

Policy #9207251A (This policy replaces the policy bearing the same number which was issued effective March 1st, 2007)

In consideration of the statements set forth in the Schedule and in consideration of the payment of premium in accordance with the section entitled "Premium", **AXA Assurances Inc.** (hereinafter called the "Insurer") agrees with:

Name: ARMSTRONG MCCREADY INC.

(Hereinafter called the "Policyholder")

Address: C/O CANADIAN ATHLETE INSURANCE PROGRAM (CAIP)
 640, Lakeshore Drive
 Dorval (Québec)
 H9S 2B6

to insure eligible persons enrolled in this policy (hereinafter individually called the "Insured Person") for whom application is made for Loss resulting from Injury, to the extent herein provided and subject to all of the exceptions, limitations and provisions of this policy.

Schedule of Accident Benefits

Maximum payable	Bronze	Silver	Gold
Principal Sum	\$20,000	\$30,000	\$50,000
Permanent Total Disability	\$20,000	\$30,000	\$50,000
Accident Reimbursement Expenses			
Paramedical Services	\$ 280	\$ 600	\$ 800
Medical Equipment	\$ 1,000	\$ 2,000	\$ 3,000
Durable Equipment	\$ 5,000	\$ 7,500	\$ 10,000
Physiotherapy/Athletic Therapy//Massage Therapy	\$ 500	\$ 1,000	\$ 1,500
Accidental Dental	\$ 1,000	\$ 3,000	\$ 5,000
Fracture, etc.	\$ 500	\$ 1,000	\$ 1,500
Emergency Taxi	\$ 50	\$ 75	\$ 100
Rehabilitation	\$ 5,000	\$ 7,500	\$ 10,000
Tutorial Fees	\$ 2,000	\$ 2,500	\$ 3,000
Eyeglasses or Contact Lenses	\$ 100	\$ 125	\$ 200

Dentures or Bridgework	\$ 300	\$ 500	\$ 750
Special Transportation	\$ 150	\$ 200	\$ 250
Hotel	\$ 50	\$ 75	\$ 100
Home Alteration and/or Vehicle Modification	\$2,500	\$5,000	\$10,000
Family Transportation and Accommodation	\$2,500	\$5,000	\$7,500
Evacuation	\$2,500	\$5,000	\$7,500
Repatriation	\$2,500	\$5,000	\$7,500
X-rays and Laboratory Exams	\$ 300	\$500	\$800

Schedule of Overuse Reimbursement Expenses

Plan	Bronze	Silver	Gold
Orthotic Inserts	\$150	\$300	\$500
Chiropractician	\$280	\$600	\$800
Physiotherapy/Athletic Therapy//Massage Therapy	\$500	\$1,000	\$1,500

Effective Date: January 1st, 2011
 Expiry Date: January 1st, 2012

Effective Date and Policy Term

As stated in the Schedule, this policy takes effect at 12:01 a.m., Standard Time, at the address of the Policyholder. It continues in force for the period for which premium has been paid and terminates at the address of the Policyholder at 12:01 a.m., Standard Time, on the Expiry Date stated in the Schedule.

Premium

Bronze: \$ 65 per person per 12 months

Silver: \$200 per person per 12 months

Gold: \$285 per person per 12 months

Once enrolled an individual is covered for 12 months from the date of enrolment.

Renewal

This policy may be renewed subject to consent of the Insurer for further consecutive terms on payment of premium at the rate(s) and in the amount determined at the time of renewal.

The Insurer reserves the right to decline renewal of this policy by giving written notice to the Policyholder of such declination at least thirty (30) days prior to such date.

Territorial Limits

When following an injury which results in a Loss payable under the sections entitled "Accident Reimbursement Expense", "Accidental Dental Expense" "Dentures or Bridge work benefit" and "Overuse Reimbursable Expenses" such loss will be payable if incurred in Canada from an accident incurring in Canada. If an Insured Person has purchased out of Canada coverage under #9207251B, then expenses incurred in Canada following an accident incurred out of Canada will be considered. For all other indemnities payable, expenses are reimbursed when incurred anywhere in the world.

Definitions

Wherever used in this policy:

"Injury" means bodily injury caused by an accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, provided such injury is sustained by the Insured Person while and in consequence of:

- (a) participating in a practice session or game of the Sport(s), which session or game is approved by and under the supervision of proper authority of a sport governing body; or
- (b) travelling directly to or from such practice session or game under the supervision of proper authority of a sport governing body.

