ALUMO

CCSAI Student health

2026-2027

Student Insurance Plan

Full-time Domestic Students Only

Policy: 181891

Designed for the students of Centennial College

As a full-time registered domestic student you are automatically covered for the benefits described herein.

ALUMO

Questions? Call Alumo:
514-225-3215

Please have your student ID readily available.

2255 Sheppard East, Atria 1, 2nd Floor Suite 202 Toronto, ON M2J 4Y1

www.alumo.ca

Underwritten by
Canada Life, administered by Alumo
(hereinafter referred to as “The Company”)

This booklet has been prepared as a brief outline of the benefits available to you under your Group Insurance Plan. It is not an insurance policy, but an informal explanation of benefits provided by the plan.

SECTION I

Pay Direct Prescription Benefits

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 90% of the reasonable and customary charges incurred, to a maximum of $1,200.00 per Insured, per policy year, for expenses for:

a) most prescription drugs or medicines;
b) insulin injectibles;
c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, subject to a maximum of $400.00 per Insured per policy year (Pseudo Din # 910333 must be used for diabetic supplies);
d) allergy serums;
e) TwinRix vaccine;
f) oral contraception and Nuva Ring subject to a maximum of $200.00 per Insured per policy year;
g) IUDs subject to a maximum of $200.00 per Insured per policy year.

Please visit our website www.alumo.ca for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

The maximum amount allowed for a dispensing fee is $11.99 any amount charged over and above will be payable by the student.

EXCLUSIONS

The following are excluded:

a) over-the-counter products, or medicines available without a prescription;
b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
c) anti-smoking remedies (nicorette gum, patches or similar products);
d) oral vitamins; injectible vitamins that are non-prescription;
e) drugs, hormones, products and injections for the treatment of obesity;
f) infant formula, dietary foods and aids; salt and sugar substitutes;
g) first-aid and surgical supplies; atomizers, vaporizers;
h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
i) preventative vaccines, including hepatitis B vaccine, but excluding TwinRix vaccine;
j) all acne preparations including Accutane.

SECTION II

Dental Benefits

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured is $400.00
Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners.

*Additional discounts are available through the Dental Network.
Please visit www.alumo.ca for more information.

BASIC AND PREVENTIVE SERVICES

70% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

ELIGIBLE EXAMS

a) complete oral examinations
b) recall oral examinations
c) emergency or specific oral examinations
d) consultation

ELIGIBLE X-RAYS

a) full mouth series, maximum of 16 films in any 36 consecutive months
b) panorex (one in any 36 consecutive months)
c) periapical (no more than 16 films in any 36 consecutive months)
d) bitewing (no more than 4 films in 12 consecutive months)
e) occlusal (no more than 4 films in 12 consecutive months)

70% of one cleaning and one unit of polishing; includes up to 2 units of scaling (above the gum line).
Fluoride treatments will be limited to one per policy year.

MINOR RESTORATIVE SERVICES

50% of the cost of amalgam, silicate, composite or tooth- coloured fillings and space maintainers.

Please note the following information:

- space maintainers only applicable to dependents under 15 years of age
- tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
- multiple restorations on a common surface placed on the same service date will be considered a single restoration
- maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting.

EXTRACTIONS AND ORAL SURGERY
15% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year.

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

SECTION III

Extended Health Care Benefits

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. **Payment will be made for those eligible expenses which are a) reasonable and medically necessary.**

ELIGIBLE EXPENSES (IN PROVINCE)
100% of Vision Care eligible expenses and 80% of all other eligible expenses. The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

PARAMEDICAL PRACTITIONERS
All practitioners must be licensed, certified or registered, is neither an Insured, or a member of the immediate family and does not ordinarily reside in the Insured's residence.

80% per treatment up to a maximum of $500.00 each policy year for:

a) combined coverage of a clinical psychologist/speech therapist.

80% per treatment up to a maximum of $300.00 each policy year for:

a) combined coverage of a registered massage therapist /physiotherapist.*
*physician referral required

VISION CARE

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, to a maximum of $80.00 plus (b) or (c) below;
b) standard eye glass lenses and frames (single vision or bifocal as required) when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of $100.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of $100.00 for one complete set of lenses for any Insured, in any 24 consecutive months based on date of first paid claim. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
f) medical treatment which is experimental or investigational in nature;
g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
h) services, treatment or supplies not included in this benefit;
i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by CCSAI. and/or Centennial College.
k) expenses, which are provided for by any Federal, Provincial or Municipal government plan, or which would have been provided for if the Insured had applied for coverage in such plan.

