burial or cremation of the mortal remains up to a maximum of five thousand dollars ($5,000). If this Benefit is provided by another Insurer or a medical assistance provider this policy becomes the second payor. Should these services be provided by a provider other than the Medical Assistance Provider, as defined in this policy, charges will not be eligible for reimbursement.

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Emergency Medical Evacuation

When, by reason of Injury or Sickness, it is deemed Medically Necessary to evacuate an Insured Person who has a Critical Medical Condition to the nearest Hospital equipped to provide appropriate care and facilities, the Insurer will reimburse the Reasonable and Customary Cost of Emergency evacuation and medical care to such Hospital. The Insured Person's Critical Medical Condition must be such that, in the professional opinion of the Insurer or Medical Assistance Provider (as defined by this policy), the Insured Person will require immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment.

Following Emergency evacuation and stabilization, the Insurer will reimburse a one-way economy airfare to the Host Country or, if it has been determined that continuous treatment should occur at a medical facility in the Insured Person's Home Country following the stabilization, the Insurer will reimburse a one-way economy airfare to the Insured Person's Home Country. Should the Insured Person return to their Home Country, the Insurer will not reimburse the cost of the airfare to return to assignment.

The Insurer will also reimburse Reasonable and Customary Costs of transportation costs for one other person accompanying the patient when this is deemed necessary, and will pay the cost of a one-way economy airfare back to the Insured Person's Home or Host country. If this Benefit is provided by another Insurer or a medical assistance provider this policy becomes the second payor. Should these services be provided by a provider other than the Medical Assistance Provider, as defined in this policy, charges will not be eligible for reimbursement.

Compassionate Emergency Travel

In the event that an Insured Person suffers an Injury or Sickness and is expected to be confined to Hospital outside their Home Country for a minimum period of seven consecutive days (based on confirmation from the treating medical Physician), or suffers loss of life outside their Home Country, the Insurer will pay a single round-trip economy airfare for an Immediate Family Member to attend the Insured Person and/or identify the Insured Person and arrange for repatriation of the Insured Person's remains.

If this Benefit is provided by another Insurer or a medical assistance provider this policy becomes the second payor. Should these services be provided by a provider other than the Medical Assistance Provider, as defined in this policy, charges will not be eligible for reimbursement.

Transportation expenses are subject to a maximum of five thousand dollars ($5,000) per Insured Person, per occurrence; meals and hotel accommodations are subject to a maximum of one thousand and five hundred dollars ($1,500) per Insured Person, per occurrence and will not be paid unless receipts issued by a commercial facility are submitted. All expenses must be pre-approved by MSH INTERNATIONAL (CANADA) LTD. Expenses that have not been pre-approved will not be eligible for reimbursement under any circumstances. The Insurer reserves the right to obtain written certification from the attending Physician that such attendance was medically appropriate.

Please refer to the Policy Exclusions section for exclusions and limitations.

CLAIMS PROCEDURES APPLICABLE TO EMERGENCY MEDICAL BENEFITS

The Insurers will pay Benefits provided that:

- Written details of all claims (including supporting documents) must be received by the claims administrator as soon as possible and in any event not later than ninety (90) days from the date the expense was incurred;
- All documentation relating to the claim including the claim form and accounts must be provided. Copies of original documents will be accepted*. The original documents of the copies initially submitted must be retained by the Insured Person for a period of twenty-four (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. The original documents must be received within thirty (30) days of the date of request. In the event the original copy cannot be produced, the Insured Person will be responsible for any claim payments made in regards to that receipt. The claim payment reimbursement made by the Insured Person must be received within sixty (60) days of the date of request. Additionally, Insured Persons who fail to provide copies of original documents to MSH INTERNATIONAL (CANADA) LTD. when requested will be required to submit original documents for all future claims submissions.
- The required premiums have been paid relative to the Insured Person making the claim.

*Invoices received directly from a provider will be considered to be an original document including but not limited to facsimiles, scans, PDF documents, direct portal submissions or digital copies.

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It is understood that:

- The Insurers can ask for medical information from any Physician or Surgeon as often as required and if necessary examine the Insured Person;
- The Insurers shall be notified of any circumstances that may lead to a claim against a third party or any other insurance.

