

INSURED:
ALBERTA MOTOR ASSOCIATION

ADMINISTRATION CENTRE

10310 G.A. MacDonald (39A) Ave.
Edmonton, Alberta T6J 6R7
Mail: Box 8180, Station South
Edmonton, Alberta T6H 5X9

GROUP ACCIDENT INSURANCE
UNDERWRITTEN BY



Alberta Motor Association
Insurance Company

11220 109 Street
Edmonton, Alberta T5G 2T6
Mail: Box 8180, Station South
Edmonton, Alberta T6H 5X9

EFFECTIVE OCTOBER 6, 2014

GROUP PERSONAL ACCIDENT INSURANCE CERTIFICATE

INSURING AGREEMENT

Alberta Motor Association Insurance Company, pursuant to Group Personal Accident Policy Number GAP #004, certifies that a Member in Good Standing with the Alberta Motor Association (herein called "AMA") is incurred under the Policy and that it will pay to the Member, subject to the limits, terms, conditions, definitions, provisions and exclusions of the Policy, the amounts specified in the Schedule of Benefits for loss of life or Injuries resulting, directly and independently of all other causes, from accidental death or accidental Injuries which arise out of the events or activities set out in the Description of Coverage.

DEFINITIONS

"Dependent" means:

- (a) the Member's unmarried children including legally adopted children and stepchildren, who are over the age of 13 days and under the age of 18 years of age and who are dependent on the Member for the main part of their support and maintenance;
- (b) unmarried children who have passed their 18th birthday and are a full-time student at an accredited college or university. Such children will continue to be an eligible dependent up to their 25th birthday or the date they cease to be a full-time student, whichever occurs first.

"Good Standing" means an active membership with all membership fees paid.

"Group Insured Person" means a Member of AMA in Good Standing.

"Injuries" means loss of use of an appendage(s), or function of sight, speech and/or hearing in the combinations set out in the Schedule of Benefits.

"Insurer" means the Alberta Motor Association Insurance Company.

"Loss" of use of an appendage or sense or function means total and irrecoverable loss of use.

"Member" means primary and associate Members of AMA in Good Standing.

"Member Benefit" means the amounts specified in the Schedule of Benefits in Canadian dollars.

"Policy" means Group Personal Accident Insurance Policy Number GAP #004.

"Spouse" means the person to whom the Member is married or the adult interdependent partner of the Member. Adult interdependent partner means either of two persons who has:

- (a) lived with the other person in a relationship of interdependence
 - (i) for a continuous period of not less than three years, or
 - (ii) of some permanence, if there is a child of the relationship by birth or adoption, or
- (b) entered into an adult interdependent partner agreement with the other person in accordance with the Adult Interdependent Relationships Act.

DESCRIPTION OF COVERAGE

Coverage "A": Personal Transportation or as a Pedestrian – coverage for Loss of Life or Injuries exists while:

- 1. Driving, riding as a passenger in, boarding or alighting from any private passenger automobile, snowmobile, farm vehicle, recreational vehicle, bicycle while used for personal transportation, or other self-propelled land vehicle or watercraft used for pleasure purposes, provided that:
 - (a) any such self-propelled land vehicle, bicycle or watercraft is operated in strict compliance with any applicable licensing and registration laws and not being used in any off-road extreme sport; and
 - (b) the operator of such self-propelled land vehicle, bicycle or watercraft is by law, authorized and qualified to drive, and not engaged in a race, speed test or illicit or prohibited trade; and
- 2. Being struck while a pedestrian by any self-propelled land vehicle.

Coverage “B”: On a Scheduled Airline Flight or Common Carrier – coverage for Loss of Life or Injuries exists while travelling as a passenger on, or boarding or alighting from a:

1. Scheduled Airline Flight: any aircraft licensed to carry passengers and flown by a duly licensed pilot, but excluding any flight for any purpose other than the primary purpose of transportation of fare-paying passengers; and
2. Common Carrier: any licensed transportation used as a common carrier for passenger service such as a train, bus, taxi, ferry or ship;

but not while an operator or member of the crew riding in, boarding or alighting from any such Scheduled Airline Flight or Common Carrier.

SCHEDULE OF BENEFITS

If accidental death or accidental Injuries are suffered by a Member, Spouse or Dependent, which arise out of events or activities set out in the Description of Coverage, the Insurer will pay the Member Benefit specified below:

Loss of Life or Injuries	Insured		Spouse		Dependent	
	Coverage A	Coverage B	Coverage A	Coverage B	Coverage A	Coverage B
Loss of Life	\$5,000	\$10,000	\$2,500	\$5,000	\$500	\$1,000
Loss of use of both hands, both feet or both eyes	\$5,000	\$10,000	\$2,500	\$5,000	\$500	\$1,000
Loss of use of one hand and one foot	\$5,000	\$10,000	\$2,500	\$5,000	\$500	\$1,000
Loss of use of one hand and one eye or one foot and one eye	\$5,000	\$10,000	\$2,500	\$5,000	\$500	\$1,000
Loss of speech and hearing	\$5,000	\$10,000	\$2,500	\$5,000	\$500	\$1,000
Loss of use of one arm or one leg	\$3,750	\$7,500	\$1,875	\$3,750	\$375	\$750
Loss of use of one hand or one foot or one eye	\$3,330	\$6,660	\$1,665	\$3,330	\$333	\$666
Loss of speech or hearing	\$2,500	\$5,000	\$1,250	\$2,500	\$250	\$500

AGGREGATE LIMIT PER CLAIMANT

If the Member, Spouse or Dependent should sustain more than one of the Injuries described in the Schedule of Benefits as the result of any one event or activity, the Insurer will pay the amount stated for each Injury up to, but not exceeding in the aggregate, the amount payable for Loss of Life.

