



Alberta Soccer Association
Group Accident Benefit Summary
Policy Number 056/025345A

Eligibility	Amateur Members under age 65 participating as Players, Managers, Coaches, Trainers, Executives, General Members or Officials, Volunteers, Auxiliary Workers and Employees in practice or competition in the sport under the supervision and direction of the Policyholder.
Scope of Coverage	Your protection applies only to Injury you sustain while and in consequence of: a) participating in a practice or competition in the sport which is organized under the supervision and direction of the Policyholder; or b) being transported with other player members and group to or from the place of such practice or game; all under the supervision and direction of the Policyholder.
Location Limitation	All coverage under this policy is limited to Canada.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.
Claim Procedures	Written notice must be given to Insurer within 30 days and written proof must be submitted within 90 days of the date a claim arises.
How to Claim	Download and complete claims forms from www.suttonspecialrisk.com
Currency	Benefits will be payable in Canadian currency.

Accidental Death & Dismemberment Insurance

Benefit Amount	You are insured for the Principal Sum of \$25,000
Additional Benefits	<ul style="list-style-type: none"> ▪ Permanent Total Disability - \$50,000 ▪ Accident Medical Expense Benefit - maximum \$25,000 ▪ Accident Dental Expense Benefit – maximum \$5,000 ▪ Surgical Reattachment - 50% of specific loss benefit ▪ Repatriation - maximum \$15,000 ▪ Identification - maximum \$15,000 ▪ Rehabilitation - maximum \$5,000 ▪ Rehabilitative Physical Therapy - maximum \$10,000 ▪ Funeral - maximum \$5,000 ▪ Bereavement - maximum \$1,500 (limited to 6 sessions) ▪ Spousal Retraining - maximum \$15,000 ▪ Special Education - 5% of Benefit Amount to maximum of \$10,000 per year ▪ Day Care - 5% of Benefit Amount to maximum of \$5,000 per year ▪ Family Transportation - maximum \$15,000 ▪ Home Alteration & Vehicle Modification - maximum \$15,000 or 10% of Benefit Amount to a maximum of \$25,000, whichever is greater ▪ Seat Belt - 10% of Benefit Amount ▪ Parental Care - 10% of Benefit Amount to a maximum of \$10,000 ▪ Emergency Transportation - maximum \$100 ▪ Tuition Expense - limited to \$20 per hour and overall maximum of \$5,000 ▪ Prosthetic Appliance Benefit - maximum \$3,000 ▪ Accident Vision Benefit - maximum \$250 ▪ Denture or Bridgework Benefit - maximum \$2,500 ▪ Fracture Schedule Benefit - maximum \$750 ▪ Special Transportation - maximum \$3,000 ▪ Out-of-Province Medical Accident (inside Canada) Benefit - maximum \$10,000 ▪ Babysitting Expense Benefit - limited to an hourly maximum equal to provincial minimum wage and an overall maximum of \$500 ▪ Part-Time Youth Wage Loss Benefit - 75% of the youth Insured Person's hourly wage to a maximum of \$1,000 <p><i>The additional benefits provided under the plan include the benefits listed above. For coverage provisions and limitations contact your plan administrator.</i></p>
Exposure	If, while this coverage is in force, you are unavoidably exposed to the elements due to an accident and if, as the result of such exposure and within 365 days of the accident, you suffer a loss which would otherwise be payable, such loss will be covered.

