



ONTARIO
PHARMACISTS
ASSOCIATION

Advocating Excellence
in Practice and Care

**Student Accident Insurance
For Ontario Pharmacists Association**

Additional Student Accident Information

Eligibility

Available to Students, Pharmacy Technician's and Pharmacy Assistant's, under age 65, of the Association.

* Includes undergraduate pharmacy students and interns.

Amount of Insurance

Class 1 \$100,000.00

Rate

The premium is \$20.00* per month.

* RST will be added to the invoice

Additional Information for SUMMARY OF INSURANCE COVERAGE

Paralysis Benefits

Note: *Indemnity payable for all losses as the result of any one accident will not exceed the Principal Sum with the exception of Quadriplegia, Paraplegia and Hemiplegia; and two times the Principal Sum with respect to Quadriplegia, Paraplegia and Hemiplegia, or the Principal Sum if loss of life occurs within 90 days after the date of the accident. In no event will indemnity payable for all losses exceed, in the aggregate, two times the Principal Sum as the result of the same accident.*

Exposure and Disappearance

If an accident results in unavoidable exposure to the elements and as a result of such exposure a loss for which indemnity would otherwise be payable, such loss will be deemed to be the result of injury.

If due to an accidental wrecking, sinking or disappearance of a conveyance, the insured disappears, and such body is not found within 12 months after the date of disappearance, it will be presumed, subject to no evidence to the contrary, that a loss of life has occurred.

Exclusions

Cover does not apply to any loss caused by or contributed to:

- suicide or self-destruction;
- full-time, active service in the armed forces;
- war or act of war;
- riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage."

Nor does the plan cover expenses incurred:

- for the purchase, repair or replacement of eyeglasses or contact lenses or prescriptions therefore;
- for charges of masseur;
- by an insured who is not covered under any Federal or Provincial Hospital Plan;
- for sickness or disease, either as a cause or effect;
- for x-rays, repairs or replacement of pre-existing dentures fillings or crowns, except as

THE INSURER

Industrial Alliance Pacific Insurance and Financial Services Inc. is a Canadian company, with its Head Office in Vancouver, B.C., specializing in Group Accident insurance and providing the strongest personnel and service capabilities in Canada in this specialized area. IAP provides service to Quebec clients from our Regional Office located at 2165 Broadway West, P.O. Box 5900 Vancouver, BC, V6B 5H6, with full underwriting, policy issuance and administration capabilities.

THE ADMINISTRATOR

The Ontario Pharmacists Association is the administrator for this specialty plan.

Contact information:

Address: 800 – 375 University Ave, Toronto ON M5G 2J5

Telephone: 416-441-0788 or 1-877-341-0788

Email: insurance@opatoday.com

Website: opatoday.com

**ONTARIO PHARMACISTS' ASSOCIATION
SUMMARY OF INSURANCE COVERAGE**
Policy No. 100008867 issued by Special Markets Solutions, a division of
Industrial Alliance Insurance and Financial Services Inc.

GROUP ACCIDENT INSURANCE

You are covered for a Principal Sum of \$100,000.00, if an injury is sustained while participating in the work experience program sponsored by the Policyholder including; (a) while performing the regular and assigned duties of your occupation on the premises of the placement worksite, and (b) while travelling as part of your regular and assigned duties on the business of and authorized by the placement worksite.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

The "loss" or "loss of use" must occur within 365 days of the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

	% of Principal Sum
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 or One Foot and Entire Sight of One Eye.....	100%
Speech and Hearing in both Ears.....	100%
One Arm or One Leg.....	75%
One Hand or One Foot.....	66 2/3%
Entire Sight of One Eye or Speech or Hearing in both Ears.....	66 2/3%
Thumb and Index Finger of Either Hand or Four Fingers of Either Hand.....	33 1/3%
Hearing in One Ear.....	33 1/3%
All Toes of One Foot.....	25%
Quadriplegia (total paralysis of all four limbs).....	200%
Paraplegia (total paralysis of the lower limbs).....	200%
Hemiplegia (total paralysis of one side of the body).....	200%

REPATRIATION BENEFIT (\$15,000)

If injury results in loss of life, the Company will pay the expense incurred for shipment of the body to the city of residence of the deceased.

