



1225 St-Charles Street West, suite 200
Longueuil QC J4K 0B9

Master Application

Application to SSQ Life Insurance Company Inc.
Attached to and Made Part of Policy #1RN65

Application is hereby made for a policy of group insurance based on the following statements and representations:

Coinurance: 100,0%

1. Name of Policyholder:

M KIRSCH FINANCIAL SERVICES

Address: c/o CANADIAN ATHLETE
INSURANCE PROGRAM (CAIP)
640 Lakeshore Drive, Suite 100
Dorval (Québec)
H9S 2B6

4. Maximum Limit of Indemnity applicable to:

Medical Reimbursement Expense Benefit

\$1,000,000

2. Description of Eligible Persons:

All athletes, coaches, managers and officials who are members in good standing of a sport governing body and who is covered under a Canadian federal and/or provincial health and hospitalization insurance plan.

5. Premium Rates:

Per Trip Coverage:

\$60 per eligible Member for trips of 7 days or less. \$8 per eligible Member for each additional day.

Annual Coverage:

Trips of 30 consecutive days maximum:

\$315 per year per eligible Member.

Trips of 60 consecutive days maximum:

\$525 per year per eligible Member.

Trips of 90 consecutive days maximum:

\$870 per year per eligible Member.

Provincial sales tax on insurance premium must be added.

3. Coverage:

Medical Reimbursement
Expense Benefit: \$1,000,000

Emergency Dental
Treatment Benefit: \$3,000

Evacuation Benefit: \$50,000

Repatriation Benefit: \$25,000

Family Transportation &
Accommodation Benefit: \$15,000

Deductible: NIL

6. Premium Calculation:

Multiply the number of eligible Members, who become insured or renew their insurance during each month, by the rate stated in Item 5 of this Master Application.

7. Premium Due Date and Payment:

Premium is due on the 1st of each month and payable monthly in arrears, within 60 days after the termination of the period for which it applies.

In the event of any change or administrative error affecting premiums, an equitable adjustment in premiums will be made on the Premium Due Date next following the date of such change or the discovery of such error.

8. Effective Date of Individual Insurance:

Insurance as to each eligible person becomes effective:

With respect to a Member who applies for insurance:

- a) on or before the Effective Date of the Policy, on the Effective Date of the Policy.
- b) after the Effective Date of the Policy, on the date the application is received by the Policyholder.

Application for coverage with respect to any Trip has to be received by the Policyholder prior to departure.

9. Effective Date of the Policy:

12:01 a.m., Standard Time, June 1st, 2025 at the address of the Policyholder. This policy replaces the policy bearing the same which was issued effective June 15th, 2017.

10. Anniversary Date of the Policy:

12:01 a.m., Standard Time, June 1st, 2026 at the address of the Policyholder and 12:01 a.m., Standard Time, June 1st of each subsequent year.

Signed for the Policyholder by:

Title: _____

Date: _____



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Policy #1RN65

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 Life Insurance Company Inc. (hereinafter called the "Insurer") agrees with:

M KIRSCH FINANCIAL SERVICES

(Hereinafter called the "Policyholder")

to insure eligible members of the Policyholder (hereinafter individually called the "Insured Person") for whom application is made, for loss resulting from Injury or Sickness 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 athlete, coach, manager and official whose names are on record

with the Insurer and who are members in good standing of a sport governing body and who is covered under a Canadian Federal and/or provincial health and hospitalization insurance plan.

"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 during the course of a Trip.

"Sickness" means sickness or disease 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 during the course of a Trip.

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

"Trip" means travel, undertaken by the Insured Person, which commences on the date of departure from the Insured Person's province of Residence and continues until the return date to his province of Residence.

With respect to the Per Trip Coverage, the Trip is limited to the dates for which coverage has been bought.

With respect to the Annual Coverage, the Trip is subject to the maximum duration granted by the chosen option for which premium has been paid.

"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, Physicians and Nurses will not exclude a Member of the Immediate Family.

"Physician" means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) 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 a Member of the Immediate Family.

"Member of the Immediate Family" 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 relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Travelling Companion" means a person who is sharing the same booked accommodation with the Insured Person.

"Emergency" means unexpected and not pre-planned.

"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 or truck which is under five thousand kilograms (5,000 kg) gross vehicle weight.

The word "province" will be construed as territory when either the Insured Person's Residence is located or the treatment is rendered in a territory in Canada.

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

When by reason of Injury or Sickness, 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, up to and including the semi-private accommodation level, subject to a maximum duration of twelve (12) months;
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;
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;
5. expenses charged for the services of a duly licensed or duly registered 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 a Member of the Immediate Family, subject to a maximum of \$ 1,000 per accident or Sickness;
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 \$5,000 per accident or Sickness;
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,;
 - d) rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints);
 - e) rental of a wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment;
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 practitioners, provided such practitioner is duly licensed or duly registered where required, and does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family, subject to a maximum of \$ 450 per specialty per accident or Sickness (such services do not require the recommendation of a Physician except as indicated below):
 - a) accupuncturist
 - b) osteopath
 - c) chiropodist or podiatrist
 - d) naturopath
 - e) speech therapist
 - f) psychologist
 - g) chiropractor
 - h) massage therapist, on the recommendation of a Physician

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 per accident or Sickness.

Emergency 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, but not to exceed in the aggregate the amount of Emergency Dental Treatment stated under Item 3 of the Master Application as a result of any one (1) 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 or Sickness, 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 or Sickness 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 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 for further treatment or to recover.
3. transportation to the Insured Person's province of Residence 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) Member of the Immediate Family, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board. All covered expenses incurred by the medical attendant or Member of the Immediate Family are subject to a maximum amount of \$15,000.

