



The Prowler

the news of the week
les nouvelles de la semaine



Sept 3, 2025

250-567-2267

<http://wlm.sd91.bc.ca>

Issue 01

Hadi, Bonjour and Hello,

Welcome back! It was wonderful to see everyone yesterday.

I'd like to say a special welcome to our new students and families including all our new Kindergarten students. We only have a few updates to our McLeod staff for 2025-2026. Ms. Amy Larson is our new custodian in the primary end. Amy was with us before COVID and we are thrilled to have her back. Mrs. Kari Ephrom is our new librarian. She will be with us Wednesday-Friday each week. We are also very happy that Ms. Lindsay (who is now Lindsay Blade) is back at the front office.

We are thrilled to host our Open House/Ice Cream Social this year on Thursday, September 11th from 6:00 to 7:30. After visiting classrooms, we invite you and your family to our gym where you can all enjoy an ice cream sundae and meet other McLeod families. We'd like to thank our PAC for hosting this event. If you can offer a bit of extra assistance to help us serve ice cream, please let me know as soon as possible. At 7:00 our PAC will be having their first meeting of the year in our TLC. We invite all parents to come out and join us.

There is nothing more important to us than keeping our McLeod family safe. For this reason, McLeod will be a NUT FREE school again this year. It is essential that we do our best to keep our students and staff with life-threatening allergies as safe as possible. No peanuts, Brazil nuts or hazelnuts (ie – Nutella) will be permitted in our building. If a student brings any food to school containing these ingredients, the item will be returned home to you. We also work with Public Health to ensure our staff are trained in the necessary procedures in the event of an anaphylactic reaction. THANK YOU for your kindness and caring as we look after our kids and adults.

McLeod is also a scent free environment. Many items such as perfumes, creams, deodorants, hair products and essential oils can result in strong reactions for our students and staff who have scent sensitivities or allergies. Thank you for helping to keep everyone comfortable by keeping scents out of our

school.

Each year we have a theme for the year. Last year our theme was "**Be a Bridge**". This year we are going to focus on the Communication Core Competency skills with "**COMMUNICATE TO CONNECT**." We will spend the next 10 months learning all about how to be a great communicator to be a great human.

This newsletter includes LOTS of information, and we hope you will take the time to check it all out. Please have a look at the:

- SD91 Violence Threat/Risk Assessment: Fair Notice and Process
- Parent Guide to Emergency Planning
- Registration Verification Form. Please read it over and make any changes about information for us. It is especially important that we have the correct contact information including emergency contact info. **Please return the Verification Form to your child's teacher as soon as possible.**

It is our goal to work together with you and the kids to help our McLeod students become adults who can take on the world. Please feel free to contact the school if you ever have any questions or concerns.

Proud to be McLeod

Ms. L. Hart

COMING SOON:

Sept 11: Ice Cream Social Open House—6-7:30

PAC Meeting—7:00

Sept 12: Fun Day

Sept 18: Crazy Hair Day

Sept 19: District Planning Day—**NO SCHOOL for Students**

Sept 25: Terry Fox Run



See the
whole
newsletter

SEPTEMBER MENU

Student's Name: _____

Teacher: _____

Total Amount: _____

If your child regularly receives a Hot Lunch, please check the menu for meals that they cannot or will not eat. Please provide a lunch for your child on those days. Thank you! **Cheques should be made payable to SD91**

Monday	Tuesday	Wednesday	Thursday	Friday
1 Labour Day	2 ½ day Dismissal at 12:00.	3 Spaghetti 	4 Ham and Cheese Bun 	5 Mac and Cheese 
8 Chili 	9 Pancakes and Eggs 	10 Fish Sticks 	11 Taco Wrap  <i>6:00-7:30 - Open House/Ice Cream Social</i> <i>7:00 PAC Meeting</i>	12 Grilled Cheese and Tomato Soup  Fun Day
15 Sausage and Eggs 	16 Perogy Casserole 	17 French Toast 	18 Butter Chicken Lasagna  Crazy Hair Day	19 DISTRICT PLANNING DAY (NO SCHOOL)
22 Chicken and Rice Casserole 	23 Beef Broccoli 	24 Breakfast Sandwiches 	25 National Quesadilla Day  Terry Fox Run	26 Chicken Caesar Wrap  Ultimate Frisbee Tournament
29 Cheese Tortellini in Alfredo Sauce 	30 School Honouring of National Day for Truth and Reconciliation (No School)			

Please have all after-school messages to the office by 2:45 to ensure that we have time to get the message to the students.

Thanks!

Lindsay

We would like to remind you that doors in our school are **locked** apart from the front door. Adults should **only** enter through the front door. Please **sign in and out** at the office. Please **do not go to classrooms** without permission from our office staff.

T-Shirt Tuesdays



Please wear your McLeod wardrobe every Tuesday. It's a great way to show your school spirit! Anything McLeod works. We love homemade stuff too!

MCLEOD IS

NOT FREE.



Thanks for keeping our McLeod family safe.

No peanuts, Brazil nuts and hazelnuts (including peanut butter and Nutella) PLEASE.



Please like our PAC Facebook page to stay up to date with what is going on in the school!

<https://www.facebook.com/WLMPAC>



Thank you for keeping McLeod scent free (including essential oils). We appreciate your support for our students



We are very proud that we offer additional support and connection for students of Indigenous ancestry at our school. In BC schools, students/families can self-identify as being of Aboriginal ancestry. There is no paperwork or "proof" required. Please contact Ms. Hart if you are interested in finding out more about this support at our school.

Please have all items you'd like to add to the newsletter to Ms. Lindsay by **noon** on Tuesday's. Any submissions after noon will be put in the following week's newsletter. Please email lswanson@sd91.bc.ca

Thank you

How do you solve a problem?

