



# Additional Benefits

for members of Selkirk College Students' Union covered under our group insurance plan

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# ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT PLAN

## Policy GRE1001

Insurer - Western Life Assurance Company (Western Life)

### When are you Covered?

The Basic Accidental Death and Dismemberment plan covers you 24 hours a day, anywhere in the world, for specified accidental losses. If you suffer any of the eligible losses listed in the policy as the result of an injury caused by an Accident, and the loss occurs within 365 days of the date of the Accident, the benefits indicated in the policy will be paid.

The injury caused by the Accident must be the basis of claim but in no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

“Accident” means a single sudden and unexpected event, which:

- a) occurs at an identifiable time and place;
- b) causes unexpected bodily Injury at the time it occurs; and
- c) arises from an external source to the Insured Person.

### Aircraft Coverage

Insurance includes Injury sustained by you while and in consequence of:

- a) riding as a passenger, 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; or
- b) riding as a passenger, 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; or
- 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:

- a) riding as a pilot, operator or member of the crew in or on any aircraft; or
- b) riding as a passenger, in or on any aircraft owned, operated, or leased by or on behalf of the Policyholder.

### Exposure and Disappearance

If, by reason of an Accident, you are unavoidably exposed to the elements and as the result of such exposure, suffer a loss which indemnity is otherwise payable under this policy, such Loss will be covered under the terms of the policy.

If your body is not found within one year after the date of the disappearance and the disappearance is a result of the sinking or wrecking of the conveyance in which you were riding at the time of the Accident, and under such circumstances as would otherwise be covered under this policy, it will be presumed you suffered a Loss of Life resulting from injury caused by an Accident at the time of such sinking or wrecking.

**Who is Covered?**

All active full-time & part-time students, under the age of 70, whose names are on file with the Health Plan Administrator provided the student is actively carrying out their curriculum.

If a student is not actively carrying out their curriculum on the date they become eligible coverage will be delayed until they begin their studies. Coverage also terminates when a student ceases to carry out their curriculum on account of leave of absence, disability, abandoned course of study or is expelled.

**SCHEDULE OF BENEFITS**

Benefit amounts for each eligible student are shown below. The amount specified shall apply to each student per accident, subject to all terms of the policy.

**Accidental Death or Dismemberment Indemnity – Benefit Amount: \$10,000**

**Brain Death Indemnity: Benefit Amount - \$10,000**

**Cosmetic Disfigurement Indemnity: Benefit Amount - \$10,000**

**Suicide Death Indemnity: Benefit Amount - \$10,000**

**Seat Belt Indemnity: Benefit Amount - \$2,500**

<u>Additional Benefits</u>	<u>Maximum Amount</u>
Repatriation Expense .....	\$15,000
Rehabilitation Expense .....	\$15,000
Family Transportation Expense .....	\$15,000
Occupational Training Expense (Spouse): .....	\$15,000
Home Alteration & Vehicle Modification Expense:.....	\$10,000
Education Indemnity .....	\$5,000
Day Care Indemnity: .....	\$5,000
Hospital Indemnity (per month) .....	\$2,500
Accidental Dental Expense .....	\$1,000
Accidental Reimbursement Expense .....	\$10,000
Identification Expense .....	\$15,000
Bereavement Expense.....	\$5,000
Funeral Expense.....	\$2,500

## SCHEDULE OF LOSSES

### Accidental Death and Dismemberment

If you suffer an injury that results in one of the following losses, within one year from the date of the accident, Western Life will pay a percentage as shown below of the Accidental Death and Dismemberment Benefit Amount indicated in the **Schedule of Benefits**, however, not more than one (the largest) shall be paid with respect to all injuries resulting from one accident. **For Loss of:**

#### % of Benefit Amount

Life	100%
Entire Sight of Both Eyes	300%
Speech and Hearing in Both Ears	300%
One Hand and the Entire Sight of One Eye	300%
One Foot And the Entire Sight of One Eye	300%
Entire Sight of One Eye	210%
Speech	150%
Hearing in Both Ears	300%
Hearing in One Ear	150%
All Toes on Same Foot	25%
One Finger	10%
Four Fingers on Same Hand	33.33%

