

# Group Benefit Plan



**Great-West Life**  
*your Benefits Solutions People*

## UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Staff

Great-West Life is a leading Canadian life and health insurer. Great-West Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

### **Great-West Life Online**

Information and details on Great-West Life's corporate profile, our products and services, investor information, news releases and contact information can all be found at our website

**<http://www.greatwestlife.com>**.

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This booklet describes the principal features of the group benefit plan sponsored by your employer, but **Group Policy Nos. 335856 and 336125** issued by Great-West Life and **Group Policy Nos. AB50008701 and OE50008701** issued to your employer by ACE INA Life Insurance are the governing documents. If there are variations between the information in the booklet and the provisions of the policies, the policies will prevail.

This booklet contains important information and should be kept in a safe place known to you and your family.

**The Plan is underwritten by**



and

ACE INA Life Insurance

and

Administered and Arranged by

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## Protecting Your Personal Information

At Great-West Life, we recognize and respect the importance of privacy. When you apply for coverage or benefits, we establish a confidential file of personal information. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

We use the personal information to administer the group benefit plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- preparing regulatory reports, such as tax slips

We may exchange personal information with your health care providers, your plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us when necessary to administer the plan.

All claims under this plan are submitted through you as plan member. We may exchange personal information about claims with you and a person acting on your behalf when necessary to confirm eligibility and to mutually manage the claims.

For more information about our privacy guidelines, please ask for Great-West Life's **Privacy Guidelines** brochure.

**YOUR GROUP INSURANCE PLAN**

Current Plan effective date: August 1, 2009

*We are pleased to present you with this booklet, which briefly outlines your group insurance benefits. Please read it carefully and keep it in a safe place for reference.*

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*Your plan administrator will be happy to answer any questions regarding the details of your group insurance.*

## ELIGIBILITY PROVISIONS

### Employee Insurance

To be eligible for coverage, you must be employed on an active basis, receive regular earnings, and work at your employer's usual place of business.

You are eligible if you are working for your Employer for at least 18 hours per week.

**Earnings** means regular income from your employer, excluding overtime, commission and bonus payments.

You are eligible to enrol for coverage on the date you begin your employment.

Your coverage will take effect as of the date you become eligible to join the Plan, provided you apply within 31 days following such date. If you do not apply within 31 days, or if you had been previously declined for coverage for reasons other than spousal coverage elsewhere, satisfactory evidence of insurability will be required.

If you are absent from work (other than for vacation or a legal holiday) on the day your coverage or any increase in your coverage would normally take effect, such coverage will not take effect until you return to work.

### Termination of Employee Insurance

Your coverage will terminate on the earliest of:

1. the date you cease to be employed or the date you cease to be a member of a class eligible for insurance;
2. the end of the period for which premiums have been paid for your insurance;
3. the date the group policy cancels or the date the class in which you qualify for coverage as an employee of an employer eligible for insurance under the Plan cancels;
4. the date you attain age 70 unless otherwise stated.

## **ELIGIBILITY PROVISIONS**

### **Optional Dependent Life Insurance**

Your spouse is eligible to apply for Optional Dependent Life Insurance from the date you become eligible to enrol in the Plan.

Satisfactory health evidence will be required for Optional Dependent Life Insurance.

A hospitalized dependent will not become insured under this Plan, or eligible for an increase in insurance until released from the hospital.

### **Eligible Dependents include:**

1. your legal or common-law spouse (a person with whom you have been living for at least one year and who is publicly represented as your spouse).

### **Termination of Dependent Insurance**

Coverage for your eligible dependents will terminate on the earliest of:

1. the date your coverage terminates or the date you cease to qualify for Dependent Coverage,
2. the date your eligible dependents cease to qualify for coverage,
3. the end of the period for which premiums have been paid for your Dependent Coverage, or
4. the date Dependent Coverage under the group policy cancels.

## EMPLOYEE GROUP TERM LIFE INSURANCE

### BENEFIT SCHEDULE

#### Amount

2 x annual earnings rounded to the next higher \$1,000.00, if not already an even multiple of \$1,000.00, to a maximum of \$500,000.00.

Evidence of insurability satisfactory to Great-West Life is required for that part of your Life Insurance amount over \$500,000.00.