Use your **WITS!**

Walk Away
Ignore
Talk it Out
Seek Help

www.witsprogram.ca

Let's all use our WITS at home and at school



Please do not send bags of unpopped popcorn or the KD cups for lunches. It takes too long to cook in the microwave and we end up running out of time to eat. They also burn in the microwave too easily.

Thank you!



CHECK OUT OUR MCLEOD WEBSITE

School District No. 91 (Nechako Lakes) does not provide accident insurance coverage for student injuries that occur on school premises or during school activities. You may purchase coverage for your child at www.insuremykids.com or by calling toll free at 1-800-463-KIDS (5437)

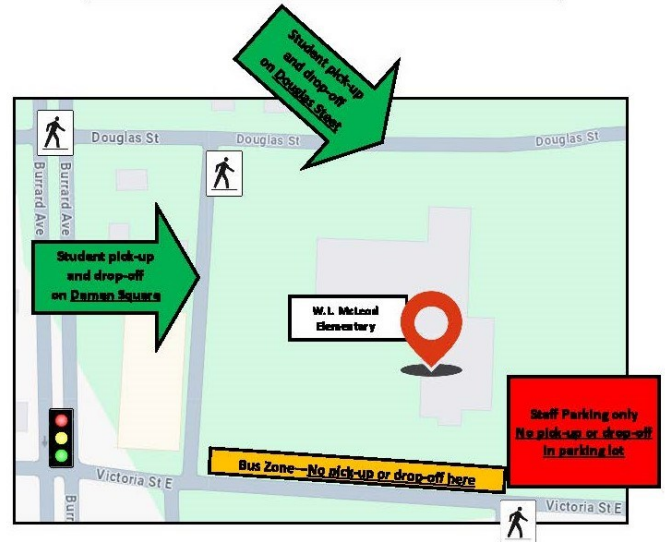
Knives in Schools

SD91 reminds families that knives are strictly prohibited at school and on school buses. We understand that many families in our region spend considerable time outdoors and often use these items. However, knives, including Leatherman tools, are not appropriate in a school setting at any time.

We ask that all caregivers and students check backpacks and jacket pockets, especially after camping, fishing, or hunting trips to ensure these items are not brought to school. The District Code of Conduct will be followed in these situations and appropriate consequences applied.

If you have any questions, please contact the school.

Student Pick-up & Drop-off at W.L. McLeod Elementary



Please help keep our students, caregivers, and staff safe. **NO drop off and pick up in the school bus zone (on either side of the street) or in our staff parking lot.** Please use Douglas Street and Damon Square as drop-off and pick up options.

TECHNOLOGY AND PERSONAL DIGITAL DEVICE USE

W. L. McLeod Elementary School

While using technology at McLeod, our school is a place where we:

- ask permission first
- only login, look at or delete our own files.
- use the technology only for the purpose we have been given.
- only use communication tools (e-mail, messenger, etc.) with the permission of a staff member.
- do not inappropriately communicate with others (cyber-bullying, making threats, etc.)
- never share personal information or arrange to meet with anyone.
- demonstrate respect for all W. L. McLeod hardware and software. Aligning with the SD91 Digital Technology, Consent and Privacy Policy and the Ministry of Education and Child Care requirements for cell phones and personal digital devices for elementary students:
- students in grades K to 3 are not to bring technology to school.
- personal digital devices must be powered off and safely stored during the entire school day unless for instructional purposes and to promote digital literacy, and only with the permission and direct supervision of a staff member.
- taking pictures, videotaping and recording is not allowed.
- the school takes no responsibility for lost, missing or damaged personal digital devices that students choose to bring to school.



Let's Communicate to Connect!



Talking, listening, and sharing
help us understand and care for one another.

- ★ What is Communication
- 👂 Skills of Listening and Speaking
- 🤝 Teamwork
- ❓ Asking questions
- 👍 Conflict resolution
- ❤️ Heart listening
- 🌱 Communication helps me regulate
- 🧠 Think, Speak, Reflect - our words affect others
- 🔔 Every voice matters including mine
- 🎉 Communication celebration



Presenting Partner



Support heart health with Jump Rope for Heart

Our school is participating in Jump Rope for Heart – a fundraiser that will encourage our students to get active, build healthy habits and give back.

Here's why we're participating

1. Money raised by our school helps Heart & Stroke drive important heart and brain research that will save lives, prevent heart disease and stroke and support families living with these conditions.
2. Jump is an inclusive event for all abilities to get kids moving and help them discover new and exciting ways to get active.
3. Students learn the EASY Healthy Habits that they can use to keep their hearts and brains healthy and help reduce their risk of developing heart disease and stroke later in life.
4. Jump gives back! Students can earn thank you gift cards from Indigo, Amazon or Walmart based on their fundraising level as a heartfelt thank you for their hard work.

How does Jump Rope for Heart work?

At school:

- Starting today, we'll be practicing some awesome skipping and heart-pumping activities!
- We'll be learning about Heart & Stroke's Easy Healthy Habits to keep our hearts and brains strong and healthy to help prevent heart disease and stroke
- It all leads up to our Jump Event Day, where we'll celebrate what we've learned and the funds we've raised with fun jump rope stations, games, activities, and more. It's going to be a blast!

At home:

- You can help support lifesaving research by collecting donations from family and friends.
- There is no cost to participate.
- Fundraising starts now until our Jump Event Day
- Jump Rope for Heart uses an online fundraising platform. To register, create a personalized fundraising page for your child using the link below. When you register, you'll also get:
 - o Helpful fundraising tips and ideas
 - o Information and tools about the EASY Healthy Habits
 - o Insights into Heart & Stroke's life-saving work

Our Jump Event Day is:

Thursday May 15, 2025

To learn more about Jump Rope for Heart visit jumpropeforheart.ca

Register Now!

