

TIP FRIENDLY SOCIETY
TIP Student Plan (Personal Accident Insurance Programme)
Schedule of Benefits

Benefits	Plan A \$	Plan B \$	Plan C \$	Plan D \$	Plan E \$	Plan F \$	Plan G \$	Plan H \$
Accidental Death	100,000	120,000	140,000	200,000	250,000	300,000	350,000	400,000
Dismemberment								
Both Hands	100,000	120,000	140,000	200,000	250,000	300,000	350,000	400,000
Both Feet	100,000	120,000	140,000	200,000	250,000	300,000	350,000	400,000
Sight of Both Eyes	100,000	120,000	140,000	200,000	250,000	300,000	350,000	400,000
Hearing of Both Ears	100,000	120,000	140,000	200,000	250,000	300,000	350,000	400,000
Speech	100,000	120,000	140,000	200,000	250,000	300,000	350,000	400,000
One Hand and One Foot	100,000	120,000	140,000	200,000	250,000	300,000	350,000	400,000
Either Hand or Foot & Sight of One Eye	100,000	120,000	140,000	200,000	250,000	300,000	350,000	400,000
Either Hand or Foot	50,000	60,000	70,000	100,000	125,000	150,000	175,000	200,000
Sight of One Eye	50,000	60,000	70,000	100,000	125,000	150,000	175,000	200,000
Thumb & Index Finger of One Hand	25,000	30,000	35,000	50,000	62,500	75,000	87,500	100,000
Other Fingers of One Hand	10,000	12,000	14,000	20,000	25,000	30,000	35,000	40,000
Accident Medical Expenses Reimbursement (Maximum per Accident)	10,000	12,000	14,000	20,000	25,000	30,000	35,000	40,000
Transportation Cost Reimbursement (Maximum per Accident)	500	1,000	2,000	3,000	3,500	4,500	5,000	6,000
Annual Premium per Student	130	200	250	300	350	400	500	550
Natural Death (Rider)	100,000	120,000	140,000	200,000	200,000	200,000	200,000	200,000
Annual Premium per Student (Inclusive of Natural Death Benefit)	370	440	490	540	590	640	740	1,030

Aggregate Limit (Maximum payable from any major accident involving more than one student)	\$5,000,000	\$7,500,000
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N.B. This programme guarantees protection only in the event of accidental injury, accidental dismemberment or accidental death. Natural death benefit is only guaranteed if paid for Annual premium paid is for the Academic Year only (September to August)
 Plan H covers one parent and a child (student); All the other Plans cover only one child (student)
 Notice of Claim must be made to the office within 30 days of the occurrence of the accident

TIP Friendly Society	
80 Half Way Tree Road, Kingston 10. Tel: 920-8399, 960-0729, 618-1914, 1-888-991-4189	
Received from _____	
The sum of _____ \$ _____	
for Annual Premium for the TIP Student Plan Personal Accident Insurance Programme.	
_____ Authorised Signature	_____ Date
PARENT COPY	