Your group insurance plan

FOREIGN UNIVERSITY STUDENTS

Policy No. Q178

Desjardins
Insurance
Life • Health • Retirement

Your Group Insurance Plan

FOREIGN UNIVERSITY STUDENTS

Policy No. Q178

Insurer: Desjardins Financial Security Life Assurance Company

This document is an integral part of the Insurance Certificate. It is a summary of your Group Insurance Policy effective August 15, 2004. Only the Group Insurance Policy may be used to settle legal matters.

This electronic version of the booklet has been updated on September 1, 2022. Please be advised that this electronic version is updated more frequently than the printed copy of your booklet. Therefore, there may be discrepancies between the paper and electronic copies.

TABLE OF CONTENTS

PARTICIPATING INSTITUTIONS 1

OVERVIEW 2

DESCRIPTION OF BENEFITS 3

BASIC COVERAGE 3

EXTENDED HEALTH CARE COVERAGE 10

EXCLUSIONS 12

PRE-EXISTING CONDITIONS 14

VISITORS TO CANADA INSURANCE OFFER 17

GENERAL PROVISIONS 19

DEFINITIONS 19

ELIGIBILITY 20

PARTICIPATION 20

EFFECTIVE DATE OF COVERAGE 21

EXTENT OF PROTECTION 21

TERMINATION OF INSURANCE 21

COORDINATION OF BENEFITS 22

APPLICABLE LAWS AND JURISDICTION 22

CLAIMS 22

HEALTH ASSISTANCE SERVICE 25

YOU SHOULD KNOW 26

PARTICIPATING INSTITUTIONS

- Université Laval
- Université de Montréal
  - École Polytechnique
- Université de Sherbrooke
- Université du Québec
  - Université du Québec à Montréal
  - Université du Québec à Trois-Rivières
  - Université du Québec à Chicoutimi
  - Université du Québec à Rimouski
  - Université du Québec en Outaouais
  - Université du Québec en Abitibi-Témiscamingue
  - Institut national de la recherche scientifique
  - École nationale d'administration publique
  - École de technologie supérieure
  - Télé-université

IMPORTANT NOTICE

In the event of a medical emergency or hospitalization in the United States only, you must contact the travel assistance firm "Assistel" within 48 hours of the hospitalization at the following number: 1 800 465-6390

Termination of insurance in the course of the program of study (during any session) results in the loss of eligibility to insurance. Consequently, a student who wishes to enrol to insurance again thereafter is subject to the PRE-EXISTING CONDITIONS provision and to the limitations applicable to the pre-existing conditions.

OVERVIEW

If a participant incurs expenses for himself as a result of an accident, illness or pregnancy, he is entitled to reimbursement of incurred eligible expenses, subject to the conditions of the GENERAL PROVISIONS and the following:

The reimbursement amount for each participant is limited to a lifetime maximum of $1,500,000.

Covered expenses under this plan are expenses incurred for services or appliances recommended by a physician and which are necessary to treat the participant. Appliances must be purchased and services dispensed while this contract is in force. Expenses incurred for covered appliances and services must conform with the reasonable and customary standards of the concerned health professions normal practice.

Incurred expenses for health professionals services are covered provided the specialist is a member in good standing of his professional association or, if such organization does not exist, provided the pertinent professional association is recognized by the insurer. The health professional must not ordinarily reside in the participant's home or be related to him by birth or marriage. Except for a physician or nurse in a hospital, only one treatment or visit per day, by the same professional, is covered for each participant.

DESCRIPTION OF BENEFITS

BASIC COVERAGE

Drugs

The first $3,750 of eligible drug expenses incurred in any policy year are reimbursed at 80% and 100% thereafter, with no deductible.

a) Drugs and other products that the Quebec general drug insurance plan would cover for the participant if he was not covered under a group insurance plan and that are dispensed by a pharmacist, or by a Physician if there is no pharmacist.

b) Drugs prescribed during a treatment must not exceed a 1-month supply.

c) Unless covered under the Quebec general drug insurance plan, certain drugs prescribed by a physician are not payable, such as:

   Over-the-counter products; vitamins, minerals; smoking cessation aids; cosmetics and beauty-care products; drugs or substances used on a preventive basis; drugs which are experimental in nature or obtained under the *Programme fédéral de médicaments d'urgence;* so-called natural products and homeopathic preparations; food supplements used to supplement or complement a diet; sunscreens; drugs used in fertility treatment, for artificial insemination or for in vitro fertilization; growth hormone; sclerosing injections.