**For Loss or Loss of Use of:** **% of Benefit Amount**

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Both Hands	300%
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Both Feet	300%
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Both Arms	300%
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Both Legs	300%
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One Hand and One Foot	300%
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One Arm	225%
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One Leg	225%
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One Hand	210%
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One Foot	210%
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Thumb and Index Finger on Same Hand	50%
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**For Paralysis of:** **% of Benefit Amount**

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Both Upper and Lower Limbs (Quadriplegia)	300%
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Both Lower Limbs (Paraplegia)	300%
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Upper and Lower Limbs of One Side of Body (Hemiplegia)	300%
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### **Accident Reimbursement Expense**

If, by reason of Injury, you require and receive medical treatment and incur expenses for any of the following services or supplies while under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and customary expenses actually incurred by you within 52 weeks after the date of the Accident. Payment by the Insurer for the total of all expenses incurred by you will not exceed the Benefit Amount stated in the Schedule as the result of any one Accident.

- (a) Expenses for the services of a Nurse ordered or prescribed by a Physician, on condition such Nurse does not ordinarily reside in your Residence and is not an Immediate Family Member, subject to the Benefit Maximum stated in the Schedule;
- (b) Hospital charges for the difference between the public ward allowance under your Provincial Hospital plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- (c) Expenses for 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 that is equipped to provide the required treatment;
- (d) Prosthetic Appliance, subject to a maximum of \$1,000.

### **Accidental Dental Expense**

If an Injury to whole and sound teeth is caused by a force or blow external to the mouth, and the Injury requires treatment, replacement, or x-rays by a legally qualified dentist or oral surgeon, then the Insurer will pay the reasonable and necessary expenses actually incurred by you, that are in excess of the deductible, within 52 weeks after the date of the Accident. Payment by the Insurer for the total of all expenses incurred by you will not exceed the Benefit Amount stated in the Schedule.

The expense cannot duplicate the cost of any such services covered under the terms of any existing plan of dental insurance services.

Benefits as the result of any one Accident are subject to a deductible of \$100 per injury.

For the purpose of this policy, capped or crowned teeth will be considered whole and sound except where they have undergone endodontic treatment. If an Injury to a capped or crowned tooth causes damage to the remaining tooth structure requiring the preparation of a new cap or crown, the policy will cover the cost of treatment necessitated thereby. If a cap or crown is damaged or dislodged without Injury to the remaining tooth structure, the policy will not cover the cost of treatment necessitated thereby.

The legally qualified dentist or oral surgeon must not ordinarily reside in your Residence and cannot be an Immediate Family Member.

You must consult with the dentist or oral surgeon within 30 days from the date of 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 your Residence.

### **Bereavement Expense**

If you suffer Loss of Life as the result of an Accident, and a Physician recommends that your Spouse and Dependent Children undergo bereavement counselling by a licensed Psychologist, then the Insurer will pay the cost of such counselling, not to exceed the Benefit Amount as stated in the Schedule. The Loss of Life must occur within 365 days of the Accident to be eligible for this benefit.

### **Brain Death Indemnity**

If you suffer Brain Death as the result of an Accident then the Insurer will pay the Benefit Amount in one sum, less any amount paid or payable under Specific Loss Accident Indemnity. The Loss of Life must occur within 365 days of the Accident to be eligible for this benefit.

**“Brain Death”** means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain, even though the heart is still beating.

### **Cosmetic Disfigurement Indemnity**

If you suffer cosmetic disfigurement due to a burn, the Insurer will pay the Cosmetic Disfigurement Indemnity, on condition that such burn is classified as a 3rd degree burn.

The amount of benefit payable under this section is based on the percentage of the Benefit Amount, as shown in the following Cosmetic Burn Schedule, which is determined by the Area Classification Factor times the percentage of body surface actually burned.

The Maximum Allowable Percentage for Body Surface Burned, as shown in the following Cosmetic Burn Schedule, is based on 100% of the specific body part that was burned. The attending Physician will determine the actual percentage applicable to each burn.

If an Insured Person suffers burns to more than one body part as a result of any one Accident, benefits payable for all such burns will not exceed 100% of the Benefit Amount.

