For MITACS

**PLEASE READ THIS POLICY CAREFULLY**

CONTACT THE 24-HOUR TOLL-FREE EMERGENCY ASSISTANCE NUMBER AT 1-800-808-2694 (NORTH AMERICA) OR COLLECT (403) 538-2364 FOR HOSPITAL ADMISSIONS, OR IF INCAPACITATED, AS SOON AS POSSIBLE.

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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. 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
Canada only

Coverage is also available within the United States up to a maximum of thirty (30) days (in the aggregate) per Policy Year. Coverage outside of Canada and the United States is available worldwide up to a maximum of ninety (90) days (in the aggregate) per Policy Year.

**Coverage within Home Country:** Coverage is not available in the Insured Person's Home Country except where the trip to the Home Country is expressly undertaken in order to participate in an academic, training, sporting, or extra-curricular event organized by (or formally affiliated with) the Host institution in Canada where the Insured Person is attending for study or working as an intern. Insured Persons may be required to provide MSH INTERNATIONAL (CANADA) LTD. a description of the program or event published by the host institution and proof of their attendance.

**Return to Home Country:** For Canadians returning to Canada. Coverage is extended until the Insured Person becomes eligible for provincial healthcare. Once insured under provincial healthcare, this policy becomes second payer to provincial healthcare benefits.

## 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 days 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 three hundred and sixty-five (365) days, on payment of premium at the rate and in the amount determined at the time of renewal by the Insurer.

## ADMINISTRATION OF POLICY
Completed census data must be received by the Insurer within ninety (90) days of the member's requested enrollment date in order for coverage(s) to become effective on this date. If a member's census data is received after the ninety (90) day grace period, coverage(s) will be backdated a maximum of ninety (90) days from the date it is received.

The termination of an Insured Person must be communicated immediately and may be backdated a maximum of ninety (90) days from the date of receipt. The termination of an Insured Person may only be backdated ninety (90) days provided no claims have been paid during this period.

## PREMIUMS
Premiums are billed per unit days of coverage reported by the Policyholder and billed in arrears.

## 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 15 days will be provided by MSH INTERNATIONAL (CANADA) LTD. to policyholders with plan members 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 ninety (90) days in advance of the requested termination date.

## ELIGIBILITY

**Primary Insured Person:**
For the purposes of this policy, the primary Insured Person shall be considered as those persons who:

1. Are attending a post-secondary institution or working as an intern outside of their Home Country;
2. Are under age seventy (70);
3. Have paid the required premium or had such premium paid on their behalf by the policyholder.

## TERMINATION DATE OF INSURED PERSON'S 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 primary Insured Person reaches age seventy (70); or

Termination of the insurance of any Insured Person either because of termination of internship or termination of this policy will not prejudice consideration of any claim that may have occurred prior to such termination.

Insured Persons enrolled prior to the termination of the policy shall remain in force until the policy term end date and shall not be renewed after termination of the policy. Full premiums will be required for the entire policy term.

## 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. Seventy-two (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 the Insured Person is unable to travel on medical grounds acceptable to MSH INTERNATIONAL (CANADA)

LTD. Following discharge from Hospital or following medical approval to travel, an additional seventy-two (72) hour extension will be granted.

## 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.

## REFUNDS

A full refund of the premium paid, less administration fees, will be made provided the Insurer receives a written request to terminate within ninety (90) days of an Insured Person becoming ineligible and subject to no claims having been paid within the requested refund period (of up to ninety (90) days).

The premium may be partially refunded on a pro rata basis at the request of the policyholder. Once the Insurer has received satisfactory evidence that the Insured Person is eligible for a refund, it will be calculated from the return date to their Home Country, otherwise refund calculations will be based on the postmarked date of the Insured Person's written request.

## 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.

**Corrective device:** A medical device that supports or corrects the function of a body part.

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

**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.

**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:

1. Is primarily and customarily used to serve a medical purpose;
2. Generally is not useful to a person in the absence of Sickness or Injury; and
3. 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**: Means **either**

1. The date You arrive in the location of foreign study or assignment. In this case coverage is automatically provided to a maximum of seventy-two (72) hours while traveling to location of foreign study or assignment from Your Home Country or primary place of residency; or
2. A later date as communicated by the policyholder.

