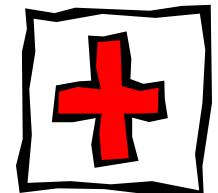




**UNIVERSITY OF
TRINIDAD AND TOBAGO**

**Group Personal Accident
Insurance
Benefit Schedule**



**AGOSTINI INSURANCE
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“when it comes to our client everything matters”

DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH

The Company will pay a percentage of the sum insured shown in the Schedule if Injury to an Insured person results in any one of the losses shown in the Table of Losses below. The loss must occur within 180 days of the date of the accident, which caused injury, and subject to the terms contained herein.

- If the Insured Person suffers more than one of the losses below as a result of the same accident, the aggregate of all percentages payable shall not exceed 100%
- After the occurrence of any one of losses 2 to 6 there shall be no further liability under the Policy in respect of the Insured Person for Injury sustained thereafter

Schedule of Benefits

<u>Benefits</u>	<u>Limits</u>
Accidental Death & Dismemberment	\$150,000.00
Medical Expense Reimbursement	\$ 20,000.00
Baggage	\$ 5,000.00

Permanent Disablement Table

<u>Description of Disablement</u>	<u>Percentage of the Sum Specified in the Schedule of Benefits</u>
1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent and Incurable Paralysis of All Limbs	100%
4. Total Loss of Sight of Both Eyes	100%
5. Loss of Two Limbs	100%
6. Permanent and Incurable Insanity	100%
7. Loss of One Limb	50%
8. Permanent Loss of Hearing in:	
(a) Both Ears	100%
(b) One Ear	50%
9. Total Loss of Sight of One Eye	50%
10. Loss of Four Fingers and Thumb of either Hand	50%
11. Loss of Four Fingers of either Hand	40%
12. Loss of One Thumb of either Hand	
(a) Both Joints	30%
(b) One Joint	15%
13. Loss of Fingers of either Hand	
(a) Three Joints	10%
(b) Two Joints	8%
(c) One Joint	5%
14. Loss of Toes of either Foot	
(a) All – One Foot	15%
(b) Great – Both Joints	5%
(c) Great – One Joint	3%
(d) Other than Great, One Toe each	1%
15. Fractured leg or Patella with Established Non-union	10%
16. Shortening of Leg by at least 5cm	7.5%

Definitions

Permanent Total Loss of Use of member shall be treated as loss of member.

“**Limb**” – means at hand at or above the wrist or a foot at or above the ankle.

“**Permanent**” – means lasting twelve (12) calendar months and at the expiry of that period being beyond reasonable hope of improvement.

“**Permanent Total Disablement**” – means the Insured Person is unable to engage in any occupation or employment for compensation or profit for which the Insured Person is reasonably qualified by training or experience.

Where the Injury is not specified, the Company will adopt a percentage of disablement under Scale II, which in its opinion is not inconsistent with the provisions of Scale II.

“**Injury**” means accidental bodily injury occurring while coverage is in force as to the Insured whose injury is the basis of claim and resulting directly and independently of all other causes of loss covered by this policy.

“**Loss**” means, with reference to hand or foot, complete irreparable severance at or above the wrist or ankle joint; with reference to eye; entire and irrecoverable loss of sight; with reference to speech or hearing; entire and irrecoverable loss or either; with reference to thumb and index finger actual severance at or above the metacarpophalangeal joints.

“**Physician**” means a person legally licensed to practice medicine and/or surgery other than the Insured or a member of the Insured’s immediate family.

“**Hospital**” means an establishment which meets all of the following requirements: (a) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction; (b) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (c) provides 24 hour a day nursing service by registered or graduate nurses; (d) has a staff of one or more physicians available at all times; (e) provides organized facilities for diagnosis and major surgical procedures; (f) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; (g) maintains x-ray equipment and operating room facilities.

Flying Coverage Extension

Coverage as respects flying is limited to loss occurring while the Named Insured is riding solely as a passenger, not as an operator or crew member, in, boarding, or alighting from:

- a certified passenger aircraft provided by a commercial airline or any regular, schedule or non-schedules, special or chartered flight and operated by a properly certified pilot flying between duly established and maintained airports, or
- any transport type aircraft operated by the Defence Forces of the Republic of Trinidad & Tobago or by similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world.

EXCEPTIONS

- This policy does not cover any loss or expense caused by or resulting from:
- intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; nor
 - war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law, or state of siege; or any of the events or causes which determine the proclamation of or enforcement of martial law or state of siege, seizure, quarantine; or custom regulations; or nationalization by or under the order of any government or public or local authority; or any weapon or instrument employing atomic fission or radio active force, whether in time of peace or war; nor
 - any period any Insured is serving in the Armed Forces of any country or international authority, whether in peace or war, and in such an event the Company, upon written notification by the Policyholder, shall return the pro rata premium for any such period of service; nor
 - loss sustained or contracted in consequence of an Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; nor
 - any loss of which a contributing cause was the Insured’s attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest by the Insured; nor
 - any loss sustained while flying in any aircraft or device for aerial navigation except as specifically provided herein; nor
 - congenital anomalies and conditions arising out of or resulting therefrom; nor
 - replacement of eyeglasses, contact lenses or prescriptions therefore; nor
 - dental treatment except as specifically provided herein; nor
 - preventive medicines or vaccines.

The Insured shall, if so required, and as a condition precedent to any liability of the Company, prove that the loss did not in any way arise under or through any of the above excepted circumstances or causes.

CLAIMS

NOTICE OF CLAIM: Written notice of claim must be given to the Company within (30) days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured to the Company at the Company’s General Office, or to any authorized agent of the Company, with information sufficient to identify the Insured shall be deemed as notice to the Company.

CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually required by the Company for filing proofs of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the

requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proof of loss, written proof covering the occurrence the character and the extent of the loss for which claim is made.

TIME FOR FILING PROOF OF LOSS: Written proof of loss must be furnished to the Company within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

TIME OF PAYMENT OF CLAIMS: Indemnities payable under this policy will be paid immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS: Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured. Any other accrued indemnities unpaid at the Insured’s death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured.

If any indemnity of this policy shall be payable to the estate of the insured or to and Insured who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity to the Insured’s parent, guardian or other person actually supporting the Insured. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured or of the legal or natural guardian of the Insured if the Insured is a minor or otherwise incompetent to make such a direction, all or portion of any indemnities provided by this policy as a result of medical, surgical, dental, hospital or nursing service may, at the Company’s option, and unless the Company is required otherwise in writing not later than the time of filing proofs of loss, be paid directly to the hospital or person rendering such service; but it is not required that the services be rendered by a particular hospital or person.

CONSENT OF BENEFICIARY: Consent of the Beneficiary shall not be required for change of Beneficiary or to any other changes in this policy.

PHYSICAL EXAMINATION AND AUTOPSY: The Company, at its own expense, shall have the right and opportunity to examine any Insured whose injury or sickness is the basis of a claim when and as often as the Company may reasonably be required during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60)-days after written proof of loss has been furnished in accordance with the requirements of the policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

For Further Information Please Contact

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