PRIOR AUTHORIZATION DRUGS

Prior authorization by the Insurer is required for certain drugs listed on the Insurer's website. A prior authorization form completed by the Physician must be submitted to the Insurer in order to determine whether the prescribed drug meets the prior authorization criteria established by the Insurer. The criteria are based, in particular, on clinical practice guidelines and recommendations issued by health technology assessment agencies and they include verification that:

a) the drug is prescribed for a therapeutic indication approved by Health Canada, and

b) the drug's effectiveness is satisfactory compared to its associated cost.

Proof of the effectiveness of the approved drug, including medical results, may be requested during the course of treatment to determine if the drug is having the desired effect so that it may remain eligible for reimbursement.

The Insurer reserves the right to reimburse an equivalent or biosimilar drug when a less expensive equivalent or biosimilar drug is available on the market.

PATIENT SUPPORT PROGRAM AND PATIENT ASSISTANCE PROGRAM

The Insurer may require Insured Persons to enrol in such programs.

Other Eligible Expenses

All other eligible expenses under the basic coverage are covered in full, with no deductible.

a) Hospital Expenses

Expenses incurred for a hospital stay, up to the maximum of the public ward rate, based on the schedule of fees for foreign citizen, including all relevant medical charges and up to 60 days per illness or injury per policy year. However, in case of mental illness, expenses incurred for a hospital stay are covered up to 30 days per policy year, whether the stay be or not in a psychiatric unit.

In case of non-emergency hospitalization or surgery, the Insurer's prior authorization is always required. In case of an emergency, the insured must contact the Insurer as soon as possible.

Expenses incurred for hospital treatment on an outpatient basis.

b) Physicians

Physician or surgeon's fees, up to the amount established in the *Manuel des médecins omnipraticiens et des médecins spécialistes* set by the government health insurance plan in the participant's province of residence.

c) Psychiatry

If there is no hospitalization, expenses incurred for the treatment of psychiatric troubles, up to a maximum of $10,000 per participant per policy year.

d) Eye examination

Expenses incurred for eye exams by a licensed optometrist or ophthalmologist, up to $75 per participant per policy year.

e) Maternity

Reasonable charges for pregnancy or any complication related thereto, or for childbirth, including caesarean section and hospital charges for the nursery. Reasonable charges for neonatal care that are medically necessary for the child, as long as the participant contact the Insurer within 10 days following the delivery. The charges for the neonatal care and hospital charges for the nursery are covered up to a global maximum of 40 days following the delivery.

If the Participant is not insured under a similar benefit in Canada during the year preceding enrolment to this coverage, expenses related to pregnancy will only be covered if delivery is expected more than 30 weeks after enrolment. This restriction does not apply in case of miscarriage or premature labor if the child has been conceived within 6 weeks preceding or following the enrolment date.

Charges for a therapeutic abortion performed by a licensed physician and charges related to a voluntary termination of pregnancy, either a medical or surgical abortion, performed by a licensed physician and based on the requirements stated by the *Régie de l'assurance maladie du Québec*.

It is recommended to buy a medical insurance for the child before its birth.

f) X-rays and laboratory tests

Reasonable and customary charges for diagnostic X-rays and laboratory tests.

Prior approval from the insurer is mandatory for any specific blood test or X-ray (such as scanner, MRI examination, computerized axial tomography and mammography).

g) Ambulance

Reasonable and customary charges for transportation by a licensed ambulance from the place of the accident or illness to the nearest hospital if the participant's medical condition does not permit to use another mean of transportation.

h) Dental care due to an accident

Expenses incurred for treatment of injury to natural and healthy teeth by a dentist or dental surgeon within 180 days of the accident, up to a maximum of $1,500 per participant per policy year. Reimbursement of Eligible Expenses is governed by the current year Dental Association Fee Guide for General Practitioners where the Participant resides.

i) Intra-uterine devices

Expenses incurred for intra-uterine devices are eligible for reimbursement.

j) Anaesthetic

Anaesthetic and relevant physician fees for its administration during a surgery that is performed or not in the hospital.

k) Renal dialysis

Medical and hospital expenses incurred for renal dialysis, up to a lifetime maximum of $10,000 per participant.

l) HIV

Expenses incurred for the treatment of HIV infection, with or without symptom, of acquired immunodeficiency syndrome (AIDS), of AIDS-related complex (ARC) or HIV presence, up to a lifetime maximum of $10,000 per participant.

m) Out of Quebec

Reasonable and customary medical expenses incurred by the participant during a stay outside Quebec will be payable provided that a physician recommended **emergency treatment** for sudden and unexpected injury or illness which occurs during a trip of no more than:

- 14 days in the United States, in Canada or in the participant's country of permanent residence;

- 120 days in a country where an internship recognized by the University is offered and to which he is participating.

