

Group Benefit Plan



Great-West Life
your Benefits Solutions People

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Terms greater than 12 months

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>.

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

D.A. Townley & Associates Ltd.
#101-4190 Lougheed Highway
Burnaby, B.C.
V5C 6A8

Phone: (604) 299-7482

Fax: (604) 299-8136

Toll Free: 1-800-663-1356

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.

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.

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

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

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:

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

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)

Benefit Amount	Employee Plan	Family Plan
\$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

