



GROUP BASIC ACCIDENT INSURANCE PLAN

FOR

**PROFESSIONAL ASSOCIATION OF RESIDENTS
OF THE MARITIME PROVINCES**

POLICY NUMBER 056/020487A

Class A

Scope of Coverage

You are insured against the perils described in this booklet. Your protection is worldwide and applies for any injury sustained 24-Hours a day while your coverage is in force. Benefits are payable regardless of any other benefits that you may receive from any insurance company other than William J. Sutton & Co. Ltd., or any other organization.

Definitions

“**Principal Sum**” means the amount indicated under **Applicable Principal Sum**.

“**Male pronoun**” wherever used includes the female.

Eligibility

You are eligible for coverage if you are a Resident who is a permanent full-time Staff member under age 70 of the Dalhousie Medical Education Program working at least 20 hours per week.

Effective Date

Your insurance is effective immediately on your date of employment.

Applicable Principal Sum

You are insured for the Principal Sum indicated below:

CDN \$100,000

Reduction/Termination Clause

Coverage reduces as follows:

\$94,000 at age 61
\$86,000 at age 62
\$80,000 at age 63
\$74,000 at age 64
\$66,000 at age 65
\$64,000 at age 66
\$60,000 at age 67
\$56,000 at age 68
\$54,000 at age 69

Coverage terminates at the earlier of retirement, age 70 or termination of employment/residency.

What Benefits are Provided?

Loss Schedule

If your bodily injuries result in your Accidental Death, Dismemberment, Loss of Speech and/or Hearing, Paralysis and Loss of Use occurring within 12 months of the date of the accident, the Insurer will pay the percentage of the Principal Sum set opposite such loss. Each sum is calculated based on your amount of Principal Sum.

	Percentage of Principal Sum
Loss of Life ..	100%
Loss of Both Arms ..	100%
Loss of Both Legs ..	100%
Loss of Both Hands ..	100%
Loss of Both Feet.....	100%
Loss of Entire Sight of Both Eyes ..	100%
Loss of One Hand and One Foot.....	100%
Loss of One Hand and Entire Sight of One Eye ..	100%
Loss of One Foot and Entire Sight of One Eye.....	100%
Loss of One Arm.....	80%
Loss of One Leg ..	80%
Loss of One Hand.....	75%
Loss of One Foot ..	75%
Loss of Entire Sight of One Eye.....	75%
Loss of Thumb and Index Finger of Any One Hand ..	40%
Loss of Four Fingers of Any One Hand ..	40%
Loss of All Toes on One Foot ..	33%
Loss of Speech and Hearing in Both Ears.....	100%
Loss of Speech ..	75%
Loss of Hearing in Both Ears ..	75%
Loss of Hearing in One Ear ..	40%
Paraplegia (Both Lower Limbs) ..	200%
Hemiplegia (Upper and Lower Limbs on the Same Side of the Body) ..	200%
Quadriplegia (Both Upper and Lower Limbs) ..	200%
Brain Death ..	100%
Loss of Use of Both Arms.....	100%
Loss of Use of Both Legs.....	100%
Loss of Use of Both Hands.....	100%
Loss of Use of Both Feet ..	100%
Loss of Use of One Hand and One Foot ..	100%
Loss of Use of One Hand and Entire Sight of One Eye.....	100%
Loss of Use of One Foot and Entire Sight of One Eye ..	100%
Loss of Use of One Arm ..	80%
Loss of Use of One Leg.....	80%
Loss of Use of One Hand ..	75%
Loss of Use of One Foot.....	75%
Loss of Use of Thumb and Index Finger of Any One Hand.....	40%
Loss of Use of Four Fingers of Any One Hand.....	40%

NOTE: If more than one of the losses occur as the result of one accident, the total amount payable shall not exceed the Principal Sum or in the case of Paralysis, benefits shall not exceed 200% of the Principal Sum.