If the stay out of Quebec exceeds the maximum duration, the participant's coverage is interrupted until his return to Quebec and will be reinstated upon return.

Eligible expenses will not exceed customary and reasonable charges set by the government health insurance plan in the participant's province of residence during his enrolment in a Canadian accredited educational school.

Eligible emergency medical expenses during a stay outside Quebec include:

- Charges made for a stay in a public ward and for services and supply provided by the hospital;

- Medical care given by a physician or a duly licensed surgeon;

- Medical care received on an outpatient basis;

- Drugs available only on prescription of a physician;

- Transportation by ambulance, if the medical condition warrants it;

- Any other service or supply necessary from a medical point of view and usually covered under the policy coverage.

All exclusions, restrictions and deductibles under the basic and extended health care coverages apply to expenses incurred by the participant while staying outside Quebec.

In case of medical emergency or hospitalization, before initiating any expenses, you must immediately contact our travel assistance firm "Assistel". To be in breach of that obligation can limit the reimbursement amount to $50,000 in the United States.

n) Voyage Assistance service

If a participant incurs expenses as a result of an illness or accident in Quebec or if he incurs expenses for emergency treatment of an injury or sudden and unexpected illness outside Quebec, the participant can contact our travel assistance firm "Assistel" at any time. "Assistel" will take the necessary steps to provide the following services, if needed:

a) 24-hour toll-free telephone assistance;

b) referral to physicians or health-care facilities;

c) assistance for hospital admission;

d) cash advances to the hospital when required by the facility, as provided for in the contract;

e) repatriation of the insured to his home city, as soon as his state of health permits it, as provided for in the contract;

f) establishing and staying in contact with the insurer;

g) handling arrangements in the event of death, as provided for in the contract;

h) sending medical assistance and drugs to an insured who is too far from health care facilities to be transported there;

i) translation services for emergency calls;

j) transmission of urgent messages to close friends or family in case of emergency;

k) information prior to departure concerning passports, visas and vaccinations required in the country of destination.

Travel assistance is provided by "Assistel" 24 hours a day, year round. Here are the phone numbers to dial depending on the source of the call:

Calls from	**Dial**
Montreal area	(514) 875-9170
Canada and United States	1 800 465-6390 (toll-free)
Elsewhere (excluding North and South America)	overseas code + 800 29485399 (toll-free)
Anywhere Worldwide (collect call)	(514) 875-9170

o) Repatriation in case of complex and continuing medical care

If the diagnostic shows that the participant's health condition requires a long-term hospitalization for complex and continuing medical care, reasonable and customary charges for participant's repatriation in his country of permanent residence by a proper mean of transportation, up to $10,000. The repatriation is subject to the participant's attending physician and the insurer's medical consultant approvals.

In the case the participant does not comply with the insurer's decision to repatriate him in his country of permanent residence, the insurance terminates after the proposed repatriation date.

p) Repatriation in case of death

In the case of death of the participant, the insurer will reimburse the cost of preparing and returning the body of the deceased to his country of permanent residence, including ambulance fees and charges made for the stay in the morgue, up to $15,000.

EXTENDED HEALTH CARE COVERAGE

Reimbursement

Eligible expenses under the Extended Health Care Coverage are covered in full, in excess of a $50 deductible per policy year.

a) Physiotherapist

Reasonable and customary charges for physiotherapy treatments dispensed by a licensed physiotherapist, up to $750 per participant per policy year. Only one visit per day is eligible.

b) Chiropractor

Reasonable and customary charges made by a certified chiropractor, including x-rays for treatment purposes, up to $500 per participant per policy year. Only one visit per day is eligible.

c) Osteopath

Reasonable and customary charges made by a certified osteopath, including diagnostic x-rays and laboratory tests, up to $500 per participant per policy year. Only one visit per day is eligible.

d) Podiatrist

Reasonable and customary charges made by a podiatrist, including diagnostic x-rays and laboratory tests, up to $500 per participant per policy year. Only one visit per day is eligible.

e) Psychologist

Reasonable and customary charges incurred for the services of a licensed psychologist, up to $500 per participant per policy year. Only one visit per day is eligible.

f) Nursing care

Reasonable and customary charges for the services of a graduate nurse who does not ordinarily reside with the participant and who is not a member of participant's or dependents' immediate family. Services must be prescribed by a physician or a duly licensed surgeon.

