



StudentPlan

Comprehensive Emergency Medical Coverage – Designed for Students

StudentPlan provides coverage for numerous valuable emergency medical services not covered by provincial health plans including x-rays, physician’s fees and even basic hospital room and board charges.

StudentPlan protects your health and financial interests, leaving you to concentrate on your college experience – the details of which we leave up to you!

Add up the Advantages...

Low Premiums...Up to \$2 Million in coverage is available for one low monthly rate.

Tax Returns...Claim your StudentPlan premiums as eligible medical expenses under the Canadian Federal Income Tax Act.

Direct Billing...Save out-of-pocket expenses as many health care providers bill GMS directly.

Coverage for Athletes...Optional coverage protects varsity athletes attending college from injuries resulting from participation in their sport.

Monthly Rates (No deductible)

StudentPlan			
	Single	Couple	Family
Under 35 years of age	\$50.00	\$99.00	\$149.00
35 to 54 years of age	\$77.00	\$153.00	\$230.00

StudentPlan with Sports Participation Coverage			
	Single	Couple	Family
Under 35 years of age	\$105.00	\$154.00	\$204.00
35 to 54 years of age	\$161.00	\$238.00	\$315.00

- Purchase 4-12 months of coverage in monthly increments
- Single means one person
- Couple means two adults or one person with one dependant
- Family means two adults with one or more dependants or one person with two or more dependants

IMPORTANT NOTICE

- StudentPlan insurance is designed to cover losses resulting from sudden, unexpected and unforeseen circumstances. It is important that you read and understand your policy as your coverage may be subject to certain exclusions or limitations.
- A pre-existing medical exclusion applies to medical conditions and/or symptoms that existed prior to your trip. Check the policy to see how this applies to you.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
- Your policy provides assistance for medical emergencies. If you experience a medical emergency, you must notify our assistance centre prior to treatment, where possible, and no later than twenty-four (24) hours after receiving medical treatment or being admitted to hospital. Your policy may limit benefits should you not contact the assistance centre.

PLEASE READ YOUR POLICY CAREFULLY AT THE TIME OF PURCHASE

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Group Medical Services

looking after you and the ones you love

Benefits

(StudentPlan provides these benefits – Up to \$2,000,000 coverage per calendar year)

Hospitalization Hospital room and board charges, up to semi-private, and charges for intensive and coronary care.

Medical Services Treatment by a physician or surgeon.

Diagnostic Services X-rays and other diagnostic tests.

Out-Patient Treatment Out-patient emergency room charges.

Prescription Drugs Drugs and medication prescribed in an emergency situation up to \$1,000.

Road Ambulance Use of a licensed road ambulance in an emergency situation.

Air Ambulance Charges for the use of an air ambulance or regularly scheduled airline to transport you back to your province of residence.

Special Attendant Reimbursement of the cost of one return trip airfare for a medical attendant to accompany you back to your province of residence.

Return of Family Member Reimbursement of the cost of one return trip airfare for a family member to accompany you back to your province of residence.

Paramedical Services Charges for the use of an osteopath, physiotherapist, chiropractor, chiroprapist, and/or podiatrist.

Health Practitioners Services of a registered mental health professional up to \$300.

Accidental Dental Repair or replacement of natural teeth or the relief of dental pain.

Return of Remains Preparation and transportation to the country of origin, or the cost of cremation or burial at the place of death.

Family to Bedside Reimbursement for the cost of one airfare for a family member to accompany you at your bedside.

Family Transportation Charges for the cost of one airfare and \$300 for room and board for a family member to identify the deceased.

Coverage Continuation If hospitalized and your plan expires, your coverage continues until seventy-two (72) hours after discharge from hospital.

Out of Pocket Expenses Accommodations, meals, phone calls and taxi or bus fares incurred by an accompanying family member in the event hospitalization continues after the policy expiry date.

24-Hour Travel Assistance Wherever you are, our travel assistance firm will verify your coverage and make hospital and emergency arrangements for you.

StudentPlan with Sports Participation Coverage With this plan, students playing competitive sports organized by a university or college are covered for medical expenses that are a result of participation in their sport.



About Group Medical Services

Group Medical Services (GMS) has been providing health and travel insurance coverage since 1949. We're experts in emergency medical coverage and offer a wide range of flexible plans at competitive rates.