AGGREGATE LIMIT FOR MULTIPLE CLAIMANTS

The aggregate limit of liability of the Insurer, regardless of the number of claimants, arising from one event or activity is \$30,000,000.

EXCLUSIONS

The Policy does not cover any Loss of Life or Injuries partly, directly or indirectly caused by:

1. suicide or an attempt thereat while sane or insane;
2. intentional self-inflicted injury;
3. physical or mental infirmity;
4. insurrection or war, whether declared or not, or any related act, or participation in any riot or civil disorder;
5. terrorist activity of any kind or any related act or consequence, including the explosion of weapons of mass destruction, and/or the release of weapons of mass destruction, whether they involve an explosive sequence or not;

or while:

6. attempting or committing a criminal offence;
7. participating in any manoeuvres, training exercises, or service in the Canadian Forces or the Canadian Forces Reserves;
8. the operator of a self-propelled land vehicle, watercraft or bicycle or as a pedestrian while impaired by:
 - (a) any drugs, unless administered on the advice of a licensed physician;
 - (b) alcohol, when the alcohol concentration in the blood exceeds 80 milligrams of alcohol in 100 millilitres of blood; or
 - (c) any other illicit substance.

PROVISIONS

Term of Coverage

The coverage under the Policy begins at the date and time membership is issued by AMA, and ends at 12:01 a.m. on the day following the date of expiry or cancellation of the AMA membership, or until such time as the AMA and the Insurer agree to cease to offer the benefits in the Policy. The Insurer reserves the right to modify the Policy.

Beneficiary(ies)

The “Insured” may designate or change a “Beneficiary(ies)” upon written notice to us, subject to the laws of the Province of Alberta.

Payment in the Event of Loss of Life of the Insured

In the event of the death of the “Insured”, the “Benefit” payable will be paid to the person(s) designated as “Beneficiary” by the “Insured” and shown on our records.

If no “Beneficiary” has been designated, or if there is no surviving “Beneficiary(ies)” the “Benefit” will be paid to the estate of the “Insured”.

Limitation of Actions

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.

Examination of Policy

On request and reasonable notice, a Member or claimant under the contract can obtain a copy of the Group Personal Accident Insurance Policy for examination.

STATUTORY CONDITIONS

The Contract

The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Material Facts

No statement made by the insured or person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability .

Termination of Insurance

- (1) The contract may be terminated
 - (a) by the insurer giving to the insured 15 days’ notice of termination by registered mail or 5 days’ written notice of termination personally delivered, or
 - (b) by the insured at any time on request.
- (2) If the contract is terminated by the insurer,
 - (a) the insurer must refund the excess of premium actually paid by the insured over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the contract, and
 - (b) the refund must accompany the notice.
- (3) If the contract is terminated by the insured, the insurer must refund as soon as practicable the excess of premium actually paid by the insured over the short rate premium calculated to the date of receipt of the notice according to the table in use by the insurer at the time of termination.
- (4) The 15-day period referred to in subparagraph (1)(a) of this condition starts to run on the day the registered letter or notification of it is delivered to the insured’s postal address.

Notice of Proof and Claim

- (1) The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must
 - (a) give written notice of claim to the insurer
 - (i) by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the insurer in the province, or
 - (ii) by delivery of the notice to an authorized agent of the insurer in the province,
not later than 30 days from the date a claim arises under the contract on account of accidental death or accidental injury,
 - (b) within 90 days after the date a claim arises under the contract on account of accidental death or accidental injury, furnish to the insurer such proof as is reasonably possible in the circumstances of
 - (i) the happening of the accident or the start of the disability,
 - (ii) the loss caused by the accident,
 - (iii) the right of the claimant to receive payment,
 - (iv) the claimant's age, and
 - (v) if relevant, the beneficiary's age,
and
 - (c) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accidental death or accidental injury for which claim is made under the contract and, in the case of disability, its duration.
- (2) Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if
 - (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
 - (b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination

As a condition precedent to recovery of insurance money under the contract,

- (a) the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and
- (b) in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Money Payable Other Than for Loss of Time

All money payable under the contract, other than benefits for loss of time, must be paid by the insurer within 60 days after it has received proof of claim.

This certificate provides a summary of your coverage. All statements are subject to the terms, conditions and limitations contained in the Policy issued to the Alberta Motor Association by the Alberta Motor Association Insurance Company. Your personal information is protected in accordance with AMA's Privacy Policy.