"Residence" means both the dwelling of which an Insured Person is an occupant and the premises on which it is situated.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered Nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, Physicians and Nurses will not exclude a Member of the Immediate Family.

"Physician" means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) who is licensed to practise medicine by:

- 1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing body, or
- 2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Nurse" means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor a Member of the Immediate Family.

"Member of the Immediate Family" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Principal Sum" means the amount indicated in the Schedule as being applicable to the Insured Person.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

The male pronoun will be construed as the feminine when the person is a female.

Eligibility For Insurance

All athletes, coaches, managers and officials who are members in good standing of a sport governing body, with the exception of individuals not covered by Provincial Medicare and who have enrolled in the program, for which a program has been selected by the sport governing body.

Specific Loss Accident Indemnity

When Injury results in any of the following losses within three hundred and sixty-five (365) days after the date of the accident, the Insurer will pay:

For Loss of

Life.....	The Principal Sum
The Entire Sight of	
Both Eyes	Two Times the Principal Sum
Speech and Hearing	
in Both Ears	Two Times the Principal Sum
One Hand and the	
Entire Sight of One Eye....	Two Times the Principal Sum
One Foot and the	
Entire Sight of One Eye....	Two Times the Principal Sum
The Entire Sight of	
One Eye ... One and One-Third Times the Principal Sum	
Speech	One and One-Third Times the Principal Sum

Hearing in
Both Ears.. One and One-Third Times the Principal Sum
Hearing in
One Ear Two-Thirds of the Principal Sum
All Toes of
One Foot One-Half of the Principal Sum

For Loss or Loss of Use of

Both Hands..... Two Times the Principal Sum
Both Feet..... Two Times the Principal Sum
One Hand and
One Foot Two Times the Principal Sum
One Arm One and One-Half Times the Principal Sum
One Leg..... One and One-Half Times the Principal Sum
One Hand.. One and One-Third Times the Principal Sum
One Foot .. One and One-Third Times the Principal Sum
Thumb and Index Finger or
at Least Four Fingers
of One Hand..... Two-Thirds of the Principal Sum

For Total Paralysis of

Both Upper and Lower Limbs
(Quadriplegia)..... Two Times the Principal Sum
Both Lower Limbs
(Paraplegia)..... Two Times the Principal Sum
Upper and Lower Limbs
of One Side of Body
(Hemiplegia)..... Two Times the Principal Sum

"Loss" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb means the complete severance of one (1) entire phalanx of the thumb; as used with reference to finger means the complete severance of two (2) entire phalanges of the finger; as used with reference to toe means the complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes; as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

"Loss" as above used with reference to quadriplegia, paraplegia and hemiplegia means the complete and irreversible paralysis of the respective limbs.

"Loss" as above used with reference to loss of use means the total and irrecoverable loss of use, provided the loss is continuous for twelve (12) consecutive months and such loss of use is determined to be permanent at the end of such period.

Indemnity provided under this section will not be paid under any circumstances for more than one (1) of the Losses, the greatest, sustained by any one (1) Insured Person as the result of any one (1) accident. In the

event Loss of Life occurs within ninety (90) days after the date of the accident, the maximum amount payable will be the Principal Sum.

Permanent Total Disability Indemnity

When, as the result of Injury, an Insured Person who immediately before the date of the Injury, becomes totally disabled within three hundred and sixty-five (365) days of the date of the accident and is prevented from engaging in each and every occupation or employment for compensation or profit, the Insurer will pay in one (1) sum, provided such disability has continued for a period of twelve (12) consecutive months and is total and permanent at the end of this period, the amount of Permanent Total Disability Indemnity stated in the Schedule, less any other amount paid or payable under the section entitled "Specific Loss Accident Indemnity" of this policy as the result of the same accident.

Accident Reimbursement Expense for injuries and expenses incurred in Canada

When by reason of Injury, an Insured Person requires and receives medical treatment within thirty (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 with respect to Items 1 to 8:

- (1) 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);
- (2) expenses for the services of a Nurse ordered or prescribed by a Physician, provided such Nurse does not ordinarily reside in the Insured Person's Residence;
- (3) expenses for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines;
- (4) Paramedical Services: expenses for the services of any of the following licensed practitioners up to \$40 per treatment, provided such practitioner does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family, subject to a maximum as stated in the Schedule of Accident Benefits per speciality per accident;
 - a) acupuncturist
 - b) osteopath
 - c) chiropractor
 - d) chiropodist or podiatrist

- e) naturopaths
- f) speech therapist
- g) licensed psychologist

Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist.

