



Insurance Coverage for QCSL League Members



IMPORTANT NOTICE - Please Read !

- ANY Injury must be reported to league management **IMMEDIATELY**
- Claims **MUST** be made to QCSL and Insurance Co. Within 30 days of injury
- Obtain a Doctor's referral when requested **PRIOR** to any treatments
- Keep all receipts of expenses incurred
- *Failure to abide by any of these procedures may result in refusal of claim*

COVERAGES:

	Principal Sum - Reimbursement Expense for each Accident	\$10,000
Indemnities:	Death	\$10,000
	Paralysis, Blindness	\$20,000
	Loss of arm, leg, foot, hand, eye or use of	\$15,000
	Fracture, dislocation, severance of tendon, etc. (%of)	\$2,000
	Tutorial Fees due to loss of 40 consecutive school days (\$20/hr)	\$2,000
	Rehabilitation Benefit over 3 years following accident (maximum)	\$5,000
	(a) Dental Expense for each accident (maximum of)	\$1,000
		Ambulance service (maximum of)
Following Accident:	Emergency Taxi (maximum of)	\$50
	Crutches, Splints, Casts, Trusses, Braces (maximum of)	\$750
	Nursing services per accident	\$5,000
	Medication-(injury related/prescription only) maximum supply of	30 days
	Wheelchair Rental, or other durable equipment	\$5,000

Upon Medical Recommendation ONLY *

	Athletic Therapist see list of Concordia Sport Physio Clinic Locations	maximum of	maximum of
		\$35.00 per visit	\$500.00 per injury

EXCLUSIONS: (NOT Covered for)

- * Compensation for loss of employment wages due to accident
- * Expenses incurred by a person who is not covered under any federal or provincial medical plan (does not have a valid medicare card)
- * Anything that is already covered by federal or provincial medicare
- * x-rays, repair or replacement of pre-existing dentures, fillings, crowns except for what is provided under Accidental Dental Expenses (a)
- * purchase, repair, or replacement of eye glasses, contact lenses, or prescriptions of