**Cosmetic Burn Schedule**

<b>Body Part</b>	<b>Area Classification Factor</b>
Face, Neck, Head	11
Hand & Forearm (Right)	5
Hand & Forearm (Left)	5
Upper Arm (Right)	3
Upper Arm (Left)	3
Torso (Front)	2
Torso (Back)	2
Thigh (Right)	1
Thigh (Left)	1
Lower Leg - below knee (Right)	3
Lower Leg - below knee (Left)	3

<b>Body Part</b>	<b>Maximum Allowable % for Body Surface Burned</b>
Face, Neck, Head	9.0%
Hand & Forearm (Right)	4.5%
Hand & Forearm (Left)	4.5%
Upper Arm (Right)	4.5%
Upper Arm (Left)	4.5%
Torso (Front)	18.0%
Torso (Back)	18.0%
Thigh (Right)	9.0%
Thigh (Left)	9.0%
Lower Leg - below knee (Right)	9.0%
Lower Leg - below knee (Left)	9.0%

<b>Body Part</b>	<b>Maximum % of Benefit Amount Payable</b>
Face, Neck, Head	99.9%
Hand & Forearm (Right)	22.5%
Hand & Forearm (Left)	22.5%
Upper Arm (Right)	13.5%
Upper Arm (Left)	13.5%
Torso (Front)	36.0%
Torso (Back)	36.0%
Thigh (Right)	9.0%
Thigh (Left)	9.0%
Lower Leg - below knee (Right)	27.0%
Lower Leg - below knee (Left)	27.0%

If benefits are payable under this section and Specific Loss Accident Indemnity or Brain Death Indemnity, the total benefits payable will not exceed 100% of the Benefit Amount.



### **Day Care Indemnity**

If a Loss of Life results from an Injury sustained by you, and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the lesser of the following amounts for any Dependent Child who, on the date of or within 365 days of your death, is enrolled in a legally licensed Day-Care Centre:

- (a) 5% of the Benefit Amount; or
- (b) \$5,000 for each year (up to four consecutive years) your child remains enrolled in a legally licensed Day-Care Centre.

The total maximum payable under this benefit in combination with the Day-Care Indemnity maximum provided under any other policy issued by the Insurer will not exceed the Benefit Amount as stated in the Schedule.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the child is enrolled in a legally licensed Day-Care Centre.

### **Education Indemnity**

If a Loss of Life results from an Injury sustained by you, and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the lesser of the following amounts for any Dependent Child who, on the date of or within 365 days from the Insured Person's death, is enrolled as a full-time student in any Institution for Higher Learning:

- (a) 5% of the Specific Loss Accident Indemnity Benefit Amount; or
- (b) the Education Benefit Amount stated in the Schedule each year (up to four consecutive years) such child remains enrolled as a full-time student in an Institution for Higher Learning.

The total maximum payable under this section, in combination with the Education Benefit maximum provided under any other policy issued by the Insurer, will not exceed the Education Benefit Amount per year as stated in the Schedule.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the Dependent Child is enrolled as a full-time student in an Institution for Higher Learning.

If a Dependent Child satisfies these requirements, such child will be deemed the Beneficiary with respect to the benefits payable under this provision.

### **Family Transportation Expense (Plan A & B, Option 1, 2, 3)**

If, by reason of Injury, you sustain a Loss payable under the Specific Loss Accident Indemnity of this policy and is confined as an inpatient in a Hospital located more than 150 kilometres from your normal place of residence, the Insurer will pay the reasonable expenses actually incurred by any Immediate Family Members or a family representative for Accommodation and transportation by the most direct route to and from the confined Insured Person, subject to the following:

- (a) the Insured Person must be under the Regular Care and Attendance of a Physician; and
- (b) the Immediate Family Members or family representative must originate from and return to their normal place of residence.

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount as stated in the Schedule.

Payment will not be made for board or other ordinary living, travelling or clothing expenses. 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 a maximum of \$0.35 per kilometre travelled.

### **Family Transportation Expense (Plan B Option 4)**

If, by reason of Injury, you sustain a Loss payable under Specific Loss Accident Indemnity of this policy and is either confined as an inpatient in a Hospital, or suffers a Loss of Life from any cause, the Insurer will pay the reasonable expenses actually incurred by any Immediate Family Members, or a family representative, for Accommodation and transportation by the most direct route to and from the confined Insured Person. In addition, payment will also include up to \$1,500 for living expenses for yourself, Immediate Family Members, or family representative, subject to the following:

- (a) you must be under the Regular Care and Attendance of a Physician;
- (b) the Immediate Family Members or family representative must originate from, and return to, their normal place of residence;
- (c) a maximum of two Family Members;
- (d) payment will not to exceed the Benefit Amount stated in the Schedule for all such expenses, as the result of any one Accident or Loss of Life.

