



EXTRA DENTAL COVERAGE INSURANCE PROGRAM FOR HOCKEY CANADA MEMBERS

This additional coverage, referred to below as a Rider, was negotiated in conjunction with Hockey Canada and BFL CANADA Risk & Insurance Inc – Hockey Canada's insurance broker.

This optional coverage is available to all Hockey Canada Provincial Branches, Associations, Leagues or other entities that are members of Hockey Canada. In order to be eligible for the coverage, all members of a group must adhere to the program. The program is unfortunately not available on an individual member basis. Please note that any leagues or members must be part of the Hockey Canada Health Benefit Trust Program, which must include their dental program.

Coverage is valid for 1 year and the inception date of the Rider is at the group's discretion. You have the flexibility to include 1 or more of the following categories of members within the Rider:

- Players
- Officials
- Coaches
- Bench staff

The Rider will come into effect following the full disbursements available to claimants in the following order:

1. Provincial health care
2. Individual benefits (through the individuals, or the individuals parents benefit program)
3. Hockey Canada Dental Coverage (HBT program)
4. Any other Extra Dental Riders

Benefits are payable in excess of any other primary coverage, any secondary coverage available to them through Hockey Canada, or any other insurance / benefits plan under which there is coverage.

Reimbursement shall only be made provided that expenses are:

- a) incurred in Canada;
- b) incurred within fifty-two (52) weeks of the date of the accident causing injury;
- c) incurred only for therapeutic and not elective or aesthetic treatment; and
- d) supported by an original standard dental claim form submitted to the Company as proof of claim.

In order to adhere to the program

Please complete the Extra dental coverage form for Hockey Canada members included below.

Send the completed form, signed and dated, by email, mail or fax to us:

Mail:

BFL CANADA – Sacha Vaillancourt - Sports Division (2001 avenue McGill College, Suite 2200, Montréal QC H3A 1G1).

Email :

Sacha Vaillancourt : svaillancourt@bflcanada.ca

Fax :

Sacha Vaillancourt - 514 843-3842

If you have any questions, do not hesitate to contact insurance brokers, Sacha Vaillancourt at 514 315-4523 /Toll Free 1-800-465-2842 ext. 1523

BFL CANADA Risk and Insurance Inc.

Sacha Vaillancourt, B.Sc. CRM
BFL CANADA Risk and Insurance Inc.
Commercial-Lines Client executive
Sports and Leisure

EXTRA DENTAL COVERAGE FORM FOR HOCKEY CANADA MEMBERS



BFL CANADA Risk and Insurance Inc.
 2001 McGill College, Suite 2200, Montreal, Quebec, H3A 1G1
 Tel. (514) 843-3632 Watt: (800) 465-2842 Fax. (514) 843-3842

General Information:

1. Name of the Organization _____
 Mailing Address: _____

 Website address: _____
 Telephone no. (daytime) _____
 Contact person: _____
 Email _____

Insurance Information:

2. Will there be any USA exposure? Yes No
 3. Number of pre-season games: _____ Numbers of regular season games: _____
 4. Coverage requirements: Effective Date: _____ Expiry Date: _____

5. Please check the required coverage:

<u>Limit of Insurance</u>	<u>Total number of players</u>	<u>Total number of coaches and support staff on the bench</u>	<u>Total number of officials</u>	<u>None or Half-visor</u>	<u>Full visor</u>	<u>TOTAL</u>
\$ 5 000				_____ x \$2.70 =	_____ x \$1.70 =	\$
\$ 10 000				_____ x \$4.50 =	_____ x \$2.90 =	\$
\$ 15 000				_____ x \$7.00 =	_____ x \$4.50 =	\$
\$ 20 000				_____ x \$8.65 =	_____ x \$5.60 =	\$
\$25 000\$				_____ x \$10.00 =	_____ x \$6.40 =	\$

The undersigned hereby certifies that the best of my knowledge the information indicated above is correct. I also understand that this document is not binding on either the insured to purchase insurance or on the insurer to provide insurance.

 Signature & Title

 Date