**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:

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

**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.
**Third Country Nationals may use their resident Country as Home Country.*

**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 in which the Insured Person is attending a post-secondary institution or working as an intern, 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:** Certain Lloyd's Underwriters, as declared on the cover note of this policy, 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, obesity, and smoking cessation.

**Maternity Care:** Refers to the Medically Necessary expenses associated with pregnancy and childbirth.

**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:** MSH Assistance.

**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:** 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 accepted standards 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, behavioral and neurodevelopmental disorders are syndromes characterized by clinically significant disturbance in an

individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioral functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning. These disorders are listed under their corresponding Chapter in the ICD nomenclature by the WHO.

**Mountaineering:** means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment.

**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 twelve (12) month period beginning on the date the Primary Insured Person's coverage under the Policy commences**.**

**Pre-Existing Medical Condition:** Any Sickness, disease, Mental, Nervous or Emotional Disorder or disorder for which any one of medical advice, treatment, service, prescribed medication, diagnose or consultation, including consultation to investigate and/or diagnose (where diagnosis has not yet been made) was received by the Insured Person or would have been received by a prudent individual with in the twenty-four (24) months immediately preceding the Effective Date* of coverage. **For continuous coverage under this Certain Lloyd's of London master policy, the effective date means the effective date of the initial policy purchased.*

**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.

**Preventive Service:** Services provided to prevent or to diagnose disease prior to the manifestation of symptoms, when performed either in conjunction with a Routine Check-up or as an isolated service.

**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 Care:** Designated for patients who require a Physician's 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 Routine Check-ups or physicals.

**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.

**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 check-ups, hearing loss assessments and immunizations. Please refer to the Medical Benefit for coverage and limitations.

## POLICY EXCLUSIONS

GENERAL EXCLUSIONS

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

1. 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;
2. Radioactive contamination;
3. Committing or attempting to commit any criminal act;
4. Intentionally self-inflicted Injury, suicide or self-destruction or any attempt (while sane or insane) except as described in the Exceptional Hospitalization Benefit, Repatriation or Local Burial, and Psychiatrist/Psychotherapy benefits;
5. Termination of pregnancy or expenses relating thereto;
6. Mountaineering, scuba diving exceeding a depth of fifteen (15) meters, rock or precipice climbing exceeding a height of fifteen (15) metres, hang gliding, paragliding, sport parachuting, or sky diving;
7. Athletic or sports activities for remuneration or prize money;
8. Riding or driving in or on any motorised vehicle or device in any race or speed contests;
9. Misuse of medication, use of intoxicants or illegal drugs, or treatment thereof or Accidents related thereto (except as described in the Exceptional Hospitalization Benefit, Repatriation or Local Burial, and Psychiatrist/Psychotherapy benefits);
10. 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;
11. A trip that has been arranged solely for the purpose of securing treatment or therapy unless it has been pre-approved by the Insurer;
12. 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
13. The Insured Person travelling against the advice of a Physician.

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

14. Third party services. Any service (including a Routine Check-up) 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.
15. 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.
16. Any charges incurred for obtaining medical records, unless requested by MSH INTERNATIONAL (CANADA) LTD.;
17. Any Medical or Dental Expense incurred while covered under the plan but submitted after three hundred and sixty-five (365) days following the date the expense was incurred or ninety (90) days after the Insured Person's coverage has been terminated or ninety (90) days after the group policy has been terminated, whichever is earlier.
18. Services or supplies the Insured Person is entitled to without charge by law or for which a charge is made only because the Insured Person has insurance coverage.

MEDICAL EXCLUSIONS

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

1. Elective Medical Treatment
2. 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;
3. Routine Care for a Pre-Existing Medical Condition, including (but not limited to) the refill of medication, tests or examinations forming part of a normal regime, or treatment not required for the immediate relief of pain and suffering, or that could reasonably be postponed until the Insured Person returns to his/her Home Country (except as provided under the Annual Physician Visit Benefit).
4. Vaccines and immunizations, other than those provided under the Well Baby Care Benefit under Maternity Services;
5. Any Maternity Services for pregnancies existing prior to the coverage Effective Date, except as indicated under the Maternity Services section of the policy;
6. Fertility or infertility treatment and/or drugs related to;
7. 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);
8. Contraceptive drugs or devices with the exception of the expense for prescription contraceptive drug solely prescribed to treat a medical condition;
9. Drugs, vitamin preparations, 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;
10. Hair growth stimulants;
11. Organ transplants and related services;
12. Elected caesarean sections; and
13. Hospice Care.

