Alberta School Boards Association and Members, Boards, Commissions and the School Board
Policy No. 10000778
The Program
A specialized program of accident insurance to protect you.

Who is Eligible?
Eligible Insured Persons are Full-Time Students under age 70 of a participating school board of the Polyclinic for whom the applicable premium has been paid. Part-time and Home Schooling Students as well as Teachers and Non-Teaching Employees under age 70 of a participating school board of the Polyclinic are also eligible if the full premium has been paid. Eligible persons are defined by the school board and the appropriate premium has been paid. Foreign exchange students and international students are excluded. Contact your school to confirm your coverage.

Definitions
"Full-Time" means enrollment consisting of three or more courses at any one time, or, alternatively, attending classes for a minimum of six hours per day, five days per week. With respect to day care, preschool, playschool, or kindergarten children, full-time is as dictated by the day care, preschool, playschool, or kindergarten they attend.

"Home Schooled Student" means (if eligible) a permanent resident of Canada over six months of age who is presently registered with any Course licensed or registered day care, preschool, playschool, kindergarten, elementary or secondary school of a registered or recognized school board of the Polyclinic, the registrar of the school board, the directors of education (including via online or correspondence courses) from a parent, guardian, or tutor, and whose education is not arranged or taken to fulfill full-time permanent employment.

"Injury" means bodily injury caused by an accident occurring while the 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 the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

"Sickness" means sickness or disease occurring while the policy is in force as to the Insured Person whose sickness is the basis of claim.

"Student" means a permanent resident of Canada over six months of age who is presently enrolled with and attending regularly, on a Full-Time or part-time (if eligible) basis, any Canadian licensed or registered day care, preschool, playschool, kindergarten, elementary or secondary school of a participating school board of the Polyclinic, and who and whose education is not arranged or taken to fulfill full-time permanent employment. This definition does not apply to Home Schooled Students.

"Teacher" or "Non-Teaching Employee" means (if eligible) a person, residing in Canada, who is directly employed by a participating school board of the Polyclinic.

What Benefits Are Provided?

ACCIDENTAL DEATH BENEFIT
If, within 12 months of the date of the accident, Injury results in your death, the insurer will pay an Accident Death Benefit of $5,000.00. The benefit payable under this part will be the only amount payable under the policy unless benefits are payable under another part titled "Counselling Benefit" or "Repatriation Benefit".

Double Indemnity: The insurer will pay two times the amount applicable if such loss of life occurs while you are riding in or on, including boarding or alighting from, any public conveyance operated under a license to that effect for non-commercial purposes for hire or any vehicle owned or leased by a school authority.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT
If Injury to whole or sound teeth requires and first receives treatment within 60 days of the accident, benefits will be paid for customary treatment payable by you or your parent within 30 days of the date of payment. - The insurer will pay reasonable expenses actually incurred within three years from the date of the accident for the examination and treatment of dental injuries, wherein injury results in any loss of life or loss of use of a tooth, and for the employment of a nurse or certified nursing aide if requested by the attending physician to a maximum of $5,600.00.

DENTURES AND ARTIFICIAL TEETH BENEFIT (STUDENTS ONLY)
If your Injury requires and receives treatment by a dentist and results in the breakage of dentures or an artificial tooth or teeth, the insurer will pay the actual cost of repair or replacement, subject to a maximum of $250.00 during the term of the policy.

DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY
If, within 12 months of the date of the accident, Injury results in any of the following losses, the insurer will pay for loss of or permanent and total loss of use of:

- Both Hands or Both Feet ........................................ $ 500.00
- One Hand or One Foot ......................................... $ 500.00
- One Hand and the Entire Sight of One Eye .................. $ 500.00
- One Foot and the Entire Sight of One Eye .................... $ 500.00
- One Foot and the Entire Sight of Both Eyes ............... $1,000.00
- Speech and Hearing in Both Ears ............................. $ 500.00
- One Arm or One Leg ........................................... $ 200.00
- One Arm and the Entire Sight of One Eye ................. $500.00
- Speech and Hearing in Both Arms ......................... $1,000.00
- Entire Thumb and Entire Index Finger of the Same Hand, $10,000.00
- Thumbs, Fingers, or Toes ...................................... $1,000.00
- One Entire Phalanx of Any Finger ......................... $ 500.00
- Hearing in One Ear ........................................... $ 500.00

Indemnity provided under this part will be paid for one of the losses, the greatest, sustained by you as the result of any one accident, except when death occurs within 90 days after the date of the accident, indemnity will only be paid under the part titled "Accidental Death Benefit".

