

PICKLEBALL CANADA ORGANIZATION AND ITS MEMBERS
 (The Policyholder)

**Policy No. 100012610 issued by iA Special Markets,
 a division of Industrial Alliance Insurance and Financial Services Inc.**

Sports Accident Insurance Plan Summary

ELIGIBILITY

Insured Persons are participants of the Policyholder.

COVERAGE

Any Accident resulting in: death, dismemberment, loss of sight or hearing, or paralysis while:

- (a) participating as an Insured Person of the Policyholder in approved and supervised practice or competition of the sport of pickleball; or
- (b) being transported with other Insured Persons directly to or from such practice or competition under supervision of a proper authority of the Policyholder.

BENEFITS

Accidental Death, Dismemberment and Specific Loss Indemnity

The policy provides benefits for Injury resulting in Loss of, or **permanent and total Loss of Use of**, which occurs within **12 months** after the date of the Accident as follows:

Life	\$10,000.00
Both Hands	\$20,000.00
Both Feet	\$20,000.00
Entire Sight of Both Eyes.....	\$20,000.00
One Hand and One Foot	\$20,000.00
One Hand and Entire Sight of One Eye	\$20,000.00
One Foot and Entire Sight of One Eye.....	\$20,000.00
Speech and Hearing in Both Ears.....	\$20,000.00
One Arm.....	\$15,000.00
One Leg	\$15,000.00
One Hand.....	\$13,333.33
One Foot.....	\$13,333.33
Entire Sight of One Eye	\$13,333.33
Speech or Hearing in Both Ears	\$13,333.33
Thumb and Index Finger of Either Hand.....	\$ 6,666.67
Four Fingers of Either Hand	\$ 6,666.67
Hearing in One Ear.....	\$ 3,333.33
All Toes of One Foot	\$ 2,500.00

Paralysis Benefits

Quadriplegia (complete paralysis of both upper and lower limbs).....	\$20,000.00
Paraplegia (complete paralysis of both lower limbs)	\$20,000.00
Hemiplegia (complete paralysis of upper and lower limbs of one side of body).....	\$20,000.00

Indemnity provided under this part for all losses sustained by an Insured Person as the result of any one Accident will not exceed, with the exception of Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum, and with respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum or the Principal Sum if loss of life occurs within 90 days after the date of the Accident.

In no event will indemnity payable for all losses under this part exceed, in the aggregate, two times the Principal Sum as the result of the same Accident.

BENEFITS (Continued...)

Accidental Death, Dismemberment and Specific Loss Indemnity (Continued...)

“Accident” or “Accidental” whenever used in the policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while the policy is in force and be the basis of claim.

“Injury” whenever used in the policy means bodily injury caused by an Accident occurring while the 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 the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

“Loss” whenever used in the policy with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

“Loss of Use” whenever used in the policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the Accident.

Accidental Dental Reimbursement Benefit

Reimbursement for reasonable and customary treatment by a licensed dentist or dental surgeon if required within 30 days of an Accident due to Injury to whole or sound teeth caused by a force or blow external to the mouth, subject to a maximum of \$5,000.00. Capped or crowned teeth are considered whole or sound.

Accidental Medical Reimbursement Benefit

Reimbursement for expenses incurred as the result of an Accident that are not covered under provincial health care such as expenses for a nurse; licensed ambulance; hospital charges in excess of standard ward accommodations; prescription drugs, rental of crutches and appliances, etc., subject to a maximum of \$10,000.00.

Dentures or Bridgework Benefit

Reimbursement for reasonable and customary treatment by a licensed dentist or dental surgeon if required within 30 days of an Accident for the repair or replacement of existing removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth, subject to a maximum of \$200.00.

Sports Accident Insurance Plan Summary (Continued...)

BENEFITS (Continued...)

Emergency Transportation Benefit

Payable for expenses to transport the Insured Person by private vehicle/taxi from the location of the Accident to a physician's office or the nearest hospital, including return to the Insured Person's residence, when Injury requires immediate medical attention but does not necessitate an ambulance, subject to a maximum of \$50.00.

Eyeglasses or Contact Lenses Benefit

Payable as the result of Injury which requires and receives treatment by a physician and results in the purchase of eyeglasses or contact lenses within 12 months from the date of the Accident when none of which were previously required or worn, subject to a maximum of \$100.00.

Fracture, Dislocation, Tendon Severance and Miscellaneous Indemnity

Payable as the result of an Injury which requires medical or surgical treatment and results in a covered fracture, dislocation, tendon severance or other condition, subject to a maximum of \$1,000.00.

