

POLICY # 9229130

CANADIAN ASSOCIATION OF SNOWBOARD INSTRUCTORS

**ACCIDENT INSURANCE
ACCIDENTAL DEATH & DISMEMBERMENT
(underwritten by AXA Assurances Inc.)**

Who is Covered

You are covered if you are considered to be a active full-time Member or part-time Member of the Policyholder under the age of 80.

Definitions

"You", "Your" and "Yourself" means the person who is Insured herein.

"We", "Us" and "The Insurer" means AXA Assurances Inc.

"Insured Person" means You.

"Injury" means bodily injury caused by an Accident occurring while an Insured Person's coverage is in force under the Policy, and resulting directly and independently of all other causes in loss covered by this Policy, provided such injury is sustained under the circumstances and in the manner described in the "Description of Hazards" but in no event shall injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal physiological function and includes illness and infections.

"Disease" means any unhealthy condition of the body or any part thereof.

"Description of Hazards" means hazards against which insurance is provided under this policy are Injury sustained by an Insured Person while performing the normal and regular duties which pertain to His Occupation, including travelling directly to and from any scheduled meeting, while on business of the Policyholder.

"His Occupation" means each and every occupation or employment assigned and authorized by the Policyholder that the Insured Person was engaged in for wage or profit on the date of the Accident.

"Principal Sum", when referring to You, means the amount of \$25,000.

The male pronoun is construed as the feminine when the person is a female.

Specific Loss Schedule

When Injury results in any of the following losses within 365 days after the date of the Accident, AXA Assurances Inc. pays:

For Loss of	Percentage of Principal Sum
Life	100%
Entire sight of both eyes.....	100%
Speech and hearing in both ears.....	100%
One hand and the entire sight of one eye	100%
One foot and the entire sight of one eye	100%

Accidental Death & Dismemberment Booklet Wording

Entire sight of one eye.....	75%
Speech.....	75%
Hearing in both ears	75%
Hearing in one ear	40%
All toes of one foot	33 1/3%

For Loss or Loss of Use of

Both hands	100%
Both feet	100%
One hand and one foot	100%
One arm.....	80%
One leg	80%
One hand.....	75%
One foot.....	75%
Thumb & index finger or at least four fingers of one hand	40%

For Paralysis of

Both upper & lower limbs (Quadriplegia).....	200%
Both lower limbs (Paraplegia)	200%
Upper & lower limbs of one side of body (Hemiplegia)	200%

"Loss" as above used with reference to loss of use means the total and irrecoverable loss of use, provided the loss is continuous for twelve (12) consecutive months and such loss of use is determined to be permanent at the end of such period.

Indemnity provided under this section for all losses sustained by any 1 Insured Person as the result of any 1 Accident cannot exceed:

- (a) with the exception of quadriplegia, paraplegia and hemiplegia, the Principal Sum.
- (b) with respect to quadriplegia, paraplegia and hemiplegia, 200% of the Principal Sum, or 100% if Loss of Life occurs within 90 days after the date of the Accident.

In no event will indemnity payable for all losses exceed, in the aggregate, 200% of the Principal Sum as the result of the same Accident.

Weekly Accident Indemnity

(applicable to those Insured Persons under age 65, who are gainfully employed on a full-time or permanent part-time basis)

This policy will provide You with a weekly indemnity if You are wholly and continuously disabled and prevented from performing the substantial and material duties pertaining to Your Occupation as the result of any one Accident. We will pay for the period You are disabled and under the Regular Care and Attendance of a Physician, commencing on the 8th day of disability, not to exceed 26 consecutive weeks as the result of any one Accident.

Any benefits payable hereunder, either alone or in concert with any of the benefits outlined below, which exceed seventy-five percent (75%) of the Your pre-disability earnings, will be reduced by any amount exceeding said percentage.

"His Occupation" means the occupation engaged in by You on a full-time or permanent part-time basis for wage or profit immediately prior to the occurrence of any Injury covered under this policy.

"Permanent Part-Time Employee" means an employee who works a minimum of fifteen (15) hours per week, is not attending school, college or university and works throughout the whole year.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition causing disability.

Accident Reimbursement Expense

When by reason of Injury, You require and receive medical treatment within 30 days from the date of the Accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician with respect to Items 1 to 7:

- (1) private duty nursing by a licensed graduate nurse (R.N.) who does not ordinarily reside in the Insured Person's Residence or is not an Immediate Family Member, subject to a maximum of \$5,000 per Accident;
- (2) 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 which is equipped to provide the required treatment, subject to a maximum of \$1,000 per Accident;
- (3) Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- (4) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of \$5,000 per Accident;
- (5) fees of a licensed physiotherapist or certified athletic sports therapist, subject to a maximum of \$500 per Accident;
- (6) drugs and medicines which require the written prescription of a Physician and are dispensed by a registered pharmacist or Physician, subject to a dispensing maximum of a 30 day supply;
- (7) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of \$750 per policy term;
- (8) fees of a licensed chiropractor, subject to a maximum of \$500 per Accident.

We will pay the reasonable and customary expenses actually incurred by Yourself within 52 weeks after the date of the Accident, not to exceed the amount of \$10,000 as the result of any one (1) Accident.

