



AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200
Toronto, ON M5J 0A8 www.aig.ca

Group Emergency Out of Province/Country Medical Policy Schedule



POLICY TERMS & CONDITIONS

This Group Emergency Out of Province/Country Medical Policy Schedule is valid from 4.01.2024 and it overrides all previous Policy Schedules issued for this Group Emergency Out of Province/Country Medical Policy.

SCOPE OF COVER INCLUDED BENEFIT

This Group Emergency Out of Province/Country Medical Policy provides coverage for those perils listed in this Policy Schedule, up to the sum insured stated. The Group Emergency Out of Province/Country Medical Policy, this Policy Schedule and all attached memoranda and endorsements detail the entire cover provided and the terms and conditions applying to it.

In consideration of the payment of premiums by the Policyholder, the Company agrees to provide the insurance cover set out in this policy to persons within the Eligible Class of Insured Persons, subject at all times to the terms, provisions, exclusions and limitations of this Group Emergency Out of Province/Country Medical Policy.

Authorized Representative

Issue Date:

April 4, 2024/nb



Declarations

DECLARATIONS	
INSURER	AIG Insurance Company of Canada (the Company)
ASSISTANCE COMPANY	AIG Assist <ul style="list-style-type: none">U.S. and Canada toll free: 1 877 204-2017Outside U.S. and Canada (collect): +1 715 295-9967
POLICY NUMBER	CMG 9429797
POLICYHOLDER	Liberty Utilities (Canada) Corp.
ADDRESS OF THE POLICYHOLDER	354 DAVIS RD OAKVILLE ON L6L 2X2
ISSUE DATE	April 4, 2024
EFFECTIVE DATE	12:01 a.m. local time at the Policyholder's address on the 1st day of April 2024.
EXPIRATION DATE	12:01 a.m. local time at the Policyholder's address on the 1st day of April 2025.
PLAN	Group Emergency Out of Province/Country Medical Policy
ELIGIBLE CLASSES	Insured Employees: <ul style="list-style-type: none">Canadian domiciled individuals;employed by the Policyholder or an affiliate thereof on a permanent, full-time basis; andwho are a member of one of the following Classes of Eligible Employees: <p>Class 1: All Eligible Employees Class 2: All Eligible Executives Class 3: All Eligible Senior Management Class 4: All Eligible Contract Employees Class 5: All Eligible C-Suite Executives</p>



Declarations

PREMIUM RATES AND MAXIMUMS

Eligible Class	Estimated Number of Eligible Insured Persons	Total Maximum Benefit Amount Payable – Out of Province/Country	Maximum Trip Duration		Coverage
Class I	577	Under 70 years old - \$5,000,000 per Insured Person	Under 70 years old- 90 days		Business Travel Only
		Between 70 and 80 years old - \$1,000,000 per Insured Person	Between 70 and 80 years old – 60 days		
Class II	29	Under 70 years old - \$5,000,000 per Insured Person	Under 70 years old- 90 days		Business Travel Only
		Between 70 and 80 years old - \$1,000,000 per Insured Person	Between 70 and 80 years old – 60 days		
Class III	67	Under 70 years old - \$5,000,000 per Insured Person	Under 70 years old- 90 days		Business Travel Only
		Between 70 and 80 years old - \$1,000,000 per Insured Person	Between 70 and 80 years old – 60 days		
Class IV	11	Under 70 years old - \$5,000,000 per Insured Person	Under 70 years old- 90 days		Business Travel Only
		Between 70 and 80 years old - \$1,000,000 per Insured Person	Between 70 and 80 years old – 60 days		
Class V	6	Under 70 years old - \$5,000,000 per Insured Person	Under 70 years old- 90 days		Business Travel Only
		Between 70 and 80 years old - \$1,000,000 per Insured Person	Between 70 and 80 years old – 60 days		
CURRENCY		CAD			
PREMIUM FREQUENCY		MONTHLY IN ARREARS			
DEPOSIT PREMIUM FOR WAR RISK COVERAGE		N/A			
Additional Policy Provisions					
PRE-EXISTING CONDITION PERIOD		90 days prior to the Insured Person's Departure Date			
		Not Applicable for insureds under the age of 65			



Schedule of Benefits

Benefit	Coverage / Maximum Amount Payable per Insured Person (CAD\$)
OUT OF PROVINCE/COUNTRY MEDICAL BENEFITS	
COVERAGE TYPE	Primary Coverage
EMERGENCY HOSPITAL CONFINEMENT	Included in Total Maximum Benefit Amount Payable – Out of Province/Country
EMERGENCY MEDICAL AND THERAPEUTIC SERVICES	Included in Total Maximum Benefit Amount Payable – Out of Province/Country where applicable sub limits are noted below
the services of a Physician or legally qualified surgeon	
laboratory tests and X-ray examinations (not including MRI) ordered by a Physician or legally qualified surgeon for the purpose of diagnosis	
MRI, for diagnostic purposes when Medically Necessary	\$7,500 per Insured Person per Trip
the services of a registered graduate nurse (other than an Immediate Family Member of the Insured Person)	50 nursing shifts at a fee not to exceed \$100 per shift
rental of crutches or a Hospital type bed, or the cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by the Company	
the services of a Physician who is an anesthetist	
drugs or medicines that require a Physician or legally qualified surgeon's written prescription	
services of a chiroprapist, chiropractor, osteopath, physiotherapist or podiatrist	\$300 for each class of practitioner
expenses for accidental Injury to natural and sound teeth (capped or crowned teeth are considered whole or sound natural teeth) which require Treatment by a legally qualified dentist or dental surgeon	\$2,000 for any one accident
out-patient services provided by a Hospital	
REPATRIATION BENEFIT	\$15,000
IDENTIFICATION BENEFIT	\$5,000
AUTOMOBILE RETURN	\$1,000 per Trip
OUT-OF-POCKET EXPENSE BENEFIT	\$150 per day up to a maximum of \$1,500
FAMILY TRANSPORTATION	\$15,000 maximum for any one accident and up to \$250/day for incidental travel expenses
RETURN TRANSPORTATION FOR TRAVELLING COMPANION	\$2,000 for any one Trip for the transportation of one Travel Companion
RETURN AND ESCORT OF DEPENDENT CHILDREN	\$5,000 per repatriated or returned Insured Person
GROUND TRANSPORTATION BENEFIT	\$5,000
EMERGENCY AIR TRANSPORTATION BENEFIT	\$300,000