

OPT IN MEDICAL 2014
Description and Guidelines

1) Accidental Medical Reimbursement

Cost Per Member: **Minors: \$3.50 All others: \$7.00**

If as a result of an injury, and within thirty (30) days from the date of the accident causing such injury, an Insured Person who is insured under a Canadian provincial or territorial government health insurance plan obtains medical treatment in Canada from a Physician as a consequence of such injury and incurs expenses for any of the following para-medical services recommended by a Physician, ACE INA shall reimburse the Insured Person for the following reasonable and necessary expenses:

- a) Fees for private duty nurses by a licensed graduate nurse (R.N.), who does not ordinarily reside in the Insured Person's home and who is not a member of the Insured's Person's Immediate Family. This benefit is payable up to fifty dollars (\$50) per hour to a maximum of five thousand dollars (\$5,000) per Insured Person for all injuries resulting from any one (1) accident.
- b) Transportation costs, when such service is provided by a professional ambulance service, to the nearest approved Hospital which is equipped to provide the required and recommended necessary treatment. This benefit is payable to a maximum of five thousand dollars (\$5,000) for ground ambulance, or twenty five thousand (\$25,000) for air ambulance, per Insured Person for all injuries resulting from any one (1) accident.
- c) Hospital charges for the difference between the public ward allowance under the Insured Person's provincial or territorial government health insurance plan and the accommodation charge for a semi-private hospital room. This benefit is payable up to a maximum of five thousand dollars (\$5,000) per Insured Person for all injuries resulting from any one (1) accident.
- d) Fees for rental of a wheelchair, iron lung or other durable equipment, not to exceed the purchase price prevailing at the time rental became necessary.
- e) Cost of prescription drugs and medicines prescribed by a physician or surgeon (except in the Province of Quebec)
- f) Expenses for hearing aids, crutches, splints, casts, trusses and braces (excluding the replacement thereof)

- g) Reimbursement shall only be made provided the expenses are:
- 1) Incurred in Canada
 - 2) Incurred within fifty-two (52) weeks of the date of the accident causing injury
 - 3) Incurred only for therapeutic and not elective treatment; and
 - 4) Supported by an original receipt submitted to ACE INA as proof of claim.

The maximum amount payable for this benefit is twenty-five thousand dollars (\$25,000) per Insured Person for all injuries resulting from any one (1) accident.

2) Increased Limits for Paralysis (Quadriplegia, Paraplegia & Hemiplegia)

- a) To increase benefit from \$100,000 to \$500,000 for Minors
\$48 per member Additional Premium
- b) To increase benefit from \$250,000 to \$500,000 All Others and National Team
\$30 per member Additional Premium

Rugby Canada Accidental Death & Dismemberment Plan

Optional Individual Top-Up Enrollment Form



APPLICANT INFORMATION

* indicates mandatory field

Title* _____ Last Name* _____ First Name* _____ Middle Initial _____

Date of Birth* _____ (DD/MM/YY) Gender* Male Female

Please enter a mailing address:

Home Address* _____

City* _____ Province* _____ Postal Code* _____

Telephone* _____ E-mail* _____

PLAN AND COVERAGE

Option 1: Paralysis

Option 2: Accidental Medical Reimbursement

Minor Members **\$48.00** +

Minor Members **\$3.50**

Total = _____

All Other Members **\$30.00** +

All Other Members **\$ 7.00**

Total = _____

Tax: Ontario Residents 8% +

Quebec Residents 9% +

Manitoba Residents 8% +

Total Annual Premium = _____

PREMIUM PAYMENT OPTIONS – Credit Card or Pre-Authorized Debit

Option 1 – Credit Card: Please enter your payment details:

MasterCard VISA

Credit Card Number _____ Expiry Date _____ (MM/YY)

Cardholder Signature _____ Date _____

Option 2 – Pre-Authorized Debit: I hereby authorize ACE INA Life Insurance to make automatic deductions from the account below.

I have attached a void cheque.

I authorize ACE INA Life Insurance and the financial institution designated to begin deduction of premium for the Rugby Canada Accidental Death & Dismemberment in the amount of \$ _____ (Your annual premium) to be charged on or about the first business day of the month in which your coverage goes into effect.

Signature: _____ Date: _____

Signature: _____ Date: _____

Secondary signature required on joint account.

I have waived the right to pre-notification at least 10 days before my first PAD; however ACE INA Life Insurance will send me written notice identifying the new amount at least 10 days before each and any change in the amount of my PAD, with the exception of a reduction in tax rate. I may revoke my authorization at any time in writing or by phone, subject to a 30 day notice. To obtain a sample cancellation form or for information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any PAD does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

DECLARATION & AUTHORIZATION

When you apply for additional coverage under the Rugby Canada Accidental Death & Dismemberment Plan, ("Plan"), underwritten by ACE INA Life Insurance ("ACE Life"), the information in ACE Life's existing insurance files and the information requested in connection with your application is required by ACE Life, its reinsurers and authorized agents to process your application, and if approved, administer your insurance policy, assess coverage and claims. ACE Life will create a file with your information, and in the event of a claim, with such information as ACE Life obtains from you and other sources, for the purpose of considering your claim and administering benefits under the Plan. Access to this file will be restricted to those ACE Life employees, authorized agents and reinsurers who require access to administer the Plan and process claims and other persons where authorized by law. You may request to review your personal information in this file or request to make a correction by writing to: The Privacy Officer; ACE INA Life Insurance, The Exchange Tower, 130 King Street West, 12th Floor, Toronto, ON M5X 1A6. For more information on privacy at ACE visit www.ace-ina.com/privacy. From time to time there may be additional or enhanced ACE Life Rugby Canada products or services available to you. The use of your personal information for the purposes of offering you such additional or enhanced products or services is entirely optional. If you do not wish your personal information to be used by ACE Life for this optional purpose, please tick here:

AUTHORIZATION FOR USE OF YOUR PERSONAL INFORMATION & PRIVACY NOTICE

DECLARATION: I hereby declare that the above answers and statements are complete and true and I understand that concealment, misrepresentation or false declaration concerning this application will cause any policy to be void. I understand and agree that any coverage issued as a result of this application shall not take effect until this application is approved by ACE INA Life Insurance.

AUTHORIZATION: I hereby apply for additional coverage as indicated above under the Rugby Canada Accidental Death & Dismemberment Plan. I have read and understand the terms of this application, including the Privacy Notice & Authorization for Use of Personal Information. I understand that my coverage will not take effect until the first day of the month following the month in which ACE INA Life Insurance (ACE Life) processes my Application Form of which I will be notified. I further have read and understand the features, limitations and exclusions of the Rugby Canada Accidental Death & Dismemberment Plan. I authorize my premiums to be debited to the bank account or charged to the credit card number indicated.

Signed at _____ this _____ day of _____ 20 _____

Applicant's Signature _____

Applicant's Name (Please Print) _____

Send your completed enrollment form to:

ACE INA Life Insurance Rugby Canada Program 1400-25 York Street, Toronto, ON M5J 2V5