North & South America	Europe	Middle East & Africa	Asia
MSH INTERNATIONAL 300, 999 – 8th Street S.W. Calgary AB, T2R 1N7 CANADA	MSH INTERNATIONAL 82 rue Villeneuve 92587 Clichy cedex FRANCE	MSH INTERNATIONAL DIFC, Liberty House Office 304 PO Box 506537 Dubai UNITED ARAB EMIRATES	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

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Principal Sum

The principal sum is a flat amount of ten thousand dollars ($10,000).

Aggregate Limit of Liability: ten million dollars ($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 to 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.

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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 above, however, that not more than one (the largest) of such Benefits shall be paid with respect to all injuries resulting from one Accident.

Loss of life	The Principle Sum
Loss of both hands or feet	The Principle Sum
Loss of entire sight of both eyes	The Principle Sum
Loss of one hand and one foot	The Principle Sum
Loss of one hand and entire sight of one eye	The Principle Sum
Loss of one foot and entire sight of one eye	The Principle Sum
Loss of speech and hearing	The Principle Sum
Loss of use of both arms or both hands	The Principle Sum
Quadriplegia	The Principle Sum
Paraplegia	The Principle Sum
Hemiplegia	The Principle Sum
Loss of one arm or one leg	Three Quarters (3/4) of the Principal Sum
Loss of use of one arm or one leg	Three Quarters (3/4) of the Principal Sum
Loss of one hand or one foot	Two Thirds (2/3) of the Principal Sum
Loss of entire sight of one eye	Two Thirds (2/3) of the Principal Sum
Loss of use of one hand	Two Thirds (2/3) of the Principal Sum
Loss of speech or hearing	Two Thirds (2/3) of the Principal Sum
Loss of thumb and index finger of same hand	One Third (1/3) of the Principal Sum
Loss of four fingers of same hand	One Third (1/3) of the Principal Sum
Loss of hearing in one ear	One Quarter (1/4) of the Principal Sum
Loss of all toes of same foot	One Eighth (1/8) of the Principal Sum

"Loss" shall mean:

- With respect to hand or foot, the actual severance through or above the wrist or ankle joint;
- With respect to arm or leg, the actual severance through or above the elbow or knee joint;
- With respect to eye, the total and irrecoverable loss of sight;
- With respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree;
- With respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid device;
- With respect to thumb and index finger, the actual severance through or above the first phalange;
- With respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand; and
- 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 (1) 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 (12) 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 (1) 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.

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Flight Accident, Common Carrier Accident, and/or 24 Hour Accidental Death Insurance When an Accident results in the Insured Person suffering any loss(es), as indicated in the schedule of losses on the previous page, the Insurer will pay the Benefit specified as applicable thereto, based upon the principal sum, however, that not more than one (the largest) of such Benefits shall be paid with respect to all injuries resulting from one Accident.

Coverage: This Benefit covers Injury resulting from an Accident which occurs anywhere in the world during a Trip, including:
1. an Injury resulting from an Accident which occurs while the Insured Person is travelling as a passenger in, on, boarding or alighting from a Common Carrier directly to or from a terminal, station, pier or airport, either:
a. Immediately preceding a scheduled departure onboard a Common Carrier; or
b. Immediately following a scheduled arrival of a Common Carrier;

2. In the terminal, station, pier or airport prior to or after boarding or alighting from a Common Carrier.

Exclusions: This Hazard does not cover Injury resulting from an Accident which occurs while the
Insured Person is on, boarding, or alighting from:
a. an aircraft engaged in an Extra-Hazardous Aviation Activity; or
b. a Policyholder Aircraft.

PROVISIONS

Notice of Claim: Written notice of claim must be given to the Insurer within thirty (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 Insurers 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 Insurers, 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 fifteen (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 ninety (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 shall be paid by the Insurer within sixty (60) days after it has received proof of claim.

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 shall be paid by the Insurer within sixty (60) days after it has received proof 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 Insurers 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.

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 of 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.

Please refer to the Policy Exclusions section for exclusions and limitations.

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GENERAL PROVISIONS AND LIMITATIONS

Arbitration: Any differences with respect to medical opinion will be settled between two (2) medical experts appointed by the two (2) parties. This dispute resolution will be in writing. Any differences of opinion between the two (2) medical experts shall be referred to an umpire who shall have been appointed in writing at the outset by the two (2) medical experts.

