

Special Markets Solutions offers comprehensive group accident insurance with a serious illness component through the Family Accident Reimbursement Plan. Regardless of the size of the family, all eligible family members can be insured under one set monthly rate.

| PRODUCT HIGHLIGHTS | Accident insurance with Critical Illness benefits significant for all family members Critical Illness benefit covers additional 6 child-specific illnesses for Dependent Children |
|-----------------------|---|
| | » Policy renews automatically every year |
| | » One monthly rate regardless of how many family members are covered under the policy |
| ELIGIBILITY | Adult is defined as the parent or legal guardian of a Dependent Child who is attending a school within an eligible school board. At the time of application, the insured Adult must be a permanent resident of Canada, under 65 and have Provincial Health Coverage. |
| | Spouse is defined as the legal or common-law spouse of an insured Adult. At the time of the application, the Spouse must be a permanent resident of Canada, under 65 and have Provincial Health Coverage. Only one individual will qualify as a Spouse under the policy. |
| | Dependent Child/Children means any natural child, step-child or legally adopted child of an insured Adult. Dependent Children are eligible to apply provided they are permanent residents of Canada, under age 21 (up to 24 if they are enrolled full-time at a post-secondary school), and the insured Adult also applies for coverage. |
| KEY BENEFITS | » Dependent Children receive dental treatment coverage within 7 years after an accident |
| | Full hospital services coverage (including hospital room and other necessary hospital services such as a registered nurse, wheelchairs, casts and prescription drugs) |
| | » Critical Illness Benefit for 4-illnesses for all insureds, and additional 6 child-specific conditions for Dependent Children |
| | » Coverage for select medical treatments by a physiotherapist, athletic therapist, registered massage therapist, chiropractor or osteopath |
| | » Permanent Total Disability Benefit maximum of \$100,000 |
| | » Accidental Death Benefit of \$20,000 |
| | » Funeral expense benefit of \$5,000 |
| PLAN DETAILS | Our Family Plan is designed to include an insured Adult, their Spouse and any number of Dependent Children qualifying under the eligibility definitions stated above |
| | » \$39.95 monthly inclusive for insured Adult and all eligible family members |
| | |
| MARKETING APPROACH | » Brokers will be supplied with email copy and social media content to share with their respective school boards, plus a link to a microsite containing plan details, pricing and applications. |
| | » The product can be purchased during any time of the year and renews automatically each September 1st. |
| BILLING | Insureds are billed on a monthly basis. |
| CLAIMS | Submit a completed claim form within 90 days of the date of the accident. |
| LIMITATIONS | Any insured Adult, Spouse or Dependent Child is not eligible for insurance under more than one Family Plan. |
| TERMINATION | Coverage terminates for insured Adults and insured Spouses at age 65. Dependent Children coverage terminates at age 21 (or at age 25 if receiving full parental support while attending university, college, CEGEP or trade school on a full-time basis). |



For all benefits excepting Critical Illness, the following benefit amounts are payable if the loss, treatment required or expenses incurred are due to injury caused by an accident.

| | Benefit amounts | |
|---|-----------------------------|-----------------|
| For complete benefit details and eligibility definitions, please review contract. | Insured Adult and Spouse | Dependent Chile |
| ental Treatment and Eyewear | | , |
| ental treatment within 7 years following Accident for Dependent Children (1 year for Insured Adults and Spouses) | Prov Fee Guide | Prov Fee Guide |
| Dental treatment after 7 years following Accident for Dependent Children | | \$1,500 |
| Dental Implants (each) | | \$1,750 |
| Orthodontics | | \$2,500 |
| Dentures and artificial teeth | | \$500 |
| or eyeglasses/contact lenses: Initial purchase when not previously required or worn | | \$250 |
| For eyeglasses/contact lenses: Repair/replacement | | \$250 |
| racture, Dislocation or Surgery | | |
| kull (depressed) or spine (three or more vertebrae) | \$1,000 | \$1,000 |
| Skull (not depressed) or spine (less than three vertebrae) or pelvis | | \$500 |
| Arm between elbow and shoulder, or thigh, or hip, or shoulder blade, or shoulder | | \$300 |
| Lower leg, or knee cap, or ankle, or calcaneus (heel bone), or bone(s) of the feet (metatarsals) or hand(s) (metacarpals), or collar bone, or forearm, or wrist, or elbow | | \$250 |
| Sternum, or sacrum/coccyx, or upper jaw, or lower jaw, or nose, or two or more toes, fingers or ribs | | \$200 |
| ne toe, finger or rib, or any bone not specified above | \$125 | \$125 |
| Surgery for: severed tendon(s) or burns (requiring skin graft), or ruptured kidney/liver/spleen, or punctured lung, or knee (when there is no fracture or dislocation), or eye surgery, or emergency surgery requiring general anaesthetic (excluding dental surgery) | | \$150 |
| ospital, Paramedical, Counselling, and Prosthetics | | |
| Private or semi-private room while in hospital if requested by attending physician; licensed ambulance service; registered nurse or certified nursing aid; rental of crutches, appliances, wheelchair, or hospital-type bed (limited to purchase price); prescription drugs; splints, casts and cast materials, trusses, pressure garments requested by attending Physician for curative or therapeutic purposes only | | Full Cost |
| reatment by a physiotherapist, athletic therapist, or registered massage therapist; treatment by a chiropractor or osteopath; acupuncture; nedical supplies for the purpose of dressing changes | | \$800 |
| races prescribed by the attending Physician for curative or therapeutic purposes only (limited to one purchase per Injury) | \$1,250 | \$1,250 |
| ounselling | \$1,000 | \$1,000 |
| urchase of artificial limbs, eyes, hearing aids, and other prosthetic appliances | \$5,000 | \$5,000 |
| ravel and Transportation | | |
| mergency Transportation | \$250 | \$250 |
| pecial Treatment Travel | \$2,500 | \$2,500 |
| eath or Disability | | · |
| ccidental Death | \$20,000 | \$20,000 |
| ouble Indemnity | \$40,000 | \$40,000 |
| epatriation | \$5,500 | \$5,500 |
| ermanent Total Disability | \$100,000 | \$100,000 |
| uneral Expense | \$5,000 | \$5,000 |
| ehabilitation and Special Services | | ÷ |
| onfinement Disability | Not available | \$750/month |
| etraining | \$10,000 | \$10,000 |
| rivate Tutor | Not available | \$5,000 |
| ismemberment or Total and Permanent Loss of Use | | |
| oth hands, or both feet, or one hand and one foot, or one hand or one foot and entire sight of one eye, or entire sight of both eyes, or beech and hearing | \$100,000 | \$100,000 |
| ne entire arm or leg, or one hand or foot, or entire sight of one eye, or speech, or hearing in both ears | \$60,000 | \$60,000 |
| Entire thumb and index finger (same hand) | | \$30,000 |
| Thumbs, fingers, or toes (each entire thumb, finger, or toe) | | \$4,000 |
| ne entire phalanx of any one finger, or hearing in one ear | \$4,000 \$2,000 | \$2,000 |
| ritical Illness | \$2,000 | φ <u>2</u> ,000 |
| iagnosis of Cancer (Life-Threatening), Coronary Artery Bypass Surgery, Heart Attack, or Stroke | | |
| | \$10,000 | \$10,000 |
| or Dependent Children: Diagnosis of any of the above or Cerebral Palsy, Down's Syndrome, Congenital Heart Disease, | φ10,000 | φ IU,000 |