“Loss” means, with regard to:

Loss of Use:	Total and irrecoverable Loss of Use, provided the Loss of Use is continuous for 12 consecutive months, and such Loss of Use is determined to be permanent and irrecoverable at the end of such period.
Hands and Feet:	Actual severance through or above wrist or ankle joints.
Arms and Legs:	Actual severance through or above elbow or knee joints.
Thumbs and Fingers:	Actual severance through or above metacarpophalangeal joints.
Toes:	Actual severance through or above metatarsophalangeal joints.
Sight, Speech, Hearing:	Medical certification by a duly qualified physician that such Loss of Sight, Speech and Hearing are entire and irrecoverable.
Paralysis:	Irrecoverable and permanent Loss of Use of such limbs.
Brain Death:	Irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain, even though the heart is still beating.

Exposure

If, while this coverage is in force, you are unavoidably exposed to the elements due to an accident and if, as the result of such exposure and within 365 days of the accident, you suffer a loss which would otherwise be payable, such loss will be covered.

Disappearance

If you disappear and your body is not found within one year and sufficient evidence is provided and confirms that you sustained accidental bodily injury which caused your death, the Insurer will pay the Principal Sum, provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Insurer if you are subsequently found to be living.

Aggregate Limit of Indemnity

Aggregate Limit of Indemnity per any one known accumulation: CDN \$30,000,000
Aggregate Limit of Indemnity per any one Aircraft accumulation: CDN \$3,500,000

The Insurer will not pay an amount that is more than the Aggregate Limit of Indemnity shown above. If the total amount claimed by all Insured Persons (including yourself) as a result of an accident is more than this limit, then the amount the Insurer pays for each Insured Person is equal to the Aggregate Limit of Indemnity, divided by the total amount claimed by all Insured Persons, multiplied by the amount claimed by each Insured Person.

Additional Benefits

Any benefits payable under the additional benefits shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable, unless specifically noted otherwise.

In the event that you are covered under two or more policies issued by the same Insurer, the Insurer’s aggregate liability for loss sustained by you only in respect of the specific additional benefits noted with an asterisk (*) below, shall not be cumulative and shall in no event exceed the largest amount available under any one of the policies.

Surgical Reattachment Benefit

If, as the result of an injury, you suffer a complete severance of a limb or an appendage or part of a limb or appendage, and if such severed limb or appendage or part is surgically reattached, the

Insurer will then pay a surgical reattachment benefit to you in accordance with the following:

- 1: Whether or not you regain the use of the severed limb, appendage or part, the Insurer will pay a benefit that is equal to fifty percent (50%) of the specific accidental loss benefit that would have been payable for the severance of such limb, appendage or part under the Loss Schedule, if the surgical reattachment had not been performed.
- 2: If, within 365 days immediately after the reattachment of the severed limb, appendage or part, you suffer a total, irrecoverable and permanent loss of use of such reattached limb or part of a limb, the Insurer will pay a benefit that is equal to the benefit under the Loss Schedule for loss of use of such limb or part of a limb minus the amount(s) paid or payable under this surgical reattachment benefit.
- 3: If, within 365 days immediately after the reattachment of the severed limb, appendage or part, such reattachment fails and the limb, appendage or part must be amputated, the Insurer will pay a benefit that is equal to the benefit under the Loss Schedule for the specific accidental loss of such limb, appendage or part minus the amount(s) paid or payable under this surgical reattachment benefit.

The amount payable under this surgical reattachment benefit and the Loss Schedule, for all losses sustained by you as the result of any one accident shall not exceed the Principal Sum.

Comatose Benefit

When as the result of an injury, and commencing within 365 days of the date of the accident, you become comatose as defined below, the Insurer will pay, provided such condition has continued for a period of 31 consecutive days and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under the policy as the result of the same accident.

“Comatose” means being in a state of total unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems, resulting in a neurological deficit which, as determined by a licensed physician, and in the opinion of the Insurer, is of a permanent nature.

Repatriation Benefit*

The Insurer will pay an amount not to exceed \$20,000 for the customary and reasonable expenses incurred for preparation of your body for burial or cremation and transportation of your body from the place of the accident to your place of residence. Payment is made if, as the result of an accident, you suffer loss of life more than 50 kilometres from your place of residence.

Identification Benefit*

If, as the result of an accident, you die away from home, the Insurer will pay up to \$20,000 for lodging and board for a member of your immediate family or authorized representative while enroute and/or during the stay in the city or town where your body is located for the purpose of identifying your body, including transportation by the most direct route by a licensed common carrier to and from such location.