As a non-profit corporation based in Regina, Saskatchewan, we market and underwrite our insurance products, providing courteous service, coordination of treatment and care and quick claims reimbursement.

Why Choose GMS?

Flexible Single, Couple or Family – protect *everyone* in your life.

Travel anywhere you choose and remain covered – *see the world* as well as your new dorm room.

Comprehensive Coverage for emergency medical services.

Service We'll help obtain treatment and coordinate care, 24/7.

Any questions? Call us toll-free at 1-800-667-3699 – we'll answer in person.



Emergency Medical Insurance

Group Medical Services (GMS) will pay the *reasonable and customary charges* up to a maximum amount payable of \$2,000,000 per calendar year, in the event that an unexpected medical *Emergency* occurs outside of your province of residence or Canada.

- 1. Hospitalization** – *Hospital* accommodations up to semi-private rooms and *hospital services* and supplies necessary for *Emergency* care during hospitalization. One follow-up visit (excluding on-going *treatment*) is covered in situations where the medical process in dealing with *Emergency* requires such a follow-up visit. The follow-up visit must take place within fourteen (14) days of the initial *Emergency*.
- 2. Medical Services** – *Treatment* by a *physician* or *surgeon*.
- 3. Diagnostic Services** – X-rays and other diagnostic tests. Magnetic resonance imaging, computerized axial tomography scans, sonograms, ultrasounds and biopsies are excluded, unless pre-authorized by GMS.
- 4. Out-Patient Treatment** – Out-patient *Emergency* room expenses.
- 5. Prescription Drugs** – Drugs and medication obtained on the prescription of the attending *physician* and supplied by a licensed pharmacist, to a maximum of \$1,000 per person per calendar year. Refills of prescriptions, and any associated *physician's* expenses, are excluded from coverage.
- 6. Road Ambulance** – Expenses for the use of a licensed road ambulance in an *Emergency* situation that requires immediate transportation to the nearest *hospital* where adequate facilities are available.
- 7. Air Ambulance** – Expenses for the use of an air ambulance or regularly scheduled airline to transport *you* back to *your* province of residence for further *in-hospital treatment*, upon the written recommendation of the attending *physician* and with prior GMS approval. This benefit excludes helicopter transports.
- 8. Special Attendant** – One (1) round *trip* economy class airfare for a medical attendant, if medically necessary and pre-approved by GMS, to accompany *you* back to *your* province of residence. The attendant must not be a friend, relative, associate or other person who was travelling with *you* when the *Emergency* occurred.
- 9. Return of Family Member** – One (1) -way economy class airfare by the most direct route to the *departure* point, to a maximum of \$1,000, for the return of one covered, accompanying family member if GMS requires that *you* return to Canada or *your* province of residence for immediate medical *treatment* or in the event of *your* death. This benefit must be pre-approved by GMS.
- 10. Paramedical Services** – Expenses, up to an aggregate maximum of \$300 per person, for the *Emergency* services of an osteopath, physiotherapist, chiropractor, chiropodist and/or podiatrist.

- 11. Health Practitioners** - \$300 per person per year for the services of a registered mental health professional.
- 12. Accidental Dental** – Expenses for the repair or replacement of natural teeth or permanently attached artificial teeth necessitated by an *accidental blow* to the mouth, to a maximum of \$2,000 per person. Expenses for *treatment* of the relief of dental pain, to a maximum of \$250 for such *treatment*. This benefit excludes dental implants.
- 13. Return of Remains** – When death results from a covered *Emergency*, the expenses for either the preparation and transportation of the deceased to his/her province of residence, to a maximum of \$3,000 per person, or the expense of cremation or burial at the place of death, to a maximum of \$2,000.
- 14. Family to Bedside** – One (1) round-*trip*, economy class airfare by the most direct route, up to a maximum of \$3,000, in the event *you* become hospitalized for at least three consecutive nights as a result of a covered *Emergency*, and the attending *physician* advises the necessary attendance of one of *your* family members or a close friend. In addition, reimbursement of up to \$150 per day to a maximum of \$750 for reasonable expenses incurred by the transported person, once they arrive. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.
- 15. Family Transportation** – One (1) round-*trip*, economy class airfare for an *immediate family member* plus up to \$300 for meals and accommodation, to an aggregate maximum of \$2,000 to identify the deceased.
- 16. Coverage Continuation** – If coverage expires while hospitalized due to an *Emergency*, coverage will continue for *you*, *your spouse* and any *dependants* travelling with *you*, up to seventy-two hours after discharge from *hospital*.
- 17. Out of Pocket Expenses** – Reimbursement for *reasonable and customary* expenses, up to \$150 per day to a maximum of \$1,000, for accommodations, meals, necessary telephone calls and taxi or bus fares incurred by an accompanying family member in the event that *you* are hospitalized on the scheduled *return date*. Original paid receipts for the expenses incurred are required. This benefit must be pre-approved by GMS.
- 18. Twenty-four (24) Hour Travel Assistance Services:**
 - a) Coordination of all medical care, transportation and repatriation;
 - b) Telephone interpretation services in most languages;
 - c) Monitor progress during *treatment* and recovery by managed care.