Accidental Dental Expense

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon who does not ordinarily reside in Your Residence and is not an Immediate Family Member, We will pay the reasonable and necessary expenses actually incurred by You within 52 weeks after the date of the Accident for such treatment or services, but not to exceed in the aggregate the amount of \$2,000 as the result of any one (1) Accident, provided You consult with the dentist or oral surgeon within 30 days from the date of the 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 the Insured Person's Residence.

Repatriation *

If You sustain a Loss of Life caused by an Accident for which an amount of Principal Sum becomes payable under the Policy, We will pay up to \$15,000 for reasonable and necessary expenses actually incurred for the return home of Your body (including preparation charges for transportation). Such Loss must occur more than 50 kilometres from Your residence.

Rehabilitation *

If You suffer a Loss covered under the "Specific Loss Schedule" section of the Policy and as a result, must participate in a rehabilitation program in order to be qualified to engage in a different employment, We will

refund the reasonable and necessary expenses actually incurred during the 3 year period following the date of the Accident, to a maximum of \$15,000. Payment is not made for room, board or other ordinary living, travelling or clothing expenses.

Funeral Expense

In the event You sustain an Injury which results in Loss of Life and indemnity for such Loss becomes payable in accordance with the terms of this policy, We will pay the reasonable and customary expenses actually incurred at the time of Your death for the services and/or materials provided by a mortician, undertaker, crematorium or funeral home, related to the burial or cremation of the deceased Insured Person and charges for the purchase of a burial plot, gravesite or mausoleum for the interment of the remains thereof, including any markers or monuments, not to exceed \$5,000, less any charges for preparation of the remains for travel which are payable under the section entitled "Repatriation Benefit" of this or any other policy issued to the Policyholder by the Insurer.

Family Transportation *

If following an Injury which results in a Loss covered under the "Specific Loss Schedule" section of the Policy, You are confined as an inpatient to a Hospital located more than 150 kilometres from Your residence, We will refund the reasonable and necessary expenses actually incurred by any Immediate Family Member(s) or a family representative for Accommodation and transportation by the most direct route from the normal place of residence of such Immediate Family Member(s) or family representative to You and return to the normal place of residence of such Immediate Family Member(s) or family representative up to a maximum of \$15,000. Private transportation expenses are limited to \$0.35 per kilometre travelled. Payment is not made for board or other ordinary living, travelling or clothing expenses.

Home Alteration and/or Vehicle Modification

If You sustain the Loss of or Loss of Use of Both Feet or Legs or become a Quadriplegic, Paraplegic or Hemiplegic, for which indemnity becomes payable under the Policy, and You subsequently require the use of a wheelchair to be ambulatory, We will refund the reasonable and necessary expenses actually incurred during the 3 year period following the Accident, for the cost of alterations to Your principal residence for making it accessible and/or the cost of modifications to 1 motor vehicle utilized by You, when such modifications are approved by licensing authorities where required, for the purpose of adapting it to the needs of You. Payment by Us for the total of all expenses incurred by or for You will not exceed a maximum of \$15,000 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 **

If any Loss covered under the "Specific Loss Schedule" section of the Policy confines You to a Hospital and You are under the Regular Care and Attendance of a Physician for the treatment of an Injury, You will receive a daily benefit of 1/30th of 1% of Your Principal Sum from the 1st day of hospitalization, up to a maximum of \$2,500 per month and for a maximum duration of 365 days per Accident.

Hospitalization required for treatment of any Injury other than for a Specific Loss is also covered in accordance with the above terms, provided such hospitalization begins within 365 days of the date of the Accident which caused the Injury and insurance is in force. The daily benefit is payable from the 5th day of hospitalization.

Hospitalization is either a single uninterrupted confinement in a Hospital or several successive confinements in a Hospital as a result of the same Accident, provided each such confinement is separated by a period of less than 90 consecutive days. All confinements must occur within 730 days of the date of the Accident.

Only one period of hospitalization will be payable for all injuries sustained as the result of the same Accident.

To Whom Are Benefits Paid

The Accidental Death benefit will be paid to Your Estate. With the exception of the sections entitled "Repatriation Benefit", "Funeral Expense" and "Family Transportation Benefit", all other indemnities payable will be paid to You.

What We Will Not Pay For

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

1. suicide or intentionally self-inflicted Injury;
2. war, whether declared or not;
3. participation in a riot, insurrection, civil commotion or disturbance;
4. active full-time, part-time or temporary service in the armed forces of any country;
5. riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage".
6. medical treatment or surgery, except if the medical treatment or surgery was needed because of an Accident.

Nor does this policy cover expenses incurred:

7. for the purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions therefor;
8. for charges of a masseur;
9. for x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the section entitled "Accidental Dental Expense";
10. for Sickness or Disease, either as a cause or effect;
11. for experimental drugs not approved by the governing authority having jurisdiction over the matter in the country where such drugs are prescribed and dispensed.

This policy is subject to and will not contravene any Federal or Provincial statutory requirement with respect to Hospital and/or Medical plans. Benefits will be reduced under the sections of this policy entitled "Accident Reimbursement Expense" and "Accidental Dental Expense" by any amount (paid or not) of eligible expenses covered under the Federal or Provincial Hospital and/or Medical plans and/or any other policy providing similar reimbursement expenses.