

### **Purchase a Plan Today!**

Visit insuremykids.com or call us at 1.800.463.5437

#### Who is Eligible?

Children are eligible for coverage if they are:

- a) more than 6 months old;
- b) less than 27 years old; and
- c) live in Canada, except the province of Quebec.

If a child is 14 years old or older at any time during the Coverage Period, they must be a full-time student within the 12 months prior to any claim. We define a full-time student as being enrolled in a minimum of 3 courses at the same time, during any 4-month period. If you have children enrolled in different schools or school boards, they may all be insured under one policy.

## You could be a winner!

Watch our blog for news about our ANNUAL CONTEST!

No purchase necessary.

# Protect your loved ones 24/7 with insuremykids®

#### Get the financial protection your family needs.

If your child is involved in an accident, whether at school or during non-school hours, insuremykids® protects your family from the resulting expenses, which are not normally covered under your government health and group insurance plans.

## The Platinum Plan - our best selling plan - only \$33/year

For only \$33.00 a year, the Platinum Plan offers our best value in 24/7 accident insurance coverage. Plus, it is our only plan to offer out-of-province emergency medical coverage (up to \$200,000) plus other travel benefits.



## How much of a difference can insuremykids® really make?

Example: A 15 year-old was playing soccer in gym class. The student suffered a knee injury and required medical treatment.

	Platinum Plan	Without insuremykids®
Annual Premium	\$33	\$0
Knee Brace	\$0	\$1,500
Crutches	\$0	\$35
Prescription Medication	\$0	\$36
Physiotherapy	\$0	\$400
Out of Pocket Expenses	\$33	\$1,971

#### Are you sure your child is covered?

Government health plans and employment plans offer limited coverage.

We help to fill in the gaps.

# Three Plans to Choose From! Benefits\* Include:

	Platinum Plan	Gold Plan	Silver Plan	
	\$33/year	<b>\$25</b> /year	<b>\$17</b> /year	
24 Hours/Day Coverage	<b>*</b>	<b>*</b>	<b>*</b>	
Out-of-Province Emergency Medical & Other Travel Benefits	\$200,000	n/a	n/a	
Total & Permanent Disability**	\$350,000	\$150,000	\$75,000	
Loss of Limb/Loss of Sight, Hearing or Speech**	\$150,000	\$150,000	\$75,000	
Accidental Death	\$30,000	\$20,000	\$15,000	
Unlimited Accidental Dental	10 years	10 years	10 years	
Per Tooth After 10 Years	\$1,650	\$1,400	\$1,250	

\*Benefit limits vary based on plan chosen and the insured's age.

\*\*Only one of these two benefits is payable per child in the event
of an accident. For complete descriptions of benefits, benefit
limits, conditions, limitations and exclusions, please view the policy
online at www.insuremykids.com.



### 3-Year & 5-Year Plans

Save time and money! One quick purchase is all it takes to get multiple years of coverage!

# Student Accident Insurance Application Form

(Please print)



You can purchase online, by	phone or by	mail.							Prem	Premium Summary			
To purchase by mail: Comit, along with your payment (	plete this app	lication fo	orm and r	mail					Platinum Plan	Gold Plan	Silver Plan		
Old Republic Insurance Company of Canada c/o Insuremykids® Box 557, 100 King Street West				1 Child			\$33	\$25	\$17				
				2 Children			\$66	\$50	\$34				
Hamilton, ON L8N 3K9				3 or more Children			\$91	\$69	\$47				
To view our insuremykids® Student Accident Policy, visit www.insuremykids.com. If you would like us to send you a copy, please check off the desired method:				Premiums are <u>one-time single annual</u> rates. For quotes on our 3 a year policies, please call us at 1.800.463.5437.									
By Email By Mai	I (allow 6-8 wee	ks)				Company	of Car	nada, or	date when we, Old our authorized reprind the premium.	•			
me of Student(s) (please print clearly a	nd list more names	on separate	e sheet if nee	ded)		Plan Type							
t Name	Last Name			Da	te of Birth YYMM	DD Platinum	Gold	Silver	School Name & School	ol Board Name			
ent/Guardian Name					Address								
/	Provin	ce Posta	I Code		Telephone Nu	nber		Е	mail Address (please p	rint clearly)			
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TOTAL PREMIUM \$					Credit Card	Payment (if	applicabl	e)	MasterCare	VISA	AMERICAN EXPRESS		
					Credit Card Hold	er Name					0		
Please check off your method o cash please. Make all cheques payable to O			of Canada.		Credit Card Nun	lber					Expiry Date MMY		
☐ Cheque enclosed ☐ Cred	it card paymer	nt				-		-	-				
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Name			9	Siana	ature				Date				

Underwritten by Old Republic Insurance Company of Canada. | Box 557, 100 King Street West, Hamilton, Ontario L8N 3K9
Please visit www.insuremykids.com for detailed information on coverages, conditions, limitations and exclusions.

After purchase, if you are not satisfied with the insurance, you may return the policy within 10 days of receipt and receive a full refund.