Charges must not exceed the daily rate for the public ward in a hospital. Care must be provided in the home of the participant for the sole purposes of replacing a hospital stay and is limited to 60 days per injury, illness or accident per participant per policy year.

g) Other supplies and services

Upon prior approval of the insurer, current expenses for rental of light weight health appliances such as crutches, plasters, splints, canes, arm supports, trusses, orthopaedic supplies and walkers.

Such appliances must be prescribed by the attending physician and necessary from a medical point of view. Rental fees must not exceed the purchase price.

Reasonable and customary charges incurred for whole blood, blood plasma and oxygen, including the rental equipment for its administration.

Wheelchair: Purchase and repair, or rental, at the discretion of the Insurer, up to the cost of a non-motorized wheelchair, unless the Insured Person’s health condition requires a motorized wheelchair.

Hospital bed: Purchase and repair, or rental, at the option of the Insurer, up to the cost of a non-electric hospital bed, unless the Insured Person’s health condition requires an electric bed.

EXCLUSIONS

No reimbursement is made for expenses incurred directly or indirectly for the following:

a) hearing aids, glasses, contact lenses, dental prostheses or artificial limbs;

b) flight aboard any aircraft except solely as a passenger in a public carrier licensed for carriage of passengers for gain or hire;

c) annual medical checkup (routine or not) except a consultation for birth control;

d) medical exam required by a third party, including medical exams for immigration purposes, telephone consultations with a physician, acupuncture, experimental drugs, preventive medications or vaccines;

e) expenses incurred for any surgically implanted item;

f) robotic walking aid apparatus;

g) elective treatment or surgery;

h) cosmetic or plastic surgery;

i) treatment, surgery or dental procedure, subject to the provisions applicable in case of accident;

j) civil or foreign war, acts committed by foreign enemies, hostilities (declared or not), rebellion, revolution, insurrection or military power;

k) committing, or attempting to commit an illegal act or criminal offence;

l) organ and bone marrow transplantation;

m) treatment considered as experimental in nature and that is not of common use as per Canadian Medical Association;

n) treatment in a rehabilitation centre, a convalescent home or travel for health reasons;

o) speech therapy treatments;

p) dietary services, except for diabetes cases;

q) naturopathy or massage therapy services;

r) treatment or surgical procedure while travelling, if the purpose of the trip is to receive medical or hospital services, even if the trip is made on recommendation of a physician;

s) any treatment or hospitalization related to a relapse of an illness for which the participant has already been repatriated in his country of permanent residence;

t) drugs, hormones, products and injections used in the treatment of obesity;

u) products and drugs used for the treatment of sexual dysfunctions;

v) drugs that are not covered under the Quebec general drug insurance plan;

w) expenses incurred for services, products or drugs that are used to treat specific conditions other than those for which they are approved by Health Canada;

x) expenses incurred for services, products or drugs that are taken in a higher dose, greater quantity or at a frequency that exceeds the insurer's criteria of good clinical practice.

Benefits may be limited or no reimbursement made for services, drugs or supplies available at a supplier of the preferred providers network but obtained from another supplier.

Exclusions applicable to drugs requiring prior authorization: The Insurer reserves the right to apply certain restrictions, exclusions and limitations namely to services, products or drugs that do not meet the Insurer's prior authorization criteria as of the date the expense is incurred.

Additional Drug restrictions: The Insurer reserves the right to apply certain restrictions for the reimbursement of drugs for which a less expensive equivalent drug is available on the market;

Additional Limitations Applicable to Drugs: For biologic drugs, the Insurer reserves the right to reimburse a less expensive biosimilar drug if available on the market.

