

**Policy # 1P920
(Replaces previous policy #9229102)**

In consideration of the statements set forth in the Master Application attached hereto and in the individual applications, if any, and in consideration of the payment of premium in accordance with Items 5, 6, and 7 of said Master Application, **SSQ Insurance Company Inc.** (hereinafter called the "Insurer") agrees with:

DELTA PACIFIC BENEFIT BROKERS LTD.

(Hereinafter called the "Policyholder")

to insure eligible employees of member clients of the Policyholder (hereinafter individually called the "Insured Employee") for whom application is made, for loss resulting from Injury, Sickness or Disease to the extent herein provided and subject to all of the exceptions, limitations and provisions of this policy.

Effective Date and Policy Term

As stated in Item 9 of the Master Application, this policy takes effect at 12:01 a.m., Standard Time, at the address of the Policyholder, from which date all insurance years and months will be calculated. It continues in force for the period for which premium has been paid. It may be renewed for further consecutive periods by payment of premium as herein provided, subject to the Insurer's right to decline renewal of this policy by giving at least thirty (30) days' prior written notice to the Policyholder of such declination.

Definitions

Wherever used in this policy:

"Insured Person" means the Insured Employee.

"Injury" means bodily injury caused by an Accident occurring while this 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 this policy, provided such injury is sustained and for which expenses are incurred in Canada. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident, provided such injury is not sustained by an Insured Person while performing

the normal and regular duties which pertain to His Occupation.

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

"Sickness" means an impairment of a normal physiological function and includes illness and infections occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim and for which expenses are incurred in Canada, provided such sickness is not sustained by an Insured Person while performing the normal and regular duties which pertain to His Occupation.

"Disease" means any unhealthy condition of the body or any part thereof occurring while this policy is in force as to the Insured Person whose disease is the basis of claim and for which expenses are incurred in Canada, provided such disease is not sustained by an Insured Person while performing the normal and regular duties which pertain to His Occupation.

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

"Residence" means the primary dwelling in Canada of which the Insured Person is an occupant and the premises on which it is situated.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, Hospital will include a facility or part of a facility used for rehabilitative care. Furthermore, Physicians and Nurses as used under this definition will not exclude an Immediate Family Member.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practise medicine by:

- 1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing body, or
- 2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Nurse" means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor an Immediate Family Member.

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Airfare" means the regular fare charged for an economy class seat on a regular flight by a domestic or international scheduled air carrier, which holds an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such air carrier in the country of its certification.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

"Fare" means the regular fare charged for:

1. an economy class seat on a regular flight by a domestic or international scheduled air carrier,
2. a coach seat on a passenger train,
3. a regular seat on a passenger bus or
4. an economy class seat on a boat,

where each of these carriers must hold an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such carrier in the country of its certification.

"Accommodation" means lodging in the vicinity of the Hospital where the Insured Person is confined.

"Motorized Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces. The male pronoun will be construed as the feminine when the person is a female.

Eligibility for Insurance

All persons qualifying under Item 2 of the Master Application are eligible for insurance hereunder.

Medical Reimbursement Expense Benefit

- A. When by reason of Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section, the Insurer will reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:
1. Hospital charges including those for room and board at the Hospital's standard ward rate;
 2. Hospital charges for out-patient services when medically required;
 3. expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of ten thousand dollars (\$ 10,000) per Accident, Sickness or Disease;
 4. charges for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum as follows:
 - Plan A: ninety (90) day supply
 - Plan B: sixty (60) day supply, \$1,000 annual limit
 - Plan C: sixty (60) day supply, \$500 annual limit
 5. expenses charged for the services of a licensed professional physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in the Insured Person's Residence and is

not an Immediate Family Member, subject to a maximum as follows;

Plan A: maximum of \$1,000 per calendar year

Plan B: maximum of \$300 per calendar year

Plan C: maximum of \$300 per calendar year

6. expenses for a licensed ground 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 one thousand five hundred dollars (\$1,500) per Accident, Sickness or Disease;
7. expenses incurred for the following:
 - a) blood plasma, whole blood or oxygen, including the administration thereof;
 - b) x-rays and laboratory examinations which are required for diagnostic purposes;
 - c) artificial limbs, eyes or other prosthetic appliances, subject to a maximum of two thousand dollars (\$ 2,000) per calendar year;
 - d) rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints) or orthopedic shoes if part of a brace (limited to one hundred dollars (\$ 100) per pair and to a maximum of one (1) pair per Insured Person per calendar year), including any fee charged by a Physician for designing, constructing, fitting or applying such device, subject to a maximum of two thousand dollars (\$ 2,000) for all expenses per calendar year;
 - e) rental of a wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment, subject to a maximum of five thousand dollars (\$ 5,000) per Accident, Sickness or Disease;
8. expenses for medical care and treatment rendered or surgical procedure performed by a Physician;