### **Funeral Expense**

If you suffer Loss of Life as the result of an Accident that is payable under Specific Loss Accident Indemnity of this policy, then the Insurer will pay the actual expense incurred for Customary Funeral Expenses, not to exceed the Benefit Amount as stated in the Schedule.

**'Customary Funeral Expenses'** means the services and material provided by an undertaker, mortician, crematorium, or funeral home relative to the burial of the deceased Insured Person, as well as the costs incurred for the purchase of a cemetery plot, tomb, or a mausoleum for the burial or interment of the deceased. Eligible expenses include a plaque, tombstone, or monument.

## **Home Alteration and/or Vehicle Medication Expense**

If, by reason of Injury, you sustain:

- (a) the Loss of Both Feet or Legs; or
- (b) the Loss of Use of Both Feet or Legs; or
- (c) becomes Quadriplegic, Paraplegic or Hemiplegic; and

for which indemnity is payable in accordance with the terms of this Employee Accidental Death or Dismemberment Insurance, and you subsequently require the use of a wheelchair to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred within three years of the date of Loss for:

- (a) the one-time cost of alterations to your principal Residence for the purpose of making it accessible. Home alterations must be made by persons experienced in such alterations, and must be recommended by a recognized organization that provides support and assistance to wheelchair users; and
- (a) the one-time cost of modifications to one motor vehicle utilized by the Insured Person. Such modifications must be carried out by persons with experience in such matters and must be 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 as stated in the Schedule as the result of any one 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.

## **Hospital Indemnity**

A Daily Benefit will be payable to you when you are in a Hospital and under the Regular Care and Attendance of a Physician, but only if such Period of Hospitalization is necessary for the treatment of an Injury that results in a Loss payable under Specific Loss Accident Indemnity of this policy. Such Daily Benefit will be paid from the first Day of Hospitalization, but for no more than 365 days per Accident.

Subject to anything contrary in this policy, a Period of Hospitalization that becomes necessary for the treatment of an Injury, other than for a specific Loss, will be covered in accordance with the terms of this section, on condition that such Period of Hospitalization commences:

- (a) within 365 days of the date of the Accident that causes the Injury; and
- (b) while insurance under this policy is in force for the Insured Person.

Such Daily Benefit will be paid from the fifth Day of Hospitalization.

Only one Period of Hospitalization will be payable for all Injuries sustained by the Insured Person as the result of the same Accident.

### **Identification Expense**

If a Loss of Life results from an Injury sustained by yourself, and the police or similar governmental authority require identification of your body, the Insurer will reimburse one Immediate Family Member's or a family representative's expenses incurred for transportation to the location of your body and return to their normal place of Residence by the most direct route and for lodging and board, subject to the Benefit Maximum as stated in the Schedule. If transportation is by any motor vehicle not for hire, then the reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometre travelled. Your body must be located more than 150 kilometres from the Immediate Family Member's Residence.

### **Occupational Training Expense**

If a Loss of Life results from an Injury sustained by an Insured Person, and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the reasonable and necessary expenses actually incurred, within 365 days from the date of such Loss, by the Spouse of the Insured Person who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he or she would not otherwise have sufficient qualifications, not to exceed the Benefit Amount as stated in the Schedule for all such expenses. Payment will not be made for room, board or other ordinary living, travelling, or clothing expenses.

If the Insured Person's Spouse satisfies these requirements, such Spouse will be deemed the Beneficiary with respect to the benefits payable under this provision.

### **Rehabilitation Expense**

If an Insured Person sustains a loss under section A5.1 Specific Loss Accident Indemnity due to an Injury, which then requires the Insured Person to participate in a rehabilitation program in order to be qualified to engage in an occupation in which he or she would not have otherwise engaged, then the Insurer will pay the reasonable and necessary expenses actually incurred within three years from the date of Loss.

Payment will not be made for room, board, or other ordinary living, travelling, or clothing expenses. Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount as stated in the Schedule as the result of any one Accident.