Out of Province – Excess Surgical and Medical Accident Benefits

When Injury is sustained by an Insured Person outside their province of Residence but inside Canada and within 30 days from the date of the Accident necessitates the services of a Physician, osteopath or chiropractor, the Company will pay the additional expenses actually incurred for services such as surgical operations, hospital expenses, x-rays, laboratory services or anesthetist fees subject to a maximum of \$10,000.00 excess of the benefits available under any Canadian federal or provincial hospital and/or medical plan regardless of whether or not the Insured Person is enrolled in such a plan.

Permanent Total Disability

Payable for total and permanent disability due to Injury that commences within 12 months from the date of the Accident, up to \$20,000.00. "Total disability" means disability that is total, continuous for a period of 12 months and permanent at the end of such period, and prevents an Insured Person who is 18 years of age or over from engaging in any and every occupation or employment for compensation or profit. Benefits payable under this part will be reduced by any amount paid or payable under "Accidental Death, Dismemberment and Specific Loss Indemnity" as the result of the same Accident.

Private Tuition Expense

Payable for expenses of a qualified teacher including labor charges, wiring and rental of equipment to provide tutorial services from the school to the residence or hospital where the Insured Person is disabled and totally confined, subject to a maximum of \$2,000.00. Confinement must begin within 100 days from the date of the Accident and continue for a period in excess of 40 consecutive school days.

Prosthetic Appliances Benefit

Reimbursement for the reasonable expenses actually incurred for the purchase of a hearing aid, artificial limb, eye, or any other prosthetic appliance prescribed by a physician as a result of a covered loss within 12 months of the date of the Accident, subject to a maximum of \$3,000.00.

BENEFITS (Continued...)

Rehabilitation Benefit

Payable as the result of an Accident for training to engage in a special occupation which would not have been engaged except for the Injury. Benefit is payable within two years of the Accident and is subject to a maximum of \$3,000.00.

Special Treatment Travel Benefit

If Injury requires medical treatment within 30 days from the date of the Accident and the Insured Person is referred by a physician to a medical specialist located at least 150 kilometers from the Insured Person's residence, the insurer will pay reasonable travel expenses incurred within 12 months of the date of the Accident, subject to a maximum of \$1,000.00.

EXCLUSIONS

Cover does not apply to any loss caused or contributed to by:

- declared or undeclared war or any act of war;
- suicide or self-destruction, while sane or insane;
- flying as a pilot or crew member in any aircraft;
- flying in owned, operated, leased or chartered aircraft of the Policyholder;
- participation in any sport providing a major portion of income;
- sickness or disease, either as a cause or effect.

The following expenses are excluded:

- repair or replacement of eyeglasses or contact lenses or prescriptions therefor, except as provided in the part titled "Eyeglasses or Contact Lenses Benefit";
- the services of a masseur;
- x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided;
- experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada or patent medicines;
- experimental medical treatments;
- a brace or similar device used for non-therapeutic purposes or solely for participating in sports or other leisure activities;
- medical services rendered by nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder;
- expenses incurred by an Insured Person which are insured services or basic health services under the medical care or hospital plan of the province in which the Insured Person is resident, whether or not the Insured Person is covered thereunder.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

This summary is for information purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with the Policyholder.

Sports Accident Insurance Plan Summary (Continued...)

EXPOSURE AND DISAPPEARANCE

If due to Accident the Insured Person is unavoidably exposed to the elements and such exposure, within 12 months of the date of the Accident, results in a loss for which indemnity would otherwise have been payable under the policy, such loss will be deemed to be the result of Injury.

Where, due to the Accidental wrecking, sinking or disappearance of a conveyance in which the Insured Person was riding, the Insured Person disappears, and if the body is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that the Insured Person suffered loss of life as a result of Injury.

BENEFICIARY

In the event the Insured Person is a minor, all indemnities payable will be payable to the custodial guardian, parent or, if there is none, to the legally appointed guardian of the Insured Person.

If the Insured Person is not a minor, Accidental loss of life benefits will be paid in accordance with the beneficiary designation in effect at the time of payment. If there is no designation, the insurer will pay to the estate of the Insured Person. All other benefits will be paid to the Insured Person.

TERMINATION OF INSURANCE

Insurance will immediately terminate on the earliest of the following dates:

- (a) the date the policy is terminated;
- (b) the premium due date if the Policyholder fails to remit the required premium to the insurer, except as the result of an inadvertent error;
- (c) the date an Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance.

A.D.&D. CLAIMS PROCEDURES

Written notice of claim is to be given to the insurer within a period of 30 days from the date of the Accident. Claim forms are available from the plan administrator or from the insurer at (800) 266-5667. The insurer reserves the right to request additional information when processing the claim. Completed claim forms must be filed with the insurer within 90 days after the date of the Injury and no later than one year regardless of whether the full extent of loss is known.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

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