#### Optional Coverage

You and/or your spouse can elect to become insured for an optional amount of Life insurance in increments of \$10,000.00 to a maximum of \$500,000.00 for each of you. The total amount of insurance including basic, additional, and optional amounts may not exceed \$1,000,000.00. Evidence of insurability is required for all Optional coverage.

All optional coverage will terminate on the earlier of the date you attain age 65, or your retirement; dependent spouse optional amounts will terminate on the earlier of the date your spouse attains age 65 or the date you cease to be insured under the Group Policy.

If you die while insured for this Benefit, the amount of life insurance shown in the **BENEFIT SCHEDULE** for your class will be payable to your designated beneficiary. However, if you die by suicide, while sane or insane, no amount will be payable for that part of your life insurance that has been in force for less than 2 years for which evidence of insurability has been required.

You have the right to change any beneficiary already appointed, subject to any statutory restrictions.

## EMPLOYEE GROUP TERM LIFE INSURANCE

### Premium Waiver

If you are an active employee and become totally disabled prior to age 65 for six consecutive months, your life insurance will continue with no premium payments required. You will be considered totally disabled if you satisfy the definition of disability described under the Long Term Disability benefit provision and Great-West Life has accepted liability for your Long Term Disability claim. Otherwise, you will be considered totally disabled if, as a result of sickness or accidental bodily injury, you are unable to engage in any gainful employment or occupation for which you are reasonably qualified by training, education or experience.

However, you must report your disability to Great-West Life within 1 year from the commencement date of disability.

The amount of insurance continued under the Premium Waiver shall be determined on the last day of active employment.

**Premium Waiver** ceases on the earliest of the date you:

- cease to provide written proof of your disability satisfactory to Great-West Life,
- fail to submit to a medical examination by a physician appointed by Great-West Life, or
- attain age 65.

## **EMPLOYEE GROUP TERM LIFE INSURANCE**

### **Conversion Privilege**

When your coverage terminates, you have 31 days to convert all or part of your life insurance subject to a maximum of \$200,000.00. Medical exams and evidence of insurability will not be required.

If your coverage terminates because:

- the EMPLOYEE LIFE INSURANCE BENEFIT is cancelled under the group policy,
- your class under the group policy is cancelled, or
- the group policy is cancelled,

you can convert to an individual form of insurance if you have been continuously insured for 5 years. The individual policy will be one of the standard life insurance conversion forms made available by Great-West Life. There is a maximum of 3 times the maximum pensionable earnings on cancellation date under the Canada Pension Plan or Quebec Pension Plan.

In all cases, the amount which you can convert will be reduced by any amount of group life insurance for which you become eligible within the 31-day conversion period.

### **Extension of Coverage**

If you die during the 31-day conversion period, Great-West Life will pay your beneficiary the amount you could have converted to individual insurance.

## LONG TERM DISABILITY INCOME

### BENEFIT SCHEDULE

<b>Classification</b>	<b>Monthly Amount</b>
<b>Full-Time Employees other than the University of Northern B. C. Student Association</b>	66 2/3% of the first \$2,500.00 of monthly earnings; plus 50% of the next \$3,000.00 of monthly earnings; plus 35% of the excess, rounded up to the next higher dollar to a maximum amount of \$8,000.00.
<b>Benefit Payment Waiting Period</b>	60 calendar days
<b>Maximum Benefit</b>	Age 65, or the first day following the date you have received 15 weeks of combined benefit payments from the salary continuance plan at UNBC and this plan, if later.
<b>All Source Maximum</b>	85% of your inflation-indexed, pre-disability net (after-tax) earnings.
<b>Termination</b>	The earlier of your retirement date or the Traditional Retirement Date.

Evidence of insurability satisfactory to Great-West Life is required for amounts of monthly income which exceed \$8,000.00.

## LONG TERM DISABILITY INCOME

### Total Disability Benefit

If you become totally disabled while insured for this benefit, incur a loss of time from work and a loss of earnings, and remain disabled for longer than the Benefit Payment Waiting Period, you will be eligible for the monthly disability income payments described below and no premium will be required for this benefit.

Your disability, due to sickness or bodily injury, must require the regular and ongoing care of a legally qualified physician appropriate to the sickness or injury and must prevent you:

- for the first 24 months of benefit payments, from performing the substantial duties of your own occupation, and
- thereafter, from performing any gainful occupation for which you are or may become reasonably qualified by training, education, or experience, and which will enable you to earn at least 66 2/3% of your inflation-indexed, pre-disability earnings.