### **Repatriation Expense (Plan A and Plan B options 1, 2, 3)**

If a Loss of Life results from an Injury sustained by an Insured Person more than 50 kilometres from his or her normal place of Residence, or outside Canada, and indemnity for such Loss becomes payable in accordance with the terms of this policy, then the Insurer will pay the reasonable and customary expenses actually incurred for the transportation of the body of the deceased Insured Person to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to the normal place of Residence of the deceased, including charges for the preparation of the body for such transportation. Payment by the Insurer will not exceed Benefit Maximum as stated in the Schedule.

### **Repatriation Expense (Plan B, option 4)**

If a Loss of Life results from an Injury or Sickness sustained by an Insured Person the Insurer will pay the reasonable and customary expenses actually incurred for the transportation of the body of the deceased Insured Person to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to the normal place of Residence of the deceased or to their home country of residence, including charges for the preparation of the body for such transportation. Payment by the Insurer will not exceed Benefit Maximum as stated in the Schedule.

## Seat Belt Indemnity

If you sustain an Injury that results in a Loss payable under Specific Loss Accident Indemnity of this policy, then the Insurer will pay an additional sum equal to 10% of the applicable amount payable under Specific Loss Accident Indemnity, if at the time of the Accident the Insured Person was driving or riding in a Motorized Vehicle and wearing a properly fastened Seat Belt. Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Maximum as stated in the Schedule.

The driver of the Motorized Vehicle must hold a current and valid driver's license of a rating authorizing him or her to operate such Motorized Vehicle and cannot be intoxicated nor under the influence of drugs, unless such drugs are taken as prescribed by a Physician, at the time of the Accident. "Intoxicated" and "under the influence of drugs" are as defined by the local jurisdiction where the Accident occurs.

Due proof of Seat Belt use must be provided as part of the written Proof of Loss.

**"Motorized Vehicle"** means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

**"Seat Belt"** means those belts that form a restraint system and includes infant and child restraint systems when properly used with a Seat Belt, and the restraining belts which are part of a stretcher used in the transportation of sick or injured persons by ambulance.

## Suicide Death Indemnity

If you suffer a Loss of Life resulting from suicide, the Insurer will pay the Benefit Amount as specified in the Schedule. Payment will not be made for International Students who suffered a loss of life resulting from suicide outside of Canada.

## When Will Benefits Not Be Paid?

This policy does not cover any Loss, fatal or non-fatal, caused or contributed to by:

- a) suicide or intentionally self-inflicted Injury while sane or insane, other than as provided in Suicide Death Coverage;
- b) war or civil war, whether declared or undeclared
- c) active full-time, part-time or temporary service in the armed forces of any country;
- d) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in Aircraft Coverage;
- e) medical treatment or Surgery, except if the medical treatment or Surgery was needed because of an Accident.

This policy does not cover any of the following supplies or services or costs thereof:

- (a) expenses paid or payable under any government/group hospital, medical, dental or health care plan, or expenses for which insurance is prohibited by law;
- (b) expenses incurred outside of Canada if you are an international student, unless it is an Injury that occurs while on a trip to the United States of America, to a maximum duration of 3 weeks per trip.

## **Beneficiary Designation**

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

- a) On your Effective Date under this plan your beneficiary is the executors or administrators of your estate or your heirs, unless you forward a written declaration to the Administrator designating a beneficiary. Any designation or change in beneficiary shall be effective on the date your written declaration is received at the office of the Administrator.
- b) you will be considered the beneficiary for all other indemnities payable.
- c) If, at your death, there is no designated beneficiary, benefit payments shall be made to the executors or administrators of your estate, or your heirs.
- d) If more than one (1) beneficiary is designated with no indication of their respective interests, they shall share equally in the benefit payments.
- e) The rights of a beneficiary who predeceases you shall revert to yourself

## **Reserving Rights**

As a condition precedent to recovery of insurance money under this contract the Insurer reserves the right to:

- a) examine the full details regarding the claim;
- b) require the Insured Person to undergo a medical examination at the Insurer's expense;
- c) examine the Insured Person when and so often as it reasonably required while the claim hereunder is pending;
- d) require an autopsy to be performed on the Insured Person in the event of death, unless prohibited by law or religious belief;
- e) disallow the claim based on information developed from the attending Physician's report, medical examination, payroll records, or other sources of pertinent data.

## **Fraudulent Claims**

Any claim for benefits under the policy which is based on false or incorrect information on an application, claim form or other documents required to verify benefits will result in the benefits being denied or the liability assumed by the Beneficiary if the benefit has already been provided or performed.

## **Limitation of Action**

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* (Alberta and B.C.).