If transportation occurs in a vehicle other than by a licensed common carrier, then reimbursement of transportation expenses will be limited to a maximum of \$0.25 per kilometre.

Payment will be made if, as the result of an accident, you suffer loss of life at least 50 kilometres away from your principal city of residence.

Rehabilitation Benefit*

When an injury which does not cause your loss of life results in the Insurer making a payment under the Loss Schedule, an additional amount not to exceed \$20,000 will be paid for the reasonable and necessary expenses actually incurred for your special training, provided (i) you have to undergo training as the result of the injury in order to be qualified to engage in an occupation in which you would not have engaged in except for such injury, (ii) expenses are incurred within three years from the date of the accident, and (iii) no payment is made for room or board or other ordinary living, travelling or clothing expenses.

Rehabilitative Physical Therapy Benefit*

When an injury which does not cause your loss of life results in the Insurer making a payment under the Loss Schedule, the Insurer will also pay the reasonable and necessary expenses you actually incur for Rehabilitative Physical Therapy up to a maximum of \$10,000, provided:

- a) such Rehabilitative Physical Therapy is prescribed and recommended by the attending Physician;
- b) expenses are incurred within three (3) years from the date of the accident; and
- c) no payment will be made for room or board or other ordinary living, travelling, or clothing expenses.

“Rehabilitative Physical Therapy” means treatment or treatments through exercises and/or equipment specially designed to facilitate the process of recovery from accidental injury to as normal a condition as possible. Surgical intervention is specifically excluded.

“Physician” means a doctor of medicine (other than yourself or a Member of the Immediate Family) licensed to practice medicine by:

1. a recognized medical licensing organization in the locale where the treatment is rendered, provided he/she is a member in good standing of such licensing body, or
2. a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

“Member of the Immediate Family” means a person at least eighteen (18) years of age, who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the previous include natural, adopted and step-relationships), spouse, grandson, granddaughter, grandfather or grandmother.

Funeral Benefit*

In the event you accidentally die away from home, the Insurer will pay up to \$5,000 for the services and/or materials provided by a mortician, undertaker, crematorium or funeral home, related to the burial or cremation and charges for the purchase of a burial plot, gravesite or mausoleum for the interment of the remains, including any markers or monuments. Payment will be made if, as a result of an accident, the expenses are actually incurred at the time of your death, less any charges for preparation of the remains for travel which are reimbursed under the Repatriation Benefit.

Bereavement Benefit

If an injury results in your loss of life, the Insurer will pay the reasonable and necessary expenses actually incurred by your Spouse and Dependent Children for up to six (6) sessions of grief counselling, by a Professional Counsellor, up to a maximum of \$1,500.

“Spouse”, means the person under age 70 who is married to you by reason of a valid religious or civil ceremony or your common-law spouse, provided a written designation has been submitted by you to the Insured. “Common-law spouse” means your designated domestic partner of the same or opposite sex under age 70, where such partner has been residing with you and has been publicly represented as your spouse or domestic partner for a period not less than one year immediately before a loss is incurred under the policy.

“Dependent Children”, means natural born children, legally adopted children, step-children, common-law children for whom you have legal custody or any other children dependent upon you for support and maintenance in a parent-child relationship as defined under the Income Tax Act where such children are:

- a) unmarried; and
- b) under 21 years of age; or
- c) under 25 years of age and in attendance at an institution of higher learning on a full-time basis; or
- d) mentally or physically handicapped. Such children will remain eligible beyond the maximum age shown above, provided they are incapable of self-sustaining employment and remain totally dependent upon you for support and maintenance.

“Institution of higher learning”, means an accredited institute, college, university, CEGEP or trade school.

Spousal Retraining Benefit*

In the event your accidental loss of life results in the Insurer making a payment under the Loss Schedule, payment is made for the reasonable and necessary expenses actually incurred within three years from the date of the accident by your spouse who engages in a formal occupational training program, specifically qualifying him for active employment in an occupation for which he would not otherwise have had sufficient qualifications. The maximum amount payable for all such expenses shall not exceed \$20,000. No payment is made for room, board or other ordinary living, travelling or clothing expenses.

To qualify for this benefit, your spouse shall:

- a) not be employed in a full-time occupation on the date of the accident;
- b) enroll as a full-time student in a school of higher education or vocational training for the purpose of preparing for full-time employment.