Additional Exclusions Applicable to Drugs. No reimbursement is made for:

a) Drugs or products that are on the Insurer’s list of excluded drugs or products. This list is available on the Insurer’s website. In part, the list is based on the drug or product’s effectiveness and cost, clinical practice guidelines and recommendations issued by health technology assessment agencies.

b) Drugs or products that are or should be administered in a hospital or hospital setting, as determined by the Insurer. This includes drugs or products that require special supervision during treatment due to the severity of the patient’s condition, the complexity of the treatment or for safety reasons. In part, the Insurer uses information from Health Canada approved product monographs and recommendations issued by health technology assessment agencies to make its determination.

PRE-EXISTING CONDITIONS

Expenses incurred for any illness, injury or pregnancy the symptoms of which manifested themselves before the start date of insurance and for which the participant has consulted a health professional or has received medical treatment, care or medical services or medication:

a) during the 3-month period prior to the effective date of insurance; or

b) during the 12-month period following the effective date of insurance,

are eligible up to a lifetime maximum of $25,000 per participant, subject to the provisions under paragraph e) Maternity, of the basic coverage.

Asthma, epilepsy and diabetes are not considered as pre-existing conditions.

Any interruption or break in study during a school term or study program results in the suspension of the student's insurance and loss of his eligibility for insurance. Consequently, a student who wishes to enrol to insurance again thereafter is subject to this provision and to the limitations applicable to the pre-existing conditions.

ADDITIONAL SERVICES

VIRTUAL HEALTHCARE SERVICE

Virtual Healthcare Service consists of exclusively virtual access to a nurse practitioner or Physician via a secure mobile application and web platform. This service allows certain remote health services and the exchange of related information between the Subcontractor and the Covered Person through telecommunications and technology. It is a tool for improving health, productivity and attendance at work. The goal is to provide Participants and their covered Dependents with fast and confidential access to professional resources to help them deal with various types of problems.

The service is rendered by nurse practitioners or Physicians who comply with the guidelines of their respective professional bodies, including those specific and applicable to virtual healthcare.

Virtual Healthcare Service is available under the Basic Coverage and Extended Health Care Coverage of the policy, to Participants and eligible Dependents who are covered under this Benefit, regardless of the type of coverage.

If a Participant or one of his covered Dependents uses the Virtual Healthcare Service offered by the Subcontractor and described below, the Covered Person has no out-of-pocket expenses, subject to any limitation relating thereto. Supporting documents are required for the use of this service, in particular for identification of the Covered Person and for the renewal of a prescription.

Services offered

The services offered, if medically appropriate, include:

1) triage, according to the symptoms of the Covered Person,
2) diagnosis of common medical problems,
3) medical and health advice,
4) writing prescriptions, prescription renewals, requests for laboratory tests and requests for imaging examinations,
5) referral to specialists or health professionals,
6) the production of a medical note to prescribe an absence from work of up to 3 days, if the condition of the Covered Person so requires.

Common medical problems may include, but are not limited to:

1) common illnesses such as colds, flu, infections, digestive disorders, minor injuries, skin problems and allergies,
2) post-examination follow-ups such as X-ray results and laboratory analysis results,
3) the management of chronic diseases such as diabetes, high blood pressure and heart conditions,
4) certain mental health problems,
5) issues related to anemia, smoking cessation, weight loss and travel medicine.

Limitations

Virtual Healthcare Service is subject to the regulatory limitations and conditions associated with virtual healthcare applicable in the province of residence of the Covered Person.

Some medical problems are not supported by Virtual Healthcare Service, such as those resulting from work-related accidents, motor vehicle accidents or disability management.

VISITORS TO CANADA INSURANCE OFFER

Visitors to Canada insurance is not included in this group insurance plan offered. However, it is available through the insurer.

This insurance provides for the reimbursement of reasonable and customary medical expenses incurred by any one of the participant's dependents visiting Canada, provided a physician recommended **emergency treatment** for sudden and unexpected injury or illness which occurs during the dependent's stay in Canada, up to:

- $150,000;
- a maximum stay of 365 days.

Eligible expenses during the dependent's stay in Canada include:

- Hospital care;
- Medical care and services (physician, surgeon, etc.);
- Care and services prescribed by a physician (medications, lab tests, x-rays, etc.);
- Living expenses;
- Dental care;
- Transportation costs (ambulance, repatriation, etc.);
- Certain death-related expenses.

For more information, the participant may visit desjardins.com/visitorstocanada.