Accident Benefits

(Applies to all benefit plans)

PRINCIPAL SUM: $15,000

TABLE OF LOSES

Loss	Amount Payable
For loss of:	
Life	1/3 principal sum
Both hands	the principal sum
Both feet	the principal sum
Sight of both eyes	the principal sum
One hand and one foot t	the principal sum
One hand and sight of one eye	the principal sum
One foot and sight of one eye	the principal sum
Speech and hearing in both ears	the principal sum
One arm	3/4 principal sum
One leg	3/4 principal sum
One hand	1/2 principal sum
One foot	1/2 principal sum
Sight of one eye	1/2 principal sum
Speech	1/2 principal sum
Hearing in both ears	1/2 principal sum
Thumb and index finger	1/9 principal sum
Any one finger	1/30 principal sum
For loss of use of:	
Both arms and both legs (quadriplegia)	2 X the principal sum
Both legs (paraplegia)	2 X the principal sum
One arm and one leg on the same side of the body (hemiplegia)	2 X the principal sum
One arm and one leg on different sides of the body	the principal sum
Both arms	the principal sum
Both hands	the principal sum
One hand and one leg	the principal sum
One arm	3/4 principal sum
One leg	3/4 principal sum
One hand	1/2 principal sum

IN THE TABLE OF LOSSES:

Dismemberment loss
Loss by dismemberment means:

a) for hands and feet, complete severance through or above the wrist or ankle joints;
b) for arms and legs, complete severance through or above the elbow or knee joints;
c) for thumb and big toe, complete severance of one entire phalange;
d) for fingers and other toes, complete severance of two entire phalanges.

Surgical reattachment
An amount equal to 50% of the dismemberment benefit is payable if a dismembered part is surgically reattached, regardless of the use regained. The balance of the dismemberment benefit is payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.

Sight, speech, and hearing loss
Loss of sight, speech, or hearing means total and irrecoverable loss beyond correction by surgical or other means.

Loss of use
Loss of use means total and irrecoverable loss of the ability to perform every action the arm, leg, or hand was able to perform before the accident occurred, beyond correction by surgical or other means. No benefits will be paid for loss of use if benefits for loss by dismemberment of the same arm, leg, or hand are paid or payable as a result of the same accident.

REPATRIATION BENEFIT
If benefits are payable under this benefit provision for loss of life which occurred at least 150 kilometres from the person's place of residence, Canada Life will pay the actual expense incurred for preparation of the body and its transportation to the place of burial or cremation. The maximum amount payable under this provision is $2,500.

EDUCATIONAL BENEFIT FOR DEPENDENT CHILDREN

If benefits are payable under this benefit provision for loss of a student's life, Canada Life will pay the tuition fees for enrolling his dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must satisfy one of the following conditions:

1) he must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing the loss of life; or
2) he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing the loss of life and enrols as a full-time student at a post-secondary institution within 365 days after the accident.

The maximum amount payable under this provision for each year of full-time post-secondary school enrolment is the lesser of:

1) 5% of the principal sum; and
2) $5,000.

Canada Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

Dependent child

A dependent child is an unmarried natural, adopted, or step child of the student or the student's spouse.

A child of the student's spouse is not considered a dependent child unless:

1) he is also the student's child; or
2) the spouse is living with the student and has custody of the child.

Full-time student

A child is considered a full-time student if:

1) he is in registered attendance for 15 hours a week or more; and
2) he is under age 25.

Post-secondary institution

A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.

Benefit limitations

No benefits will be paid for:

1) tuition expenses incurred before the accident.
2) room or board or other ordinary living, travelling, or clothing expenses.

FAMILY TRANSPORTATION BENEFIT
If a person is hospitalized more than 150 kilometres from his home as a result of a covered loss for which benefits are payable under this benefit provision, Canada Life will pay for transportation and lodging expenses for one family member to join the person. The maximum amount payable under this provision is $2,000.

Benefit limitations
Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to $.44 per kilometre travelled.