“Spouse”, means the person under age 70 who is married to you by reason of a valid religious or civil ceremony or your common-law spouse, provided a written designation has been submitted by you to the Insured. “Common-law spouse” means your designated domestic partner of the same or opposite sex under age 70, where such partner has been residing with you and has been publicly represented as your spouse or domestic partner for a period not less than one year immediately before a loss is incurred under the policy.

Special Education Benefit*

Should you lose your life in an accident, the Insurer will pay, in addition to all other benefits, 5% of your Principal Sum, to a maximum of \$10,000, towards the cost of your dependent child’s education. The dependent child must be enrolled as a full-time student in any institution of higher learning beyond the Secondary School level or at the Secondary School level and subsequently enroll as a full-time student in an institution of higher learning within 365 days following the accident.

This benefit is payable annually for a maximum of four consecutive annual payments, but only if the dependent child continues his education.

If at the time of your death, your dependent children are not eligible for the Special Education benefit, the Insurer will pay an amount of \$2,500 to your beneficiary.

“Dependent Children”, means natural born children, legally adopted children, step-children or common-law children for whom you have legal custody or any other children dependent upon you for support and maintenance in a parent-child relationship as defined under the Income Tax Act

where such children are:

- a) unmarried; and
- b) under 21 years of age; or
- c) under 25 years of age and in attendance at an institution of higher learning on a full-time basis; or
- d) mentally or physically handicapped. Such children will remain eligible beyond the maximum age shown above, provided they are incapable of self-sustaining employment and remain totally dependent upon you for support and maintenance.

“Institution of higher learning”, means an accredited institute, college, university, CEGEP or trade school.

Day Care Benefit*

In the event of your accidental loss of life, the Insurer will pay an amount equal to the lesser of:

- (1) the actual cost charged by the day care centre per year, or
- (2) 5% of your Principal Sum, or
- (3) \$5,000 per year,

on behalf of any dependent child who, at the time of your accidental loss of life, is under age 13 and is currently enrolled or subsequently enrolled in an accredited day care centre within 365 days following such loss.

This benefit is payable annually for a maximum of four consecutive annual payments, but only if the dependent child continues his enrollment in an accredited day care centre.

If at the time of your death, your dependent children are not eligible for the Day Care Benefit, the Insurer will pay an amount of \$2,500 to your beneficiary.

Family Transportation Benefit*

If you are injured while on a trip due to an accident and are confined as an inpatient in a hospital because of such injuries and you require the personal attendance of a member of the immediate family or an authorized family representative, as recommended by the attending physician, payment is made for the expenses incurred by the family member or the authorized family representative, for accommodation and transportation to your bedside by the most direct route by a licensed common carrier. The maximum amount payable for such expenses will not exceed \$20,000.

Payment will not be made for board or ordinary living, travelling or clothing expenses. If transportation occurs in a vehicle other than by a licensed common carrier, then reimbursement of transportation expenses will be limited to a maximum of \$0.25 per kilometre travelled.

“Member of the immediate family” means your spouse (or common-law spouse), parents, grandparents, children over age 18, brother or sister.

Home Alteration and Vehicle Modification Benefit*

If you receive a payment under the Loss Schedule and you are subsequently required due to the cause of the same accident, to use a wheelchair, this benefit will pay, upon presentation of proof of payment:

- (A) the one-time cost of alterations to your residence to make it wheel-chair accessible and habitable; and
- (B) the one-time cost of modifications necessary to your motor vehicle to make it accessible or driveable.

Benefit payments will not be made unless:

- (1) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheel-chair users, and
- (2) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both items A and B combined will not exceed \$20,000 or 10% of your Principal Sum to a maximum of \$50,000, whichever is greater.

Workplace Accommodation and Alteration Benefit*

If you receive a payment under the Loss Schedule and you require special adaptive equipment and/or workplace alteration in order to reasonably accommodate your return to active full-time employment with the Insured, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured provided:

1. the Insured agrees in writing to provide the special adaptive equipment and/or make alterations to the workplace for the purpose of making it accessible and adaptable to your needs;
2. the Insured acknowledges in writing that the performance of the essential duties of your occupation may be altered;
3. the proposed special adaptive equipment and/or workplace alteration must have prior written approval by the Insurer;
4. the Insurer reserves the right to examine you to evaluate the appropriateness of the proposed alteration.

