

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 CONTESTS!

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	\$25 /year	\$17 /year		
24 Hours/Day Coverage	✓	✓	✓		
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

Name

(Please print)



Premium Summary

											Plan	Plan	Plan
						1 Ch	ild				\$33	\$25	\$17
You can purchase onlin			20:1:1			2 Ch	ildre	en			\$66	\$50	\$34
To purchase by mail: Co along with your paymen			ıdlı Iİ,			3 or	mor	e Chi	ldren		\$91	\$69	\$47
c/o Insuremykids®	Box 557, 100 King Street West					Premiums are one-time single annual rates. For quotes on our 3 and year policies, please call us at 1.800.463.5437.							on our 3 and 5
Hamilton, ON L8N 3K9											save time and		
To view our insuremykids* Student Accident Policy, visit www.insuremykids.com. How would you like your policy delivered? By Email By Mail					the payment section, and ac your child's policy will be aut				and ac be aut our cre	to Automatic Renewal located just above dd your credit card information. Each year stomatically renewed and the applicable redit card on the expiry date. (auto-renewal year plans)			
						Comp	oany	of Ca	anada,	or our	e when we, Old authorized rep he premium.		
Name of Student(s) (please print clearly		separate sheet if need		loth	1 1000	Plan Typ		3014	Silve	C -1	I Nama 9 C -	ard Norse	
First Name	Last Name		Date	or Birth	h YYMMDD	Platinur	.11 (Gold	Silver	ochoo	ol Name & School Bo	oaru NdMe	
Parent/Guardian Name				Ad	ddress								
City	Province	e Postal Code		Telepho	one Number					Email Ad	ddress (please print	clearly)	
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Automatic Renewal Option: 2 of 1. Select Yes below 2. Provide your credit card The premium will be charged renewal. No partial refunds for Automatic Renewal Option::	information to your credit card	l automatically ea							су. То с	cancel,	notify us anytii	me before an	upcoming
Select Yes below Provide your credit card The premium will be charged renewal. No partial refunds for	information to your credit card r months or years.	l automatically ea	ach yea	ar on th		date of	· you	r poli	эу. То с	cancel,	notify us anytii	ime before an	upcoming AMERICAN EGRESS
Select Yes below Provide your credit card The premium will be charged renewal. No partial refunds for Automatic Renewal Option::	to your credit card r months or years. Yes No \$ of payment below:	l automatically ea	ach yea	ar on th	he expiry	date of	· you	r poli	су. То с	cancel,	notify us anytin	VISA	

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.



Signature





Date