OCCUPATIONAL TRAINING BENEFIT FOR SPOUSES
If benefits are payable under this benefit provision for loss of a student's life, Canada Life will pay for expenses associated with his spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify. The maximum amount payable under this provision is the lesser of:

1) 10% of the principal sum; and
2) $10,000.

Spouse
- A spouse is the student's legal spouse or common-law spouse.
- A legal spouse means the person lawfully married to the student according to applicable provincial legislation.
- A common-law spouse means a person who is living with the student in a conjugal relationship.

Benefit limitations
No benefits will be paid for:

1) expenses incurred more than 3 years after the accident causing the loss of life.
2) room or board or other ordinary living, travelling, or clothing expenses.

EDUCATIONAL BENEFIT
If benefits are payable under this benefit provision for a loss that requires the person to change occupations, Canada Life will pay the tuition fees for enrolling the person as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, the person must enrol at a post-secondary institution within 365 days after the accident. The maximum amount payable under this provision is $10,000.

Post-secondary institution
A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.

Benefit limitations
No benefits will be paid for:

1) tuition expenses incurred before the accident.
2) expenses incurred more than 2 years after the accident causing the loss.
3) room or board or other ordinary living, travelling, or clothing expenses.

WHEELCHAIR BENEFIT
If benefits are payable under this benefit provision for a loss due to an injury that requires the use of a wheelchair for the person to be ambulatory, Canada Life will pay for expenses associated with:

1) alterations to the person's principal residence to make it wheelchair accessible and habitable; and
2) modifications to a motor vehicle used by the person to make it accessible to and driveable by the person.

Benefits for home alterations are payable only if the person or persons making the changes are:

1) experienced in home alterations for wheelchairs; and
2) recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if:

1) the person or persons making the changes are experienced in vehicle modification for wheelchairs; and
2) the modifications are approved by the provincial vehicle licensing authority.

Benefit maximum
The maximum amount payable for all home and vehicle modifications combined is $10,000.

Benefit limitations
No benefits will be paid for:
1) expenses incurred more than 365 days after the accident.
2) subsequent alterations to the person's home or vehicle after an initial claim for benefits has been made under this provision.

GENERAL LIMITATIONS
No benefits will be paid for loss resulting from or associated with the following:

1) suicide or intentionally self-inflicted injury, regardless of the person's state of mind and whether or not he was able to understand the nature and consequences of his actions;
2) viral or bacterial infections, except pyogenic infections occurring through the injury for which loss is being claimed;
3) disease or infirmity;
4) medical or surgical treatment, except surgical reattachment;
5) service, including part-time or temporary service, in the armed forces of any country;
6) war, insurrection, or voluntary participation in a riot;
7) air travel, ascent, or descent, except as a passenger in a licensed aircraft flown by a pilot certified to fly the aircraft. Under no circumstances will benefits be paid where the aircraft is owned, leased, or rented by the Group Policyholder or where the person who suffers the loss is acting as a crew member;
8) an accident occurring while operating a vehicle, vessel or aircraft, while the person is impaired by drugs or alcohol, and has a blood alcohol level higher than 80 mg of alcohol per 100 ml of blood;
9) use of any prohibited substance including, but not limited to, any substance listed under the Controlled Drugs and Substance Act, it's Schedules, or other comparable criminal legislation;
10) parachuting or skydiving;
11) participation in a criminal offence or provoking an assault;
12) a loss incurred by a person in their home country or resulting from an accident that occurred in a person's home country, if their home country is not Canada.

PROOF OF CLAIM

Benefits under this policy will be paid only after Canada Life has received satisfactory proof that payment is due.

Claimant responsibility

The claimant must provide information required to prove his entitlement to benefits and must also authorize Canada Life to obtain information from other sources for this purpose.

Time limit

Canada Life will not be liable for benefits for which proof is submitted more than 15 months after the date of the loss.

QUEBEC TIME LIMIT FOR THE PAYMENT OF BENEFITS

Where Quebec law applies, benefits will be paid in accordance with the terms set out in this policy within 60 days following receipt of the required proof of claim.

LEGAL ACTIONS

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

BENEFICIARY

A student may make, alter or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary the student made under the Group Policyholder's previous policy prior to the effective date of this policy applies to this policy until the student makes a change to that designation.

Drug/Dental/Accident Claims

All practitioners must be licensed, certified or registered, is neither an Insured, or a member of the immediate family and does not ordinarily reside in the Insured's residence.