- (5) expenses for a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, including air ambulance, to or from the nearest Hospital which is equipped to provide the required treatment;
- (6) Medical equipment: such as 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 reimbursement as stated in the Schedule of Benefits during any one policy term;
- (7) Durable equipment: such as expenses for rental of a wheelchair, an iron lung and other durable equipment for temporary therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum reimbursement as stated in the Schedule of Benefits during any one policy term;
- (8) expenses charged for the services of a registered physiotherapist or certified athletic therapist (Member of the Canadian Athletic Therapists Association – CATA) or a registered massage practitioner prescribed by a registered physiotherapist or a certified athletic therapist, provided such physiotherapist or athletic therapist or massage therapist does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family; up to \$50 per treatment, subject to a maximum reimbursement as stated in the Schedule of Benefits during any one policy term;

The Insurer will pay the reasonable and customary expenses listed above, actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident, not to exceed the amount of Accident Reimbursement Expense stated in the Schedule as the result of any one (1) accident.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

Accidental Dental Expense for injuries and expenses incurred in Canada

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement

or x-rays by a legally qualified dentist or oral surgeon who does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident for such treatment or services, but not to exceed the amount of Accidental Dental Expense maximum stated in the Schedule of Benefits as the result of any one (1) accident, provided the Insured Person consults with the dentist or oral surgeon within thirty (30) days from the date of the accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the province or territory of the Insured Person's Residence.

Dentures or Bridgework Benefit for injuries and expenses incurred in Canada

When, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician or legally qualified dentist who does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family, within thirty (30) days from the date of the accident and damage to or breakage of removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth occurs as the result of such Injury, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident for the repair or replacement of such removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth, not to exceed the amount of Dentures or Bridgework Benefit stated in the Schedule of Benefits during any one (1) policy term for all such repairs or replacements.

Overuse Reimbursable Expenses for expenses incurred in Canada

1. the purchase of orthotic inserts for footwear ordered or prescribed by a Physician, provided such Physician does not ordinarily reside in the Insured Person's residence, subject to a maximum reimbursement as stated in the Schedule of Benefits during any one 12 month enrolment.
2. expenses for the services of a licensed chiropractor, provided such chiropractor does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family; \$40 per treatment, subject to a maximum reimbursement as stated in the Schedule of Benefits during any one 12 month enrolment;
3. expenses charged for the services of a registered physiotherapist or certified athletic therapist (Member of the Canadian Athletic

Therapists Association – CATA) or a registered massage practitioner prescribed by a registered physiotherapist or a certified athletic therapist, provided such physiotherapist or athletic therapist or massage therapist does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family; up to \$50 dollars per treatment, subject to a maximum reimbursement as stated in the Schedule of Benefits during any one 12 month enrolment;

The maximum payable per policy term for all expenses incurred under Items 1, 2 and 3 above shall not exceed the amount stated under the section of the policy entitled "Schedule of Overuse Reimbursement Expenses".

Notwithstanding the definition of "accident" stated under the "Definitions" section of the policy, for the purpose of this policy "overuse" means a chronic injury that happens over a period of time as a result of repetitive activity.

Fracture, Dislocation, Tendon Severance And Miscellaneous Indemnity

When Injury results in any of the following fractures, dislocations, severances or miscellaneous conditions within three hundred and sixty-five (365) days after the date of the accident, the Insurer will pay up to the Fracture Indemnity maximum stated in the Schedule of Benefits in accordance with the percentages indicated below but not more than one (1) such indemnity, the largest, will be payable as the result of any one (1) accident.

For complete fracture (including Greenstick type fracture):

	Percentage of Fracture Indemnity
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 lower leg	25%
Of the shoulder blade	25%
Of the ankle (small bones)	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 arm, between elbow and shoulder	17%
Of the collarbone	12%
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.....	5%
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%

Eyeglasses or Contact Lenses Benefit

When, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician or ophthalmologist within thirty (30) days from the date of the accident and, upon advice of the Physician or ophthalmologist, incurs expenses for the purchase of eyeglasses or contact lenses when neither of which were previously required or worn, the Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident, not to exceed the amount of Eyeglasses or Contact Lenses Benefit stated in the Schedule of Benefits as the result of any one (1) accident. (including repair or replacement to existing eyeglasses or contact lenses)