[W L Mcleod Elementary - Vanderhoof](https://jumpropeforheart.ca/registration)

or visit jumpropeforheart.ca/registration and search for your school



**Insuremykids
Student Accident
Insurance is the key to
financially protecting
your family against the
unexpected expenses
you might face when
your child is injured.**



Purchase a Plan Today!

Visit insuremykids.com or call 1.800.463.5437

Who is Eligible?

Children are eligible for coverage if they are:

- a) more than 6 months old;
- b) less than 27 years old; and
- c) live in Canada, except the province of Quebec.

If a child is 14 years old or older at any time during the Coverage Period, they must be a full-time student within the 12 months prior to any claim. We define a full-time student as being enrolled in a minimum of 3 courses at the same time, during any 4-month period.

If you have children enrolled in different schools or school boards, they may all be insured under one policy.

**Full Year of
Coverage**



Protect your loved ones 24/7 with insuremykids®

Get the financial protection your family needs.

If your child is involved in an accident, whether at school or during non-school hours, insuremykids® protects your family from the resulting expenses, which are not normally covered under your government health and group insurance plans.

The Platinum Plan - our best selling plan - only \$33/year

For only \$33.00 a year, the Platinum Plan offers our best value in 24/7 accident insurance coverage. Plus, it is our only plan to offer out-of-province emergency medical coverage (up to \$200,000) plus other travel benefits.



How much of a difference can insuremykids® really make?

Example: A 15 year-old was playing soccer in gym class. The student suffered a knee injury and required medical treatment.

	Platinum Plan	Without insuremykids®
Annual Premium	\$33	\$0
Knee Brace	\$0	\$1,500
Crutches	\$0	\$35
Prescription Medication	\$0	\$36
Physiotherapy	\$0	\$400
Out of Pocket Expenses	\$33	\$1,971

Are you sure your child is covered?

Government health plans and employment plans offer limited coverage. We help to fill in the gaps.

Three Plans to Choose From!

Benefits* Include:

	Platinum Plan	Gold Plan	Silver Plan
	\$33/year	\$25/year	\$17/year
24 Hours/Day Coverage	✓	✓	✓
Out-of-Province Emergency Medical & Other Travel Benefits	\$200,000	n/a	n/a
Total & Permanent Disability**	\$350,000	\$150,000	\$75,000
Loss of Limb/Loss of Sight, Hearing or Speech**	\$150,000	\$150,000	\$75,000
Accidental Death	\$30,000	\$20,000	\$15,000
Unlimited Accidental Dental	10 years	10 years	10 years
Per Tooth After 10 Years	\$1,650	\$1,400	\$1,250

*Benefit limits vary based on plan chosen and the insured's age.

**Only one of these two benefits is payable per child in the event of an accident. For complete descriptions of benefits, benefit limits, conditions, limitations and exclusions, please view the policy online at www.insuremykids.com.



3-Year & 5-Year Plans

Save time and money! One quick purchase is all it takes to get multiple years of coverage!

Student Accident Insurance Application Form



Premium Summary

	Platinum Plan	Gold Plan	Silver Plan
1 Child	\$33	\$25	\$17
2 Children	\$66	\$50	\$34
3 or more Children	\$91	\$69	\$47

You can purchase online, by phone or by mail.
To purchase by mail: Complete this application form and mail it, along with your payment (no cash please), to:
Old Republic Insurance Company of Canada
c/o Insuremykids®
100 King St W. Suite 1100
Hamilton, ON L8P 1A2

To view our **insuremykids® Student Accident Policy**, visit www.insuremykids.com.
 How would you like your policy delivered?
 By Email By Mail

Premiums are one-time single annual rates. For quotes on our 3 and 5 year policies, please call us at 1.800.463.5437.

Automatic Enrollment Option - want to save time and ensure protection is in place each year. Select Yes to Automatic Enrollment located just above the payment section, and add your credit card information. Each year your child will be automatically enrolled and the applicable premium charged to your credit card on the expiry date. (auto-enrollment does not apply to 3 and 5 year plans)

Insurance begins on the date when we, Old Republic Insurance Company of Canada, or our authorized representative receive your completed application and the premium.

Name of Student(s) (please print clearly and list more names on separate sheet if needed)

First Name	Last Name	Date of Birth YYMMDD	Plan Type			School Name & School Board Name
			Platinum	Gold	Silver	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Parent/Guardian Name			Address		
<input type="text"/>			<input type="text"/>		
City	Province	Postal Code	Telephone Number		Email Address (please print clearly)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

Automatic Enrollment Option: 2 easy steps and your child is automatically enrolled each year (subject to eligibility).
 1. Select Yes below
 2. Provide your credit card information

The premium will be charged to your credit card automatically each year on the expiry date of your policy. To cancel, notify us anytime before the policy expiry date. No partial refunds for months or years.

Automatic Enrollment Option:: Yes No

TOTAL PREMIUM \$ <input type="text"/>	Credit Card Payment (if applicable)			
Please check off your method of payment below: <small>No cash please. Make all cheques payable to Old Republic Insurance Company of Canada</small>	Credit Card Holder Name <input type="text"/>			
<input type="checkbox"/> Cheque enclosed <input type="checkbox"/> Credit card payment	Credit Card Number <input type="text"/>	Expiry Date mm/yy <input type="text"/>		

Name _____ **Signature** _____ **Date** _____
(Please print)

Underwritten by Old Republic Insurance Company of Canada. | 100 King St W. Suite 1100 | Hamilton, ON L8P 1A2
 Please visit www.insuremykids.com for detailed information on coverages, conditions, limitations and exclusions.
 After purchase, if you are not satisfied with the insurance, you may return the policy within 10 days of receipt and receive a full refund.



