

OUT OF COUNTRY MEDICAL PLAN

This plan is available only in conjunction with the Basic Medical Plan. The coverage applies 24 hours per day during the course of any trip outside Canada, business or pleasure, subject to a maximum of 60 days per trip.

Employee / Member coverage may be extended up to 180 days provided that the extension is for business purposes and is approved by SSQ Insurance Company Inc. To request an extension, write to:

SSQ Insurance Company Inc.
1959 Upper Water Street, Tower 1, Suite 1800
Halifax, Nova Scotia
B3J 3N2

Advise them of your date of departure, expected date of return, and reason for the trip. Quote your plan number as 1C910.

Schedule of Benefits

• Medical Reimbursement Expense Benefit	\$1,000,000
• Emergency Dental Treatment Benefit	\$2,000
• Evacuation Benefit	Included
• Maternity Expense Benefit	Included
• Repatriation Benefit	\$25,000
• Family Transportation & Accommodation Benefit	\$15,000
• Return of Vehicle Benefit	\$500
• Rental Expense Benefit	\$200
• Hotel Convalescence Benefit	\$1,000
• Referral Services outside Canada	\$500,000
• Deductible	Nil
• Coinsurance	100%

DEFINITIONS

Where used in this section:

"Insured Person" means the Insured Employee, the Insured Spouse or the Insured Dependent Child.

"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 outside the province of Residence. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

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

"Sickness" means an impairment of normal physiological function and includes illness and infections, occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Disease" means any unhealthy condition of the body or any part thereof occurring while this policy is in force as to the Insured Person whose disease is the basis of claim and for which expenses are incurred during the course of a Trip outside the province of Residence.

"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, subject to a maximum duration of sixty (60) consecutive days.

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

"Hospital", "Convalescent Hospital" or "Nursing Home" means an institution licensed as a hospital, or Nursing Home, 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 an Immediate Family Member.

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

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

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

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step 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, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

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.

Medical Reimbursement Expense Benefit

When by reason of Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section, the Insurer will reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

1. Hospital, Convalescent Hospital or Nursing Home charges including those for room and board, up to and including the semi-private accommodation level, or private accommodation level when recommended by the attending physician;
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 an Immediate Family Member;

6. expenses for a licensed ground ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, excluding air ambulance, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of five thousand dollars (\$5,000) per Accident, Sickness or Disease;
7. expenses incurred for the following:
 - a) an annual health examination, not to exceed a maximum amount of two hundred and fifty dollars (\$250) per person;
 - b) administration of vaccines, anti-toxins, injections for immunizing against diseases or poisons, not to exceed a maximum amount of one hundred and twenty-five dollars (\$125) per person;
 - c) blood plasma, whole blood or oxygen, including the administration thereof;
 - d) x-rays and laboratory examinations which are required for diagnostic purposes;
 - e) artificial limbs, eyes or other prosthetic appliances;
 - f) casts, splints, crutches, trusses, braces (except dental braces) or orthopedic shoes if part of a brace, including any fee charged by a physician to a maximum of one hundred dollars (\$100) for designing, constructing, fitting, or applying such device; charges for orthopedic shoes are limited to fifty dollars (\$50) per pair, and no more than two pairs per Insured Person will be paid for in any calendar year under this policy;
 - g) 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 in the province of practise and does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, such services do not require the recommendation of a Physician except as indicated below:
 - a) chiropractor
 - b) osteopath
 - c) chiropodist or podiatrist
 - d) massage therapist, on the recommendation of a Physician
 - e) speech therapist
 - f) psychologist

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, Sickness or Disease.