Misrepresentation and Fraud: All Benefits under the policy shall be voidable if the Insurer determines, whether before or after the loss, the Policyholder or Insured Person has concealed or misrepresented any material fact or circumstance concerning the policy or his / her interest therein, or in the case of fraud or false swearing by the Policyholder or Insured Person or if the Policyholder refuses to disclose information or permit the use of such information, pertaining to any of the Insured Persons under the policy. Where a Policyholder or Insured Person makes a material misrepresentation on the signed application form or enrolment form, this will be a breach of the duty of fair representation. In the event of a breach by the Policyholder the Insurer's liability will be suspended. Liability may be restored if the breach is remedied. In the event that the breach is not remedied or cannot be remedied, the Insurer's liability will remain suspended. Where the breach is remedied before a loss, the Insurer will pay the claim, if eligible and according to the terms of this policy. Where the loss occurs after a breach but before the remedy, the Insurer will not be liable for that loss and the Insured Person shall be solely responsible for all expenses relating to their claim, including Emergency Medical Evacuation costs.

Where this policy of group insurance, including renewals thereof, has been in effect continuously for two years with respect to an Insured Person, a failure to disclose or a misrepresentation of a fact with respect to that Insured Person does not, except in the case of fraud, render the policy voidable with respect to that Insured Person.

Where an Insured Person wilfully makes a false statement in respect of a claim under this policy, the claim by the Insured Person will be invalid and the rights of the Insured Person to recover indemnity is forfeited and the Insured Person will be terminated from the plan at the time of the fraudulent act.

Non-disclosure and Misrepresentation by the Insurer: If the Insurer fails to disclose or misrepresents a fact material to the insurance, the policy is voidable by the Policyholder, but in the absence of fraud the policy is not by reason of the failure or misrepresentation voidable after the policy has been in effect for two (2) years.

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

Pre-Authorization: In the case of an Emergency it is required that the Insured Person contact MSH INTERNATIONAL (CANADA) LTD. or the Medical Assistance Provider within seventy-two (72) hours of the Emergency occurring.

Subrogation: If an Insured Person suffers a loss covered under this policy, the Insurers are 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 Insurers are granted the right to make a demand for, and recover those Benefits. If the Insurers institute an action, the Insurers may do so at their 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 Insurers.

STATUTORY CONDITIONS

1. 1. **The Policy**

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

2. **Waiver**

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

3. **Copy of Application**

The insurer shall, upon request, furnish to the insured or to a claimant under the policy a copy of the application.

2. Material Facts

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

3. Changes in Occupation

1. If after the policy is issued the Insured Person engages for compensation in an occupation that is classified by the Insurer as more hazardous than that stated in this policy, the liability under this policy is limited to the amount that the premium paid would have purchased for the more hazardous occupation according to the limits, classification of risks and premium rates in use by the insurer at the time the person insured engaged in the more hazardous occupation.

2. If the person insured changes his occupation from that stated in this policy to an occupation classified by the insurer as less hazardous and the insurer is so advised in writing, the insurer shall either,

a) reduce the premium rate; or

b) issue a policy for the unexpired term of this policy at the lower rate of premium applicable to the less hazardous occupation, according to the limits, classification of risks, and premium rates used by the insurer at the date of receipt of advice of the change in occupation, and shall refund to the insured the amount by which the unearned premium on this policy exceeds the premium at the lower rate for the unexpired term.

4. Termination by Policyholder

Please refer to the Termination of Policy section of this policy.

5. Termination by Insurer

Please refer to the Termination of Policy section of this policy.

6. 1. **Notice and Proof of Claim**

The policyholder or an Insured Person, or a beneficiary entitled to make a claim, or the agent of any of them, shall,

a) give written notice of claim to the Insurer,

i) by delivery thereof, or by sending it by registered mail to the

head office or chief agency of the Insurer in the Province, or
ii) by delivery thereof to an authorized agent of the Insurer in the Province, not later than the number of days allowed, as indicated within this policy, from the date a claim arises under the policy on account of an Accident, Sickness or Disability;

b) within the number of days allowed, as indicated within this policy, from the date a claim arises under the policy on account of an Accident, Sickness or Disability, furnish to the insurer such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the Sickness or Disability, and the loss occasioned thereby, the right of the claimant to receive payment, his age, and the age of the beneficiary if relevant; and

c) if so required by the Insurer, furnish a satisfactory certificate as to the cause or nature of the Accident, Sickness or Disability for which claim may be made under the policy and as to the duration of such Disability.