This benefit will be paid to the Insured upon your return to active full-time employment with the Insured and the Insurer has been provided with written proof of the expenses incurred. This benefit is not payable if the Insured does not incur any cost in providing the special adaptive equipment and/or workplace alterations.

The maximum amount payable under this benefit will not exceed \$7,000.

Hospital Confinement Monthly Income Benefit*

If, as a result of an accident, you are confined as an in-patient in a hospital for a minimum period of at least 1 day and are under the care of a legally qualified and registered physician or surgeon other than yourself, this benefit will pay for each full month of confinement, 1% of your benefit amount, subject to a maximum benefit of \$2,500 per month (or one-thirtieth of such monthly benefit for each day of a partial month). The benefit payable will be retroactive to the first day of your hospital confinement but will not exceed 365 days in the aggregate for each "period of hospital confinement."

"In-patient" means you are admitted to a hospital as a resident or bed-patient.

Burn Benefit*

If as the result of an injury, you are disfigured due to a third degree burn, the Insurer will determine the payment according to the Burn Schedule below, not to exceed a maximum benefit of \$25,000.

The amount of benefit that the Insurer will pay for any one loss is determined by multiplying the percentage of body surface actually burned times the Principal Sum, up to a maximum benefit amount of \$25,000. The attending Physician will determine the actual percentage applicable to each burn.

The "**Burn Schedule**" represents the **Maximum Percentage of the Principal Sum** that the Insurer will pay for any one loss. If you sustain burns in more than one area as a result of any one accident, the total benefit for all or a combination of such burns will not exceed \$25,000.

Burn Schedule

Body Part:

Maximum Percentage of Benefit Amount Payable:

Face, Neck, Head	100%
One Hand & Forearm	25%
One Upper Arm	10%
Front or Back Torso	35%
One Thigh or One Lower Leg (below the knee)	10%

In the event benefits are payable under this benefit and the Loss Schedule, the total benefits payable will not exceed the Principal Sum.

“Physician” means a doctor of medicine (other than yourself or a Member of the Immediate Family) licensed to practice medicine by:

1. a recognized medical licensing organization in the locale where the treatment is rendered, providing he/she is a member in good standing of such licensing body, or
2. a governmental agency having a jurisdiction over such licensing in the locale where the treatment is rendered.

“Member of the Immediate Family” means a person at least eighteen (18) years of age, who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the previous include natural, adopted and step relationships), spouse, grandson, granddaughter, grandfather or grandmother.

Psychological Therapy Benefit

When an injury to you results in the Insurer making a payment under the Loss Schedule, the Insurer will increase the benefit amount payable up to a maximum of \$5,000, for the reasonable and customary charges for treatment or counseling for Psychological Therapy as determined by a Physician and authorized by the Insured.

Benefit payments herein will be paid until the earlier occurrence of one of the following:

- (1) the maximum benefit amount has been paid; or
- (2) two (2) years have elapsed from the date of the accident; or
- (3) your death.

Psychological Therapy must be provided by a therapist or counsellor (other yourself or a Member of the Immediate Family) who is licensed to provide such treatment, whether on an out-patient basis or while a patient at a medical facility licensed to provide such treatment.

“Reasonable and Customary” means the lesser of:

- (a) the usual charge made by Physicians or other health care providers for a given service or supply; or
- (b) the charge the Insurers determine to be the prevailing charge made by the Physicians or other health care providers for a given service or supply in a geographical area where it is furnished; or
- (c) the amount negotiated by the Insurer and the health care provider.

“Physician” means a doctor of medicine (other than yourself or a Member of the Immediate Family) licensed to practice medicine by:

1. a recognized medical licensing organization in the locale where the treatment is rendered, provided he/she is a member in good standing of such licensing body, or
2. a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

“Member of the Immediate Family” means a person at least eighteen (18) years of age, who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the previous include natural, adopted and step relationships), spouse, grandson, granddaughter, grandfather or grandmother.