11. expenses for eye examination by a licensed ophthalmologist or optometrist to determine if purchase or replacement of eyeglasses or contact lenses are required, subject to not more than one (1) examination per Insured Person every two (2) calendar years.
12. up to one thousand dollars (\$1,000) per trip (subject to a maximum of fifty dollars \$50 per day) for accommodation and meal costs of any person remaining with the Insured Person when the trip is delayed as a result of an injury or sickness to the Insured Person. The person remaining with the Insured Person must have been travelling with the latter and the return trip must have been unavoidably delayed beyond the scheduled date;

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 two thousand dollars (\$2,000) 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, Sickness or Disease, an Insured Person requires any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by the Insurer.
2. transportation to the Insured Person's province of Residence 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) Immediate Family Member, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board. All covered expenses incurred by the

medical attendant or Immediate Family Member are subject to a maximum amount of ten thousand dollars (\$10,000).

Maternity Expense Benefit

In the event an Insured Person incurs expenses due to her pregnancy (including complications arising from such pregnancy) or childbirth (including caesarean section which is an abdominal operation of uterine pregnancy) while this policy is in force as to such Insured Person, the Insurer will reimburse the reasonable and necessary expenses actually incurred including Hospital nursery expenses subject to all limitations, exclusions and deductible amounts and other provisions of this policy.

Repatriation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person more 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 a maximum of \$15,000.

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

Family Transportation and Accommodation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person or if the Insured Person is confined as an inpatient in a Hospital for at least four (4) consecutive days and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by:

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. an Immediate Family Member or a family representative 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 Immediate Family Member or family representative 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 twenty-five cents (\$ 0.25) per kilometre travelled.

Expenses for board and Accommodation will be paid at fifty dollars (\$ 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 maximum of \$15,000 as a result of any one (1) Accident, Sickness or Disease.

Return of Vehicle Benefit

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person has become disabled and is unable to continue the Trip by means of driving the owned or rented Motorized Vehicle used as a conveyance during such Trip, the Insurer will pay the reasonable and necessary expenses actually incurred for the return of such vehicle by a commercial agency to the Insured Person's normal place of Residence or the rental agency, as the case may be.

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Return of Vehicle Benefit maximum of \$500 as a result of any one (1) Accident, Sickness or Disease.

Rental Expense Benefit

If, as the result of Injury, Sickness or Disease, an Insured Person is confined as an inpatient in a Hospital and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable expenses actually incurred by the Insured Person for the rental of a telephone and/or television set.

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Rental Expense Benefit maximum of \$200 as a result of any one (1) Accident, Sickness or Disease.

Hotel Convalescence Benefit

If, as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person, due to his medical condition, is prohibited from resuming any travel following discharge from the Hospital where the Insured Person was confined for a period of not less than seven (7) days, the Insurer will pay the reasonable and necessary expenses actually incurred for board and Accommodation.

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Hotel Convalescence Benefit maximum of \$1,000 as a result of any one (1) Accident, Sickness or Disease.

Referral Services Outside Canada

When recommended by the attending Physician and approved by M.S.I. an Insured Person is referred outside Canada, the Insurer will pay for the following eligible benefits. Payments will be made at the reasonable and customary amount for charges in excess of provincial government health care allowances up to a lifetime maximum of five hundred thousand dollars (\$500,000).

Hospital - All hospital charges for medically necessary services, less the amount allowed under the provincial government health care plan, such as:

- Hospital room accommodation
- Intensive care rooms
- Nursing services
- Operating and recovery rooms
- Diagnostic and laboratory services including X-ray
- Oxygen and blood
- Prescription drugs including intravenous solutions
- Physiotherapy

Physicians and Surgeons - Customary charges of physicians and surgeons for services rendered, less the amount allowed under the provincial government health care plan.

Ambulance - Charges for licensed ambulance services required to transport a stretcher patient to and from the nearest hospital able to provide essential care. Charges for air transport are included to a maximum of up to three (3) economy seats on a regularly scheduled flight.

Ambulance Attendant - Charges for travel expenses of an accompanying Registered Nurse or qualified medical attendant (not a relative) when medically necessary and approved by the Insurer.