9. expenses for the services of a licensed anaesthetist when recommended by a Physician;
10. expenses for the services of any of the following licensed practitioners, provided such practitioner does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum as follows:

Plan A: maximum of three hundred dollars (\$300) per specialty per calendar year (such services do not require the recommendation of a Physician except as indicated below).

- a) chiropractor
- b) osteopath
- c) chiropodist or podiatrist
- d) licensed masseur, on the recommendation of a Physician
- e) speech therapist
- f) licensed psychologist

Plan B: maximum of three hundred dollars (\$300) per specialty per calendar year.

- a) chiropractor

Plan C: maximum of three hundred dollars (\$300) per specialty per calendar year.

- a) chiropractor

Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of one (1) x-ray per practitioner for each Insured Person in any one (1) calendar year.

11. expenses for the treatment of dental pain to teeth due to tooth damage caused by biting, inflammation or infection due to abscess, by a legally qualified dentist, subject to a maximum as follows:

Plan A: \$500 per insurance period
Plan B: \$250 per insurance period
Plan C: \$250 per insurance period

B. The Insurer will also reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

1. expenses for an annual health examination, not to exceed a maximum amount of fifty dollars (\$ 50) per Insured Person;
2. expenses for the administration of vaccines, anti-toxins, injections for immunizing against disease or poisons, not to exceed a maximum amount of twenty-five dollars (\$ 25) per Insured Person per calendar year;

Accidental Dental Treatment Benefit

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, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident for such treatment or services, but not to exceed in the aggregate the following amount:

Plan A: \$2,000 as a result of any one Accident
Plan B: \$1,000 as a result of any one Accident
Plan C: \$1,000 as a result of any one 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 Insured Person's province of Residence.

Evacuation Benefit

If, as a result of Injury, Sickness or Disease, an Insured Person requires any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by the Insurer.
2. transportation to the Insured Person's province of Residence or country of origin (whichever is recommended by the attending

Physician) by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by the Insurer and the attending Physician certifies in writing that the Insured Person's medical condition after receiving treatment (including diagnostic testing) warrants the return to his province of Residence or country of origin for further treatment or to recover.

3. transportation to the Insured Person's province of Residence (or country of origin if recommended by the attending Physician) in the event he is confined as inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

the Insurer will pay the reasonable and necessary transportation expenses actually incurred by the Insured Person including any related medical services and supplies.

The Insurer will also pay the reasonable and necessary expenses actually incurred by a medical attendant or one (1) Immediate Family Member, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board. All covered expenses incurred by the medical attendant or Immediate Family Member are subject to a maximum amount of two thousand dollars (\$2,000).

The total maximum amount payable under this section will not exceed the amount of Evacuation Benefit stated under Item 3 of the Master Application as a result of any one (1) Accident, Sickness or Disease.

The above benefit will be payable under one (1) of the policies issued to the Policyholder by the Insurer.

Repatriation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person, the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to the first (1st) resting place (including but not limited to a funeral home or the place of interment) in the vicinity of the normal place of residence in the country of origin, including charges for the preparation of the body for such transportation, subject to the maximum amount of

Repatriation Benefit stated under Item 3 of the Master Application.

The benefit payable under this section will be payable to the person who actually incurred the expenses.

Family Transportation and Accommodation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person or an Insured Person is confined as an inpatient in a Hospital for at least four (4) consecutive days and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by an Immediate Family Member or a family representative for board, Accommodation and transportation by the most direct route from the normal place of residence of the Immediate Family Member or family representative to the bedside of such Insured Person and return to the normal place of residence of Immediate Family Member or family representative, if such Insured Person had been travelling unaccompanied by a family member at the time he became hospitalized. Reimbursement of transportation expenses under this section is limited to seventy-five percent (75%) of the cost of one (1) return Fare. If transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of thirty-five cents (\$ 0.35) per kilometre travelled.