2025/2026

Dear Parent or Guardian:

Re: Student Accident Insurance

Schools and school boards **do not** provide accident insurance coverage for student injuries that occur on school premises or during school activities. Accidents can and do happen. Some injuries incur medical, dental, or other expenses that are not covered by provincial health care or employer group plans. As a parent or guardian, you become responsible for these expenses.

Old Republic Insurance Company of Canada is proud to offer you Student Accident Insurance through the [Insuremykids®](#) program. Participation is voluntary but highly recommended, and costs are paid by the parent or guardian.

All rates are one-time annual premiums and offer the following value:

Silver Plan (basic coverage)	\$17/year
Gold Plan (essential coverage)	\$25/year
Platinum Plan (comprehensive coverage)	\$33/year

- It covers your child at school, away from school, at home, or on field trips
- It protects your child against accidents 24/7 for a full year
- You save money when you insure three (3) or more children in your family
- 1-year, 3-year, and 5-year plans available

Benefit limits vary based on the plan chosen and the insured's age.

The insurance agreement is between **you** and [Insuremykids®](#). If you wish to subscribe, please apply on-line at www.insuremykids.com or mail in a paper application.

Any questions should be directed to [Insuremykids®](#) toll free at 1-800-463-KIDS (5437).

Yours truly,

Original signed by

Darlene Turner
Secretary-Treasurer

Old Republic Insurance Company of Canada
insuremykids[®] STUDENT ACCIDENT INSURANCE

This document and the **confirmation of coverage** make up the **policy**. Take the time to read this document as it contains important information about the coverage. Bold words have a specific meaning which **we** define in Section I on page 6. If you have questions, please call **us** at 1-800-463-5437. **We** are happy to help.

A. 10 DAY FREE LOOK

The **policy** may be cancelled within 10 days of purchase for a full refund if there is no claim in process.

B. WHO IS ELIGIBLE FOR COVERAGE?

To be eligible for this coverage, the student must be:

- a) more than 6 months old; and
- b) less than 27 years old; and
- c) live in Canada, except in the province of Quebec.

If the student is 14 years old or more at any time during the Coverage Period, they must be a full-time student in the 12 months prior to a claim. Full-time student is defined as being enrolled in a minimum of 3 courses at the same time during any 4-month period.

C. COVERAGE PERIOD

Coverage under the **policy** begins on the later of:

- a) date and time when **we** or **our** authorized representative receive the completed application and the premium; or
- b) the date shown on the **confirmation of coverage**.

Coverage ends on the earlier of:

- a) the expiration date shown on the **confirmation of coverage**; or
- b) the date the **insured** is no longer eligible based on Section B.

The **policy** is in effect 24 hours a day, 7 days a week during the Coverage Period.

D. WHAT WE COVER

We provide the benefits described in the **policy** if the **insured** is **injured** due to an **accident** during the Coverage Period. The Critical Illness Benefit (see Benefit G5) applies whether or not an **accident** happens. The Travel Benefit (see Benefit G7) only applies if the **insured** is covered under the Platinum Plan and is 20 years old or less at the time of a claim. All the benefits are subject to the Exclusions in Section E, the Conditions and Limitations in Section F and the Exclusions Applicable to the Travel Benefit in Section H.

E. EXCLUSIONS

The **policy** does not cover:

1. Intentionally self-inflicted injuries;
2. **Sickness**, except under the Counselling Benefit (see Benefit G3), the Critical Illness Benefit (see Benefit G5) and Travel Benefit (see Benefit G7);
3. The purchase, repair or replacement of eyeglasses, contact lenses, orthotic devices, trusses, braces or prescription medication except as we describe in Section G;
4. Losses caused directly or indirectly, in whole or in part if the **insured**:
 - a) commits a crime or malicious act;
 - b) uses drugs, alcohol or medication.

In addition, exclusions that apply to the Travel Benefit (Benefit G7) under the Platinum Plan are in Section H.

F. CONDITIONS & LIMITATIONS

1. The **insured** can only be covered under one plan with **us**. Benefits will only be paid under one **policy**.
2. The benefits **we** pay under the **policy** are in excess of the **insured's** coverage from any other source.
3. Except for the "10 Day Free Look" under Section A, there are no premium refunds.
4. The **policy** only covers the **insured** if they attend school in Canada.
5. If the **insured** files a claim with **us**, **we** have the right to have a **physician** approved in **our** sole discretion examine them.
6. If the **insured** files a claim with **us**, **we** are automatically subrogated to their right to collect from third parties and can act on their behalf to enforce this right.
7. If the **insured** files a claim for similar benefits with **us** and another excess insurer, **we** coordinate the payment of benefits with the other insurer to settle the actual eligible loss.
8. If any material fact or circumstance relating to this policy has been concealed or misrepresented, the entire coverage will be void.
9. The **policy** is subject to the statutory conditions of the Insurance Act of the province or territory where the **insured** lives. If the **policy** and the Insurance Act disagree, the Insurance Act prevails.