Great-West Life will monitor the quality and appropriateness of medical care and also reserves the right to refer you to a specialist for proper ongoing treatment.

### Integration of Benefits

Your monthly benefit will be reduced by any disability or retirement income for which you are eligible as a result of your disability under the Canada Pension Plan or Quebec Pension Plan (including Primary Income benefits only), Workers' Compensation Act, or similar legislation.

In no event shall your total amount of income from all sources as a result of your disability (other than an Individual Disability Policy) exceed the All Source Maximum shown in the **BENEFIT SCHEDULE**. Specific details are in the group policy.

## LONG TERM DISABILITY INCOME

### Rehabilitation Programme

While you are receiving Long Term Disability benefits, if you participate in an approved rehabilitation programme which is supervised by a physician, you may still be considered totally disabled, subject to the continued approval of Great-West Life.

Great-West Life benefit payments under the group policy will be reduced by 50% of your monthly net (after tax) earnings from the rehabilitation programme.

Your total amount of income from "all sources", including remuneration from the rehabilitation programme, must not exceed 100% of your inflation-indexed, pre-disability net (after tax) earnings.

### Benefit Payment Termination

You will stop receiving benefits on the earliest of:

1. attainment of the maximum age as specified under Age Termination in the **BENEFIT SCHEDULE**;
2. failure to satisfy any of the following:
  - a. furnish written proof satisfactory to Great-West Life of your disability,
  - b. submit to a medical examination by an independent physician of Great-West Life's choice,
  - c. accept medical treatment by a specialist covering your disability when requested by Great-West Life,
  - d. receive medical supervision and treatment,
  - e. enter into a rehabilitation programme considered appropriate by Great-West Life and its medical advisors,
  - f. agree in writing to reimburse Great-West Life, following written request to do so, for any amounts paid by Great-West Life that are recoverable from a third party;
3. commencement of any occupation for wage or profit other than as specifically described in the group policy;
4. end of disability as outlined in the group policy; or
5. death.

## **LONG TERM DISABILITY INCOME**

### **Extension**

If your insurance terminates while you are totally disabled, Great-West Life will pay the same amount as if insurance had not terminated if:

1. you are receiving monthly benefits or are completing the Waiting Period for benefit payments,
2. a physician certifies that you were totally disabled when insurance terminated, and
3. you continue to be totally disabled.

However, there is no extension if Great-West Life receives "late notice" of disability. "Late notice" means more than 6 months from the termination of your insurance.

### **Recurrent Disability**

1. If you have satisfied some but not all of the Benefit Payment Waiting Period, return to work for up to a maximum of 30 days, and subsequently become disabled as a result of the same or related disability, then Great-West Life shall consider the subsequent period of disability as a continuation for the purpose of satisfying the Benefit Payment Waiting Period. Only one period of continuation will be allowed per disability.
2. If you have satisfied the Benefit Payment Waiting Period and received Monthly Integrated Benefits, return to work for up to a maximum period of 180 days, and subsequently become disabled as a result of the same or related disability, then Great-West Life shall consider the subsequent period of disability as a continuation, and no new waiting period shall be required.

## LONG TERM DISABILITY INCOME

### Limitations

1. Great-West Life will not pay benefits for any disability which directly or indirectly results from:
  - a. intentionally self-inflicted sickness or injury;
  - b. any act of insurrection or war, or participation in a riot;
  - c. your commission or attempted commission of any criminal offence.
2. No amount will be payable for any period:
  - a. during which you are in prison; or
  - b. during a leave of absence for any reason if you had arranged the leave with your Employer prior to the commencement of disability.
3. For a period of disability due to the chronic use of alcohol or drugs (prescribed or otherwise) or the use of any hallucinogen, benefits will be payable for a maximum of 12 months and only if you are actively participating in a medically supervised rehabilitation programme approved by Great-West Life. Great-West Life will also pay your cost for such a programme.
4. No amount is payable for a total disability due to a condition for which you were treated or attended by a physician, or for which prescription drugs were taken, within a 3-month period prior to the effective date of your insurance. This limitation will not apply after you have performed all the duties of your regular occupation on a full-time basis for a 12-month period after the applicable effective date.