Benefits will not be payable for the following:

14. An expectant mother insured by the policy elects to have delivery outside their area of assignment, unless prior approval is received from MSH INTERNATIONAL (CANADA) LTD.

This policy also includes the following exclusions:

**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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## MAJOR MEDICAL BENEFITS

***This policy covers medical expenses and losses from Sickness or Injury arising from sudden and unexpected circumstances, unless otherwise stated.***

**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.

**Eligibility**
All primary Insured Persons 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. for pre-authorization of scheduled services. These requests should be submitted at least ten (10) days prior to the anticipated service date to avoid delays.**

**In the case of an Emergency (when hospitalization is necessary) it is required that the Insured Person contact MSH INTERNATIONAL (CANADA) LTD. 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. Services performed as part of a Routine Check-up will be subject to the maximum as stated below.
- **Ambulance Charges**. Charges for licensed ground ambulance transportation to the nearest Hospital, or from one Hospital to another or from a Hospital to the Insured Person's residence. Includes up to one hundred dollars ($100) per Injury or Sickness for use of a taxi in lieu of ambulance when an ambulance is unavailable.
- **Exceptional Hospitalization Benefit.** Up to fifty thousand dollars ($50,000) per lifetime, per Insured Person, for Hospital, medical and/or psychiatric treatment if admitted to hospital for suicide, attempted suicide, self-inflicted injuries, mental or emotional disorders (including but not limited to stress, anxiety, panic attacks, depression, eating disorders and weight problems) or other psychiatric treatment.
- **Psychotherapy.** Up to twenty-five thousand dollars ($25,000) per Insured Person per Policy Year for Inpatient services.

**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, or Nurse Practitioner's service fees;
- Blood or blood plasma (includes the administration of blood);
- **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 to a maximum of a thirty (30) days' supply per drug classification, per Sickness or Injury.
- **Paramedical Services**. The services of a chiropractor, osteopath, naturopath, podiatrist, chiropodist or acupuncturist up to a maximum of five hundred dollars ($500) per profession, per Policy Year, per Insured Person.
- **Physiotherapy and Speech Therapy**. The services of a physiotherapist or speech therapist to a combined maximum of one thousand dollars ($1,000) per Policy Year, per Insured Person.
- **Psychologist/Psychiatrist**. The services of a psychologist or psychiatrist to a combined maximum of two thousand and five hundred dollars ($2,500) 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 up to a maximum of fifteen thousand dollars ($15,000) per Policy Year, per Insured Person. The nurse cannot be an Immediate Family Member or currently residing with the Insured Person.
- **Routine Check-ups**. Insured to a maximum of one hundred and seventy-five dollars ($175) per Insured Person, per Policy Year after six (6) months' of continuous coverage including costs associated with Preventative Services, Routine Diagnostic Testing, X-Rays or Laboratory Services.
- **Eye Examinations.** Includes one (1) eye examination to a maximum of one hundred dollars ($100) per Policy Year, per Insured Person after six (6) continuous months of coverage.
- **Wart Treatment.** Benefits will be paid to a maximum of five hundred dollars ($500) per Insured Person, per Policy Year for medically required wart treatment.

**When Medically Necessary to treat an Emergency:**

- **Medical Equipment and Supplies***. The rental (or purchase, at the option of the Insurer) of dressings, prosthetics, wheelchairs, crutches, hospital beds or other appliances not to exceed the purchase price when prescribed by a Physician, Surgeon, Physician's Assistant, or Nurse Practitioner.
- **Orthotics**. Benefits will be paid up to a maximum of three hundred dollars ($300) per Insured Person, per Policy Year.
- **Custom Knee Braces.** Benefits will be paid up to a maximum of eight hundred dollars ($800) per Insured Person, per Policy Year;
- **Hearing Aids.** To a maximum of three hundred dollars ($300) per Insured Person, per Policy Year.
- **Vision Care.** Charges for eyeglasses and/or contact lenses that are required for the correction of vision and are prescribed by an ophthalmologist or optometrist, to a maximum of two hundred dollars ($200) per Insured Person, per Policy Year.