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* (Manitoba).

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 *Limitations Act, 2002* (Ontario).

Otherwise, in Quebec every action must be brought within three (3) years after the date evidence is furnished, and in all other provinces within one (1) year from the date of loss or such longer period as may be required under the law applicable in such province.

## **Subrogation**

The Insurer is subrogated in all the rights of Insured Persons against the third party liable for the damage that has given rise to an entitlement to payment of benefits under this policy up to the limitation of amounts paid by the Insurer.

The Insurer may, in the exercise of its right of subrogation and if it deems that a third party is liable, require that the Insured Person sign, if applicable, an act of subrogation in its favor at the time of paying any benefits.

### **Insured Right of Access**

As required by your provincial legislation, or if you reside in Alberta or B.C., the Insured Person and any claimant may request a copy of the Insured Person's application, any written evidence of insurability and the Group Policy (other than confidential commercial information or other information exempted from disclosure by applicable law).

For further plan information please contact your plan administrator.

### **HOW TO CLAIM**

In the event of a claim, contact your Health Plan Administrator.

Notice of claim must be given to the Insurer within 30 days from the date of the accident, and subsequent proof of claim must be submitted to the insurer within 90 days from the date of the accident.

Failure to give notice of claim or furnish proof of claim within the time prescribed in the policy condition will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed. In no event, will the insurer accept notice of claim beyond one (1) year.

*This summary of coverage has been prepared in connection with a group plan underwritten by Western Life Assurance Company. For ease of reference it contains only a brief description and does not mention every provision of the contract issued. Please remember that rights and obligations are determined in accordance with the contract and not this summary of information. For the exact provisions applicable, please consult your Health Plan Administrator.*

## **LEGAL ASSISTANCE**

The British Columbia Federation of Students has arranged for Health Plan Members, through Sykes Assistance Services to provide you with timely, cost-effective access to experienced lawyers to guide you through most major types of law, including:

**Family, Criminal, Civil litigation, Landlord and tenant, Residential real estate, Wills and Estates, Tax, Employment, Condo/Strata, Immigration and Identity Theft Support.**

As a member of the Health Plan you have access to unlimited free summary telephone legal advice and unlimited referrals to local lawyers at preferred rates.

### **Summary Telephonic Legal Advice**

You can call on the toll-free number 1 877-333-3884 24 hours a day, 7 days a week, to speak to a customer service representative who can put you in touch with a lawyer at no charge.

Advice lawyers are available to call clients from 8 am to Midnight daily. Please do not hesitate to request a call back after regular business hours, on weekends or holidays.

### **Unlimited**

You can access the service as many times as reasonably required, you are not limited to one call per issue and telephonic advice sessions are not limited in duration. The advice lawyers will take the time necessary to ensure that your questions are answered.

### **Local Lawyer Referral**

If you require the services of a lawyer, you can obtain a referral to a lawyer in your area through a customer services representative. Should you wish both a referral and legal advice, an advice lawyer will be able to give you a referral at the end of your advice session.

### **Preferred Rates**

As a British Columbia Federation of Students Health Network Plan Member you will receive a discount of 25% on fees charged by the lawyer in most situations (excluding real estate law) as long as the lawyer's account is paid within 30 days of receipt. (note: most referral lawyers also provide a free initial 30 minute consultation)

### **Bilingual**

The confidential services provided are bilingual. This includes the customer service representatives and advice lawyers. Bilingual referral lawyers are also available with some travel requested in certain provinces.





**NEED A DOCTOR?  
ACCESS MEDICAL APPOINTMENTS ONLINE FROM ANYWHERE, AT ANY TIME!**

If you don't have access to your family doctor, need medical help after-hours, or are simply too busy to sit in a waiting room, we have a solution for you.

The BC Federation of Students has arranged for Selkirk College Students' Union members to access a cutting-edge, online medical service.

GOeVisit provides access to Canadian doctors who can diagnose and treat over 80 minor illnesses all through your computer, smartphone or tablet. If you need a prescription, the doctors at GOeVisit can just send it straight to a pharmacy of your choice. It's that easy!

Download the free app or go online to [goevisit.com](http://goevisit.com) and register today! For Canadian students, there's no fee to enrol, and no fee to use GOeVisit!

Have questions? GOeVisit is there to help! Give them a call anytime at 1.866.318.4748.