

Where do I go for help?

Please feel free to contact the Student Service Coordinator at the GCSA Student Benefits Plan Office on any matter in which you require personal attention.

Barrie Campus

Room B119
Phone: 705.728.1968 ext. 5299
Email: georgianplan@mystudentplan.ca

Orillia Campus

Printing Services Room A115C
Phone: 705.325.2740 ext. 3098
Email: Gail.Hudson@GeorgianCollege.ca

Owen Sound Campus

GCSA Office Room 609/609B
Phone: 519.376.0840 ext. 2048
Email: Sheona.Morrison@GeorgianCollege.ca

Visit us online:

G&A: www.mystudentplan.ca/georgian
GCSA: <http://studentlife.georgianc.on.ca/services/health-insurance>

Where do I send my claims?

Please visit the Student Benefits Plan Office regarding claims submission and to obtain an accident claim form.

The Great-West Life Assurance Company
Policy Number 163590
London Benefit Payments
255 Dufferin Avenue
London, ON N6A 4K1
1.800.957.9777
greatwestlife.com

Georgian College Students' Association is a member of
Gallivan & Associates Student Networks

This brochure is designed to outline the benefits for which you are eligible and does not create or confer any contractual or other rights. All rights with respect to the benefits of an Insured will be governed solely by the Group Policy Contract issued by Great-West Life

Student Accident Insurance Plan



Trades & Apprentice Students' Policy #163590

Health & Dental Plan Students' Policy #163391

Underwritten by
The Great-West Life Assurance Company
hereinafter referred to as "the Company"



Accident Benefits

For the purpose of the following benefits, "accident" wherever used means an occurrence due to external, violent, sudden, fortuitous causes beyond the Insured's control. This must occur while the insurance is in force.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If, within 365 days of the date of the Accident, Injury results in any of the following losses, the Company will pay for Loss of or permanent and total Loss of Use of:

Life	\$ 25,000.00
Both Hands.....	\$ 25,000.00
Both Feet.....	\$ 25,000.00
Entire Sight of Both Eyes	\$ 25,000.00
One Hand and One Foot	\$ 25,000.00
One Hand and the Entire Sight of One Eye	\$ 25,000.00
One Foot and the Entire Sight of One Eye	\$ 25,000.00
Speech and Hearing in Both Ears.....	\$ 25,000.00
One Arm.....	\$ 15,000.00
One Leg	\$ 15,000.00
Speech or Hearing in Both Ears	\$ 15,000.00
One Hand	\$ 10,000.00
One Foot	\$ 10,000.00
Entire Sight of One Eye.....	\$ 10,000.00
Thumb and Index Finger of Either Hand	\$ 5,000.00
Four Fingers of Either Hand	\$ 5,000.00
Hearing in One Ear	\$ 5,000.00
All Toes of One Foot	\$ 3,750.00
Any One Entire Finger or Entire Thumb.....	\$ 1,000.00
Part of Any One Finger or Thumb	\$ 150.00
One or More Entire Toes	\$ 50.00
One Entire Phalanx of Any One Finger	\$ 50.00
Quadriplegia (complete paralysis of both upper and lower limbs).....	\$ 30,000.00
Paraplegia (complete paralysis of both lower limbs).....	\$ 30,000.00
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)....	\$ 30,000.00

Indemnity is only payable for the greatest loss sustained by any one insured as the result of any one accident.

DOUBLE INDEMNITY

If Injury sustained by an Insured Person results in the loss of life while riding in, boarding or alighting from any school bus or school vehicle owned or leased by proper authority of the school, other bus, streetcar, subway coach, Go train or aircraft licensed for the transportation of passengers, the amount payable for loss of life will be doubled.

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT

When, by reason of Injury, the Insured Person requires medical treatment within 30 days from the date of the Accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician:

- Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- expenses for the services of a Nurse;
- fees for the services of a Licensed, Certified or Registered physiotherapist or Licensed, Certified or Registered chiropractor who is neither the Insured Person nor a Member of the Immediate Family and must not or ordinarily reside in the Insured Person's Residence, when recommended by a Physician,