Limitations and Exclusions
(only applicable to Referral Services Outside Canada)

1. The referral outside Canada must be medically necessary and must not be for services available in Canada as determined by the Insurer.
2. The claim must have prior approval for payment from the appropriate provincial government health program and from the Insurer.
3. Payment will be made for the reasonable and customary charges of the provider of the services or supplies in the area in which the services are rendered.
4. Payment will only be made for services and supplies rendered while the patient was under the active treatment of a licensed physician.
5. Payment will not be made for treatment of any illness commencing within twelve (12) months after the Insured Person's effective date of group coverage, or for which the Insured Person has received medical treatment or has been prescribed drugs twelve (12) months prior to the effective date of this coverage.
6. The services must not be for experimental medical procedures or treatment methods not approved by the Canadian Medical Association.

Maximum Limit of Indemnity

With the exception of those benefits listed below, the total amount payable under this policy for reimbursement of all expenses, which an Insured Person has incurred as the result of all Injuries caused by any one (1) Accident or as the result of any one (1) Sickness or Disease, will not exceed the Maximum Limit of Indemnity maximum of \$1,000,000.

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

Repatriation Benefit
Family Transportation
and Accommodation Benefit
Return of Vehicle Benefit
Rental Expense Benefit
Hotel Convalescence Benefit

Coinsurance

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

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

Indemnity Payments

Unless otherwise indicated, all benefits, including those payable for Insured Spouse and/or Insured Dependent Children, will be paid to or at the direction of the Insured Employee. Accrued benefits, if any, unpaid at the time of the Insured Employee's death will be paid to his estate.

Individual Terminations

The insurance of an Insured Person will immediately terminate on the earliest of the following dates:

A) With respect to an Insured Employee

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 Employee ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

B) With respect to the Insured Spouse or Insured Dependent Child

1. on the date such person ceases to be eligible;
2. on the date the Insured Employee's insurance is terminated.

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, Sickness or Disease which occurred prior to such termination. In the event the Insured Person is hospitalized as a result of Injury, Sickness or Disease prior to the termination of insurance, benefits will be paid provided treatment is continuous for such Injury, Sickness, or Disease subject to the terms and provisions of this policy in effect as of the date of the termination of insurance. However, 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, Sickness 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, Sickness or Disease, the Insured Person is not confined in a hospital but the attending Physician certifies that his medical condition prevents him from returning to his 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) or expenses caused by or resulting from:
 1. suicide or intentionally self-inflicted Injury;
 2. war, whether declared or not;
 3. perpetration of acts of terrorism or participation in a riot, insurrection or civil commotion;
 4. active full-time, part-time or temporary service in the armed forces of any country;
 5. a Trip undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation;
- 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. expenses which are reimbursed under the Policyholder's other group health and hospitalization insurance plan;

3. 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;
4. charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, oral contraceptives and patent medicines;
5. charges for any experimental medical treatments;
6. services for which no charge would ordinarily be made if there was no insurance coverage;
7. expenses incurred for necessary treatment or surgery which medically could be delayed until the Insured Person has returned to his province of Residence; or
8. medical expenses for treatment or surgery which the Insured Person elects to have rendered or performed outside his province of Residence, following an Emergency treatment 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.
9. treatments, consultations and drugs related to artificial insemination or in vitro fertilization;
10. any benefits received or receivable from any Worker's Compensation Act.

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 sixty (60) days following the date of departure from his province of Residence, 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.

AXA Assistance Canada Inc.
AXA Assistance Program

SSQ Insurance Company Inc. , in cooperation with AXA Assistance Canada Inc., agrees to provide the AXA Assistance Program to persons insured (hereinafter referred to as Member) under Policy #1C910 (02/06) issued to Capital District Health Authority.

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

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

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

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

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

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

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

Capital District Health Authority will provide each Insured Employee / Member with an AXA Assistance Membership Card which highlights the telephone numbers to contact in the event of an emergency. This service is available provided Policy #1C910 remains in force with SSQ Insurance Company Inc.

This booklet is your outline of the coverage held under the Basic program of Accidental Death and Dismemberment Insurance and should be retained for reference. The group master Policy # 1C910 set forth in detail the terms and conditions of the program and all rights and obligations are determined in accordance with the Master Policy, not this booklet. For exact provisions of coverage, please contact your Human Resources Department.