Eligibility

- You* must be fifty-four (54) years of age or under.
- You* must have valid provincial health coverage.
- You* must be enrolled in at least three (3) classes per semester or 60% of full course load for this plan to be valid.

Exclusions

The following expenses are not covered by the policy and no payment for these claims will be made:

- Expenses incurred where *you* act against medical advice or the advice of GMS.
- Expenses resulting from the regular care of a chronic condition.
- Expenses incurred as a result of non-adherence with medical *treatment* prior to departure.
- This policy does not provide coverage for any expenses related directly or indirectly as a result of *your* medical condition and/or related conditions and/or symptoms (whether or not the diagnosis has been determined) if at any time in the ninety (90) days preceding *your departure date* your medical conditions or related conditions and/or symptoms have not been *stable*.
- When *you* travel to a country after such time that a travel advisory has been issued by the Canadian *government* recommending that Canadians do not travel to such country, or to specific regions within such country.
- Expenses that are duplication of any service, allowance, or reimbursement supplied by an existing *government plan* or private plan.
- Any *treatment*, hospitalization, or surgery (including elective, non-elective, personal comfort, dental or cosmetic) which is not considered to be an *emergency*, even if it is recommended by a *physician*.
- Treatment* at a diagnostic facility unless pre-approved by GMS.
- Emergency* air transportation or return to province of residence, which is not arranged and pre-approved by GMS.
- Any advice, investigation, *treatment*, hospitalization or surgery, which is a continuation of, subsequent to, or a recurrence of an *emergency* medical *treatment* of a sickness or injury.
- Drugs and medication which are commonly available without a prescription, not legally registered or approved in Canada, experimental drugs or preventative medicines or vaccines.
- Any services or expenses incurred when a journey is undertaken for the purpose of obtaining medical or surgical diagnosis or *treatment*, or when any medical *treatment* is pre-scheduled prior to departure from *your* province of residence.
- Expenses resulting when travel is booked or commenced contrary to medical advice.
- Expenses relating to, pregnancy, childbirth, infertility, miscarriage, abortion or complications of any of these conditions.

15. Expenses related to HIV or AIDS.
16. Routine or general physical examinations, check-ups or services of a continued nature following *emergency treatment* of a sickness or injury.
17. Any *treatment* or surgery, which is considered by *GMS* to be experimental. *GMS's* opinion on the issue is final and binding.
18. Expenses resulting directly or indirectly from the commission or attempted commission of any criminal, or criminal-like or illegal activity; intentional self-injury, suicide or attempted suicide; the abuse of medication, drugs or alcohol; any participation in the armed forces; or any willful exposure to peril.
19. Expenses incurred as a result of a motor vehicle accident, unless such services are not covered by any other private or public vehicle insurance.
20. Expenses resulting from participation in professional sports, any speed contest, SCUBA diving (unless PADI, ACUC or SSI certified), extreme sports including but not limited to: parachuting, mountaineering skydiving, rodeo, hang gliding, bungee cord jumping, acrobatic or stunt flying or a flight accident unless riding as a passenger on a commercially licensed airline.
21. Expenses resulting from participation in sports sponsored and/or organized by a university or college, except where the required premiums for participation in such sports has been paid to and received by *GMS*.
22. *Treatment* or services that contravene or are prohibited by the provincial laws of *your* province of residence and the federal laws of Canada that apply in *your* province of residence.
23. Any persons holding a work visa from the country to which they are travelling; or for persons working in hazardous occupations.