SPOUSAL RETRAINING BENEFIT (\$15,000)

If injury results in the loss of life, the Company will reimburse the spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which the spouse would not otherwise have sufficient qualifications.

EDUCATION BENEFIT (\$10,000)

If injury results in loss of life, the Company will pay 5% of the principal sum to any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the secondary school level (not to exceed four years). If, at the time of loss, there are no dependent children eligible for the Education Benefit, the Company shall pay an additional amount of \$2,500.00 to the designated beneficiary.

DAY CARE BENEFIT (\$5,000)

If injury results in the loss of life, the Company will pay 5% of the principal sum for each year the dependent child is enrolled in a legally licensed day care (not to exceed four years) for each dependent child who is under 13 years of age and enrolled in a legally licensed day care centre on the date of the accident, or within the 12 months following.

REHABILITATION BENEFIT (\$15,000)

If injury requires that the insured undergo special training in order to be qualified to engage in a special occupation in which the insured would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT (\$15,000)

If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the insured's principal residence and/or the cost of modification to one motor vehicle utilized by the insured, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

UNEMPLOYED WEEKLY ACCIDENT INDEMNITY

For those who are neither gainfully employed nor receiving employment insurance benefits immediately before the date of the injury.

Total Disability

If injury results in total disability within 30 days of an accident (prior to age 65), the Company will pay to a maximum of \$100.00 for each week of total disability, and subject to the maximum period payable of 13 weeks.

You must be under the regular care and attendance of a physician for such disability. Payments made for periods less than one week will be paid on the basis of one seventh of the weekly indemnity, for each day of disability.

Successive periods of disability due to the same or related causes will be considered one period of disability, unless they are separated by a 30 day period during which you were actively at work.

"Total Disability" means the insured (1) is unable to perform the substantial and material duties pertaining to his occupation and (2) requires the regular care and attendance of a physician.

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT (\$25,000)

If injury requires medical treatment within 30 days, the Company will pay for reasonable and customary expenses actually incurred for the following: (a) expenses for the services of a nurse; (b) 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; (c) hospital charges for the difference between the public ward allowance under the provincial hospital plan and the semi-private accommodation charge (private accommodation charge if recommended by a physician); (d) 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; (e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a physician, subject to a maximum reimbursement of \$500.00 during any one policy year; (f) drugs and medicines which require the written prescription of a physician and are dispensed by a registered pharmacist or physician; (g) 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 \$750.00 during any one policy year; (h) fees for the services of a licensed chiropractor, subject to a maximum reimbursement of \$500.00 during any one policy year.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT (\$2,000)

If, due to a force or blow external to the mouth, injury results to whole or sound teeth (capped or crown teeth will be considered whole or sound) and treatment is required within 30 days, the Company will pay the treatment expenses actually incurred.

LIMITED AIR TRAVEL COVERAGE

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

- (a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or
- (b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the policyholder.

TERMINATION OF INSURANCE OF AN INSURED

Coverage will terminate immediately on the earliest of: (a) the policy termination date; (b) the premium due date if the Policyholder fails to pay the insured's premium, except as a result of an inadvertent error; (c) attainment of age 65; (d) the date an insured is ineligible for coverage.

WHEN DOES THIS INSURANCE NOT APPLY?

- » declared or undeclared war or any act thereof;
- » active full-time service in the armed forces of any country;
- » suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- » injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage".
- » purchase, repair or replacement of eyeglasses or contact lenses or prescriptions therefor;
- » charges of masseur;
- » expenses incurred by an insured who is not covered under any Federal or Provincial Hospital Plan;
- » sickness or disease, either as a cause or effect;
- » x-rays, repairs or replacement of pre-existing dentures fillings or crowns, except as provided in the Accidental Dental Reimbursement Benefit.

BENEFICIARY

Indemnity payable in the event of the loss of life of an insured is payable to the beneficiary or beneficiaries designated in writing by the insured and on file with the Policyholder. If there is no such beneficiary designation, the indemnity is payable to the estate of the insured. All other indemnities are payable to the insured, with the exception of indemnities payable under the following parts:

Day Care Benefit
Education Benefit

Repatriation Benefit
Spousal Retraining Benefit

The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

This summary is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. The Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy issued by Special Markets Solutions, a division of Industrial Alliance Insurance and Financial Services Inc., not this summary.