G. BENEFITS**SCHEDULE OF MAXIMUM BENEFITS****BENEFIT SECTIONS****PLAN BENEFIT MAXIMUM**

		PLATINUM	GOLD	SILVER
1.	DEATH, DISABILITY, LOSS OF LIMB OR USE			
	Total and Permanent Disability	\$350,000	\$150,000	\$75,000
	Loss of Limb or Loss of Use	\$150,000	\$150,000	\$75,000
	Accidental Death	\$30,000	\$20,000	\$15,000
	Double Benefit for Accidental Death	\$60,000	\$40,000	\$30,000
2.	DENTAL TREATMENT			
	Treatment within 10 years of Accident	Dental Association Fee Guide	Dental Association Fee Guide	Dental Association Fee Guide
	Treatment after 10 years of Accident (per tooth)	\$1,650	\$1,400	\$1,250
	Implants (up to 2 implants per accident)	\$2,000	\$1,800	\$1,500
	Orthodontics	\$2,500	\$2,500	\$1,500
	Dentures and removable teeth	\$500	\$500	\$500
3.	MEDICAL TREATMENT AND TRANSPORTATION			
	Hospital room expense	Full Cost	Full Cost	Full Cost
	Ambulance	Full Cost	Full Cost	Full Cost
	Emergency taxi to nearest medical facility	\$350	\$350	\$350
	Paramedical	\$800	\$500	\$500
	Medical Devices	\$1,500	\$1,500	\$1,500
	Counselling	\$1,000	\$750	\$750
	Special Training	\$10,000	\$6,000	\$6,000
	Confinement	\$30,000	\$20,000	\$20,000
	Travel for Specialized Treatment	\$3,000	\$3,000	\$3,000
	Travel for Parent/Guardian	\$1,000	\$1,000	\$1,000
	Tutoring	\$6,000	\$6,000	\$6,000
4.	FRACTURE OR DISLOCATION			
	Skull (depressed), Spine (3 or more vertebrae)	\$1,000	\$750	\$750
	Skull (not depressed), Pelvis, Spine (1 or 2 vertebrae)	\$500	\$250	\$250
	Hip, Femur, Shoulder, Humerus, Scapula	\$300	\$200	\$200
	Collar bone (clavicle), Elbow, Knee Cap, Leg, Forearm, Hand, Wrist or Foot	\$250	\$150	\$150
	Jaw (except the alveolar process), Sacrum, Coccyx, Sternum, Two or more toes, fingers or ribs	\$200	\$150	\$150
	One toe, finger, rib or any bone not specified above	\$150	\$150	\$150
5.	CRITICAL ILLNESS			
	Nursing expenses	\$12,500	\$9,000	\$9,000
	Accommodations, meals, laundry, parking	\$3,000	\$3,000	\$3,000
6.	MEDICAL EQUIPMENT			
	Damage to eyeglasses and contact lenses	\$350	\$300	\$300
	Eyeglasses and contact lenses needed due to injury	Full Cost	Full Cost	Full Cost
	Purchase of Prosthetic Device or Hearing Aids	\$5,500	\$5,500	\$5,500
	Fix or Replace Prosthetic Device or Hearing Aids	\$500	\$300	\$300
	Special Clothing	\$400	\$400	\$400
7.	TRAVEL			
	Out of Province Emergency Medical Expenses	\$200,000	N/A	N/A
	Trip Cancellation	\$1,000	N/A	N/A
	Airflight Accidental Death	\$5,000	N/A	N/A
	Emergency Return Flight	\$1,000	N/A	N/A
	Repatriation or Burial	\$5,500	N/A	N/A

1. DEATH, DISABILITY, LOSS OF LIMB OR USE

a) Total and Permanent Disability

If the **insured** is **injured** due to an **accident** and is deemed **totally and permanently disabled** as a result of that **accident**, we will pay the benefit for the plan chosen one (1) year after the date of the **accident** and after a **physician** approved in the **company's** sole discretion confirms that the **insured** is **totally and permanently disabled** due to the **accident**. If other benefits have been paid under the **policy**, we will subtract the amount paid for other benefits from the Total and Permanent Disability Benefit. If the Total and Permanent Disability Benefit is paid, no further benefits are payable under the **policy**. If the **insured** dies within one (1) year after the **accident**, the Total and Permanent Disability Benefit is not payable. If the **insured** is 21 years old or more at the time of the **accident**, the Total and Permanent Disability Benefit payable is \$100,000 or the maximum benefit under the plan chosen, whichever is less.

b) Loss of Limb or Loss of Use

If the **insured** is **injured** due to an **accident** resulting in the loss of a limb, or loss of sight, hearing or speech within one (1) year, we pay the benefit described in the **TABLE OF INJURIES** subject to Conditions i) to v) below.

Conditions:

- i) If the **insured** has more than one **injury** from the same **accident**, we cover the one that pays the highest benefit only.
- ii) If the **insured** dies within 90 days of the **accident**, there is no coverage under this benefit.
- iii) If we pay other benefits under the **policy**, we subtract them from this benefit, except for prosthetic devices.
- iv) A **physician** approved in the **company's** sole discretion must confirm that the loss of sight, hearing or speech is permanent and continuous for at least one (1) year after the **accident**.
- v) If the **insured** is 21 years old or more at the time of the **accident**, we pay the maximum benefit under the plan chosen or \$100,000, whichever is less.

TABLE OF INJURIES

LOSS	PLATINUM	GOLD	SILVER
Both hands or both feet at or above the wrist or ankle	\$150,000	\$150,000	\$75,000
One hand and one foot at or above the wrist or ankle	\$150,000	\$150,000	\$75,000
One hand or one foot at or above the wrist or ankle and the sight of one eye	\$150,000	\$150,000	\$75,000
Sight in both eyes	\$150,000	\$150,000	\$75,000
One arm or one leg at or above the elbow or knee or the hearing in both ears or speech	\$45,000	\$45,000	\$22,500
One hand or one foot at or above the wrist or ankle, or the sight in one eye	\$30,000	\$30,000	\$15,000
Thumb and index finger at or above the knuckle (metacarpal-phalangeal joint)	\$15,000	\$15,000	\$7,500
Part or all of one or more fingers or toes	\$1,500	\$1,500	\$750

c) Accidental Death

If the **insured** is **injured** and dies due to an **accident**, we pay the death benefit for the plan chosen. Benefits are payable if death occurs within one (1) year of the **accident**. If the **insured** is 21 years old or more at the time of the **accident**, the maximum benefit is \$10,000.

d) Double Benefit for Accidental Death

If the **insured** is **injured** and dies due to an **accident** while riding in or getting in or out of a bus, streetcar, subway train or a vehicle owned or leased by a school, we pay double the Accidental Death Benefit listed above. Benefits are payable when death occurs within one (1) year of the **accident**. If the **insured** is 21 years old or more at the time of the **accident**, the maximum benefit is \$20,000.