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 or Sickness.

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

Repatriation Benefit

If, as the result of Injury or Sickness, loss of life is sustained by an Insured Person not less than fifty (50) kilometres from the Insured Person's normal place of Residence, 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 of the deceased, 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

If, as the result of Injury or Sickness, an Insured Person sustains loss of life or 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:

1. any other Insured Persons or Travelling Companion who remained with such Insured Person during his hospitalization, thus preventing them from returning to their province of Residence on the original scheduled return date, provided the return Fare is non-changeable and non-refundable, for their board, Accommodation and transportation by the most direct route back to their normal place of

Residence, subject to the cost of one (1) way Fare; or

2. a Member of the Immediate Family for board, Accommodation and one (1) return Fare for transportation by the most direct route to and from the normal place of residence of the Member of the Immediate Family to the confined Insured Person, 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 the 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 \$ 0.20 per kilometre travelled.

Expenses for board and Accommodation will be paid at \$ 50 per day, subject to the following maximum duration:

1. if the Insured Person is confined in a Hospital and whether or not loss of life occurs, the total number of days of hospitalization, up to a maximum of twenty (20) consecutive days; or
2. if the Insured Person sustains loss of life, up to a maximum of five (5) consecutive days.

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 or Sickness.

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, 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:

Emergency Dental Treatment Benefit
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 or Sickness.

Reimbursement of insured expenses commences following accumulation of the deductible amount.

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 or Sickness.

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

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 take effect as indicated in Item 8 of the Master Application.

Individual Terminations

The insurance of an Insured Person 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, except as the result of an inadvertent error;
3. on the date the Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

In the event an Insured Person becomes ineligible during a Trip, insurance will terminate on the earliest of the date he returns to his province of Residence or the maximum duration as stated in the definition of "Trip" following the date of departure from such province.

Termination of the insurance of any Insured Person will not prejudice consideration of any claim as a result of Injury or Sickness which occurred prior to such termination. In the event the Insured Person is hospitalized as a result of Injury or Sickness prior to the termination of insurance, benefits will be paid provided treatment is continuous for such Injury or Sickness, subject to the terms and provisions of this policy in effect as of the date of the termination of insurance. However, no benefits will be payable under the sections entitled "Medical Reimbursement Expense Benefit" and "Emergency Dental Treatment Benefit" for 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 province of Residence and the delay is caused

by a mechanical breakdown of the conveyance in which he is traveling 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 or Sickness, 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 or Sickness, the Insured Person is not confined in a hospital but the attending Physician certifies that his medical condition prevents him from returning to his province of Residence, 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's 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, caused by or resulting from:
 1. suicide or intentionally self-inflicted Injury, including any attempt at either while sane or insane;
 2. declared or undeclared war or any acts thereof; perpetration of acts of terrorism; participation in a riot, insurrection or civil commotion;
 3. active full-time service in the armed forces of any country;
 4. pregnancy, childbirth, except complications thereof which will be treated as any other Sickness;
 5. a Trip undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation;

6. participation in acrobatic or stunt flying, mountaineering, hand gliding, scuba diving, any motorized racing or speed contests. Racing or speed contests except if such activity is for the purpose of participating in a practice session or recognized competition and with the prior approval and under the supervision of the Sport Governing Body; or
- B. This policy does not cover any of the following supplies or services or costs thereof:
1. expenses covered under any government hospital, medical, dental or health care insurance plan, whether payable or not, 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, oral contraceptives 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 treatment or surgery which medically could be delayed until the Insured Person has returned to his province of Residence; or
 7. medical expenses for treatment or surgery which the Insured Person elects to have rendered or performed outside his province of Residence, following Emergency treatment for or diagnosis of a medical condition which (on medical evidence) would not prevent the Insured Person from returning to his province of Residence prior to such treatment or surgery.
8. expenses incurred in a location for which the Government of Canada issued an advisory to avoid all travel as well as expenses incurred during cruise ship travel while the Government of Canada issued an advisory to avoid all cruise ship travel. If the Insured Person is already present at the location in question or on a cruise ship at the time the advisory is issued, they must comply with the advisory within 14 days following its issuance. If the Insured Person does not comply with the advisory within 14 days following its issuance, no expenses incurred by the Insured Person will be eligible after this deadline.
- C. The following limitations to the coverage provided under this policy will apply:
1. Coverage for each Trip begins when an Insured Person leaves the border of his province of Residence or if travelling by aircraft, when such aircraft takes off in his province of Residence, provided insurance is in force as to such Insured Person in accordance with Item 8 of the Master Application.

Coverage for each Trip terminates when an Insured Person crosses the border of his province of Residence when returning from a Trip or if travelling by aircraft, when such aircraft lands in his province of Residence or on the date the maximum duration of Trip as per chosen option is attained, whichever is earlier.
 2. All expenses must be incurred on a non-elective Emergency basis outside the Insured Person's province of Residence and are in excess of expenses payable under any individual, group or government sponsored hospital or medical insurance plan.
 3. In consultation with the attending Physician, the Insurer reserves the right to transfer an Insured Person to another Hospital or to return an Insured Person to his province of Residence for necessary

treatment. In the event the Insured Person refuses to comply, the Insurer will no longer be liable for further expenses incurred, which are relating to the condition causing the treatment, after the proposed transfer date.

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, 1225 Saint-Charles Street West, Suite 200, Longueuil (Québec) J4K 0B9 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.

AXA Assistance Canada Inc.
AXA Assistance Program

SSQ Life 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 #1RN65** issued to:

M KIRSCH FINANCIAL SERVICES

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 Life 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 Life 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 # 1RN65** remains in force with SSQ Life Insurance Company Inc.

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