

# THE COMPREHENSIVE+ PLAN

## SUMMARY OF BENEFITS (\$CAD)

**MAXIMUM SUM INSURED: \$5,000,000**

**ELIGIBILITY:** International students under the age of 70

### EMERGENCY BENEFITS

#### ELIGIBLE MEDICAL EXPENSES

- Emergency in-patient or out-patient treatment for sickness or injury
- Services of physician, surgeon, anesthetist, registered graduate nurse
- X-rays and laboratory services
- Rental of medical appliances

#### PRESCRIPTION DRUGS

- Limited to a 60-day supply

#### PARAMEDICAL SERVICES

- Up to \$1,000 per approved profession

#### PSYCHIATRIC CARE OR MENTAL & EMOTIONAL DISORDERS

- Up to \$10,000 for outpatient visits to a psychiatrist, psychologist or social worker
- Up to \$60,000 for psychiatric hospitalization
- Up to \$60,000 for psychiatric services on an inpatient basis

#### DENTAL SERVICES

- Up to \$4000 for dental accident and blow to the face
- Up to \$1000 for pain relief, including impacted wisdom teeth

#### FOLLOW-UP CARE

- Up To \$5,000 for outpatient services following a covered emergency

### NON-EMERGENCY BENEFITS

#### MATERNITY

- Up to \$25,000, including childbirth; pregnancy must commence during term of insurance
- One induced termination per policy period

#### VACCINATIONS

- Up to \$150 for necessary vaccinations\*

#### ANNUAL MEDICAL EXAMINATION

- One annual medical examination

#### EYE EXAMINATION

- Up to \$100 for one eye examination

#### ATTENTION DEFICIT HYPERACTIVE DISORDER

- Physician, psychiatrist, or psychologist expenses for the diagnosing of ADHD

#### DIABETES

- Up to \$500 for insulin and standard syringes, needles, and diagnostic aids

#### ASTHMA SUPPLIES

- Up to \$500 for asthma supplies

#### WART TREATMENT

- Up to \$500 for treatment of any type of warts

#### SEXUAL HEALTH CONSULTATION

- Consultation related to an STI including one consultation for the prescription of the "morning after pill" or birth control medication\*

#### SUBSTANCE ABUSE CARE

- Up to \$25,000 for emergency transportation, emergency room treatment, and hospitalization for illnesses and injuries as a direct result of using alcohol, drugs or other intoxicants

### TRANSPORTATION BENEFITS

#### AMBULANCE SERVICES & EMERGENCY TRANSPORTATION

- Licensed ground ambulance
- Taxi in lieu of ambulance up to \$125
- Up to \$300,000 for emergency air transportation

#### FAMILY TRANSPORTATION

- Up to \$5,000 for round trip economy airfare for up to 2 family members, and up to \$1,500 for costs incurred after arrival, if you are hospitalized for at least 7 days

#### PREPARATION & RETURN OF REMAINS

- Up to \$20,000 for preparation and transportation of remains or cremation/burial at place of death

### OTHER BENEFITS

#### ACCIDENTAL DEATH & DISMEMBERMENT

- Air Flight / Common Carrier Accident: \$100,000
- 24 Hour Accident: \$50,000

#### PRE-EXISTING CONDITIONS

- Covered for unexpected emergencies

#### THIRD PARTY LIABILITY

- Up to \$1,000,000 per 365-day period

#### TRAVEL OUTSIDE CANADA

- Travel worldwide is valid as long as the majority of time on the policy is spent in Canada. Your home country is excluded unless on a school-sponsored trip. Coverage in the USA is limited to 30 days.

This document is a summary only and does not include all of the benefits, limitations, exclusions or conditions of coverage. The policy wording is the only legally binding description of coverage. Please consult the policy wording for further details. For more information, contact the StudyInsured™ Assistance team at 1.866.883.9787 or email [studentassist@studyinsured.com](mailto:studentassist@studyinsured.com)

\*A minimum amount of continuous coverage must be purchased to be eligible for this benefit. Check policy wording for complete details.