Conditions

1. *You* must purchase StudentPlan prior to leaving *your* province of residence in order for coverage to be effective.
2. Coverage is not effective until *GMS* approves the application, and the appropriate premium has been paid.
3. While pursuing your education outside of Canada, an unlimited number of trips can be taken outside of the country where you educational institution is located, provided that 60% of your time is spent in the country where your educational institution is located.
4. All amounts stated in this policy are in Canadian funds.
5. Benefits payable do not include interest charges.
6. Coverage will terminate upon the *expiry date* shown on the application, upon termination of full-time studies, upon fifteen (15) days written notice from the applicant, upon application for permanent residency in another country, upon cancellation of provincial health services coverage, or upon the date *GMS* returns *you* to *your* province of residence.
7. This policy shall be interpreted and construed in accordance with the laws of the Province of Saskatchewan (Canada) and the federal laws of Canada applicable therein, and the parties hereby attorn to the non-exclusive jurisdiction of the Courts of the Province of Saskatchewan.
8. *GMS* reserves the right to individually establish or amend premium rates, benefit provisions, and/or terms and conditions, upon application or renewal or with thirty (30) days notice.
9. If eligible expenses are paid due to the fault of a third party, *GMS* may take legal action against the person(s) at fault, in *your* name to recover these expenses. *You* agree to fully cooperate with *GMS* in any action that might be taken.
10. This policy is in excess only of all other insurance plans or amounts recoverable by any other party. If *GMS* pay eligible expenses to *you* and a third party makes payment for those same benefits, *you* are responsible for reimbursing *GMS* the amount previously paid by *GMS*.
11. This policy is in excess only of coverage normally provided by the educational facility being attended for expenses due to participation in a sport for which the applicant has received a scholarship or waiver of entrance fees, or in a competitive sport for which coverage is provided by the educational facility being attended or by the facility where the sport is played.
12. In the event that *you* have concurrent insurance from another source(s) for benefits provided under this policy, benefits shall be coordinated as follows:
 - a) All benefits from any *government* plan shall be determined and recovered first;
- b) *GMS* will pay eligible expenses only in excess of amounts covered by that of the other insurer(s) including but not limited to any employment related plan, extended health care plan, private or provincial vehicle insurance, credit card policy, or any other insurance, whether collectible or not;
- c) However, if the other source(s) of coverage is also "excess only", all benefits shall be determined and recovered from benefit plans based on the following priority:
 - i) Any plan not containing a coordination of benefits statement;
 - ii) Any employment/retirement related plan; then
 - iii) Any other plan, including *GMS*. In this case, the benefits shall be prorated according to the maximum amounts that would have been payable as the result of the benefit contained under the respective plans. *You* agree that prorated sharing is what was intended when this policy was entered into and that sharing on any other basis including on the basis of independent liability and/or equal sharing is not what was intended or agreed to.
13. If a covered person is entitled to similar benefits under any other individual or group contract, the benefits payable under this policy shall be coordinated so that the total payment from all coverages shall not exceed the amount for which the claim is made.
14. Should any changes in *your* health occur after the application date and prior to the *effective date*, *GMS* must be contacted and the application updated.
15. *GMS*, in consultation with the attending *physician*, reserves the right to transfer *you* to another Hospital or medical facility capable of providing the necessary medical services or to return *you* to *your* Province of Residence. Refusal to do so will absolve *GMS* of further liability.
16. *GMS* is not responsible for the availability, quality, results of any medical *treatment* or transportation, or *your* failure to obtain medical *treatment*.
17. *GMS* is authorized to receive reports indicating diagnosis and services rendered to *you* from any *physician*, health care provider, other person, *hospital* or institution.
18. Any material misrepresentation, provision of incorrect information or non-disclosure of information, related to medical conditions, will result in non-payment of any claims and will void *your* coverage.
19. If *GMS* determines that there is no coverage for a claim(s) under this policy all amounts advanced to *you* or on *your* behalf must be repaid by *you* to *GMS* on demand. In such circumstances any payment(s) made by *GMS* will not constitute an acceptance of coverage.