The total maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Family Transportation and Accommodation Benefit stated under Item 3 of the Master Application as a result of any one (1) Accident, Sickness or Disease.

Maximum Limit of Indemnity

With the exception of those benefits listed below, the total amount payable under this policy for reimbursement of all expenses, which an Insured Person has incurred as the result of all Injuries caused by any one (1) Accident or as the result of any one (1) Sickness or Disease, will not exceed the Maximum Limit of Indemnity stated under Item 4 of the Master Application.

The following benefits are excluded from the Maximum Limit of Indemnity:

Evacuation Benefit
Repatriation Benefit

Family Transportation and Accommodation Benefit

Deductible

The deductible amount indicated under Item 3 of the Master Application applies to all benefits payable under the section entitled "Medical Reimbursement Expense Benefit" as a result of any one (1) Accident, Sickness or Disease.

Reimbursement of insured expenses commences following satisfaction of the deductible amount, if any.

Coinsurance

The coinsurance percentage indicated under Item 3 of the Master Application applies to all benefits payable under the section entitled "Medical Reimbursement Expense Benefit" as a result of any one (1) Accident, Sickness or Disease.

Reimbursement of insured expenses will be made at the percentage indicated, following satisfaction of the deductible, if any.

Recurrent Injury, Sickness or Disease

If an Injury, Sickness or Disease causes the Insured Person to incur eligible expenses, following which a continuous period of six (6) or more months elapses during which the same Injury, Sickness or Disease does not cause the Insured Person to incur any eligible expenses and does not require any treatment of the Insured Person by a Physician, the Insured Person will be deemed to have recovered from the Injury, Sickness or Disease at the end of the period of six (6) or more months. Thereafter, a subsequent recurrence of the Injury, Sickness or Disease, which causes the Insured Person to incur eligible expenses will be deemed to be a different Injury, Sickness or Disease to which the full Maximum Limit of Indemnity will be applicable without any reduction or variation by reason of eligible expenses incurred as a result of the Injury, Sickness or Disease from which the Insured Person was deemed to have recovered.

Indemnity Payments

Unless otherwise indicated all benefits will be paid to or at the direction of the Insured Person. Accrued benefits, if any, unpaid at the time of the Insured Person's death will be paid to his estate.

Effective Date of Individual Insurance

Insurance as to a person qualifying under Item 2 of the Master Application will become effective as stated under Item 8 of the Master Application.

Individual Terminations

Insurance provided under this policy will immediately terminate on the earliest of the following dates:

1. on the date this policy is terminated;
2. on the premium due date if the Policyholder fails to pay the required premium for the Insured Person;
3. on the date the Insured Person reaches sixty five (65) years of age;
4. on the date the Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder;
5. on the date the Insured Person becomes eligible under either a Canadian federal and/or provincial health and hospitalization insurance plan;
6. on the date the Insured Person departs from Canada, except under "Exclusions and Limitations" item C.

Termination of the insurance of any Insured Person will not prejudice consideration of any claim submitted within ninety (90) days of such termination as a result of Injury, Sickness or Disease which occurred prior to such termination. In the event the Insured Person is hospitalized as a result of Injury, Sickness or Disease prior to the termination of insurance, benefits will be paid provided treatment is continuous for such Injury, Sickness or Disease, subject to the terms and provisions of this policy in effect as of the date of the termination of insurance. However, benefits will not be payable for any expenses incurred after the Insured Person is no longer confined as an inpatient in a Hospital or twelve (12) months from the first day of hospitalization, whichever occurs first.

Continuation of Coverage

Coverage under this policy may be continued for an Insured Person without payment of premium in the event the Insured Person is delayed beyond his termination date of insurance as follows:

1. If the Insured Person is returning to his country of origin and the delay is caused by a mechanical breakdown of the conveyance in which he is travelling or scheduled to travel, a traffic accident or inclement weather, coverage will continue up to seventy-two (72) hours from the date his insurance would have terminated.
2. If, as a result of Injury, Sickness or Disease, the Insured Person is confined as an inpatient in a Hospital, coverage will continue up to seventy-two (72) hours from the date of discharge from such Hospital.
3. If, as a result of Injury, Sickness or Disease, the Insured Person is not confined in a hospital but the attending Physician certifies that his medical condition prevents him from returning to his country of origin, coverage will continue up to a maximum of ten (10) days from the date his insurance would have terminated.