The participant may enrol to this insurance for his spouse and children online at www.visitorstocanadadesjardins.com or by phone using the following numbers:

- Canada and U.S.: 1-855-440-9884 (toll-free)
- Other countries: 418-647-5476

However, the Participant who wants to enrol to this insurance for his children under age 18 only must call using the numbers above.

GENERAL PROVISIONS

DEFINITIONS

Accident: an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of violent nature that inflicts, directly and independently of any other cause, bodily injuries.

Contractual year: 12-month period from September 1st to August 31st of the following year.

Deductible: non refundable amount hold each year by the insurer on the eligible expenses of the Extended Health Care Coverage.

Emergency: situation when an immediate medical treatment is required to ease pain or an acute suffering as a result of an illness or unforeseeable and unexpected injury occurring during a stay outside Quebec. Furthermore, it must be impossible to postpone the medical treatment until the participant returns to his province of residence.

Foreign student: for the purpose of health and hospitalization insurances, a student **enrolled at the University or deemed to be enrolled at the University** and who is not a Canadian citizen or a permanent resident.

However, a student who is a Canadian citizen, who lives outside Canada and comes back to Quebec to study without residing in Quebec on a permanent basis, is considered as a foreign student under the group insurance plan.

Hospital: any hospital that is designated as such by law and is intended to provide hospital care and services. The hospital must be approved and covered under a provincial hospital insurance act (outside Canada, any hospital with a similar status).

Illness: any health deterioration or bodily disorder certified by a physician, including pregnancy and any complication thereto or for childbirth, including caesarean section. This definition also includes therapeutic abortion performed by a licensed physician.

Injury: bodily injury for which a medical treatment is necessary.

Participant: a foreign student entitled to insurance.

Patient assistance program: means the program offered by some drug manufacturers to provide Insured Persons with information, education and financial assistance if they are prescribed certain drugs.

Exclusion: If an Insured Person refuses to enrol in such a program, this person might not be eligible for reimbursement of the drug expenses.

Patient support program: means the program providing support to help Insured Persons manage their health and medication.

Exclusion: If an Insured Person refuses to enrol in such a program, this person might not be eligible for reimbursement of the drug expenses.

Physician: any legally qualified medical practitioner lawfully entitled to practice medicine.

Policyholder/University: participating institutions in the group insurance plan.

Preferred providers network: the Insurer may select suppliers for the distribution of drugs and supplies and may restrict payment for Eligible Expenses incurred at another supplier.

Subcontractor: the company that provides the Virtual Healthcare Service.

ELIGIBILITY

Any foreign student enrolled at a University is eligible for insurance.

PARTICIPATION

Participation is compulsory for any eligible foreign student and becomes effective on the date the student enrols at the University.

However, any eligible foreign student is exempted from participating if he proves to the satisfaction of the University that he was granted health or hospitalization insurance as a recipient of a scholarship from an organization or if he proves his eligibility under a health and income security reciprocal agreement.

EFFECTIVE DATE OF COVERAGE

The effective date of coverage is that indicated on the application form provided by the University. However, for a new student who holds a letter confirming his admission at the University, the insurance will be effective on the 15 of the month preceding the beginning of the first session at the University or, if later, on the date the student arrives in Quebec.

EXTENT OF PROTECTION

The participant's protection is effective in Quebec, 24 hours a day. The protection is also effective in case of emergency while the student temporarily stays out of Quebec.

TERMINATION OF INSURANCE

Insurance of a participant ceases on the earliest of the following dates:

a) the date the period covered by the premiums paid to the insurer for the participant expires;

b) the date the foreign student is eligible to a government health care plan in Canada;

c) notwithstanding paragraph d) below, the date coinciding with the 15th day of a stay outside Quebec in the United States, in Canada or in his country of residence, regardless of the purpose of the trip;

d) the date coinciding with the 121st day of a stay outside Quebec where he is participating to an internship recognized by the University;

   However, in all cases hereinabove mentioned in paragraphs c) and d), insurance will be reinstated upon return in Quebec.

e) the date the foreign student permanently leaves Quebec;

f) the first day of the month following the 65th birthday of the participant;

g) the date on which the student is no longer enrolled in the University;

h) the date on which the contract terminates.

COORDINATION OF BENEFITS

If the participant is insured under another insurance plan or any other social law effective in his province of residence, and is therefore entitled to receive a reimbursement for expenses that are covered under this policy, the insurer's responsibility under this policy is limited to the unpaid balance of eligible expenses.

