

The Sport Accident Policy pays for medical bills on behalf of Sport and Social Club members injured playing a regular league or playoff game.

How do I qualify:

- Currently only teams are covered by this policy.
- Each team captain can purchase accident insurance for the team either during the registration process or after the registration process BUT prior to any injury being incurred.
- Each team member on the ROSTER is covered by the sport accident coverage policy. IF you are playing on a team and are NOT on the ROSTER, YOU ARE NOT COVERED.
- An injury report must be submitted before a claim can be considered. The injury must have occurred during league play.

What is covered?

| COVERAGE | LIMITS OF LIABILITY |
|---|---------------------|
| Sport Accident Coverage Form | |
| Principal Amount | \$50,000 |
| Fracture Indemnity Amount (<i>See Section I and Section II for Amounts Payable</i>) | \$2,000 |
| Dental Accident Reimbursement | \$10,000 |
| Dentures, Removable Teeth, Hearing Aids, Eyeglass and Contact Lenses | \$200 |
| Emergency Transportation – any one Insured Person | \$50 |
| Family Transportation – any one Insured Person | \$2,500 |
| Medical Expense Reimbursement - any one Insured Person | \$15,000 |
| Prosthetic Appliances - any one Insured Person | \$3,000 |
| Rehabilitation - any one Insured Person | \$3,000 |
| Repatriation - any one Insured Person | \$5,000 |
| Tuition Benefit - any one Insured Person | \$2,000 |
| Aggregate Limit Payable for any one Accident | \$1,000,000 |
| Weekly Income – Waiting Period – 7 days | \$250 |

Some Important Details:

This coverage is SECONDARY to any other health care plan you may have available to you.

Principal Amount – is the maximum benefit payable for an injury incurred.

Aggregate Limit – is the maximum benefit payable during any one policy term for any injury.

Weekly Indemnity – is income replacement for an injured member. For example, a member breaks a leg during a SSC league game and is unable to work while healing from their injuries. The policy will pay \$250/week after a 7 day waiting period for up to a maximum of 104 weeks. Note the injured member must be under the care of a physician for coverage to apply.

Fracture Indemnity Amount – If a member breaks a limb or other body part, the limit noted above is the maximum payable for any fracture. Note that this coverage has a schedule attached that dictates what the indemnity for any specific fracture is. For example, if the member suffers a depressed fracture of the skull they will receive 100% (or \$2,000) of the benefit noted above. If the member fractures their wrist they would receive 25% (or \$500) of the benefit noted above.

The additional coverages listed are additional extensions that may also be paid in addition to the amounts payable under the Fracture Indemnity.

A DENTAL ACCIDENT REIMBURSEMENT

The reasonable expenses incurred within 52 weeks of a covered accident to treat, repair or rebuild teeth

The Sport Accident Policy pays for medical bills on behalf of Sport and Social Club members injured playing a regular league or playoff game.

damaged in the covered accident, excluding any expenses any treatment, repair or rebuild provided solely for cosmetic or aesthetic reasons. Such expenses will be subject to limit shown on the Table of Coverage.

B. DENTURES, REMOVEABLE TEETH, HEARING AIDS, EYEGLASS AND CONTACT LENSES

The reasonable expenses incurred within 60 days of a covered accident to replace dentures, removable teeth, hearing aids, eyeglasses or contact lenses damaged as a result of a covered accident, subject to the limit shown on the Table of Coverage.

C. EMERGENCY TRANSPORTATION

The reasonable expenses incurred for transportation, other than by a licensed ambulance service, of the Insured Person to a doctor's office or the nearest hospital, subject to the limit shown on the Table of Coverage.

D. FAMILY TRANSPORTATION

The reasonable expenses incurred by the immediate family for transportation by the most direct route by a licensed common carrier to attend to the Insured Person within 365 days of the date of the accident where the attending physician recommends the personal attendance by a member of the immediate family. Such expenses will be subject to the limit shown on the Table of Coverage. A member of the immediate family will mean the spouse, parents, grandparents, children age 18 or over, brothers, sisters of the Insured Person.

E. MEDICAL EXPENSE REIMBURSEMENT

The reasonable medical expenses incurred by an Insured Person as a result of a covered accident within 52 weeks of the date of the accident for:

- (i) Licensed ambulance services
- (ii) Crutches, splints, orthotic devices, trusses, medical braces, rental of wheelchair, hospital bed, lifts or other medical devices recommended by the attending physician, excluding splints, orthotic devices and medial braces required primarily for sports activities.
- (iii) Prescription drugs
- (iv) Hospital services not covered by any federal, provincial government or private health care plan.
- (v) Medical services incurred outside the province of residence for injuries sustained in a covered accident that occurs outside the province where the Insured Person is normally domiciled, but in no event for any expenses incurred outside of Canada.

The maximum amount payable under this section is subject to the limit shown on the Table of Coverage.

F. PROSTHETIC APPLIANCES

The reasonable expense actually incurred up to the limit shown on the Table of Coverage for a hearing aid, artificial limb or eye or any other prosthetic appliance prescribed by a legally qualified physician or surgeon and required as a result of such injury within one year of the date of the accident.

G. REHABILITATION

The reasonable and necessary expenses actually incurred up to the limit shown on the Table of Coverage for special training of the Insured Person provided

- (i) such training is required because of such injury and in order for the Insured Person to be qualified to engage in an occupation in which he would not have been engaged except for such injury;
- (ii) expenses are incurred within two years from the date of the accident;
- (iii) no payment will be made for room or board or other ordinary living, travelling, or clothing expenses.

H. REPATRIATION

The expenses incurred for preparing the deceased for burial and shipment of the body to the residence of the deceased where the injuries covered by this policy result in loss of life of an Insured Person beyond 200 kilometres from their permanent city of residence, and within 365 days from the date of the accident, subject to the limit shown on the Table of Coverage.

I. TUITION BENEFIT

The expenses incurred within six (6) months of the date of accident for tutorial services of a qualified teacher certified by the Provincial Ministry of Education at a rate not to exceed \$25.00 per hour, as well as reasonable expenses for the rental of necessary equipment and program software are required and approved by the Board of Education in the jurisdiction in which the Insured Person is enrolled in studies. All benefits under this section are subject to an aggregate limit as shown on the Table of Coverage.