The coverage which is continued under this section will be subject to the terms and provisions of this policy in effect as of the date the Insured Person's insurance would have terminated including any provisions providing for reductions in amounts of insurance.

Exclusions and Limitations

- A. This policy does not cover loss (fatal or non-fatal), or expenses caused by or resulting from:
 1. suicide or intentionally self-inflicted Injury;
 2. war, whether declared or not;
 3. perpetration of acts of terrorism or 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. pregnancy or childbirth, except complications of pregnancy which will be treated as any other Sickness;
6. a trip outside of Canada undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation;
7. any condition for which the Insured Person received medical advice, consultation or treatment within six (6) months prior to the effective date of his insurance, with the exception of a chronic condition which is under treatment and stabilized by the regular use of prescribed medication;

"Chronic condition" means a disease or disorder which has existed for a minimum of six (6) months.

"Stabilized" means that there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of six (6) months.

This exclusion will no longer apply if the Insured Person who has a pre-existing condition has received no medical advice, consultation or treatment for such condition or he has not been injured or sick as a result of such condition during the first six (6) months of his coverage.

This exclusion only applies to claims exceeding four thousand dollars (\$4,000).

8. participation in any professional athletics; or
 9. participation in acrobatic or stunt flying, mountaineering, hang gliding, scuba diving, any racing or speed contests.
- B. This policy does not cover any of the following supplies or services or costs thereof:
1. expenses paid or payable under any government/group hospital, medical, dental or health care

plan, or expenses for which insurance is prohibited by law;

2. medical examinations for the use of a third (3rd) party, cosmetic surgery and dental services other than those required as a result of an Accident;
 3. charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, contraceptives of any type or form and patent medicines;
 4. charges for any experimental medical treatments;
 5. services for which no charge would ordinarily be made if there was no insurance coverage;
 6. expenses incurred for eyeglasses, contact lenses and hearing aids;
 7. treatments, consultations and drugs related to infertility; or
 8. expenses incurred outside of Canada.
- C. In consultation with the attending Physician, the Insurer may at its discretion return an Insured Person to his country of origin. On approval of the Insurer and AXA Assistance, this insurance covers on-going medical expenses the Insured Person incurred, resulting from an illness or Injury that occurred in Canada for up to ninety (90) days after the Insured Person has returned to this country of origin, up to a maximum amount payable of one thousand dollars (\$1,000) Canadian.

Non Duplication

Any benefits normally payable under any other insurance policy or plan that duplicate benefits payable under this policy will be co-ordinated with this policy to the extent that the aggregate reimbursement does not exceed the total expenses incurred.

The Insurer may, at its discretion, require from the Insured Person an assignment of all right of recovery against any other party for loss to the extent that payment is made hereunder.

General Provisions

Written notice of loss must be given to the Insurer within thirty (30) days after the date of such loss. Such notice given by or on behalf of the Insured Person, as the case may be, to the Insurer at its Head Office, 2020 University Street, Suite 1800, Montréal (Québec), H3A 2A5, or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed to be notice to the Insurer. Failure to give notice within the time provided in this policy will not invalidate any claim, if it is shown not to have been reasonably possible to give such notice during such time and that notice was given as soon as was reasonably possible, but in no event later than one (1) year after the date of the loss.

The Insurer, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss within thirty (30) days after the receipt of such notice.

Written proof of loss must be furnished to the Insurer within ninety (90) days after the date of such loss. Failure to furnish such proof within such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the loss.

The Insurer will have the right and opportunity to examine the person of the Insured Person when and so often as it may reasonably require during the pendency of claim hereunder.

All indemnities provided in this policy for loss will be paid immediately after receipt of due proof.

All moneys payable under this policy are payable in the lawful money of Canada.

The insurance of an Insured Person is non-assignable.

This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No statement made by the applicant for insurance will void the insurance or reduce benefits hereunder unless contained in a written application signed by the applicant. No agent has authority to change this policy or to waive any of its provisions. No change in this

policy will be valid unless approved by an officer of the Insurer and such approval be endorsed hereon or attached hereto.

All statements contained in any such application for insurance will be deemed representations and not warranties.

Legal action will not be taken to recover benefits under this policy until sixty (60) days after proof of loss has been submitted to the Insurer. Thereafter, the claimant will be limited to a one (1) year period [three (3) years in the province of Quebec] during which legal action may be taken.