2023-11

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# Submitting A Claim

## 1 Complete a claim form

Call StudyInsured™ Assistance or visit your student insurance website to access a claim form. You can complete it on your computer or print it.

### Take special note of Section C:

You must describe **in detail** the reason for your medical visit.

**Incorrect:** "I broke my arm."

**Correct:** "I was ice skating and I slipped. I landed on my arm and broke it."

**If your claim is under \$500, you may not need to submit a claim form.**

Just email copies of your receipts, invoices, and any supporting documents, along with your name, policy number and full mailing address, to:

**studentclaims@studyinsured.com**

**! Print and sign your form. An unsigned form will not be processed.**

## 2 Gather your documents

Gather all medical notes, emergency/hospital reports, referrals, receipts and other paperwork provided during your medical visit. These documents will need to be scanned, copied, or photographed and submitted with your claim.

Please make sure everything is clear and easy to read.

Since you only need to submit copies of documents, keep the originals (including the claim form) in a safe place. You may need to provide them again at a later date.

## 3 Submit your claim

### By email: [studentclaims@studyinsured.com](mailto:studentclaims@studyinsured.com)

This is the best claim submission method. We will confirm we have received it.

### By fax: **+1 416.730.1878**

**Online:** Go to the Claims section of your student insurance website and follow the instructions. We will confirm we have received your claim.

**By mail:** **StudyInsured™ Claims Administration**  
150 King St West, Suite 602 - PO Box 75  
Toronto, ON M5H 1J9

## 4 Check your claim status

Your claim will be processed within 10 business days. Check your email regularly to confirm if more information is needed to process your claim. Be sure to respond or provide additional information as quickly as possible.

Call **1.866.883.9485** or **416.640.7862** with any questions or to check the status of your claim.

If your claim is denied, an explanation will be provided by email.

Contact **1.866.883.9485** or **+1 416.640.7862** if you are leaving or have left Canada while your claim is still being processed. It is important that we have your most up-to-date contact information.

### CALL US FOR ASSISTANCE

**TOLL-FREE [1.866.883.9485](tel:18668839485)**  
**WORLDWIDE [+1 416.640.7865](tel:+14166407865)**

### StudyInsured™ Assistance is available 24/7 to help with:

- Locating the nearest medical facility
- Coordinating billing
- Questions about coverage
- Submitting a claim
- Arranging emergency transportation

### Notify StudyInsured™ Assistance within 48 hours if you:

- Need to be hospitalized for any reason
- Require surgery of any kind (including dental)
- Need an MRI or CT scan
- Need air transportation
- Need medical attention outside Canada

# In-Canada Claim Form

PLEASE PRINT



## SECTION A: CLAIMANT / INSURED

### INSURED PERSON

Full Name	Email address	Policy Number	Date of Birth (DD/MM/YYYY)
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Telephone	Mobile	

### INSURED PERSON'S HOME ADDRESS

Unit #	Street Name and #	City	State/Province	Country	ZIP/Postal Code
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## SECTION B: AUTHORIZATION TO PAY

THIS CLAIM IS PAYABLE TO (PLEASE SEE PAGE 2 OF THIS FORM TO SELECT THE PAYMENT OPTION):

<input type="checkbox"/> Insured	<input type="checkbox"/> Parent/Guardian (Full Name):	<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> Physician
<input type="checkbox"/> Other: If applicable, I authorize payment of this claim to (please print):			

## SECTION C: OTHER INSURANCE COVERAGE

Does the insured person currently have **provincial or government coverage** of any kind?  Yes  No

**IF YES**, provide the name of the government agency providing coverage:

Is the insured person covered by **another medical or travel insurance policy** (including coverage through a spouse, parent, or guardian)?  Yes  No