2. **Failure to Give Notice or Proof**

Failure to give notice of claim or furnish proof of claim within the time prescribed by this policy does not invalidate the claim if 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 the policy on account of Sickness or Disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

7. Insurer to Furnish Forms for Proof of Claim

The Insurer shall furnish forms for proof of claim within fifteen (15) days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his proof of claim in the form of a written statement of the cause or nature of the Accident, Sickness or Disability giving rise to the claim and of the extent of the loss.

8. Rights of Examination

As a condition precedent to recovery of insurance moneys under this policy,

a) the claimant shall afford to the insurer an opportunity to examine them when and so often as it reasonably requires while the claim hereunder is pending; and

b) in the case of death of the person insured, the Insurer may require an autopsy subject to any law of the applicable jurisdiction relating

to autopsies.

9. When Money Payable Other Than for Loss of Time

All money payable under this policy, other than benefits for loss of time, shall be paid by the insurer within sixty (60) days after it has received proof of claim.

10. Limitation of Actions

An action of proceeding against the Insurer for the recovery of a claim under this policy shall not be commenced until sixty (60) days after a claim had been correctly submitted and no such action shall be brought unless commenced within three years* after the date the insurance money became payable or would have become payable if it had been a valid claim.

This policy is governed by the Laws of Canada and the province of Alberta and any dispute arising out of this policy shall be settled in the courts of Alberta.

* Two (2) years in the Northwest and Yukon Territories.
Saskatchewan Statutory Condition 12 is repealed. See The Limitations Act, S.S. 2004, c.L -16.1.

LSW1540

APPENDIX 1

The Durable Medical Equipment listed below are covered when prescribed by a Physician, Surgeon, Physician's Assistant or a Nurse Practitioner and include, but are not limited to:

- The rental or purchase of crutches, casts, splints, canes, slings, trusses, braces, hospital-type bed, ventilator, respirator or other approved durable equipment for temporary therapeutic use.
- Cost of an iron lung or other approved durable equipment for temporary therapeutic use.

The following diabetic supplies:

- Insulin syringes;
- Test strips;
- Bloodletting devices, including platforms and lancets;
- Blood-glucose monitoring machines, once every four (4) Policy Years, per Insured Person;
- Insulin infusion sets, not including infusion pumps;
- External insulin infusion pumps when recommended by an endocrinologist or when required for pregnant diabetics, once every five (5) Policy Years. The maximum amount payable is two thousand dollars ($2,000) per Insured Person for each pump; and
- Needle-less insulin jet injectors, once in an Insured Person's lifetime. The maximum amount payable is one thousand dollars ($1,000).

The following communication aids:

- Laryngeal speaking aids, when no alternative method of communication is possible. The maximum amount payable is one thousand dollars ($1,000) in an Insured Person's lifetime.

The following breathing equipment:

- Oxygen and the equipment needed for its administration;
- Intermittent positive pressure breathing machines;
- Continuous positive airway pressure machines;
- Apnea monitors to a maximum of two thousand dollars ($2,000) in an Insured Person's lifetime; and
- Mist tents and nebulizers;

The following mobility aids:

- Canes, walkers, crutches, and parapodiums;
- Rechargeable batteries for covered wheelchairs; and
- The temporary rental of a wheelchair (or purchase, at the option of the insurer, based on financial exposure). Special wheelchairs necessary to

permit independent participation in daily living are included. Special wheelchair features required primarily for participation in sports are not covered.

The following medical supplies:

- Colostomy and ileostomy supplies;
- Catheters and catheterization supplies;
- Tube feeding pumps and pump sets;
- Transcutaneous nerve stimulators for the control of chronic pain. The maximum amount payable is seven hundred dollars ($700) in an Insured Person's lifetime;
- Custom-made pressure supports for lymphedema;
- Extremity pumps for lymphedema or severe post-phlebitic syndrome, once in an Insured Person's lifetime. The maximum amount payable is one thousand and five hundred dollars ($1,500);
- Custom-made graduated compression hose, to a maximum of four (4) pairs per Insured Person, per Policy Year; and
- Custom-made burn garments.