- up to \$30.00 per treatment for physiotherapist, and up to \$15.00 per treatment for chiropractor, but not to exceed a total of 20 such treatments per any one Accident; expenses for services administered by a Licensed, Certified or Registered chiropodist, Licensed, Certified or Registered podiatrist, Licensed, Certified or Registered speech therapist, or a Licensed, Certified or Registered osteopath;
- 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, subject to a maximum reimbursement of \$1,000.00 as the result of any one Accident;
- transportation home from the Hospital by a licensed ambulance service following an Injury, if deemed necessary provided alternative transportation is not available or possible, subject to a maximum reimbursement of \$1,000.00 as the result of any one Accident;
- miscellaneous expenses for crutches, splints, casts, trusses and braces (does not include dental braces or similar device used for non therapeutic purposes or used solely for the purpose of participating in sports or other leisure activities), but not including replacement thereof, subject to a maximum of \$750.00 during any one policy year;
- rental of wheelchair, respirator/ventilator, and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary;
- charges for x-rays,

the Company will pay the Reasonable and Customary Charges actually incurred by the Insured Person within three years after the date of the Accident, to a maximum of \$15,000.00 as a result of any one Accident. Reimbursement made under this benefit shall not duplicate payment provided by any other benefit payable under this policy.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT

When, as the result of Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and due to a force or blow external to the mouth, the Insured Person requires treatment by a Dentist or Licensed, Certified or Registered oral surgeon, within 30 days from the date of the Accident, the Company will pay the Reasonable and Customary Charges incurred by the Insured Person for such treatment or service within 365 days of the Accident.

Payments under this benefit will be made in accordance with the current Fee Guide for General Practitioner's published by the Dental Association in the province or territory of the Insured Person's Residence in Canada or its equivalent, as determined by the Company, but in no event to exceed the maximum amount of \$2,000.00 as the result of any one Accident.

EMERGENCY EXCESS HOSPITAL/MEDICAL REIMBURSEMENT OUT OF PROVINCE

(Applicable only to residents of Canada covered under Provincial Health Insurance Plan or its equivalent)

If, as the result of Injury, while outside the province of Residence, an Insured Person requires treatment on an Emergency basis, the Company will pay the Reasonable and Customary Charges actually incurred by the Insured Person, while under the Regular Care and Attendance of a Physician, to a maximum of \$10,000.00 as the result of any one Accident for the following:

- services and supplies rendered by a Hospital while the Insured Person is confined as a resident in-patient in standard ward or semi-private accommodation;
- services of a Physician or Licensed, Certified or Registered anaesthetist;
- services of a Nurse;
- diagnostic x-ray examination by a Physician;
- cost of transportation by a licensed ambulance;

- (f) rental of crutches, splints, trusses or braces (excluding the expense of a brace or similar device used for non-therapeutic purposes or used solely for the purpose of participating in sports or other leisure activities).

Insurance commences on the date of each departure of an Insured Person from the province of Residence and terminates on the date of return to the province of Residence. Reimbursement made under this benefit shall not duplicate payment provided by any other Benefit payable under this policy.

FRACTURE, DISLOCATION AND MISCELLANEOUS INDEMNITY

If an Insured Person sustains an Injury which results in any of the fractures, dislocations, tendon severances or miscellaneous conditions listed in the following schedule, the Company will pay in accordance with the percentage indicated below up to a maximum of \$500.00, but not more than one such indemnity, the largest, will be payable as the result of any one Accident:

	Percentage		Percentage
For complete fracture (including Greenstick-type fracture)			
Of the skull (depressed)	100%	Of the skull (not depressed)	33%
Of the spine (one or more vertebrae)	50%	Of the jawbone (mandible or maxilla)	33%
Of the thigh (femur)	33%	Of the pelvis	33%
Of the knee cap	27%	Of the ankle (small bones)	25%
Of the shoulder blade	25%	Of the lower leg	25%
Of the wrist (small bones)	25%	Of the forearm (compound or comminuted)	23%
Of the forearm (not compound)	12%	Of the sacrum or coccyx	17%
Of the sternum	17%	Of the collarbone	12%
Of the arm between elbow and shoulder	17%	Of the nose	12%
Of two or more ribs	10%	Of one hand (one or more metacarpals)	8%
Of one foot (one or more metatarsals)	8%	Of the facial bones	8%
Of one rib	6%	Of any bone not specified above	3%
For complete dislocation			
Of the hip	42%	Of the knee (with open primary repair)	33%
Of the shoulder (with open reduction)	25%	Of the wrist	17%
Of the ankle	17%	Of the elbow	12%
Of the bones of foot, other than toes	8%		
Severance of tendon or tendons			
Heel (achilles)	22%	Ankle	20%
Knee	18%	Foot (not toes)	17%
Elbow	17%	Wrist	12%
Hand (including fingers)	12%		
Miscellaneous			
Ruptured kidney (operative)	27%	Ruptured liver (operative)	27%
Ruptured spleen (operative)	27%	Punctured lung - with open surgery	23%
Burns - requiring one or more skin Grafts			22%
Knee - injured and requiring surgery (when there is no fracture or dislocation)			22%
Bone operation - injured portion removed (when there is no fracture or dislocation)			20%

EMERGENCY TAXI BENEFIT

When Injury requires immediate medical attention, the Company will pay the reasonable expense incurred for a licensed taxi to transport the Insured Person to a Physician's office or the nearest Hospital, subject to a maximum of \$50.00, as the result of any one Accident.