2. DENTAL TREATMENT

If the **insured's** whole or sound teeth are **injured** due to an **accident** and the **insured** needs dental treatment within 60 days of the **accident**, we cover the cost. Also, if those whole or sound teeth need follow-up dental treatment, we cover the cost for 10 years following the **accident**.

If this is not enough time because the **insured's** teeth are still developing, then the attending **dentist** must contact us within 90 days after the **accident** and report why the treatment will take longer to complete. After 10 years, we cover up to the amount stated in the Schedule of Maximum Benefits.

If the **insured** needs orthodontic treatment due to the dental **injury**, we cover it up to the amount stated in the Schedule of Maximum Benefits. The same time periods as above apply.

If the **insured's** dentures or removable teeth are broken due to an **accident** and the **insured** needs treatment from a **physician** or **dentist** within 30 days of the **accident**, we cover the cost to fix or replace them up to the amount stated in the Schedule of Maximum Benefits.

Conditions:

- i) To evaluate a claim, **we** use the Dental Association's Fee Guide for General Practitioners that is in effect at the time and place where the **insured's dentist** provides treatment;
- ii) If the **insured** has capped or crowned teeth, **we** consider them to be whole and sound teeth;
- iii) If there is more than one treatment that is professionally acceptable, **we** cover the least expensive one only;
- iv) If the **insured** needs dental implants due to an **accident**, **we** cover up to 2 implants per **accident** and pay up to the maximum amount as stated in the Schedule of Maximum Benefits per implant.
- v) If the **insured** is 21 years old or more at the time of the **accident**, **we** cover up to one (1) year of dental work;
- vi) There is no coverage for routine dental visits or dental maintenance including but not limited to cleanings and fillings;
- vii) There is no coverage for artificial teeth or dentures except as specifically provided;
- viii) There is no coverage for cosmetic or aesthetic treatment.

3. MEDICAL TREATMENT AND TRANSPORTATION

a) Hospital Room Expense

If the **insured** is **injured** due to an **accident** and is admitted to a **hospital** in Canada for more than 24 continuous hours within 30 days of that **accident**, **we** cover the cost of a private or semi-private room for up to one (1) year. **We** also cover up to \$25 a day for television and Wi-Fi service. The **insured** must have Canadian government health insurance coverage to receive this benefit.

b) Emergency Transportation

If the **insured** is **injured** due to an **accident** and travels by ambulance to the nearest medical facility for help, **we** cover the cost. If the **insured** takes a taxi or another means of transport, **we** pay up to the amount stated in the Schedule of Maximum Benefits.

c) Paramedical

If the **insured** is **injured** due to an **accident**, and a legally qualified chiropractor, osteopath, physiotherapist, athletic therapist or registered nurse begins treating the **insured's injury** within 30 days, **we** pay up to a maximum of \$100 per visit up to the amount stated in the Schedule of Maximum Benefits for all providers. **We** do not cover massage therapy.

d) Medical Devices

If the **insured** is **injured** due to an **accident** and requires crutches, splints, an orthotic truss, a brace, prescription drugs, any type of cast or the rental of a wheelchair or hospital-type bed due to the **accident**, **we** cover up to the amount stated in the Schedule of Maximum Benefits. A splint, brace or orthotic device used for sports or non-therapeutic purposes is not covered.

e) Counselling

If the **insured** dies, loses a limb or the use of a limb, loses their sight, hearing or speech or are diagnosed with a Critical Illness and the **insured's physician** recommends counselling for the **insured**, the **insured's** parents, legal guardian and/or siblings, **we** cover up to the amount stated in the Schedule of Maximum Benefits for the services of a licensed psychologist.

f) Special Training

If the **insured** is **injured** due to an **accident** and needs special training to be employed, **we** provide coverage for up to 3 years after the **accident**. **We** cover up to the amount stated in the Schedule of Maximum Benefits, including \$150 a day hotel and meals if the training is located more than 160 km from where the **insured** lives.

g) Confinement

If the **insured** is **injured** due to an **accident** and is continuously confined to **hospital** or to the **insured's** home except for attending medical appointments, **we** pay \$750 per month under the Platinum Plan and \$500 per month under the Gold or Silver Plan. This benefit starts on the 31st day of continuous confinement under a **physician's** care and ends when the **insured's** continuous confinement ends or after 40 months, whichever comes first. **We** cover only one period of continuous confinement per **accident**.

h) Travel Expenses for Specialized Treatment

If the **insured** is **injured** due to an **accident** and within one (1) year needs specialized treatment that is located more than 160 km from where the **insured** lives, **we** cover their travel expenses up to the amount stated in the Schedule of Maximum Benefits. This benefit is limited to \$60 a day.

i) Travel Expenses for Parent/Legal Guardian

If the **insured** is a patient in a **hospital** due to an **accident** and the attending **physician** recommends that the **insured's** parent or legal guardian be with the **insured**, **we** cover the expense for them to travel on a common carrier up to the amount stated in the Schedule of Maximum Benefits.

j) Tutoring

If the **insured** is **injured** due to an **accident** and is continuously confined to **hospital** or to the **insured's** home under a **physician's** care for more than 30 days, **we** cover the cost of tutoring and equipment that the **insured** needs during the period of confinement up to the amount stated in the Schedule of Maximum Benefits. **We** pay up to \$30 an hour for up to 6 months for a teacher to tutor the **insured** and the cost to rent necessary equipment and software that the school board recommends.