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

**Pre-existing Condition Treatment**
This benefit will reimburse eligible expenses that are medically recognized as emergency care of the pre-existing condition.

**Maternity Services**
Pregnancies existing prior to the coverage Effective Date* will only be covered for Emergency complications for the first thirty-

two (32) weeks of pregnancy to a maximum Benefit of five thousand dollars ($5,000) per Insured Person. Well Baby Care will not be covered for pregnancies existing prior to the coverage Effective Date*.

Pre-/Post-Natal Care and Delivery

This Benefit will reimburse any eligible expenses, as defined in the Major Medical Benefit section of this policy, relating to pre-/post-natal care for the mother, including involuntary termination and delivery when pregnancy begins on or after the Insured Person's Effective Date* of coverage. Reimbursement of eligible expenses under this Benefit is 100% subject to a maximum of twenty-five thousand dollars ($25,000) per Insured Person, per Policy Year.

Medical treatment and services including Hospital accommodations are covered when confirmed by a Physician to be necessary in respect of childbirth. Midwifery services are considered a covered expense when used in place of a Physician. In the event of an elected caesarean section, this policy excludes expenses relating to the caesarean section procedure, but will reimburse the Reasonable and Customary Costs for Hospital room and board charges (up to semi-private room accommodation), subject to the Maternity Benefit maximum.

The newborn child will be covered under this Benefit from the date of birth until fifteen (15) days of age.

**For continuous coverage under this Certain Lloyd's of London master policy, the effective date means the effective date of the initial policy purchased.*

Well Baby Care

Includes a series of regularly scheduled check-ups. Hearing loss assessments and immunizations are also covered under Well Baby Care. Immunizations covered include (but are not limited to) the first dose of Hepatitis B and the dose for Tuberculosis for residents of developing countries. This Benefit covers children up to one (1) year of age and is subject to a maximum of five hundred dollars ($500).

**Dental Accident 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, and for which dental treatment is initiated within thirty (30) 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.

Benefits payable under this section are subject to a maximum amount of four thousand dollars $4,000) per Insured Person, per Policy Year.

**Emergency Dental**
Benefits payable up to $600 per Insured Person per Policy Year for the immediate relief acute dental pain caused by other than a blow to the face or chewing injuries.

**HIV/AIDS Coverage**
Expenses incurred as a result of a positive human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), or AIDS-related complex (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 ten thousand dollars ($10,000).

**Tutorial Expenses**
Benefits will be paid up to fifteen dollars ($15) per hour to a maximum five hundred dollars ($500) per Insured Person per Policy Year when, in the professional opinion of the attending Physician, home or Hospital confinement is expected to last for thirty (30) consecutive days or longer.

**Trauma Counselling**
If an 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 an Accident which occurred during the coverage period, up to six (6) sessions of trauma counselling by a registered psychologist when ordered by the attending physician will be paid per Lifetime per Insured Person.

**Repatriation of Mortal Remains or Local Burial**
When Injury or Sickness results in loss of life of an Insured Person outside his/her Home Country, the Insurer will pay up to fifteen thousand dollars ($15,000) for the preparation and the transportation of the mortal remains of the Insured Person from the place of death, or up to five thousand dollars ($5,000) for the preparation and local cremation or burial of the mortal remains.

**Return Home Due to Family Emergency**
If the Insured Person must unexpectedly return Home due to the death or hospitalization of an Immediate Family Member, the Insurer will pay up to a lifetime maximum of two thousand and five hundred dollars ($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.

**Emergency Medical Evacuation**
When, by reason of Injury or Sickness, it is deemed Medically Necessary to evacuate via air or land ambulance 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/or 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 up to a maximum of $10,000 per occurrence. Should the Insured Person return to their Home Country, the Insurer will not reimburse the cost of the airfare to return to internship.