## **GENERAL HEALTH INSURANCE PROVISIONS**

### **General Health Limitations**

No amounts will be paid by Great-West Life under the group policy for charges:

1. in connection with general health examinations;
2. for which the insured individual is entitled to obtain benefits under any government plan;
3. for which the individual is entitled to obtain benefits without charge;
4. which result from any self-inflicted sickness or injury;
5. which result from insurrection or war, whether or not war be declared, any act incident to insurrection or war, or participation in any riot;
6. which are not medically necessary;
7. which result from any sickness or bodily injury arising out of or in the course of any employment, other than with UNBC, unless otherwise stated in the group policy;
8. for time spent travelling, broken appointments, transportation costs or advice given by telephone or by any other means of communication; or
9. that are in excess of reasonable and customary charges for the least expensive treatment that is medically appropriate.

### **Right to Recover**

If Great-West Life makes any payment of benefits to you which you have the right to recover from any other person, Great-West Life reserves the right to recover the amount of such payments. You will be expected to do everything necessary within your power to secure such rights of recovery.

### **Coordination of Benefits**

Benefit payments will be coordinated with any other plan or arrangement so that the total amount received from all sources will not be greater than the actual expense incurred.

## GENERAL HEALTH INSURANCE PROVISIONS

### Claim Procedures

#### How to Make a Claim

- For a **Long Term Disability claim**, submit written proof of loss (completed claim form) 6 weeks before the end of the waiting period.

**NOTE:** *On all claims or correspondence, please clearly write your home address and include your certificate number and group policy number 335856.*

## **IMPORTANT NOTICE**

*This booklet is for descriptive purposes only. No rights to any benefits are created or conferred by this booklet.*

*The description of or reference to any benefit in this booklet does not necessarily mean that you are insured for this coverage.*

*The coverage described in this booklet is subject to the eligibility requirements and all other terms, conditions, and limitations of the master policy.*

*No benefit described in this booklet is effective unless premiums have been paid for such benefit.*

## **BASIC ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

**University of Northern British Columbia  
For the active permanent and contract employees**

**(Insured by ACE INA Life Insurance)  
POLICY NO.: AB50008701**

### **COVERAGE**

*This benefit is payable, in addition to any other insurance benefits, for paralysis, loss of life, limb, sight, speech or hearing which is the result of accidental bodily injuries and which occur within 365 days from the date of the accident.*

This coverage applies 24 hours a day, 365 days a year, on or off the job, anywhere in the world, including while travelling (passenger only) in commercial or chartered aircraft.

### **ELIGIBILITY**

You will be eligible for insurance if you are an active, permanent employee or a contract employee of the Policyholder, who is under the age of 70, and who regularly works no less than 18 hours per week.

“Contract employee” means an individual who has a written contract with the Policyholder and works exclusively for the Policyholder no less than 18 hours per week.

### **BENEFIT AMOUNT**

You will be covered for two (2) times your annual earnings, rounded to the next higher \$1,000, if not already a multiple thereof, to a maximum of \$500,000.

In the event of your death, the Benefit Amount is payable to the beneficiary you have named under your Group Life Insurance Plan or in the absence of such designation, to your Estate.

**VOLUNTARY GROUP ACCIDENTAL DEATH AND DISMEMBERMENT  
INSURANCE PLAN**

**University of Northern British Columbia  
For the active permanent and contract employees**

**(Insured by ACE INA Life Insurance)  
POLICY NO.: OE50008701**

**COVERAGE**

*The plan offers you full 24-hour protection against accidents, on or off the job, while travelling on business or while you are on vacation, regardless of your history of health.*

**ELIGIBILITY**

You will be eligible for insurance if you are an active, permanent employee or a contract employee of the Policyholder, who is under the age of 65, and who regularly works no less than 18 hours per week.

“Contract employee” means an individual who has a written contract with the Policyholder and works exclusively for the Policyholder no less than 18 hours per week.

Under the Family Plan, you insure your family members as follows: Your spouse (legally married or represented as your domestic partner for a period of one year or longer in the community in which you reside) who is under age 65, and your unmarried, dependent children (including step, foster, or legally adopted children) to age 19 or to age 25, if the child is a full-time student and dependent on you for support and maintenance.

Mentally or physically handicapped children will be covered beyond the maximum age shown above, provided that they are incapable of self-sustaining employment, are dependent upon you for support and maintenance.

**BENEFIT AMOUNT UNDER THE VOLUNTARY AD&D PLAN**

You may choose the benefit amount and the type of plan.