20. It is *your* responsibility to provide proof that the dates of travel are consistent with the terms of this policy.
21. *GMS* reserves the right to investigate or obtain a private opinion on any claim and to obtain any and all information relating to a claim.
22. By purchasing this policy *you* are authorizing:
 - a) Any *physician*, health care provider, other person, *hospital* or institution to release to *Group Medical Services* and/or its authorized agents, representatives, affiliates or other service providers (collectively "*GMS*") any information covering *your* medical history, symptoms, *treatment*, examination, diagnosis and/or services rendered to *you*;
 - b) *GMS* to collect, store and use any information which is provided or information obtained pursuant to clause (c);
 - c) *GMS* to obtain information from, or disclose information to: any *government plan*; the operator of any *hospital*, clinic or other health facility; a *physician* or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required. This information is intended for the purpose of administering the plan and communicating with *you*.
23. *You* agree to fully cooperate with *GMS* to provide the documentation and authorization required by *GMS* to administer *your* plan, including the assessment of *your* claim(s). Failure to provide the documentation and authorization, within the time periods specified in this policy will result in the non-payment of the claim(s).
24. Despite any other provision of this contract, the contract is subject to the statutory conditions in the insurance act respecting contracts of accident and sickness insurance of the Canadian province or territory where the policy was issued.
25. The application, this policy, any document attached to this policy when issued, and any amendments to the policy agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has the authority to change the contract or waive any of its provisions.
26. *GMS* shall be deemed not to have waived any condition of this policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by *GMS*.
27. No statement made by *GMS* or the *policyholder* at the time of application for this policy shall be used in defense of a claim under or to avoid this policy unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.
28. This policy may be terminated at any time, by giving written notice to *GMS*. Termination shall take effect on the later of the date of termination stated in the notice or the date the notice is received by *GMS* at its head office.
29. *GMS* may terminate this policy at any time by giving written notice

of termination to the *policyholder* and by refunding concurrently with the giving of notice the amount of premium paid in excess of the pro rata premium for the expired time. The *effective date* of termination will be the date specified in the notice.

Changes to Coverage

1. For changes to travel dates, or the addition or deletion of any applicant, must be made prior to departure, by contacting *GMS*.
2. Coverage is limited to the maximum number of days noted by *your* provincial health plan.
3. *You* may purchase an extension to existing coverage, while *you* are outside *your* province of residence provided that *GMS* is notified two (2) working days prior to the expiration of *your* existing coverage. Extensions may be purchased in increments of four (4) to twelve (12) months. Payment must be made using a VISA or MasterCard credit card.

Requesting a Refund

1. Refunds will be provided when the policy is terminated prior to the *departure date*.
2. Early return refunds are available for the unused portion of the premium provided that all persons are returning to *your* province of residence and no claims have been incurred under this policy. *GMS* must be contacted in person or by phone regarding the early return with subsequent written confirmation and proof of early return. No refunds are issued for partial months.
3. Request for an early return refund must be received by *GMS* no later than thirty (30) days from the date *you* return to *your* province of residence.
4. Refunds are subject to a \$20 administration fee and no refund will be issued for any amounts under \$5.
5. Those entitled to receive a refund will not be eligible for any claims reimbursement following refund payment.

Making a Claim

1. *You*, or someone on *your* behalf, must contact *GMS* prior to *treatment* whenever possible. Failure to contact *GMS* within twenty-four (24) hours of receiving medical *treatment* or admission to *hospital* will limit benefits otherwise payable, to 70% of eligible charges to a maximum of \$50,000.
2. A completed claim form must be submitted within ninety (90) days of the illness or injury.
3. In order to pay a claim, *GMS* will require the following documentation:
 - a) Original itemized receipts for all bills and invoices;
 - b) Proof of payment by *your* or any other benefit plan;
 - c) Medical records included completed diagnosis by the attending *physician*;
 - d) For dental claims, proof of the accident;
 - e) Proof of the travel dates including *your departure date* and *return date*;
 - f) *Your* historical records, if requested by *GMS*.
4. All documents for payment of eligible expenses must be received by *GMS* within thirty (30) days of *your* return home and no more than twelve (12) months from the date the last eligible expense was incurred.
5. Any action brought against *GMS* to recover on this policy must be brought within twelve (12) months from the date the claim form was first submitted.
6. *You* shall afford to *GMS* the opportunity to examine *you* when and as often as it reasonably requires while the claim hereunder is pending.
7. In the case of death, *GMS* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.
8. Claim forms are available from *GMS*, our authorized agents and via the internet at www.gms.ca.