If any time limitation specified in this policy for giving notice of claim, or submitting proof of loss, or undertaking legal action is less than that permitted by law of the province in which the Insured Person is residing at the time of loss, then the time limitation will not be less than that provided for by such provincial law.

This policy may be cancelled by the Policyholder by mailing to the Insurer written notice stating when thereafter such cancellation will be effective. This policy may be cancelled by the Insurer by mailing to the Policyholder at the address shown in this policy written notice stating when, not less than thirty (30) days thereafter, such cancellation will be effective. The mailing of such notice as aforesaid will be sufficient proof of notice and the effective date of cancellation stated in the notice will become the end of the policy period. Delivery of such written notice either by the Policyholder or by the Insurer will be equivalent to mailing.

The Insurer will be permitted to examine the Policyholder's records relating to this policy at any reasonable time, and from time to time until two (2) years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is the later.

This policy is non-participating and there will be no entitlement to a share in the surplus earnings of the Insurer.

IN WITNESS WHEREOF, SSQ Insurance Company Inc. has caused this policy to be signed by its Chief Executive Officer and Senior Vice-President; but the same will not be binding upon the Insurer unless countersigned by its duly authorized Policy Writer.

René Hamel *Bernard Tanguay*

René Hamel
Chief Executive Officer
President

Bernard Tanguay
Senior Vice-
President

Countersigned by *Margaret Repiso*

Policy Writer

Date August 9, 2013

AXA Assistance Canada Inc.
AXA Assistance Program

SSQ Insurance Company Inc., in cooperation with AXA Assistance Canada Inc. agrees to provide the Medical Assistance Program to persons insured (hereinafter referred to as Member) under **Policy #1P920** issued to:

DELTA PACIFIC BENEFIT BROKERS LTD.

The following Emergency services will be provided while the Member is travelling or stationed away from his normal place of Residence:

1. Referrals to physicians and health facilities.
2. Dispatch, if permissible by local laws, of replacement medication if lost, stolen or depleted
3. Medical monitoring and evaluation during treatment and ongoing updates to family and/or employer.
4. Arrangements for medical evacuation to the nearest facility capable of providing the required care.
5. Special assistance on medically supervised emergency transportation.
6. Handling arrangements in the event of the Member's death.
7. Emergency message transmission between the Member and his family and/or employer.
8. Assistance in replacing travel documents while travelling, i.e., passports, credit cards.
9. Contact information for embassies and consulates worldwide.
10. Arrangements for an initial legal consultation if the Member experiences a civil or criminal problem in a foreign country.
11. Emergency telephone translation services or referrals to interpreter services.
12. Assistance in making travel arrangements for a family member chosen by the Member to join the Member at the place where the Member is hospitalized.
13. Return to home travel arrangements for dependent children who are left unattended.
14. Assistance in replacing tickets, identification papers or other official documents in the event of loss, theft or early return.
15. Pre-trip information such as information on passports, visas, required vaccinations and any restrictions that apply to each country the Member is visiting.
16. Assistance in finding lost or stolen luggage.

If a Member becomes ill or injured, call AXA Assistance at one of the numbers shown on the Membership Card and be prepared to give the following information:

- the name of the person calling, telephone # and relationship to the Member.

- the Member's name, location, ID # and Policy # as shown on the Membership Card.
- the condition of the Member and nature of the Emergency.
- name, location and telephone # of hospital.
- name, location and telephone # of treating physician.

AXA Assistance will help the ill or injured Member to get the care needed. However, neither SSQ Insurance Company Inc. nor AXA Assistance will be responsible in any way for the availability, unavailability, quantity, quality or results of any medical services or treatment received or for the failure to obtain such services or treatment.

AXA Assistance must be notified within 48 hours of an Emergency, or when reasonably possible, following an Emergency. Claims may be reduced if contact is not made with AXA Assistance within 48 hours of admission to Hospital.

SSQ Insurance Company Inc. will provide each Insured Employee/Member with the Membership Card which shows the telephone #s to call. The service is available 24 hours a day, 365 days a year for any medical, travel or personal Emergency.

This service is available provided **Policy #1P920** remains in force with SSQ Insurance Company Inc.



SSQ Insurance Company Inc.

August 9, 2013

Date

**This program does not form part
of the contract with SSQ Insurance
Company Inc.**