Benefits payable under any other insurance plan include benefits the participant would have been entitled to receive if a claim had been submitted.

APPLICABLE LAWS AND JURISDICTION

Any provision under the policy that is not compliant with applicable laws is presumed null and void. Even if a provision prohibited by law is included in the policy, all other provisions of the policy will still remain in force.

The policy, its interpretation, execution, application, validity and effects are subject to the laws applicable in Canada and in a province and that govern, partially or totally, all of its provisions.

Any dispute resulting from its conclusion, interpretation or execution will be exclusively submitted to the competent court in the Canadian province agreed upon between the parties.

CLAIMS

The settlement of claims depends on the analysis of the information provided by the claimant on the claim form. Accurate information ensures the prompt settlement of a claim. Insurance claim forms are available at the insurer's head office and from the group insurance administrator of the University where the student enrolled.

All benefits are payable in Canadian currency to the participant. However, when the claim is about an unpaid account of covered expenses, benefits are paid to the supplier of the covered services.

The insurer is not liable for claims submitted more than 12 months after the event that gives rise to the claim occurred.

For additional information regarding insurance coverages, insurance claims or hospitalization claims, the participant can contact our client contact centre between 8 a.m. and 5 p.m., Monday through Friday at the following numbers:

Quebec area:	(418) 838-7580
Other areas (toll-free):	1 866 838-7580

You can also contact us by electronic mail at the following address:

groupservice@dfs.ca

Beyond opening hours, in case of medical emergency or hospitalization in your province of residence or elsewhere in Canada, you can contact our "Assistel" voyage assistance service, 24 hours a day, year round, at the following numbers:

Calls from	**Dial**
Montreal area	(514) 875-9170
Canada and United States	1 800 465-6390 (toll-free)
Elsewhere (excluding North and South America)	overseas code + 800 29485399 (toll-free)
Anywhere Worldwide (collect call)	(514) 875-9170

HEALTH ASSISTANCE SERVICE

Health Assistance service is a confidential telephone service enabling you to speak with health care professionals and to obtain information on health, nutrition, physical fitness, immunization, childcare, lifestyle, availability of local resources, etc. This service is offered to you 24 hours a day, year round, at the following numbers:

Montréal area: (514) 875-2632
Other areas (toll-free): 1 877 875-2632

YOU SHOULD KNOW

HEALTH INQUIRIES

There are 2 ways to reach us for any question about Eligible Expenses under the Basic and Extended Health Care Coverages:

By e-mail at: Groupservice@dfs.ca

By phone at: 1 800 263-1810

For a better experience, it is important to have the policy number and the certificate number ready when an agent is available to take the call.

GENERAL INQUIRIES

To obtain any other information, visit the "Contact us" section of Desjardins Financial Security's website at **www.desjardinslifeinsurance.com**.

BENEFICIARY

This provision removes or restricts the right of the Participant to designate persons to whom or for whose amounts are to be payable for some benefits:

Only the benefits that include a benefit payment in the event of the Participant's death are subject to the designation of beneficiary(ies), and the same designation applies to all these benefits.

ACCESS TO THE POLICY

Upon request to Desjardins Financial Security, the Participant may obtain a copy of his application, his insurability report and the policy.

HOW TO FILE A COMPLAINT

If a Participant is unhappy about something we've said or done, feels they've been wronged or wants us to take corrective action he can file a complaint with the Dispute Resolution Officer at Desjardins Financial Security. The role of the Officer is to evaluate the merit of the decisions and practices of the company when one of its customers believes he has not received the service to which he was entitled.

There are 3 ways to reach the Dispute Resolution Officer

In writing, at the following address:

Dispute Resolution Officer

Desjardins Financial Security

200, rue des Commandeurs

Lévis (Québec) G6V 6R2

By e-mail at: disputeofficer@dfs.ca

By phone at: 1 877 838-8185

For further information on the procedure to follow in case of complaint, or to obtain the complaint form, visit the "Contact us" section of Desjardins Financial Security's website at **www.desjardinslifeinsurance.com**.

Our commitment to you

We will always be here to answer your questions. You can rely on our knowledgeable team to deliver outstanding service and process your claims efficiently. We are here to help you stay healthy and to give you advice and financial support when you need them most.

desjardinslifeinsurance.com/planmember

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