Benefits paid or payable for any of the above losses will be the only amount payable under the policy except those benefits payable under the part titled "Artificial Limbs, Eyes, Hearing Aids and Other Prosthetic Appliances Benefit".

What Benefits Are Provided? (Continued...)

COUNSELING BENEFIT
Upon the medical advice of the attending physician and as a result of a covered expense, the insurer will pay a benefit of $500.00 per month, commencing with the 31st day up to a maximum of 36 consecutive months of confinement. 

EMERGENCY OUT-OF-PROVINCE/COUNTRY ACCIDENT BENEFIT
In the event you are in need of medical attention, the insurer will provide up to $10,000.00. Suitable treatment is that which is necessary, and that is not merely cosmetic in nature.

EMERGENCY TRANSPORTATION BENEFIT
In the event of another person's accident in need of emergency transportation, the insurer will provide up to $100.00. This includes air ambulance, air transportation, and any other transportation means available.

EYELASSES AND CONTACT LENSES BENEFIT
If Injury is treated by a physician, dentist or nurse within 30 days of the accident resulting in any loss or breakage of a contact lens or lenses, the insurer will pay the cost of repair or replacement, subject to a maximum of $200.00, or if the injury necessitates the purchase of eyeglasses or contact lenses (not previously required or worn) upon the advice of a physician, the insurer will pay the reasonable amount for the eyeglasses or contact lenses.

FRACTURE, DISLOCATION OR SURGERY INDEMNITY
If Injury results in medical or surgical treatment, the insurer will provide up to $250.00 for any loss or breakage of an extremity or related surgical treatment.

FOR COMPLETION (continue with Greenstick type fractures or dislocations):

Skull (depressed)................................................. $750.00
Skull (in two or more pieces) ...................... $750.00
( metacarpals) or (metatarsals) or hand(s) vertebrae) .................................................. $100.00
Skull (not depressed) .................. $250.00
Collar bone ........................................... $100.00
Spine (less than three vertebrae) ............... $250.00
Wrist ................................................. $100.00
Pelvis .................................................. $250.00
Shoulder .................................................. $100.00
Arm, between elbow and shoulder ........ $50.00
Sternum ................................................. $ 50.00
Thigh ........................................................ $ 50.00
Upper Jaw ............................................ $100.00
Shoulder ............................................... $ 50.00
Upper Leg ............................................ $100.00
Two or more toes ........................................ $ 25.00
Knuckle .................................................. $ 25.00
Arm ..................................................... $100.00
Any bone other than Stab or gunshot wound, $100.00
Calcaneus (heel bone) ................ $100.00
Sacroiliac (ilium) ........................................ $25.00
Sacroiliac (ischium) ...................................... $25.00
Sacroiliac (pubis) ....................................... $25.00
Sacroiliac (iliac crest) ...................... $25.00
Spine (three or more vertebrae) .......... $250.00
Sacroiliac (iliac spine) ....................... $250.00
Sacroiliac (iliac wing) ...................... $250.00
Sacroiliac (iliac crest) ....................... $250.00
Sacroiliac (iliac wing) ...................... $250.00
Sacroiliac (iliac crest) ....................... $250.00
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Sacroiliac (iliac crest) ....................... $250.00

What Benefits Are Provided? (Continued...)

FRACATURE, DISLOCATION OR SURGERY INDEMNITY (Continued...)

Surgery:
- Severe tendon(s) .................. $100.00
- Burns (requiring skin grafting) .................. $100.00
- Knee (when there is no fracture or dislocation) .................. $100.00
- Eye surgery .................. $100.00
- Ruptured kidney, liver or spleen .................. $100.00
- Punctured lung .................. $100.00

HOSPITAL AND PARAMEDICAL REIMBURSEMENT BENEFIT

When you are under the regular care and attendance of a physician, and as a result of Injury, require and first receive treatment within 30 days from an accident, the insurer will pay the reasonable expenses actually incurred in Canada except as otherwise provided under the part titled “Emergency Out-Of-Province/Country Accident Benefit” within three years from the date of the accident for:

(a) hospital services: semi-private or private ward accommodation (including rental of television, radio, or telephone, subject to a maximum of $15.00 per day);
(b) licensed ground ambulance service (including instances involving Sickness and other non-Injury emergencies, subject to a maximum of $1,000.00 as a result of such Sickness or other non-Injury emergency);
(c) the employment of a nurse or certified nursing aid if requested by the attending physician;
(d) treatment by a licensed chiropractor or osteopath, subject to a maximum of $1,000.00;
(e) treatment by a licensed physiotherapist or registered massage therapist when requested by the attending physician, subject to a maximum of $1,000.00;
(f) rental of crutches and appliances, wheelchair, or hospital-type bed (limited to purchase price);
(g) prescription drugs;
(h) splints, braces, pressure garments and braces requested by the attending physician for curative or therapeutic purposes only (braces are limited to one purchase only with respect to any one Injury); and
(i) medical supplies for the purpose of dressing changes when prescribed by the attending physician, subject to a maximum of $500.00.

PERMANENT TOTAL DISABILITY (STUDENTS ONLY)

When Injury results in total and permanent disability within 120 days of the date of the accident and is total, continuous and permanent at the end of 12 consecutive months and prevents you from engaging in any occupation or employment for compensation or profit, the insurer will pay $50,000.00 less any other amounts payable under the policy for the same Injury.

PRIVATE TUITION EXPENSE (STUDENTS ONLY)

When Injury results in your loss of life outside your province of residence within 12 months of an accident, the insurer will pay the minimum tuition expenses, room, board, or other ordinary living expenses.

REHABILITATION BENEFIT

If Injury requires you to be trained in a special occupation, the insurer will pay the necessary expense during the three years following the accident, subject to a maximum of $5,000.00, for special training. Payment will not be made for travelling or clothing expenses, room, board, or other ordinary living expenses.

REPATRIATION BENEFIT

If Injury results in total and permanent disability within 12 consecutive months and prevents you to your city of residence, subject to a maximum of $5,000.00. Travelling expenses will be paid for a member of your immediate family to identify your remains up to a maximum of $100.00 per day, subject to maximum of $500.00.

SPECIAL TREATMENT TRAVEL BENEFIT

If Injury requires special medical or dental treatment by a physician or dentist that is unavailable within a 160 kilometer radius of your residence, the insurer will pay the reasonable travel expense to obtain it. If your age necessitates an escort, the escort will be paid for reasonable travel expenses plus up to a maximum of $80.00 per day for commercial accommodation and meals, provided all receipts are submitted to the insurer. All benefits under this part are payable for 12 months from the date of the accident and are subject to a maximum of $2,500.00.

How Do I Make A Claim?

Claim forms are available from the Policyholder or from the insurer at (800) 266-5667. The insurer reserves the right to request additional information when processing the claim. Written notice of accidental death, dismemberment, loss of sight, hearing, paralysis or loss of use of limbs is to be given to the insurer within a period of 30 days from the date of the accident. For all other claims, completed claim forms must be filed with the insurer within 90 days after the date of the Injury regardless of whether expenses have been incurred. Attach original receipts for all eligible expenses being claimed.

To Whom Are Benefits Paid?

Benefits payable under the policy are payable to your parent or guardian or other person who is available to care for you or your estate.

When Does This Insurance Terminate?

Your insurance will immediately terminate on the earliest of the following dates:

(a) the date the policy is terminated;
(b) the premium due date if the participating school board of the Policyholder fails to remit the required premium to the insurer, except as the result of an inadvertent error;
(c) the date you reach 70 years of age;
(d) the date you cease to be associated with the participating school board of the Policyholder in a capacity making you eligible for insurance.

When Does This Insurance Not Apply?

- Sickness or disease either as a cause or effect except as otherwise provided;
- suicide or any attempt thereof or intentionally self-inflicted Injury while sane or insane;
- Injury for which there are expenses incurred for a brace or similar device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;
- Injury for which there are expenses incurred for mouthguards or treatment of Temporal Mandibular Joint (TMJ) dysfunction, whatever the cause;
- Injury resulting from repetitive/strenuous activity (i.e., strains, sprains);
- 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, except as provided in the policy;
- Injury for which compensation is payable under any Workers' Compensation Act or similar legislation, except in the case of "Accidental Death Benefit", "Dismemberment and Specific Loss Indemnity" and "Permanent Total Disability".

The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

This brochure is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. This group Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy, not this brochure.

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