Seat Belt Benefit

When an injury to you results in the Insurer making a payment under the Loss Schedule, the Insurer will increase the benefit amount payable by an additional 10%, provided that:

1. the loss occurs while you are a passenger or driver of a private passenger type Vehicle;
2. the Seat Belt is properly fastened; and
3. verification of the actual use of the Seat Belt is part of the official report of the accident or certified by the investigating officer.

The driver of the vehicle must hold a current and valid driver’s license of a rating authorizing him to operate such Vehicle and neither be intoxicated nor under the influence of drugs, unless such drugs are taken as prescribed by a Physician, at the time of the accident. “Intoxicated” and “under the influence of drugs” are as defined by the local jurisdiction where the accident occurs.

“Physician” means a doctor of medicine (other than yourself or a Member of the Immediate Family) licensed to practice medicine by:

1. a recognized medical licensing organization in the locale where the treatment is rendered, or
2. a governmental agency having a jurisdiction over such licensing in the locale where the treatment is rendered.

“Member of the Immediate Family” means a person at least eighteen (18) years of age, who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the previous include natural, adopted and step relationships), spouse, grandson, granddaughter, grandfather or grandmother.

“Seat Belt” means those belts that form a restraint system and includes infant and child restraint systems when properly used with a seat belt and the restraining belts which are part of a stretcher used in the transportation of sick or injured persons by ambulance.

“Vehicle” means a passenger car, self-propelled motor home, station wagon, van, jeep-type automobile or truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

Parental Care Benefit*

If as the result of an accident, you suffer Loss of Life, the Insurer will pay up to 10% of your applicable Principal Sum to a maximum of CDN \$10,000, to or on behalf of any of your Dependent Parents as defined below.

The Parental Care Benefit will be payable in equal shares to the Dependent Parents. Only one Parental Care Benefit will be payable regardless of the number of Dependent Parents.

Dependent Parent(s) means your parents, parents-in-law, grandparents, grandparents-in-law,

great-grandparents or great-grandparents-in-law (whether natural, step or adoptive), who are:

- 1: not regularly employed on a full-time basis;
- 2: primarily dependent upon you for support and maintenance due to a proven mental disability or physical handicap;
- 3: residing in your home.

HIV Adjustment Benefit

If, during the performance of your duties as set forth by the Insured, you sustain an Injury which results in you acquiring and testing positive for the Human Immunodeficiency Virus (HIV) within three hundred and sixty-five (365) days following the date of the accident, the Insurer will pay an amount not to exceed \$10,000.

There must be supporting evidence that the HIV was acquired from exposure, which has been confirmed. You must:

- (a) have an accident report completed, detailing the circumstances of the Injury, and submit the report to the Insured within forty-eight (48) hours of the accident or as soon as it is reasonably possible thereafter, but no later than seven (7) days following the date of the accident; and
- (b) submit to a blood test for the HIV within forty-eight (48) hours of the accident or as soon as it is reasonably possible thereafter, but no later than seven (7) days following the date of the accident. Your test results should be kept by the Insured in his personal file or be forwarded to your Physician for safekeeping.

Should the initial blood test be negative and you subsequently tests positive for the HIV within three hundred and sixty-five (365) days following the date of the accident, the Insurer will pay the lump sum amount indicated above.

Critical Disease Benefit*

If, prior to age 65, you are diagnosed by a qualified Physician with any of the following specifically listed diseases while the Policy is in force, the Insurer will pay up to 10% of your applicable Principal Sum up to a maximum of CDN \$10,000:

- Acute Poliomyelitis
- Acute Rheumatic Fever
- Amyotrophic Lateral Sclerosis (ALS)
- Encephalitis
- Huntington's Disease
- Meningoccal Meningitis
- Necrotizing Fasciitis
- Parkinson's Disease
- Tuberculosis
- Typhoid Fever
- Yersinia Pestis

You must be totally disabled from the covered disease(s) for at least nine (9) months following the date of the diagnosis.

This benefit is only payable if investigations leading to the diagnosis of the covered disease(s) are initiated more than ninety (90) days following the effective date of your insurance coverage.

Payment of the Critical Disease Benefit is limited to only the first covered disease to occur.