<b>Employee Only Plan</b>
<b>You may choose any amount of insurance from a minimum of \$10,000 to \$300,000 in units of \$10,000</b>

<b>Family Plan</b>
<b>You may choose any amount of insurance from a minimum of \$10,000 to \$300,000 in units of \$10,000</b>

You may prefer to become insured under the **Family Plan** under which your spouse and dependent children will automatically become insured. The amount of insurance which may be applied to members of your family is expressed as a percentage of the amount which you select for yourself and is based on the composition of the family at the time of loss, as follows:

<b>Composition of Family</b>	<b>Spouse</b>	<b>Each Child</b>
Spouse & Eligible Dependent Children	<b>40% of the employee's elected amount</b>	<b>15% of the employee's elected amount</b>
Spouse & No Eligible Dependent Children	<b>50% of the employee's elected amount</b>	<b>N/A</b>
No Spouse but Eligible Dependent Children	<b>N/A</b>	<b>25% of the employee's elected amount to a maximum of \$100,000</b>

**COST OF THE INSURANCE**

The monthly premium rate for the Employee Plan is \$0.022 per \$1,000 of insurance. The Family Plan is \$0.033 per \$1,000 of insurance. Premium is fully paid by you through payroll deduction. Some examples are shown below:

**BENEFIT AND COST TABLE**  
(plus applicable provincial sales tax)

<b>Benefit Amount</b>	<b>Employee Plan</b>	<b>Family Plan</b>
\$10,000	\$0.22	\$0.33
\$50,000	\$1.10	\$1.65
\$100,000	\$2.20	\$3.30
\$150,000	\$3.30	\$4.95
\$200,000	\$4.40	\$6.60
\$250,000	\$5.50	\$8.25
\$300,000	\$6.60	\$9.90

**THE FOLLOWING BENEFITS ARE APPLICABLE TO BOTH THE BASIC AND  
VOLUNTARY INSURANCE  
(Unless specified otherwise)**

**Schedule of Losses**

**Accidental Death & Dismemberment, Loss of Sight & Paralysis**

If such injuries shall result in any one of the following specific losses within one year from the date of accident, ACE INA Life Insurance will pay the benefit specified as applicable thereto, based upon the Principal Sum stated in Schedule of Benefits; however, that not more than one (the largest) of such benefits shall be paid with respect to all injuries resulting from one accident.

Loss of Life .....	The Principal Sum
Loss of Both Hands or Both Feet .....	The Principal Sum
Loss of Entire Sight of Both Eyes .....	The Principal Sum
Loss of One Hand and One Foot .....	The Principal Sum
Loss of One Hand and Entire Sight of One Eye .....	The Principal Sum
Loss of One Foot and Entire Sight of One Eye .....	The Principal Sum
Loss of Speech and Hearing .....	The Principal Sum
Brain Death .....	The Principal Sum
Loss of Use of Both Arms, Both Hands, Both Legs or Both Feet .....	Two Times The Principal Sum
Quadriplegia .....	Two Times The Principal Sum
Paraplegia .....	Two Times The Principal Sum
Hemiplegia .....	Two Times The Principal Sum
Loss of One Arm or One Leg .....	Three-Quarters of The Principal Sum
Loss of Use of One Arm or One Leg .....	Three-Quarters of The Principal Sum
Loss of One Hand or One Foot .....	Two-Thirds of The Principal Sum
Loss of Entire Sight of One Eye .....	Two-Thirds of The Principal Sum
Loss of Use of One Hand .....	Two-Thirds of The Principal Sum
Loss of Speech or Hearing .....	Two-Thirds of The Principal Sum
Loss of Thumb and Index Finger of Same Hand .....	One-Third of The Principal Sum
Loss of Four Fingers of Same Hand .....	One-Third of The Principal Sum
Loss of Hearing in One Ear .....	One-Quarter of The Principal Sum
Loss of All Toes of Same Foot .....	One-Quarter of The Principal Sum

"Loss" shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to "Loss of Thumb and

Index finger of Same Hand" or "Loss of Four Fingers of Same Hand", the actual severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand); with regard to toes, the actual severance through or above the metatarsophalangeal joints (the joints between the toes and the foot) of the same foot. If the insured suffers complete severance of a hand, foot, arm or leg as described above, then ACE INA Life Insurance will pay the amount specified in the Schedule of Losses even if the severed limb is surgically reattached, whether successful or not.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand, foot, or leg, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to ACE INA Life Insurance to be permanent.