Special Transportation Benefit

When, by reason of Injury, an Insured Person, who requires medical treatment within thirty (30) days from the date of the accident, is referred by a Physician to a medical specialist located at least one hundred and fifty (150) kilometres from the Insured Person's normal place

of Residence and within the Insured Person's province of Residence, the Insurer will pay, provided such specialist's services are not available in the vicinity of the Insured Person's Residence and subject to receipt of satisfactory proof other than for automobile transportation, the following reasonable expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the accident:

- (1) Transportation by the most direct route, up to the maximum stated in the Schedule of Accident Benefits, per round trip and subject to a maximum of five (5) trips during any one (1) policy term. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to the equivalent cost of bus fare.
- (2) Hotel accommodation in the vicinity of the specialist's office, up to the maximum stated in the Schedule of Accident Benefits per day and subject to a maximum of six (6) days during any one (1) policy term.

Emergency Taxi Benefit

When, due to Injury, an Insured Person requires immediate medical attention, the Insurer will pay the reasonable expenses actually incurred for a licensed taxi to transport the Insured Person to either a Physician's office or the nearest Hospital, subject to the maximum amount of Emergency Taxi Benefit stated in the Schedule as the result of any one (1) accident.

Rehabilitation Indemnity

In the event an Insured Person sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy, and such Injury requires that the Insured Person participate in a rehabilitation program in order to be qualified to engage in an occupation in which he would not have engaged except for such Injury, the Insurer will pay the reasonable and necessary expenses actually incurred within three (3) years from the date of such accident by the Insured Person for such program.

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the amount of Rehabilitation Indemnity stated in the Schedule as the result of any one (1) accident. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

Tutorial Fees

When, within thirty (30) days from the date of the accident, Injury totally confines an Insured Person to Residence or Hospital for a period in excess of forty (40) consecutive school days, the Insurer will pay the

expenses incurred, within twelve (12) months immediately following the date of the accident, for the tutorial services of a qualified teacher, who does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family, holding a current Provincial Department of Education Teaching Certificate for the grade attained by the Insured Person, up to a maximum rate of \$20 per hour, but not to exceed the amount of Tutorial Fees stated in the Schedule as the result of any one (1) accident.

Home Alteration and/or Vehicle Modification Benefit

In the event an Insured Person sustains the Loss of or Loss of Use of Both Feet or Legs or becomes Quadriplegic, Paraplegic or Hemiplegic, for which indemnity is payable in accordance with the terms of this policy, and he subsequently requires the use of a wheelchair to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred within three (3) years of the date of Loss for:

- (1) the cost of alterations to the Insured Person's principal residence for the purpose of making it accessible, and/or
- (2) the cost of modifications to one (1) motor vehicle utilized by the Insured Person, when such modifications are approved by licensing authorities where required for the purpose of adapting it to the needs of the Insured Person.

Payment by the Insurer for the total of all expenses incurred by or for any Insured Person will not exceed the maximum stated in the Schedule as the result of any one (1) accident. The amount payable under this section will be coordinated with any amount paid or payable under any other insurance plan providing the same or similar benefit.

Family Transportation and Accommodation Benefit

If, as the result of Injury, an Insured Person sustains loss of life or is confined as an inpatient in a Hospital for at least four (4) consecutive days and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by:

1. any other Insured Persons or Travelling Companion who remained with such Insured Person during his hospitalization, thus preventing them from returning to their province of Residence on the original scheduled return date, provided the return Fare is non-changeable and non-refundable, for their board, Accommodation and transportation by the most direct route back to their normal place of Residence, subject to the cost of one (1) way Fare; or
2. a Member of the Immediate Family for board, Accommodation and one (1) return Fare for

transportation by the most direct route to and from the normal place of residence of the Member of the Immediate Family to the confined Insured Person, if such Insured Person had been travelling unaccompanied by a family member at the time he became hospitalized.

Reimbursement of transportation expenses under this section is limited to seventy-five percent (75%) of the cost of the Fare. If transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$ 0.20 per kilometre travelled.

Expenses for board and Accommodation will be paid at \$ 50 per day, subject to the following maximum duration:

1. if the Insured Person is confined in a Hospital and whether or not loss of life occurs, the total number of days of hospitalization, up to a maximum of twenty (20) consecutive days; or
2. if the Insured Person sustains loss of life, up to a maximum of five (5) consecutive days.

The total maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the maximum stated in the Schedule as the result of any one (1) accident.

