



UBC Risk Management Services - Insurance

STUDENT ACCIDENT INSURANCE POLICY

SSQ Financial Group
Agrees with
THE UNIVERSITY OF BRITISH COLUMBIA
(Herein called the Policyholder)

To insure under this policy all eligible students and post-doctoral fellows (who are continuing their studies beyond the PH.D level) of the Policyholder whose names are on file with the Policyholder.

“Injury” wherever used in this policy means bodily injury caused by an accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, provided such injury is sustained while participating in classes, research on campus and field work, all on behalf of and under the direction of the Policyholder.

SPECIFIC LOSS ACCIDENT INDEMNITY (\$50,000 Principal Sum)

When injury results in any of the following losses within three hundred and sixty-five (365) days after the date of the accident, the Insurer will pay:

For Loss of:

Life	The Principal Sum
The entire sight of both eyes	The Principal Sum
Speech and hearing in both ears	The Principal Sum
The entire sight of one eye	Two-Thirds the Principal Sum
Speech	Two-Thirds the Principal Sum
Hearing in both ears	Two-Thirds the Principal Sum
Hearing in one ear	One-Third the Principal Sum
All toes of one foot	One-Third the Principal Sum

For Loss or Loss of Use of:

Both hands	The Principal Sum
Both feet	The Principal Sum
One hand & one foot	The Principal Sum
One hand & the entire sight of one eye	The Principal Sum
One foot & the entire sight of one eye	The Principal Sum
One arm	Three-Fourths the Principal Sum
One leg	Three-Fourths the Principal Sum
One hand	Two-Thirds the Principal Sum
One foot	Two-Thirds the Principal Sum
Thumb & index finger or at least four fingers on one hand	One-Third the Principal Sum



For Total Paralysis of:

Both upper & lower limbs (quadriplegia)	Two Times the Principal Sum
Both lower limbs (paraplegia).....	Two Times the Principal Sum
Upper & lower limbs of one side of body (hemiplegia)	Two Times the Principal Sum

“Loss” as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb means the complete severance of one (1) entire phalanx of the thumb; as used with reference to finger means the complete severance of two (2) entire phalanges of the finger; as used with reference to toe means the complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes; as used with reference to eye means the irrecoverable loss of the entire sight thereof.

“Loss” as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

“Loss” as above used with reference to quadriplegia, paraplegia and hemiplegia means the complete and irreversible paralysis of such limbs.

“Loss” as above used with reference to loss of use means the total and irrecoverable loss of use, provided the loss is continuous for twelve (12) consecutive months and such loss of use is determined to be permanent at the end of such period.

Indemnity provided under this section for all losses sustained by any one (1) Insured Person as the result of any one (1) accident will not exceed the Principal Sum.

ACCIDENT REIMBURSEMENT EXPENSE
(\$10,000 Maximum)

When by reason of Injury, and Insured Person requires medical treatment within thirty (30) days from the date of the accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician, other than himself or a member of his Immediate Family, with respect to Items 1 to 7:

1. Private duty nursing by a licensed graduate nurse (R.N.) who does not ordinarily reside in the Insured Person’s Residence or is not a member of his Immediate Family;
2. Transportation by a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire to or from the nearest Hospital which is equipped to provide the required treatment;



3. Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
4. Rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary;
5. Fees of a licensed physiotherapist or certified athletic sports therapist, subject to a maximum of five hundred dollars (\$500) per accident;
6. Drugs and medicines which require the written prescription of a Physician and are dispensed by a registered pharmacist or Physician;
7. Miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of seven hundred and fifty dollars (\$750) per policy term;
8. Fees of a licensed chiropractor, subject to a maximum of five hundred dollars (\$500) per accident. The Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident, not to exceed in the aggregate the amount of Accident Reimbursement Expense stated in the Schedule as the result of any one (1) accident.

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

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

DENTAL EXPENSE

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth and within thirty (30) days from the date of the accident, requires treatment, replacement⁶ or x-rays by a legally qualified dentist or dental surgeon, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident for such treatment or services but not to exceed in the aggregate the amount of (\$1000) as the result of any one (1) accident.

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



AIRCRAFT COVERAGE

Insurance provided under this policy includes Injury sustained while and in consequence of: (a) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft.

This policy excludes Injury sustained while and in consequence of riding in or on any aircraft owned, operated or leased by or on behalf of the Policyholder.

BENEFICIARY

Indemnity payable in the event of the loss of life of an Insured Person is payable to the Estate of the Insured Person. All other indemnities payable are payable to the Insured Person.

TERRITORIAL LIMITS

World-Wide

EXCLUSIONS

This policy does not cover any loss, fatal or non-fatal, caused or contributed to by:

1. Suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
2. Declared or undeclared war or any act thereof;
3. Active, full-time service in the armed forces of any country;
4. Riding as a passenger or otherwise in any vehicle or device for aerial navigation other than as provided in the paragraph entitled "AIRCRAFT COVERAGE".

Nor does this policy cover expenses incurred:

5. For the purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions therefor;
6. For charges of a masseur;
7. For x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the section entitled "DENTAL EXPENSE";
8. For sickness or disease, either as a cause or effect;
9. By an Insured Person who is not covered under any Federal or Provincial Hospital or Medical Plan.

This policy is subject to and will not contravene any Federal or Provincial statutory requirement with respect to Hospital and/or Medical plans. Benefits will be reduced under



the Accident Reimbursement Expense and Dental Expense sections of this policy by any amount paid or payable under any other policy providing similar reimbursement expenses.

CLAIM PROCEDURE

Contact your Department Administrator.

This document summarizes in non-technical language the terms and conditions of the program. All rights and obligations are determined in accordance with the Group Policy between SSQ Financial Group and The University of British Columbia.

NB: Electronic versions of this policy are for reading purposes only and are subject to verification with the original policy. Any questions should be directed to your department administrator.