Please note that general prescription drug and dental claims for the 2025-2026 policy year must be RECEIVED by ClaimSecure no later than November 30, 2026 to be eligible for reimbursement.

How do I make a drug/dental/ehc claim? (as of September 1st, 2026)
Your student identification card may be used at any participating provider (pharmacist or dentist) across Canada and payment of eligible claims will be honored. To fill a prescription drug or dental claim, you will need to supply the pharmacist/dentist with the following information:

- → Group policy number: 181891
- → Drug Carrier: 34 (ASSURE)
- → Dental CARRIER: 000034
- → Your Certificate: Your Student ID (without leading zeros)

At this point you will be required to pay the deductible amount of your claim if necessary.

Please note the dental office may charge more than the Fee Guide, which will require the student to be responsible for any additional costs.

When and where do I get my Family Benefits card?
You apply for family coverage or single parent coverage directly through Alumo on www.alumo.ca. You send payment directly to the broker, Alumo. Once you are registered on the benefit app, the whole family can use the same card.

My student card was not accepted at the pharmacy or dental office.
There are a few different reasons for having complications at your pharmacy or dental office. Below are some scenarios:

a) At the beginning of each semester, a listing of all registered and eligible students to date is provided. These records are used to put your personal information online so you can make a pay-direct claim at your pharmacy or dental office. There is a time when you will not be able to use your student card to purchase claims on-line due to the transfer of information to the on-line system. If you are affected by this delay, please use the manual reimbursement system as noted below.
b) Your pharmacist or dentist may not be familiar with the procedure for processing a claim through the Benefits app (Adjudicare).
c) If you experience complications at the pharmacy that are not related to the above descriptions, please call Alumo for help.

I have been unable to locate a participating pharmacy or dental office. What do I do?
It will be necessary for you to pay cash for the claim, keeping official receipt(s), which will identify the total amount(s) paid. Please use the manual reimbursement system as noted below.

How do I make an Extended Heath Care claim?
Be aware that when making a claim under this benefit, which also includes your vision coverage, you will need to pay 100% of the cost up front and submit a manual claim directly to the Benefits app for reimbursement. Extended Health Care claim forms will also be available at www.alumo.ca.

How do I use the manual reimbursement system?
Go on the www.alumo.ca website select File a Claim or How to Claim and look for Download the Alumo Benefits App section and click Web Registration or, Download on the app and follow the steps to register!

1) To register, enter your student ID without letters or leading zeros as the certificate number and the group number. To find your group number, visit www.alumo.ca. Select your school, student association or union and the website will open in a new tab, scroll to the bottom footer where the group number is displayed. You may click Need more Help. Next, enter your last name, postal code and date of birth. Make sure your date of birth and last name match the school records.

2) Create a unique username and enter your e-mail address. Create a password following the guidelines on the page and enter it in both the Password and Confirm password fields. Now that the enrollment form is completed, click the Register button at the bottom to submit your registration. Take a moment to read through the terms and conditions, then click I Agree to continue. Check your e-mail for the security code needed to complete your registration.
3) Log in to set up your account.
4) Enter your mailing address for contact and documentation purposes to ensure accurate processing of your claims and payments. Your account is fully set up. You can now check coverage balance and stay informed with our health solutions and resources.

Can I submit my claims electronically? Can you reimburse my claim using direct deposit?
YES. Once registered, plan members/dependents can submit claims electronically if you select direct deposit for claim reimbursements. View personal claims history, access dependent claims information (for those individuals under the age of majority), directly on the Benefits app.

How do I make an accident claim?
Contact ALUMO as soon as possible for the procedure.
www.alumo.ca
514-225-3215

General Inquiries

Am I covered?
All students that pay the student Health Plan fee are covered for the Health Plan.

May I enroll my dependents?
All students may obtain coverage for their spouse and dependent children by enrolling them during the semester that the student was assessed the Health Plan fee and paying the appropriate fee at alumo.ca using Visa or Mastercard or at the Centennial College Student Association office.

Fall 2026 Family coverage option will run from
September 1, 2026 to October 16, 2026 @ 4pm.

Winter 2027 Family coverage option will run from
January 1, 2027 to February 19, 2027 @ 4pm.

Summer 2027 Family coverage option will run from
May 1, 2027 to June 18, 2027 @ 4pm.