"Brain Death" means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.

**Repatriation Benefit**

When injuries covered by this policy result in loss of life of an Insured Person outside **50 km** from their city of permanent residence and within 365 days from the date of the accident, ACE INA Life Insurance will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, up to a maximum of **\$15,000**.

### **Rehabilitation Benefit**

When injuries shall result in a payment being made by ACE INA Life Insurance under any benefit EXCLUDING the Loss of Life benefit provided by the policy, ACE INA Life Insurance will pay in addition:

The reasonable and necessary expenses actually incurred up to a limit of **\$15,000** for special training of the Insured Person, provided:

- (a) such training is required because of such injuries and in order for the Insured Person to be qualified to engage in an occupation in which he/she would not have been engaged except for such injuries;
- (b) expenses be incurred within **two years** from the date of the accident;
- (c) no payment will be made for ordinary living, traveling or clothing expenses.

### **Family Transportation Benefit**

When injuries covered by the policy, result in an Insured Person being confined as an inpatient in a hospital outside **150 km** from the Insured Person's city of permanent residence or outside of Canada and requires personal attendance of a member of the Insured Person's immediate family as recommended by the attending physician, in writing, ACE INA Life Insurance will pay for the expense incurred by the member of the family, for the transportation by the most direct route by a licensed common carrier to the confined Insured Person, but not to exceed an amount of **\$15,000**.

"Member of the immediate family" means the spouse, legal or common-law, parents, grandparents, children over age 18, brother or sister of the Insured Person.

### **Spousal Occupational Training Benefit**

When injuries to the Insured Person shall result in a payment being made by ACE INA Life Insurance under the Loss of Life benefit, ACE INA Life Insurance will pay in addition, the expense actually incurred within **365 days** from the date of the accident, by the spouse of the Insured Member for a formal occupation training program for the purpose of specifically qualifying such spouse to gain active employment in an occupation for which the spouse would otherwise not have sufficient qualifications.

The maximum payable hereunder is **\$15,000**.

### **Home Alteration and Vehicle Modification Benefit**

In the event an Insured Person sustains an injury which results in a payment being made under the Schedule of Losses, excluding the Loss of Life Benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, ACE INA Life Insurance will pay the reasonable and necessary expenses actually incurred within 365 days from the date of the accident for:

1. the one-time cost of alterations to the Insured Person's principal residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to a motor vehicle utilized by the Insured Person to make the vehicle accessible or operable for the Insured Person.

Benefit payments herein will not be paid unless:

- (i) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- (ii) 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 1 and 2 shall be the expense actually incurred up to **the greater of \$10,000 or 10% of the Insured Person's Principal Sum amount or a maximum of \$50,000.**

### **Day Care Benefit**

If an Insured Person suffers loss of life in a covered accident while the policy is in force as to such Insured Person, ACE INA Life Insurance will pay, in addition to all other benefits payable under the policy, a "Day Care Benefit" equal to the reasonable and necessary expenses actually incurred, subject to the lesser of **5%** of the Insured Person's Principal Sum amount or a maximum of **\$5,000** per year, on behalf of any dependent child of the Insured Person who is enrolled in a legally licensed Day Care centre on the date of the accident or who enrolls in a legally licensed Day Care centre within 365 days following the date of the accident.

The "Day Care Benefit" will be paid each year for **four (4) consecutive years**, but only upon receipt of satisfactory proof that the child is enrolled in a legally licensed Day Care centre.

"Dependent Child" means either a legitimate or illegitimate child, adopted child, step-child or any child who is in a parent-child relationship with the Insured Person and who is unmarried, twelve (12) years of age and under and dependent upon the Insured Person for maintenance and support.

**Special Education Benefit**

If a Person suffers loss of life in a covered accident while the policy is in force as to such insured Member or spouse, ACE INA Life Insurance will pay, in addition to all other benefits payable under the policy, a "special education benefit" equal to **5%** of the Insured Member or spouse's Principal Sum amount, (subject to a maximum of **\$5,000**), on behalf of any dependent child who, on the date of the accident, is enrolled as a full-time student in any institution of higher learning beyond the 12th grade level, or was at the 12th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.

The "special education benefit" is payable annually for a maximum of **four (4) consecutive annual payments** but only if the dependent child continues his/her education as a full-time student in an institution of higher learning.