Definitions

Some words in the policy have very specific meanings, which are set out in the Definitions section. These words appear in italics throughout the policy document.

Accidental: A happening due to external, sudden, fortuitous causes beyond your control.

Departure Point: The province, territory or country you depart from on the first day of your travel.

Dependant: Any unmarried child of you or your spouse (including step-child, adopted child or a child for whom you have been granted custody pursuant to an Order of the Court) who is chiefly dependant upon you or your spouse for support and maintenance, and is:

- a) Eighteen (18) years of age and under; or
- b) A developmentally or physically disabled child, regardless of age, if satisfactory proof of disability is received.

Effective Date: The day on which your coverage with GMS begins.

Emergency: A sudden and urgent happening requiring immediate action.

Expiry Date: The date on which your coverage ends under our Insurance.

GMS: Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers.

Government Plan: Any plan of insurance provided by or under the administrative control of any government or agency in accordance with any law (other than The Unemployment Insurance Act of Canada) or any plan providing insurance coverage regulated by any government.

Hospital: An institution licensed as a hospital which is primarily engaged in providing medical diagnostic and surgical services for the care and treatment of sick or injured persons on an in-patient basis, and, which has a laboratory, a registered graduate nurse and a physician always on duty and an operating room where surgical operations are performed by a legally licensed medical physician(s). In no event shall the term "hospital" or "general active treatment hospital" mean any hospital or institution or part of such hospital or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home for the aged, health spa or treatment centre for drug addiction or alcoholism.

Immediate Family Member: Your legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, grandparent, grandchild, in-law or natural or adopted child.

Non-adherence: The failure or refusal of a patient to cooperate by carrying out that portion of the medical care plan under his or her control.

Physician: A duly qualified doctor of medicine, who is not a member of your family, and is entitled under the laws of the

Province, State or Country where the services are rendered to prescribe drugs and administer medical treatment. A physician does not include a naturopath, herbalist or homeopath.

Policyholder: The person who has applied and paid the premiums to GMS for a plan and whose application has been approved by GMS.

Reasonable and Customary: Charges that are reasonably comparable to those normally charged for that service in the particular area where the service is received.

Return Date: The date on which you are scheduled to return to your departure point, as shown on your application.

Spouse: The person to whom you are legally married or with whom you have resided for at least twelve (12) months and whom you present publicly as your spouse.

Stable: Any medical condition or related medical condition for which:

- a) there have been no new symptoms, more frequent or more severe symptoms;
- b) there has been no change in treatment or change in medication;
- c) there has been no deterioration of your medical condition;
- d) there has been no hospitalization or referrals to a specialist including initial follow-up visits, tests or investigations booked in conjunction with a medical condition/symptom;
- e) there is no further testing, treatment or investigation booked or results pending;
- f) you have not experienced a symptom that remains undiagnosed;
- g) no further medical treatment after departure would be anticipated.

Surgeon: A physician who practices surgery.

Treatment: Any medical, therapeutic or diagnostic measure prescribed or recommended by a physician in any form including prescription medication, investigative testing, hospitalization, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem.

You or Your: The eligible person(s) named on the application and who have paid the appropriate premium.

Contact GMS

**For medical emergencies and assistance,
contact us 24-hours a day, 7 days a week**

Toll Free: 1-800-459-6604

(within Canada & USA), OR

Collect: (416) 260-4970

(from all other locations)

Always call GMS assistance before you seek medical attention to ensure the best possible medical care and coverage of your expenses. Our 24-hour assistance centre is available to help you obtain medical treatment, coordinate medical care and transportation, verify coverage and provide foreign language support.

**To obtain a claim form, visit the GMS website
at www.gms.ca/forms**

For questions regarding your StudentPlan policy, claims, or to obtain a claim form, contact:



Group Medical Services

#200 – 3303 Hillsdale Street

Regina SK S4S 7J8 CANADA

Toll-Free 1-800-667-3699 or (306) 352-7638

Fax: (306) 525-6360 • Email: info@gms.ca

www.gms.ca

Group Medical Services is the operating name for GMS Insurance Inc. in provinces outside of Saskatchewan.

Products available for purchase in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Nova Scotia and Newfoundland.

Effective June 1, 2009 • STP0106CA09