SPECIAL TREATMENT TRAVEL EXPENSE

If Injury necessitates special medical treatment recommended by the attending Physician and which cannot be obtained within a radius of 160 kilometres of the Insured Person's Residence, the Company will pay the reasonable and necessary travel expenses actually incurred to obtain such treatment. Should the age of the Insured Person necessitate accompaniment by an escort, the Company will pay reasonable and necessary travel expenses actually incurred for the person who accompanies the Insured Person, plus ordinary living expenses up to \$40.00 per day. The maximum amount payable under this part is \$1,000.00 for all such expenses.

SUPPLEMENTAL TRANSPORTATION EXPENSE BENEFIT

If, as a result of an Injury, it is deemed necessary for the Insured Person to be transported to his regular scheduled classes and his Residence by means of transportation other than that which would have normally been used by the Insured Person, had such injury not occurred, the Company will reimburse the Insured Person for the additional cost of such alternate transportation, subject to a maximum of \$15.00 per day and payable up to 60 scheduled class days.

REHABILITATION BENEFIT

If, as the result of Injury, the Insured Person sustains a Loss payable under Accidental Death and Dismemberment Benefit of this section, and the Insured Person requires training in a special occupation and such training is necessary to allow the Insured Person to pursue a gainful occupation, the Company will pay the reasonable and necessary expense for such training during the three years following the date of Accident, but in no event to exceed a maximum of \$10,000.00. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

REPATRIATION BENEFIT

If Injury sustained by an Insured Person results in the loss of life outside of his Province of Residence, and indemnity becomes payable in accordance with the terms of this section, the Company will pay the reasonable and customary expenses actually incurred for preparing the body of the deceased for burial or cremation and shipment of the body of the Insured Person to the city of Residence, subject to a maximum amount of \$10,000.00.

TUTORIAL AND SPECIAL TELEPHONE EXPENSE

If Injury shall, within 100 days from the date of the Accident, totally disable and confine the Insured Student to his Residence or Hospital for a period in excess of 40 consecutive days, the Company will pay the expenses incurred from the first day the actual expense is incurred for such confinement, for the tutorial services of a teacher qualified to hold a teaching position under the standards set down by the Policyholder for grade attained by the Insured Student at a rate not to exceed \$20.00 per hour, and in addition, will pay for labour charges, wiring and rental of communication equipment to provide a telephone tutorial service from the school to his Residence or Hospital. All benefits under this part are subject to an aggregate limit of \$2,000.00.

EYEGLASSES AND CONTACT LENSES EXPENSE

If Injury sustained by an Insured Person requires treatment by a Physician and

- results in the breakage of eyeglasses or loss or breakage of a contact lens or lenses the Company will pay the actual cost of repair, or replacement of the eyeglasses or contact lens or lenses, up to a maximum of \$100.00 in respect to all such replacements or repairs per policy year; or
- results in the purchase of eyeglasses or contact lenses upon the advice of a Physician, when neither of which were previously required or worn, the Company will pay the actual expense therefor, up to a maximum of \$100.00 in respect to all such purchases per policy year.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an Injury sustained by an Insured Person does not cause loss of life, but results in a Loss for which indemnity becomes payable under the part titled "Accidental Death and Dismemberment Benefit", and such Insured Person is subsequently required to use a wheelchair to be ambulatory, the Company will pay the reasonable and necessary expenses actually incurred within three years of the date of the accident causing such Loss for:

- the cost of alterations to the Insured Person's principal Residence; and/or
- the cost of modifications to one motor vehicle utilized by the Insured Person, when such modifications are approved by the provincial vehicle licensing authorities where required for the purpose of making them wheelchair accessible.

Payment by the Company for the total of all expenses incurred by or for any Insured Person is subject to a maximum of \$10,000.00 as the result of any one Accident.