If, at the time of the accident, none of the dependent children qualify, ACE INA Life Insurance will pay an additional benefit of \$2,500 to the designated beneficiary.

**Seat Belt Benefit**

In the event an Insured Person sustains an injury which results in a payment being made under the Schedule of Losses, the insured Person's amount of Principal Sum will be increased by ten percent (**10%**) to a **maximum of \$25,000**, if, at the time of the accident, the Insured Person was driving or riding in a Vehicle and wearing a properly fastened Seat Belt.

Due proof of Seat Belt use must be provided as part of the written proof of Loss.

"Vehicle" means a private passenger car, station wagon, van or jeep-type automobile.

"Seat Belt" means those belts that form a restraint system

### **Identification Benefit**

In the event accidental Loss of Life is sustained by the Insured Person not less than one hundred and fifty (150) kilometers from the Insured Person's normal place of residence and identification of the body by a Member of the Immediate family has been requested by the police or a similar governmental authority, ACE INA Life Insurance will reimburse the reasonable expenses actually incurred by such member for:

- a) transportation by the most direct route to the city or town where the body is located; and
- b) hotel accommodation in such city or town, subject to a maximum duration of three (3) days.
- c)

The reimbursement of such expenses incurred is subject to the accidental loss of life indemnity being subsequently payable in accordance with the terms of this policy following the identification of the body as the Insured Person. The maximum amount payable will not exceed **\$15,000** for all such expenses.

Payment will not be made for board or other ordinary living, traveling or clothing expenses, and transportation must occur in a vehicle or device operated under a license for the conveyance of passengers for hire.

***Benefits payable under this section will be limited to only one (1) policy in the event this benefit is contained in two (2) or more policies issued to the Policyholder by ACE INA Life Insurance.***

### **In-Hospital Indemnity**

In the event an Insured Person sustains an injury which results in a payment being made under the Schedule of Losses, excluding the Loss of Life Benefit and the Insured Person is hospital confined as an in-patient and is under the care of a legally qualified and registered physician or surgeon other than himself, ACE INA Life Insurance will pay for each full month, one percent (1%) of the **Insured Person's Principal Sum, subject to a maximum benefit of \$2,500**, or one-thirtieth of such monthly benefit for each day of partial month, retroactive to the 1st full day of such confinement but not to exceed 365 days in the aggregate for each period of hospital confinement.

“Hospital” as used herein means a legally constituted establishment which meets all of the following requirements: (1) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (2) provides 24 hour a day nursing service by registered or graduate nurses; (3) has a staff of one or more licensed physicians available at all times; (4) provides organized facilities for diagnosis and surgical facilities; and (5) is not primarily a clinic, nursing home or convalescent home or similar establishment nor, other than incidentally, a place for alcoholics or drug addicts.

“In-Patient” means a person admitted to a hospital as a resident or bed-patient and who is provided at least one day’s room and board by the hospital.

**Cosmetic Disfigurement Benefit**

If, an Insured Person suffers a third degree burn in a *non-occupational* accident, ACE INA Life Insurance will pay a percentage of the Principal Sum depending on the area of the body which was burned according to the following table:

Body Part	(A) Area Classification	(B) Maximum allowable % for Area Burned	(C) Maximum % of Principal Sum Payable
Face, Neck, Head	11	9%	99%
Hand & Forearm	5	4.5%	22.5%
Either Upper Arm	3	4.5%	13.5%
Torso (Front or Back)	2	18%	36%
Either Thigh	1	9%	9%
Either Lower Leg (below knee)	3	9%	27%

The maximum percent of Principal Sum Payable (C) is determined by multiplying the Area Classification (A) by the Maximum Allowable percent for Area Burned (B). In the event of a 50% surface burn, the Maximum Allowable percent for Area Burned (B) is reduced by 50%. This table only represents the maximum percent of the Principal Sum payable for any one accident. If the Insured suffers burns in more than one area as a result of any one accident, benefits will not exceed a maximum of \$25,000.

### **Bereavement Benefit**

When injuries covered by this policy result in Loss of Life of an Insured Person within 365 days from the date of the accident, ACE INA Life Insurance will pay the reasonable and necessary expenses actually incurred by the Spouse and Dependent Children of the Insured Person for up to six (6) sessions of grief counseling, by a Professional Counselor, subject to a maximum of \$1,000.