4. FRACTURE OR DISLOCATION

If the **insured** is **injured** due to an **accident** and fractures or dislocates a body part, **we** pay the benefit that corresponds to the **injury** as shown in the Schedule of Maximum Benefits. If they have more than one **injury** from the same **accident**, **we** cover the one that pays the highest benefit only.

5. CRITICAL ILLNESS

If the **insured** is diagnosed for the first time with one of the following Critical Illnesses during the Coverage Period, **we** cover the cost of treatment and services listed below for up to 3 years from the **physician's** first diagnosis.

Critical Illnesses:

AIDS (Acquired Immune Deficiency Syndrome)	Leukaemia	Poliomyelitis
Cancer	Meningitis	Rabies
Cardiomyopathy	Multiple Sclerosis	Scarlet Fever
Diphtheria	Muscular Dystrophy	Tetanus
Encephalitis	Myocarditis	Tularaemia
Haemolytic Uremic Syndrome (Renal failure caused solely by E-coli bacterial infection)	Necrotizing Fasciitis	Typhoid

The following treatment and services are provided up to the amount stated in the Schedule of Maximum Benefits:

- a registered nurse;
- \$125 a day for hotel, meal, laundry and parking expenses related to the Critical Illness if the **physician** recommends that the **insured's** parent or legal guardian be with the **insured** while they are hospitalized.

6. MEDICAL EQUIPMENT

a) Eyeglasses and Contact Lenses

If the **insured** is **injured** due to an **accident** and needs treatment from a **physician** within 30 days because they:

- i) damage or break their eyeglasses or contact lenses; or
- ii) need eyeglasses or contact lenses for the first time

we pay up to the amount stated in the Schedule of Maximum Benefits to fix or replace them or to buy new ones. **We** do not cover the normal replacement of eyeglasses or contact lenses if a prescription changes or if they are lost.

b) Prosthetic Device and Hearing Aids

If the **insured** is **injured** due to an **accident** and a **physician** prescribes an artificial limb, artificial eye and/or hearing aid, **we** cover the purchase of the device within 3 years after the **accident**, up to the amount stated in the Schedule of Maximum Benefits. If the **insured** damages or breaks their artificial limb, artificial eye and/or hearing aid due to an **accident**, **we** cover up to the amount stated in the Schedule of Maximum Benefits to fix or replace it.

c) Special Clothing

If the **insured** is **injured** due to an **accident** and a **physician** recommends special protective clothing, **we** cover the cost up to the amount stated in the Schedule of Maximum Benefits.

7. TRAVEL (PLATINUM PLAN ONLY IF THE INSURED IS 20 YEARS OLD OR LESS AT THE TIME OF A CLAIM)

a) Out-of-Province Emergency Medical Expenses

If the **insured** travels during the Coverage Period and is **sick** or **injured** outside the province or territory where they live and need **emergency treatment**, **we** cover it. If they are **sick**, it must not be due to a **pre-existing medical condition**. **We** cover **emergency treatment** from a **physician**, registered nurse, **hospital**, x-ray clinic, ground ambulance or up to \$1,000 for reasonable alternative ambulance transport if needed. **We** cover the cost of crutches, braces, splints, trusses or other prosthetic devices, emergency medicine, blood and/or plasma and the rental of a wheelchair and/or a hospital-type bed. **We** do not cover the services of a family member.

With respect to emergency treatment, the insured or someone with the insured must notify the emergency assistance provider right away. Our emergency assistance provider must approve all emergency treatment.

24-HOUR EMERGENCY ASSISTANCE

1-800-334-7787 (Canada/USA) or elsewhere collect 1-905-667-0587

Once the **emergency treatment** is over, **we** have the right to return the **insured** to the place where the trip began. Based on medical evidence, if the attending **physician** says the **insured** is healthy enough to travel without danger to their life and health, **we** will proceed to make travel arrangements. If the **insured** refuses to be returned to the place where the trip began, all benefits stop immediately.

If **we** return the **insured** to the place where the trip began and the **insured** decides to go back to the trip destination or rejoin the trip or tour itinerary, the **policy** will not cover the **insured**.

The overall maximum under this benefit is \$200,000 if the **insured** has government health insurance coverage and \$5,000 if they do not.

The **company** and the emergency assistance provider **we** appoint are at your service according to the conditions, limitations and

exclusions of the **policy**. The medical providers **we** suggest when contacted for help are not **our** employees. Neither **we** nor the emergency assistance provider are responsible for their negligence or other acts or omissions. Neither **we** nor the emergency assistance provider are responsible for the **emergency treatment** or service you receive or do not receive, or for its availability, quality, quantity or results.

b) Trip Cancellation

If the **insured** cancels their trip before it begins due to their **sickness, injury** or death, **we** pay \$1,000 or the penalty to cancel within 72 hours of the **physician's** order, whichever is less. **We** do not cover any other reason for cancellation. A **physician** must report in writing on the **sickness** or **injury** and the need to cancel the trip because of it. **We** do not cover cancellation due to emotional or mental disorders unless **hospitalized**.

c) Airflight Accidental Death

If the **insured** dies due to an airflight **accident**, within 90 days of that **accident**, **we** pay the Accidental Death benefit plus \$5,000. The **insured** must be a fare-paying passenger on the flight of a **scheduled airline**. **We** do not cover pilots, operators or crew members.

d) Emergency Return Flight

If the **insured** needs to fly home while on their trip due to their **sickness** or **injury**, **we** pay for the unexpected flight to the place where the trip began. **We** do not cover any other reason for interrupting the trip. The attending **physician** must report in writing on the **insured's sickness** or **injury**. **We** pay the lesser of: i) a one-way economy airfare; ii), the fee to change the existing ticket; or iii) \$1,000. If the **insured** receives a refund on the existing ticket, **we** subtract the refund from the benefit **we** pay.

e) Repatriation or Burial

If the **insured** dies outside the province or territory where they live due to a reason that is covered under the **policy**, **we** pay to bring their remains back to the place where their trip began or to bury or cremate their remains at the place where they died. **We** do not cover the cost of a headstone, casket and/or funeral service.