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Disappearance	If you disappear and your body is not found within one year and sufficient evidence is provided and confirms that you sustained accidental bodily injury which caused your death, the Insurer will pay the Principal Sum, provided that the person or persons to whom such sum is paid sign an undertaking to refund such sum to the Insurer if you are subsequently found to be living.																																						
Aggregate Limit	\$2,000,000 for any one known accumulation and \$2,000,000 per any one Aircraft accumulation																																						
Loss Schedule	<p>If your bodily injuries result in any of the following losses within 365 days of the date of Accident, the Insurer will pay the benefit amount set opposite such loss. Indemnity provided under this part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Person as a result of any one Accident.</p> <p style="text-align: right;">Percentage of Principal Sum</p> <table border="0" style="width: 100%;"> <tr><td>Loss of Life</td><td style="text-align: right;">100%</td></tr> <tr><td>Loss of Entire Sight of Both Eyes</td><td style="text-align: right;">200%</td></tr> <tr><td>Loss of Speech and Hearing in Both Ears.....</td><td style="text-align: right;">200%</td></tr> <tr><td>Loss of or Loss of Use of One Hand and Entire Sight of One Eye</td><td style="text-align: right;">200%</td></tr> <tr><td>Loss of or Loss of Use of One Foot and Entire Sight of One Eye.....</td><td style="text-align: right;">200%</td></tr> <tr><td>Loss of Entire Sight of One Eye</td><td style="text-align: right;">133%</td></tr> <tr><td>Loss of Speech or Hearing in Both Ears.....</td><td style="text-align: right;">133%</td></tr> <tr><td>Loss of Hearing in One Ear</td><td style="text-align: right;">66%</td></tr> <tr><td>Loss of all Toes of One Foot</td><td style="text-align: right;">50%</td></tr> <tr><td>Loss of or Loss of Use of Both Hands or Both Feet</td><td style="text-align: right;">200%</td></tr> <tr><td>Loss of or Loss of Use of One Hand and One Foot.....</td><td style="text-align: right;">200%</td></tr> <tr><td>Loss of or Loss of Use of One Arm or One Leg.....</td><td style="text-align: right;">150%</td></tr> <tr><td>Loss of or Loss of Use of One Hand or One Foot</td><td style="text-align: right;">133%</td></tr> <tr><td>Loss of or Loss of Use of Thumb and Index Finger of Any One Hand</td><td style="text-align: right;">66%</td></tr> <tr><td>Loss of at least four Fingers of Any One Hand</td><td style="text-align: right;">66%</td></tr> <tr><td>Paraplegia (Both Lower Limbs)</td><td style="text-align: right;">200%</td></tr> <tr><td>Hemiplegia (Upper and Lower Limbs on the Same Side of the Body).....</td><td style="text-align: right;">200%</td></tr> <tr><td>Quadriplegia (Both Upper and Lower Limbs)</td><td style="text-align: right;">200%</td></tr> <tr><td>Brain Death</td><td style="text-align: right;">100%</td></tr> </table>	Loss of Life	100%	Loss of Entire Sight of Both Eyes	200%	Loss of Speech and Hearing in Both Ears.....	200%	Loss of or Loss of Use of One Hand and Entire Sight of One Eye	200%	Loss of or Loss of Use of One Foot and Entire Sight of One Eye.....	200%	Loss of Entire Sight of One Eye	133%	Loss of Speech or Hearing in Both Ears.....	133%	Loss of Hearing in One Ear	66%	Loss of all Toes of One Foot	50%	Loss of or Loss of Use of Both Hands or Both Feet	200%	Loss of or Loss of Use of One Hand and One Foot.....	200%	Loss of or Loss of Use of One Arm or One Leg.....	150%	Loss of or Loss of Use of One Hand or One Foot	133%	Loss of or Loss of Use of Thumb and Index Finger of Any One Hand	66%	Loss of at least four Fingers of Any One Hand	66%	Paraplegia (Both Lower Limbs)	200%	Hemiplegia (Upper and Lower Limbs on the Same Side of the Body).....	200%	Quadriplegia (Both Upper and Lower Limbs)	200%	Brain Death	100%
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Exclusions	<p>This insurance does not cover any claim arising out of bodily injury caused or contributed to by:</p> <ol style="list-style-type: none"> a) declared or undeclared war or any act thereof or invasion; b) actively participating in acts of terrorism, civil commotions or riots of any kind; c) training, serving or taking part in any capacity in the armed forces (land, sea or air) or their operations, of any country or international authority; d) while serving as a pilot or crew member of any aircraft or while as a passenger in an aircraft which is being used for a purpose other than transportation; e) suicide or attempted suicide or intentional self-injury; f) injury sustained while you are riding in, boarding or alighting from an aircraft owned or leased, by or on behalf of the Policyholder, or any subsidiary or affiliate of such Policyholder, unless specific written agreement has been obtained from the Insurer; or g) acts of terrorism which involve the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s). 																																						
Payment of Benefits	<p>Benefits for Loss of Life are payable to the Insured Person's designated beneficiary (or to the Insured Person's Estate if no such designation is made).</p> <p>Accident Medical Expense Benefits: All or a portion of benefits provided by this Policy may, at the option of the Insurer, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Insured Person.</p> <p>All other claims will be paid to the Insured Person. In the event the Insured Person is a minor, incompetent or otherwise unable to give a valid release for the claim, We through our Underwriter may make arrangement to pay claims to the Insured Person's legal guardian, committee or other qualified representative.</p>																																						

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