

## Schedule of Benefits – Travel Accident Supplementary Coverage

### Principal Sum – Flat \$25,000.00

These benefits of the policy only apply if selected by the Policyholder (indicated by “Yes” in the Covered Benefit column) and the appropriate premium paid.

Benefit	Covered Benefit	Maximum Amount Payable per Insured Person per Accident (CAD\$)
ACCIDENTAL DEATH AND DISMEMBERMENT	YES	Percent of Principal Sum per Table of Losses
DISAPPEARANCE	YES	Principal Sum
PERMANENT AND TOTAL DISABILITY	NO	Up to 100% of Principal Sum
REHABILITATION	YES	Up to \$15,000
HOME ALTERATION AND VEHICLE MODIFICATION	YES	Up to \$15,000
WORKPLACE MODIFICATION AND ACCOMMODATION	YES	Up to \$5,000
PSYCHOLOGICAL THERAPY	YES	Up to \$5,000
IN-HOSPITAL BENEFIT	YES	Up to \$2,500/month
FAMILY TRANSPORTATION	YES	Up to \$15,000
REPATRIATION BENEFIT	YES	Up to \$15,000
IDENTIFICATION BENEFIT	YES	Up to \$5,000
DAY CARE	YES	Up to \$5,000
DEPENDENT CHILD EDUCATIONAL BENEFIT	YES	Up to \$5,000
SPOUSAL EDUCATIONAL BENEFIT	YES	Up to \$15,000
FUNERAL EXPENSE	YES	Up to \$5,000
BEREAVEMENT BENEFIT	YES	Up to \$1,000
SEAT BELT AND AIR BAG BENEFIT	YES	Up to \$50,000
DISABILITY FITNESS BENEFIT	NO	Up to \$5,000
PARENTAL CARE BENEFIT	YES	Up to \$10,000
CARJACKING BENEFIT	NO	Up to \$25,000
CRIMINAL ASSAULT BENEFIT	NO	Additional 10% of Principal Sum
COSMETIC DISFIGUREMENT	NO	Up to \$25,000
COMA BENEFIT	NO	Up 100 monthly payments
FRACTURE BENEFIT	NO	Up to \$500
ACCIDENTAL PARAMEDICAL EXPENSE	NO	Overall Maximum \$10,000
(a) Private Duty Nursing		Up to sublimit of 5,000
(b) Transportation Costs		Up to sublimit of \$5,000
(c) Hospital Charges		Up to sublimit of \$5,000
(d) Rental of Wheelchair, Iron Lung or Other Durable Equipment		Included – no sublimit
(e) Licensed Physiotherapist		Up to sublimit of \$300
(f) Prescription Drugs and Medicines		Included – no sublimit
(g) Hearing Aid, Crutches, Splints, Casts, Trusses and Braces		Included – no sublimit
(h) Licensed Chiropractor		Up to sublimit of \$300
ACCIDENTAL DENTAL EXPENSE	NO	Up to \$500
WAR RISK COVERAGE	NO	Up to \$500,000

## Emergency Travel Benefits

Benefit	Covered Benefit	Maximum Amount Payable per Insured Person per Accident/Sickness (CAD\$)
EMERGENCY TRAVEL MEDICAL EXPENSE	YES	Overall Maximum \$1,000,000
COVERAGE TYPE		Supplemental Coverage
MAXIMUM TRIP DURATION		60 Days per Trip
EMERGENCY TRAVEL MEDICAL EXPENSE LIMITATIONS		
(a) Complications of Pregnancy		Up to sublimit of \$2,000
(b) Pre-Existing Condition		Up to sublimit of \$1,000
EMERGENCY TRAVEL MEDICAL EXPENSE EXCLUSIONS – Maximum Amount Payable per tooth per accident		\$100
MEDICAL EMERGENCY GUARANTEE CHARGE EXPENSE BENEFIT		\$5,000
EMERGENCY EVACUATION WITH FAMILY TRAVEL BENEFIT	NO	\$200,000