Evacuation Benefit

If, as a result of Injury, an Insured Person requires any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of accident to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by the Insurer.
2. transportation to the Insured Person's province of Residence by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by the Insurer and the attending Physician certifies in writing that the Insured Person's medical condition after receiving treatment (including diagnostic testing) warrants the return to his province of Residence for further treatment or to recover.
3. transportation to the Insured Person's province of Residence in the event he is confined as inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of

Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

The Insurer will pay the reasonable and necessary transportation expenses actually incurred by the Insured Person including any related medical services and supplies.

The Insurer will also pay the reasonable and necessary expenses actually incurred by a medical attendant or one (1) Member of the Immediate Family, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board. All covered expenses incurred by the medical attendant or Member of the Immediate Family are subject to a maximum amount of \$2,000.

The total maximum amount payable under this section will not exceed the amount of Evacuation Benefit stated in the Schedule as a result of any one (1) accident.

The above benefit will be payable under one (1) of the policies issued to the Policyholder by the Insurer.

Repatriation Benefit

If, as the result of Injury, loss of life is sustained by an Insured Person not less than fifty (50) kilometres from the Insured Person's normal place of Residence, the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to the first (1st) resting place (including but not limited to a funeral home or the place of interment) in the vicinity of the normal place of Residence of the deceased, including charges for the preparation of the body for such transportation, the total maximum amount payable under this section will not exceed the amount of Repatriation Benefit stated in the Schedule.

The benefit payable under this section will be payable to the person who actually incurred the expenses.

X-rays and laboratory exams

If as the result of injury, an Insured Person incurs expenses for x-rays and laboratory examinations which are required for diagnostic purposes, including Magnetic Resonance Imaging (MRI), Cat Scans and Ultrasounds, they are payable at a co-insurance of 70% and subject to an overall maximum as stated in the schedule during any one policy term.

The above benefit will be payable under only one (1) of the policies issued to the Policyholder by the Insurer.

Aircraft Coverage

Insurance provided under this policy includes Injury sustained while and in consequence of:

- (a) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated on a regular, special or chartered flight by a domestic or international scheduled air carrier, licensed by the Department of Transport of Canada or the governmental authority having jurisdiction over such air carrier in the country of its registry.
- (b) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country.
- (c) boarding or alighting from or being struck by any aircraft.

Notwithstanding (a) and (b) above, this policy excludes Injury sustained while and in consequence of riding in or on any aircraft owned, operated, leased or chartered by or on behalf of the Policyholder.

Exposure and Disappearance

If, by reason of an accident covered by this policy, an Insured Person is unavoidably exposed to the elements and, as the result of such exposure, suffers a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of this policy.

If the Insured Person is not found within one (1) year after the date of the disappearance, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the accident and under such circumstances as would otherwise be covered hereunder, it will be presumed the Insured Person suffered Loss of Life resulting from bodily Injury caused by an accident at the time of such disappearance, sinking or wrecking.

Indemnity Payments

In the event the Insured Person is a minor, all indemnities payable hereunder will be payable to the custodial parent, or if there is none, to the Insured Person's guardian who has been legally appointed to manage the person of the child.

If the Insured Person is not a minor, indemnity payable in the event of the Loss of Life of the Insured Person will be payable to the surviving Spouse or, if there is no Spouse, to the estate of the Insured Person. All other indemnities payable will be payable to the Insured Person.

Policy #9207251A

"Spouse" means an individual

- (a) to whom the Insured Person is legally married,
- (b) with whom the Insured Person has continuously cohabited and who has been publicly represented as the Insured Person's spouse for a minimum of one (1) year immediately before a Loss is incurred under the policy.

Only one (1) individual will qualify as a spouse.

If the Insured Person is legally married but is also cohabiting with an individual as described under section (b) above, the Insured Person may elect in writing which one of the individuals will qualify as a spouse under this policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the Insured Person is legally married.

Effective Date of Individual Insurance

Insurance as to each person will take effect on the date the enrolment is received by the Policyholder and remains in force for 12 months thereafter.

Individual Terminations

The insurance of an Insured Person will immediately terminate on the 12 month after the enrolment date.