**Family Transportation and Subsistence Allowance**
If the Insured Person is hospitalized for seven (7) consecutive days or more, or in the event of death of the Insured Person, the Insurer will pay up to five thousand dollars ($5,000) towards the cost of round trip transportation based on the lowest available fare for the most direct route for two persons nominated by the Insured Person. Up to one thousand five hundred dollars ($1,500) will be reimbursed for their commercial accommodation and meals. The attending Physician must certify that the situation is serious enough to warrant the visit.

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

## MEDICAL EMERGENCY ASSISTANCE

**MSH ASSISTANCE**
**Worldwide Emergency Coverage**

**In the event of a medical emergency, please contact:**

**MSH ASSISTANCE**
**24 Hour Emergency Number**
**POLICY NO. MITS1030**
**1-800-808-2694**
**From Canada and the United States**
**001-403-538-2364**
**Call Collect from anywhere else in the world**

In order to assist you in an emergency situation, MSH Assistance 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 policy number.
3. Name of organization.
4. Nature of medical problem.
5. Telephone numbers of medical personnel involved.
6. How and when the next communication will take place

**In the event of a medical emergency requiring hospitalization, you must contact MSH ASSISTANCE 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 fifty thousand dollars ($50,000).

**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.

**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.

For the AD&D benefit to apply, the Accident causing death, dismemberment, loss of sight, or paralysis must have occurred while the Insured Person was covered under this policy.

**Schedule of Losses**

| **For the Loss of:** | **% of Principal Sum Payable** |
|---|---|
| Life | 100% |
| Both Hands or Both Feet | 100% |
| Entire Sight of Both Eyes | 100% |
| One Hand and One Foot | 100% |
| One Hand and Entire Sight of One Eye | 100% |
| One Foot and Entire Sight of One Eye | 100% |
| Speech and Hearing | 100% |
| Use of Both Arms or Both Hands | 100% |
| One Arm or One Leg | 75% |
| Use of One Arm or One Leg | 75% |
| One Hand or One Foot | 66 2/3% |
| Entire Sight of One Eye | 66 2/3% |
| Use of One Hand | 66 2/3% |
| Speech or Hearing | 66 2/3% |
| Thumb and Index Finger of Same Hand | 33.33% |
| Four Fingers of Same Hand | 33.33% |
| Hearing in One Ear | 25% |
| All Toes of Same Foot | 12 1/2% |
| **The following losses are also covered:** | |
| Quadriplegia | 100% |
| Paraplegia | 100% |
| Hemiplegia | 100% |

"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.

**PROVISIONS – AD&D BENEFIT**

**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.

**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.

**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.

## 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 (CANADA) LTD.**
**Suite 2900, 605 – 5th Avenue SW**
**Calgary Alberta T2P 3H5 Canada**

**Email:** claimsamerica@msh-intl.com
**Fax to:** (403) 265-9425
**Tel:** 1-866-767-7959

*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 or within 90 days of plan or insured person's termination. |

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 three hundred and sixty-five (365) days from the beginning of the treatment, ninety (90) days after the Insured Person's date of termination, or ninety (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*. 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 original documents to MSH INTERNATIONAL (CANADA) LTD. when requested will be required to submit original documents for all future claims submissions.

**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.*

It is understood that:

1. The Insurers can ask for medical information from any Physician or Surgeon as often as required and if necessary examine the Insured Person;
2. The Insurers shall be notified of any circumstances that may lead to a claim against a third party or any other insurance; and
3. Insured Persons may be required to provide MSH INTERNATIONAL (CANADA) LTD. proof of the date of return to their Home Country.

**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 sickness 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 a Physician's Statement:

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 sickness 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. MSH Assistance 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 MSH Assistance. 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 Bloomberg or Six Financial. The exchange rate calculation is based on the rate available upon the date 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

**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 Canadian currency.

In the case of an Emergency (when hospitalization is necessary) it is required that the Insured Person contact MSH INTERNATIONAL (CANADA) LTD. 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.

## 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 2900, 605 -5th Avenue SW
Calgary Alberta T2P 3H5 Canada
Email: privacyofficer@americas.msh-intl.com

## APPENDIX 1

The Durable Medical Equipment listed below are covered when prescribed by a Physician, Surgeon, Physician's Assistant or a Nurse Practitioner only when medically necessary to treat an emergency 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.