H. EXCLUSIONS APPLICABLE TO THE TRAVEL BENEFIT (G7)

The Travel Benefit (G7) does not cover:

1. **Pre-existing medical conditions** (see definition in Section I);
2. Medical conditions that would make a normally prudent person decide not to travel;
3. Declared or undeclared war, hostile acts, civil war, riot, insurrection, invasion or terrorism;
4. Taking part in military forces training, exercises or manoeuvres, professional sporting events or motorized races;
5. Taking part in mountaineering, parachuting, skydiving, parasailing, bungee jumping, gliding or piloting an aircraft or professional underwater activities;
6. Any claim that is against the law of a government plan or political subdivision in Canada;
7. Pregnancy, miscarriage, childbirth or complications within 2 months of the expected delivery date;
8. Trips taken to arrange or receive medical, **hospital**, or dental services;
9. Expenses inside the province or territory where the **insured** lives;
10. Any claim that happens more than 30 days after the **insured** leaves the province or territory where they live;
11. Therapy for a medical condition the **insured** has;
12. **Hospital** or medical services when there is no emergency; or
13. Expenses where the **insured** is 21 years old or more at the time of a claim;
14. Any expenses related to coronavirus, SARS, or any mutation or variation of coronavirus or SARS. This exclusion is waived if **you** are **vaccinated** or if **you** are not medically eligible to be **vaccinated**;
15. Events related to "Avoid Non-Essential Travel" and "Avoid All Travel" advisories issued by the Government of Canada prior to leaving the province or territory where the **insured** lives, that were or continue to be in effect for any country, region or city of destination on **your** covered trip, as reflected in **your** travel itinerary.

I. DEFINITIONS

Accident: an unexpected event that is beyond the **insured's** control.

Company, our, us, we: Old Republic Insurance Company of Canada, Hamilton, Ontario.

Confirmation of coverage: the document that identifies the named **insured**.

Dentist: a person, other than a family member, who is legally qualified to practice dentistry in the place where services are provided.

Emergency treatment: any immediate medical care provided by a **physician** that is necessary to prevent or reduce existing danger to life or health.

Hospital, hospitalized: a licensed institution that is staffed and operated for the care and treatment of in-patients. Treatment must be supervised by **physicians** and registered nurses must be on duty 24 hours a day. A laboratory and an operating room must also exist on the premises or in facilities controlled by the establishment. A hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Injury, injured: sudden bodily damage due to an **accident** causing the **insured** to seek **emergency treatment**.

Insured: the person whose name is on the **confirmation of coverage**, who is eligible for coverage and for whom the required premium has been paid.

Physician: a person, other than a family member, who is legally qualified to practice medicine in the place where medical services are provided.

Policy: this document and the **confirmation of coverage** which **we** issue when the required premium is paid.

Pre-existing medical condition: a medical or related condition for which treatment or prescribed medication was needed at any time in the 90 days before the **insured's** trip began.

Scheduled airline: an airline with a license to transport fare-paying passengers. It has a regular published schedule and includes chartered flights or licensed tour companies.

Sick, sickness: an illness or disease that needs **emergency treatment** or **hospital care**. Sickness does not include emotional or mental disorders unless **hospitalized**.

Totally and permanently disabled: the **insured** cannot ever be employed.

Vaccinated means having received the full course of an approved Health Canada vaccine for coronavirus (COVID-19). The vaccine must be taken according to the manufacturer's recommendation, including any applicable post vaccination waiting period prior to leaving **your** province or territory.

J. HOW TO SUBMIT A CLAIM

1. Please find the policy number on the **confirmation of coverage** and write it on all correspondence with **us**.
2. To obtain a claim form, download it directly from **our** website www.insuremykids.com or call **us** toll free at 1-800-463-5437.
3. To file a claim under the **policy** with **us**:
 - a) **We** must be notified of the event that caused it within 60 days.
 - b) You must complete a claim form, attach a dental or medical report and submit them to **us** within 90 days of the event that caused it.
4. Submit the claim form and reports to:
Old Republic Insurance Company of Canada
insuremykids Claims Department
P.O. Box 557
Hamilton, Ontario, L8N 3K9
Or by email to IMKClaims@insuremykids.com
5. **We** pay benefits to:
 - a) the **insured**; or
 - b) the **insured's** estate; or
 - c) the **insured's** parent or legal guardian if the **insured** is less than 18 years old.
6. **We** evaluate claims based on the terms and conditions of the **policy**. If you do not agree with how **we** evaluated the claim, you have 2 years from the date the claim is payable or would have been payable to begin legal proceedings.

K. PRIVACY POLICY

The **company** is committed to protecting your privacy. Collecting personal information about you is essential to **our** ability to offer you high quality insurance products and service. The information provided by you will only be used for determining your eligibility for coverage under the **policy**, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that **we** must share your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. **We** take great care to keep your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If you have any questions about the **company's** privacy policy, please visit www.orican.com/privacy or contact **our** Privacy Officer at privacy@orican.com or 1-800-530-5446. To review **our** complete Privacy Policy please visit www.insuremykids.com/en/privacy.aspx.

Underwritten by
Old Republic Insurance Company of Canada



Jason Smith, CPA, CA
President and Chief Executive Officer
IMKESA0822