“Physician” means a doctor of medicine (other than yourself or a Member of the Immediate Family) licensed to practice medicine by:

3. a recognized medical licensing organization in the locale where the treatment is rendered, provided he/she is a member in good standing of such licensing body, or
4. a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

“Member of the Immediate Family” means a person at least eighteen (18) years of age, who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the previous include natural, adopted and step-relationships), spouse, grandson, granddaughter, grandfather or grandmother.

“Totally disabled” means that you are wholly and permanently disabled and prevented for the remainder of your life, from engaging in any and every occupation, profession, or employment for compensation for which you are reasonably or may reasonably become qualified by education, training or experience.

Waiver of Premium Benefits

If you are totally disabled and your life insurance is extended under a waiver of premium provision under your Group Life Insurance policy, coverage provided under this policy will also be extended and waiver of premium will be provided in accordance with the same terms and conditions as the Group Life Insurance policy.

Premium payments will be waived until the earlier occurrence of the following:

- (a) your recovery from total disability;
- (b) your attainment of the maximum eligibility age under this policy or termination of eligibility; or
- (c) termination of this policy.

Coverage provided for under this provision will be subject to the terms and conditions of this policy in effect as of the date of commencement of disability, including any conditions providing for reduction in amounts of insurance.

Notwithstanding anything contained in the contrary in the policy, in no event will benefits payable for any loss which occurs while coverage is being continued under this provision exceed your Principal Sum at the date of commencement of disability, less any amounts of indemnity which were payable prior to such loss as the result of the same accident.

Continuation of Coverage

Your coverage will continue, for a maximum of 12 months, while you are on an approved leave of absence, lay-off or on maternity leave. Payment of premiums must be continuous through active employment and the scheduled leave.

Conversion

If your insurance is terminated for any reason other than non-payment of premium or attainment of age 70, you may convert your coverage to an individual policy of insurance on the form provided by the Insurer for conversion. Application for the converted policy and the initial premium must be received within 60 days of the date of termination and the effective date will be the latter of (1) the date of termination under this policy or (2) the date of application for the converted insurance.

The Principal Sum under the converted policy can be equal to or less than the Principal Sum under this policy, to a maximum of \$500,000. The premium for the converted policy will be the Insurer's rate in effect at the time of conversion for the Class of risk and your age as of the effective date of the converted insurance. No medical evidence of insurability is required.

Exclusions

This insurance does not cover any claim arising out of bodily injury caused or contributed to by:

- a) declared or undeclared war or any act thereof or invasion;
- b) actively participating in acts of terrorism, civil commotions or riots of any kind;
- c) training, serving or taking part in any capacity in the armed forces (land, sea or air) or their operations, of any country or international authority;
- d) while serving as a pilot or crew member of any aircraft or while as a passenger in an aircraft which is being used for a purpose other than transportation;
- e) suicide or attempted suicide or intentional self-injury;
- f) injury sustained while you are riding in, boarding or alighting from an aircraft owned or leased, by or on behalf of the Insured, or any subsidiary or affiliate of such Insured, unless specific written agreement has been obtained from the Insurer; or
- g) acts of terrorism which involve the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).

“Acts of terrorism” means any act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Payment of Benefits

Your accidental death benefit is paid to the beneficiary designated on your Group Life Insurance application on file with the Insured or to your Estate if no such designation is made. Any other benefits are paid to you (those described in the Loss Schedule are paid as a percentage of the Principal Sum).

Claim Procedures

To make a claim under this plan, written notice of the accident must be given to the Insurer within 30 days of the date a claim arises due to an accident or disability and written proof must be submitted within 90 days of the date a claim arises due to an accident or disability. The Insurer will provide the necessary claim forms as well as instructions covering other requirements that may aid in a prompt handling of the claim.

If the Insurer does not receive the required notice and proof of loss, the claim may not be considered after the 90 day period has expired, unless there is good reason for the delay. In no event is a claim considered after one year from the date a claim arises due to an accident or disability if the Insurer was not notified and the necessary forms not completed and submitted to the Insurer.

Disclaimer

This booklet should be kept with your Employee Handbook. It is a summary of the principal features of the plan which is governed by the terms of the Group Master Policy, 056/020487A, with the Human Resources Department. In the event of any discrepancy between this booklet and the master policy, the master policy prevails.

Underwritten by:

Certain Underwriters at
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William J. Sutton & Co. Ltd.
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