* Family coverage must be purchased prior to the deadline date of the start of your first semester in the policy year.
i.e Fall semester student would not be able to purchase family coverage in the Winter semester.

"SPOUSE" means the legal spouse of the Insured Student, residing in Canada, provided there is no legal separation in effect, or an individual of the same sex or opposite sex who has been residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in the Centennial College records for insurance purposes, and is covered under the provincial health insurance plan.

"DEPENDENT CHILD OR CHILDREN" means any natural child, step child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, is covered under the provincial health insurance plan and is a resident of Canada.

What if I am already covered?
You may decline coverage for the Health and Dental benefits by completing the on-line opt-out application. The opt-out deadline is October 16, 2026 at 4:00 pm for September start programs or February 19, 2027 at 4:00 pm for January start programs or June 18, 2027 at 4:00 pm for May start programs. Please be aware that these deadline dates will not be extended. You must provide proof of similar coverage elsewhere (ie. as a dependant under your parent's or spouse's insurance). Please go to www.alumo.ca to complete your on-line opt-out application. Opt out refunds will be credited to the students account no later than November 1, 2026 for fall start students, March 1, 2027 for winter start students and June 30, 2027 for spring/summer start students.

Coverage Begin and End Dates
Policy Year: September 1 - August 31
Students will have 12 months of coverage (if they are starting in the Fall and return in Winter)

A student that is enrolled in the Fall semester is covered for the Fall semester only.
A student that enrolls in the Winter semester is covered for the Winter semester only.
A student that enrolls in the Summer is covered for the Summer semester only.

What is the termination date of my coverage?
In accordance with the outline described above, your benefits will terminate August 31, 2027. Once your coverage terminates, any additional family coverage that you have applied for will terminate also.

Termination of Insurance
Insurance with respect to each Insured Person will immediately terminate on the earliest of the following dates:

a) The date this policy is terminated.
b) The date the Insured Student becomes insured under a policy replacing this policy.
c) The date an Insured Student ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.
d) The date an Insured Student reaches 70 years of age.
Insurance, with respect to a Spouse or Dependent Child or Children of the Insured Student shall terminate on the date the insurance of an Insured Student terminates or on the date the Spouse or Dependent Child or Children cease to qualify for insurance hereunder in accordance with the definitions, whichever date shall first occur.

Coordination of Benefits for Private and Provincial Plans
Amounts payable under the policy shall only be for the excess of such expenses over any amounts available or collectible for the treatment or services which are insured services under the Provincial Medical or Hospital Care Plan of the province in which the Insured is resident, whether or not the Insured is covered hereunder.

If an Insured has coverage under another plan of insurance which provides similar benefits, the order of benefits determination is as follows:

a) the plan that does not include a Co-ordination of Benefits provision is considered to be the primary plan and pays benefits first before a plan which includes a Co-ordination of Benefits provision
b) the plans that include a Co-ordination of Benefits provision, priority payment is established as follows:
   1. the plan where the Insured is covered as a student
   2. the plan where the Insured is covered as a dependent

If you have any questions, contact Alumo at 514-225-3215

This brochure is designed to outline the benefits for which you are eligible and does not create or confer any contractual or other rights. All rights with respect to the benefits of an Insured will be governed solely by the Group Master Policy underwritten by Canada Life and administered by Alumo.

NEW FOR 2026-2027:

Your drug, dental, and extended health care claims are covered by Alumo.

PAY DIRECT - THE PHARMACIST/DENTIST WILL NEED TO KNOW:

Canada Life Policy: 181891

Drug Carrier: 34 (ASSURE)

Dental Carrier: 000034 (TELUS AdjudiCare)

Your Certificate ID is your Student ID
(without leading zeros or letters)

Submit claims quickly and easily

Simply open the **Alumo Benefits App** on your web browser or mobile app and click the register button. **Visit www.alumobenefitsapp.ca**

Claim Inquiries

Contact Alumo Claims
1-866-586-1010
Claims@alumo.ca

Plan Consultants:

ALUMO

2255 Sheppard East, Atria 1, 2nd Floor Suite 202, Toronto, ON M2J 4Y1
Website: www.alumo.ca
Email: claims@alumo.ca

Alumo Toll Free: 1-866-586-1010

All Drug, Accident, Dental & EHC Benefits Underwritten by:
Canada Life, Administered by Alumo

canada life™