SPECIAL CONFINEMENT BENEFIT

If Injury shall, within 30 days of the date of the Accident, result in the Insured Person being continually confined to his Residence or Hospital for at least one year after the date of the Accident, while under the Regular Care and Attendance of a Physician and prevented by such confinement from attending classes of any type, the Company will pay \$2,000.00.

HEARING AIDS AND OTHER PROSTHETIC APPLIANCES

If, as a result of Injury, an Insured Person received medical treatment from a Physician and requires hearing aids or other prosthetic appliances, the Company will pay expenses for the purchase of such hearing aids or other prosthetic appliances which were not previously required or worn, subject to a maximum of \$3,000.00 as the result of any one Accident. The reasonable and customary expenses must be incurred within three years after the date of the Accident.

DREAD DISEASE BENEFIT

When, as the result of poliomyelitis, scarlet fever, diphtheria, spinal meningitis, encephalitis, rabies, tetanus, tularemia, typhoid or leukemia, hepatitis B, Non A and Non B hepatitis, AIDS or testing HIV positive, which commences while this section is in force, the Insured Person requires confinement in a Hospital or the services of a Nurse, the Company will pay the expenses actually incurred for such confinement or services within three years, immediately following the date the first expense is incurred, up to a maximum of \$10,000.00.

LIMITED AIR TRAVEL COVERAGE

Insurance provided under this section includes Injury sustained in consequence of riding as a passenger, and not as a pilot or crew member, 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, this policy 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.

EXPOSURE AND DISAPPEARANCE

If due to Accident an Insured Person is unavoidably exposed to the elements and if, as a result of such exposure and within 365 days after the date of the Accident the Insured Person suffers a Loss for which indemnity would otherwise have been payable hereunder, such Loss shall be deemed to be the result of Injury as defined herein. Where, due to the Accidental wrecking, sinking or disappearance of a conveyance in which an Insured Person is riding the Insured Person disappears, and if the body of the Insured Person is not found within 365 days after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that the Insured Person suffered loss of life as a result of Injury.

EXCLUSIONS

This section does not cover loss, fatal or non-fatal, caused by or resulting from:

- suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- declared or undeclared war or any act thereof;
- active full-time service in the armed forces of any country;
- Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the Limited Air Travel Coverage;
- expenses of dental treatment, nor the cost of x-rays, repair or replacement of pre-existing dentures, filling or crowns, other than as provided in the Accidental Dental Benefit;
- expenses for medical services rendered by Nurses, Licensed, Certified or Registered physiotherapists, Licensed, Certified or Registered chiropractors, and Licensed, Certified or Registered certified athletic sports therapists, employed or engaged by the Policyholder;
- expense of repairing, supplying or replacing eyeglasses, contact lenses or prescriptions therefor, other than as provided in the Eyeglasses and Contact Lenses Expense;
- charges for massage therapy;
- Sickness or disease, either as a cause or effect, other than as provided in the Dread Disease Benefit
- expenses incurred by an Insured Person who is not covered under any Federal or Provincial Hospital/Medical Plan or its equivalent.

COORDINATION OF BENEFITS FOR PRIVATE AND PROVINCIAL PLANS

Amounts payable under the policy shall only be for the excess of such expenses over any amounts available or collectible for the treatment or services which are insured services under the Provincial Medical or Hospital Care Plan of the province in which the insured is resident, whether or not the Insured is covered hereunder. If an insured has coverage under another plan of insurance which provides similar benefit, the order of benefits determination is as follows:

- the plan that does not include a Coordination of Benefits provision is considered to be the primary plan and pays benefits first before a plan which includes a Coordination of Benefits provision
- the plans that include a Coordination of Benefits provision, priority payment is established as follows:
 - the plan where the Insured is covered as a student
 - the plan where the Insured is covered as a dependent

CLAIMS SUBMISSION

All practitioners must be licensed, certified or registered, is neither an Insured, nor member of the immediate family and does not ordinarily reside in the Insured's residence.

HOW DO I MAKE A CLAIM

- All accident claims should be submitted on a Great-West Life Accident Benefit form, available from the Student Benefits Plan Office. Claim forms must be signed by an authorized authority at the Student Benefits Plan Office.
- Students must have received treatment from a qualified physician/dentist within 30 days from the date of the accident.
- Completed claim form must be filed directly to Great-West Life within 90 days from the date of the accident, and no later than 1 year.
- It is the Insured's responsibility for securing the claim form and for charges incurred for its completion.

TERMINATION OF COVERAGE

A student's insurance terminates on the last day of the program for which the student was registered or date of withdrawal, whichever occurs first.