



Certificate of Insurance

Coverage under this certificate is subject to the full terms, limitations and conditions in the Master Policy. Please contact the policyholder to review the policy.

NOTE: Italicized words are defined terms whose definition appears in the definitions section of the policy.

Policyholder	Water Polo Canada	Policy Number	224468005
Policy Effective Date	August 31, 2015	Policy Expiry Date 11:59 PM	August 30, 2016
Coverage for each <i>insured person</i> commences upon departure from his/her province or territory of residence and terminates upon return to his/her province or territory of residence provided he/she remains eligible.			

In the event of an *emergency* please contact Intrepid 24/7 immediately at:

1-800-203-8508 **+1-416-646-3107**
toll-free from Canada and the USA **collect where available**

Eligibility	<p>To be covered under this policy an <i>insured person</i> must meet the following eligibility requirements:</p> <ol style="list-style-type: none"> 1. Canadian resident covered under a <i>government health insurance plan</i>; and 2. no more than 65 years of age; and 3. travelling on a <i>trip</i> sanctioned by the <i>policyholder</i>; and 4. on the list of members entitled to coverage provided to the <i>insurer</i> by the <i>policyholder</i>.
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EMERGENCY HOSPITAL & MEDICAL SCHEDULE OF BENEFITS	
Coverage Details	<p>The <i>insurer</i> will reimburse the <i>reasonable and customary costs</i> incurred for eligible expenses incurred by an <i>insured person</i> as the result of an <i>accident</i> or sickness up to a maximum of \$5,000,000 per <i>insured person</i>, subject to all policy conditions, limitations, exclusions and provisions.</p> <p>This benefit covers expenses that are:</p> <ol style="list-style-type: none"> a) incurred as a result of an <i>emergency</i> due to sudden and unforeseen <i>sickness and/or injury</i> occurring during the coverage period; and b) in excess of those covered by any other plan of insurance under which the <i>insured person</i> may have coverage.
Emergency Hospital & Medical	\$5,000,000
Emergency Air Transportation	\$250,000
Hospital Accommodation	Policy limit
Medical Services	Policy limit
Diagnostic Services	Policy limit
Prescriptions	\$10,000
Private Duty Nurse	\$10,000
Paramedical Services	\$500
Medical Appliances	Policy limit
Ambulance	Policy limit
Dental Accident	\$5,000
Transportation to Bedside	Economy Airfare
Meals and Accommodation	\$5,000
Hospital Allowance	\$500
Vehicle Return	\$5,000
Repatriation	\$10,000
Excess Baggage Return	\$500

<p>Pre-existing Conditions Exclusion:</p> <p>This policy does not cover losses or expenses related in whole or in part, directly or indirectly, to:</p> <ul style="list-style-type: none"> • Any <i>sickness, injury</i> or medical condition that was not <i>stable</i> in the 90 days prior to the effective date.
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