Exclusions

- A. This policy does not cover loss, fatal or non-fatal, caused by or resulting from:
 - (1) suicide or intentionally self-inflicted injury, including any attempt at either while sane or insane;
 - (2) declared or undeclared war or any act thereof;
 - (3) active full-time service in the armed forces of any country;
 - (4) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage".
- B. This policy does not cover any of the following supplies or services or costs thereof:
 - (1) for the purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions thereof except as indicated in the section entitled Eyeglasses or Contact Lenses Benefit;

- (2) for x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the section entitled "Accidental Dental Expense" and/or "Dentures or Bridgework Benefit";
- (3) for sickness or disease, either as a cause or effect;
- (4) charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, oral contraceptives and patent medicines;
- (6) charges for any experimental medical treatments;
- (7) charges for medical services rendered by individuals employed or engaged by the respective Sport Governing Body of the enrolled athlete, coach, manager and/or official;
- (8) expenses incurred by an Insured Person who is not covered under any Federal or Provincial Hospital or Medical Plan;
- (9) services or supplies associated with treatment performed only for cosmetic purposes.

This policy is subject to and will not contravene any Federal or Provincial statutory requirement with respect to Hospital and/or Medical plans. Benefits will be reduced under the Accident Reimbursement Expense and Accidental Dental Expense sections of this policy by any amount paid or payable under any other policy providing similar reimbursement expenses.

General Provisions

Written notice of Injury on which claim may be based must be given to the Insurer within thirty (30) days after the date of the accident causing such Injury. Such notice given by or on behalf of the Insured Person or beneficiary, as the case may be, to the Insurer at its Head Office, 2020, University Street, Suite 700, Montréal (Québec) H3A 2A5 or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed to be notice to the Insurer. Failure to give notice within the time provided in this policy will not invalidate any claim, if it is shown not to have been reasonably possible to give such notice during such time and that notice was given as soon as was reasonably possible, but in no event later than one (1) year after the date of the accident.

The Insurer, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not so furnished within fifteen (15) days after the receipt of such notice, the claimant will be deemed to have complied with the requirements of this policy as to proof of such loss upon

submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

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 such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the accident.

The Insurer will have the right and opportunity to examine the person of the Insured Person when and so often as it may reasonably require during the pendency of claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

All indemnities provided in this policy for loss will be paid immediately after receipt of due proof.

All moneys payable under this policy are payable in the lawful money of Canada.

This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No statement made by the applicant for insurance will void the insurance or reduce benefits hereunder unless contained in a written application signed by the applicant. No agent has authority to change this policy or to waive any of its provisions. No change in this policy will be valid unless approved by an officer of the Insurer and such approval be endorsed hereon or attached hereto.

All statements contained in any such application for insurance will be deemed representations and not warranties.

Legal action will not be taken to recover benefits under this policy until sixty (60) days after proof of loss has been submitted to the Insurer. The claimant will be limited to a one (1) year period (three (3) years in the province of Quebec) from the expiration of the time within which proof of loss is required by the policy during which legal action may be taken.

If any time limitation specified in this policy for giving notice of claim, or submitting proof of loss, or undertaking legal action is less than that permitted by law of the province in which the claimant is residing at the time of loss, then the time limitation will not be less than that provided for by provincial law.

This policy may be cancelled by the Policyholder by mailing to the Insurer written notice stating when thereafter such cancellation will be effective. This policy may be cancelled by the Insurer by mailing to the Policyholder at the address shown in this policy written notice stating when, not less than thirty (30) days thereafter, such cancellation will be effective. The mailing of such notice as aforesaid will be sufficient

proof of notice and the effective date of cancellation stated in the notice will become the end of the policy period. Delivery of such written notice either by the Policyholder or by the Insurer will be equivalent to mailing.

Unless otherwise provided in the Schedule, if the Policyholder cancels, earned premiums will be computed in accordance with the customary short rate table and procedures. If the Insurer cancels, earned premiums will be computed pro rata. Premium adjustment may be made at the time cancellation is effected, and if not then made, will be made as soon as practicable after cancellation becomes effective. The Insurer's cheque or the cheque of its representative mailed or delivered as aforesaid will be sufficient tender of any refund of premium due the Policyholder.

The Insurer will be permitted to examine the Policyholder's records relating to this policy at any reasonable time, and from time to time until two (2) years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is the later.

IN WITNESS WHEREOF, AXA Assurances Inc. has caused this policy to be signed by its President and Secretary; but the same will not be binding upon the Insurer unless countersigned by its duly authorized Policy Writer.



Jean-Denis Talon
Chairman of the Board

Jean-François Blais
President and Chief
Executive Officer

Countersigned by 
Policy Writer

Date February 1st, 2011