**IF YES**, provide details of other insurance coverage:

Full Name of Policyholder	Insurance Company			
Policy/Plan Number	ID/Certificate Number	Employer Group Number (if applicable)	Employer Name (if applicable)	Employer Phone (if applicable)

## SECTION D: EXPENSES CLAIMED

Name of Medical Provider	Reason for visiting the doctor & Diagnosis	Date of Service (DD/MM/YY)	Amount Billed (\$)	Amount Paid (\$)

Date symptoms first appeared / Date of injury (DD/MM/YY):

Description of insured's sickness or injury (if this space is insufficient, additional information can be attached):

I authorize any doctor, medical practitioner, hospital, facility providing medical or health-related services, third-party administrator, provincial plan, and any other insurer to release and exchange with Lloyd's, StudyInsured, or its representatives, any information (including personal health data and records) required to process this claim.

I authorize any third party providing me with assistance in this claim process to have access to any and all relevant claims information related to the adjudication of my claim with Lloyd's and StudyInsured. I authorize StudyInsured to coordinate the payment of benefits with any insurance carriers that may have a liability for this claim and assign to Lloyd's and StudyInsured any benefits payable from any other sources for losses covered under this policy, and authorize and direct such payers to forward payment directly to Lloyd's and StudyInsured. I confirm below by my signature that I am authorized to act on behalf of any of my dependants for these purposes. A photocopy of this authorization shall be as valid as the original.

I authorize StudyInsured™ / MSH International (Canada) Ltd. to coordinate the payment of benefits with any insurance carriers that may have a liability for this claim and assign to Lloyd's and StudyInsured™ and MSH International (Canada) Ltd. any benefits payable from any other sources for losses covered under this policy, and authorize and direct such payers to forward payment directly to Lloyd's and StudyInsured™ and MSH International (Canada) Ltd.

I certify that the information provided in connection with this claim is complete, true, and accurate.

Insured Name (please print)	Insured Signature (if under 16, signature of parent/guardian)	Date (DD/MM/YY)
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# Payment Preference Form

PLEASE PRINT



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ATTACH ALL INVOICES AND RECEIPTS AND SUBMIT YOUR CLAIM ONLINE ON YOUR STUDENT INSURANCE WEBSITE.

OR SEND BY EMAIL:

studentclaims@studyinsured.com

OR PRINT AND SEND BY POST:

StudyInsured Assistance™

150 King St West, Suite 602, PO Box 75  
Toronto ON M5H 1J9

CALL STUDYINSURED™:

+1 866.883.9485

toll-free from  
Canada & USA

+1 416.640.7862

collect call  
where available

## PAYEE INFORMATION

Full Name	Email
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## PREFERRED PAYMENT METHOD

**Cheque (Canadian addresses only)**

Please provide the payee's Canadian mailing address.

Unit #	Street Name and #	City	Province	Postal Code
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**Electronic Funds Transfer (EFT) - Canadian accounts only**

Please provide bank details below. You can find these numbers on a blank cheque ([example](#)) or on your bank statements.

Bank Name	Account Holder Name (if different from payee)		
Account Holder Address			
Transit Number (5 digits only)	Financial Institution (3 digits only)	Account Number (7 digits only)	

**No-Fee International Wire Transfer - American accounts**

Please provide bank details below. You can find your ABA and Account numbers on your bank statements.

Bank Name	Account Holder Name (if different from payee)		
Bank Address			
ABA Routing Number (8-11 digits)	Account Number		

**No-Fee International Wire Transfer - International accounts**

Please provide bank details below. You can find your IBAN and SWIFT Code numbers on your bank statements.

Bank Name	Account Holder Name (if different from payee)		
Bank Address			
IBAN (International Bank Account Number)	SWIFT Code (8-11 characters)		

Insured Name (please print)	Insured Signature (if under 16, signature of parent/guardian)	Date (DD/MM/YY)
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