"Professional Counselor" means the treatment or counseling by a therapist or counselor who is licensed, registered or certified to provide such treatment.

### **Continuance of Coverage**

In the case of employees of the Policyholder who are (1) laid-off on temporary basis, (2) temporarily absent from work due to short-term disability, (3) on leave of absence, (4) on maternity leave, coverage shall be extended for **twelve (12) months**, subject to payment of premiums.

If an employee of the Policyholder assumes other occupational duties during the leave or lay-off period, no benefits shall be payable for a loss occurring during the performance of this occupation.

### **Conversion Privilege**

On the date of termination of employment or during the 31-day period following termination of employment, an Insured Person may convert their insurance to an individual insurance policy of the Insurance Company. The individual policy will be effective either as of the date that the application is received by the Insurance Company or on the date that coverage under the group policy ceases, whichever occurs later. The premium will be the same as a person would ordinarily pay when applying for an individual policy at that time. Application for an individual policy may be made at any office of the Insurance Company. The amount of insurance benefit converted to shall not exceed that amount issued during employment.

### **Common Disaster Benefit (Only Applicable to Voluntary Family Plan Coverage)**

If as a result of a "common accident" the Insured Member and the Insured Member's spouse should both lose their lives within one year of such "common accident", the spouse's loss of life benefit shall be increased to equal 100% of the Insured Member's Principal Sum.

The benefit will be payable to and equally divided among the Insured Member's "surviving children", or, in the case of any "surviving child" who is a minor or otherwise not competent to give valid release, ACE INA Life Insurance may pay such benefit to the guardian, trustee or other person deemed by ACE INA Life Insurance to be equitably entitled to receive such benefit. Any payment made by ACE INA Life Insurance in good faith pursuant to this provision shall fully discharge ACE INA Life Insurance to the extent of such payment.

"Common accident" means the same accident or separate accidents occurring within the same 24 hour period.

"Surviving children" means the Insured Member's dependent children as defined in the definition of "eligible dependents" applicable to the policy provided such children survive both the Insured Member and the Insured Member's spouse by at least 24 hours.

**Extended Family Benefit (Only Applicable to Voluntary Family Plan Coverage)**

If an Insured Member, who had insured his family members, suffers loss of life in a covered accident, coverage may be extended for the spouse and dependent children for a maximum of six (6) months if premiums are paid.

**Waiver of Premium**

If you are under age **65** and become totally disabled\* while you are insured under this plan and satisfactory evidence of your total disability is provided to ACE INA Life Insurance on an annual basis, payment of premium will be waived until the earlier of the following occurs:

- a) you return to active employment with your employer;
- b) you attain age 65;
- c) the master policy underwritten by ACE INA Life Insurance is terminated.

Once you return to active employment with your employer, your coverage will continue only upon the commencement of premium payments.

\*You will be considered totally disabled if you are unable to engage in any business or occupation and perform in any work for compensation or profit and has existed continuously for a period of at least 12 months or is in accordance with the waiver of premium requirements under the Policyholder's Group Life Insurance Policy.

### **Exclusions**

The plan does not cover any loss, which is the result:

1. intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;
2. war or any act thereof;
3. flying in an aircraft owned or leased by your employer, yourself or a member of your household, or aircraft being used for any test or experimental purpose, firefighting, powerline inspection, pipeline inspection, aerial photography or exploration;
4. full-time, active duty in the armed forces.
5. flying as pilot or crew member in any aircraft or device for aerial navigation.

### **Exposure and Disappearance**

Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded you.

If your body has not been found within one year of disappearance, stranding, sinking or wrecking of the conveyance in which you were riding at the time of the accident, it shall be presumed, subject to all other conditions of this policy, that you suffered a loss of life resulting from bodily injuries sustained in an accident covered under this policy.

### **How to Claim**

Note: In the event of a claim, notice of claim must be given to ACE INA Life Insurance within 30 days from the date of the accident and subsequent proof of claim must be submitted to ACE INA Life Insurance within 90 days from the date of the accident. A claim form can be obtained from the benefits administrator.

This document has been prepared in connection with a group plan underwritten by ACE INA Life Insurance, For ease of reference it contains a brief description only and does not mention every provision of the contract issued. Please remember that rights and obligations are determined in accordance with the contract and not this document. For the exact provisions applicable, please consult your Employer.

Effective Date: **January 10, 2008**

06/08

