

FIELD HOCKEY CANADA – PROVINCIAL ASSOCIATIONS

(as per list provided by Field Hockey Canada)

SPORT ACCIDENT LIMITS OF INSURANCE SUMMARY

PROVINCIAL ASSOCIATIONS

POLICY #: ACL3011 (To be changed)

EFFECTIVE: April 1, 2021 to April 1, 2022

Insureds Covered: The Provincial Associations covered by this ACL3011 policy is per the list provided by Field Hockey Canada.

ABOUT, PROCEDURES & HOW TO MAKE A CLAIM

The Markel sport accident claims form can be provided to you via a Field Hockey Canada club, coach or team manager. The sport accident insurance is a no fault policy and is not a primary medical policy or an extended health benefits policy. It is an excess policy (3rd payer) that is made available to Field Hockey Canada and their provincial members if they sustain injury while playing in a sanctioned Field Hockey Canada and/or sanctioned provincial game, league game, practice, tournament, etc. For each incident, a claim form must be filled out and signed by a club, league president, coach or manager. This must be accompanied by all other applicable documentation like receipts and doctor notes. Please note, the policy does not pay on your behalf like an extended benefits policy. Instead, you will need to pay for the costs of treatment first or upfront and if the coverage is applicable and/or applies, you can make a claim.

The policy will only respond and pay out after all the applicable limits and coverages have been exhausted on the provincial plan and any extended health plan. The Markel Claims form will need to be completed and signed (as per instructions on the claims form) and then the claim can be submitted directly to Markel via email to: canadaclaims@markel.com with all supporting documentation. Thank You.

SUMMARY OF BENEFITS

Please note, the below is a **summary of the benefits** for reference purposes. In the event of a claim, the official policy wordings, conditions, and limitations will apply. The claims process will be handled by a claims adjuster and the ultimate decision to pay a claim is up to the claims adjuster and the insurance company. Thank you.



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ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Where an accident causes death or any of the following losses within 365 days of the accident, the Insurer will pay for such loss:

		Maximum Amount Payable Any One Accident
1.	Death	\$10,000.00 any one Insured
2.	Loss of two or more limbs or total and irrecoverable loss of sight of both eyes or hearing in both ears or any combination thereof	\$20,000.00 any one Insured
3.	Loss of one limb or total and irrecoverable loss of sight of one eye or total hearing in one ear	\$15,000.00 any one Insured
4.	Loss of thumb and index finger	\$2,000.00 any one Insured
5.	Quadriplegia (complete paralysis of both upper and lower limbs)	\$20,000.00 any one Insured
6.	Paraplegia (complete paralysis of lower limbs)	\$20,000.00 any one Insured
7.	Hemiplegia (complete paralysis of upper and lower limbs of one side of the body)	\$20,000.00 any one Insured
8.	Any injury which prevents the Insured from engaging in any occupation or employment for which he/she is reasonably suited by education, training or experience continuously for a period of 12 months from the date of the accident and is deemed to be permanent or irrecoverable.	\$20,000.00 any one Insured Important

The insuring agreement, policy wordings, limits, limitations, conditions and exclusions apply.

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Supplementary Benefits

		Maximum Amount Payable Any One Accident
Prosthetic Appliances		\$3,000.00 any one Insured
Blanket Medical Expense Reimbursement		\$10,000.00 any one Insured
Rehabilitation Benefit		\$3,000.00 any one Insured
Tuition Benefit		\$2,000.00 any one Insured
Special Treatment Travel Expense Benefit		\$1,000.00 any one Insured

Out of Province - Excess Surgical and Medical Accident Benefits (applicable only within Canada)	\$10,000.00 any one Insured
Emergency Transportation Benefit	\$50.00 any one Insured
Eyeglass & Contact Lens Expense	\$100.00 any one Insured
*Blanket Dental Accident Reimbursement	\$2,000.00 any one Insured
Dentures, Hearing Aids and Removable Teeth Expense	\$200.00 any one Insured
Fracture or Dislocation Benefit (including Greenstick Type Fracture) of the skull (depressed) of the skull (not depressed) of the spine (one or more vertebrae) of the lower jaw (alveolar process accepted) of the upper jaw of the shoulder (dislocation) of the clavicle (collar bone) of the scapula (shoulder bone) of the elbow of the hip of the pelvis of the thigh (femur) of the knee cap of the sacrum or coccyx of the sternum of the leg (tibia or fibula) of the upper arm (humerus) of the forearm (radius or ulna) of the hand or wrist (other than phalanges) of the foot (other than phalanges) of the ankle	\$500.00 any one Insured \$500.00 any one Insured \$250.00 any one Insured \$75.00 any one Insured \$75.00 any one Insured \$50.00 any one Insured \$75.00 any one Insured \$75.00 any one Insured \$50.00 any one Insured \$125.00 any one Insured \$125.00 any one Insured \$125.00 any one Insured \$100.00 any one Insured \$100.00 any one Insured \$50.00 any one Insured \$100.00 any one Insured \$100.00 any one Insured \$100.00 any one Insured \$100.00 any one Insured \$100.00 any one Insured \$50.00 any one Insured

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PHYSIOTHERAPY LIMIT

Treatment by a legally qualified physiotherapist is limited to \$50.00 per visit with a maximum of \$500.00 per accident.

***FULL FACE SHIELD OR MOUTH GUARD WARRANTY**

The Blanket Dental Accident Reimbursement coverage of \$2000 shall only apply to participants injured while wearing an approved mouth guard or full face shield. Referees and officials shall not be required to wear mouth protectors or face guards.

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