

Accidental Death and Dismemberment Insurance

Policy # 1LY30

**A Mandatory Insurance Program
for Employees of
Strathcona County**

**Effective Date of Policy: April 1, 2012
Amended May 1, 2013 and June 14, 2013**

This Booklet/Certificate is an important document.
Please keep it in a safe place.



Table of Contents

| | |
|--|-----------|
| INTRODUCTION | 4 |
| WHAT IS ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE? | 4 |
| WHO NEEDS ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE? | 4 |
| WHY SHOULD YOU CONSIDER ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE? | 4 |
| WHAT ARE THE ADVANTAGES OF YOUR COVERAGE? | 5 |
| DEFINITIONS – FOR A BETTER COMPREHENSION OF THIS BOOKLET | 6 |
| DETAILS OF THE PROGRAM | 13 |
| ELIGIBILITY | 13 |
| COVERAGE AMOUNTS | 14 |
| INDIVIDUAL COVERAGE TERMINATION | 16 |
| PROGRAM BENEFITS | 17 |
| SPECIFIC LOSS ACCIDENT INDEMNITY | 17 |
| COVERED ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS | 18 |
| CONVERSION TO AN INDIVIDUAL INSURANCE CONTRACT | 30 |
| INDEMNITY PAYMENT AND BENEFICIARIES | 31 |
| AGGREGATE LIMIT OF INDEMNITY | 32 |
| EXCLUSIONS | 32 |
| IN THE EVENT OF A CLAIM | 34 |
| NOTICE OF CLAIM | 34 |
| CLAIM FORMS | 34 |
| PROOF OF LOSS | 34 |
| PHYSICAL EXAMINATION AND AUTOPSY | 35 |
| PAYMENT OF CLAIMS | 35 |
| LEGAL ACTIONS | 35 |
| FREQUENTLY ASKED QUESTIONS | 36 |

This booklet is an outline of SSQ Insurance Company Inc. Accidental Death and Dismemberment insurance program offered to Employees of the Policyholder. It is designed to help you learn more about the coverage offered under this insurance program. This booklet should be retained for reference.

The Accidental Death and Dismemberment #1LY30 group insurance program's Master Application, endorsements and attached papers, if any, and the entire contract of insurance, all referred to hereafter as the "Policy", set forth the terms and conditions of the insurance program. All rights and obligations are determined in accordance with the Policy, not this booklet. For exact provisions of coverage offered, please contact your Human Resources department.

INTRODUCTION

What is Accidental Death and Dismemberment insurance?

Accidental Death and Dismemberment insurance offers the financial protection needed in case of an accident to help alleviate financial setbacks for you and your loved ones. Accidental Death and Dismemberment coverage provides payment in the event of an accident resulting in death or serious injury. The amount that is paid will depend upon the type of injury.

Who needs Accidental Death and Dismemberment insurance?

Everyone should plan for their financial security because accidents happen. According to Statistics Canada (2006), unintentional injury is the 5th leading cause of death in Canada. Nowadays, few people set money aside for emergency needs, so this coverage provides you with protection when it is most needed. Not only does Accidental Death and Dismemberment coverage help lighten the financial burden you or your family may experience due to an accident but most importantly it will provide you with a peace of mind.

Why should you consider Accidental Death and Dismemberment insurance?

Because no one is immune to accidents, Accidental Death and Dismemberment insurance is perceived as a valuable addition to any group insurance plan. Accidents happen and their impact may be devastating to you and your loved ones. Recovery from an accident may take a while and may cost you more than you'd expect. That is why it is beneficial to make Accidental Death and Dismemberment insurance a part of your group insurance plan as it provides necessary resources when they are most needed.

What are the advantages of your coverage?

With SSQ's group Accidental Death and Dismemberment insurance, you benefit from:

- Comprehensive coverage
- Extensive list of benefits
- 24-hour, year round and worldwide coverage
- Efficient claims service

Definitions – for a better comprehension of this booklet

Wherever used in this booklet:

- "Accident" means a sudden and unexpected mishap or event in which an Insured Person is involved and which directly results in an Injury to the Insured Person.
- "Accommodation" means lodging at a hotel, motel, inn, bed and breakfast or other like establishment as well as food reasonably required during the lodging, provided however that no indemnity will be paid for lodging at a private residence or for food not consumed as meals by the person seeking reimbursement of expenses.
- "Comatose" means being in a state of total unconsciousness from which the person cannot be aroused. A Comatose person is unresponsive to any external stimuli and continuously requires the use of life support systems.
- "Commencement of Total Disability" means the date of commencement of the Insured Person's Total Disability, as determined by a Physician, which date must be subject to the satisfaction of the Insurer that, on that date, the Insured Person has met all criteria for Total Disability.
- "Daily Indemnity" means one-thirtieth of one percent (1/30 of 1%) of the Insured Person's Principal Sum, subject to a maximum monthly indemnity of two thousand and five hundred dollars (\$2,500).
- "Day-Care Centre" means a facility, which is run according to the law, including laws and regulations applicable to day-care facilities, and which provides care and supervision for children in a group setting on a regular basis. A Day-Care Centre will not include a hospital, the child's home or school if the only care at such school is provided during normal school hours while the Dependent Child is attending school from grades one (1) through twelve (12).
- "Day of Hospitalization" means a necessary Period of Hospitalization in a Hospital as an inpatient for which a full day's room and board is charged.

- "Dependent Child" means a natural child, adopted child, stepchild or child with who is in a parent-child relationship with you. The child must be residing in Canada, dependant upon you for maintenance and support and:
 - (1) under 21 years of age; or
 - (2) under 25 years of age (26 in the province of Quebec) and in attendance at an Institution for Higher Learning on a full-time basis; or
 - (3) no matter his age on the date of the claim, have been struck with a Functional Disability while satisfying the criteria under paragraphs (1) or (2) above. Proof of existence of this Functional Disability, including the determination by a Physician that the disability exists and when it occurred, must be presented to the Insurer within 31 days after the child reaches the age at which he would otherwise no longer qualify as a Dependent Child under paragraph (1) or (2) above. Thereafter, the Insurer may periodically require that other proof be submitted establishing to its satisfaction that the Functional Disability still exists and that the child otherwise meets the definition of Dependent Child, failing which, the Insurer may determine that the child no longer qualifies as a Dependent Child under the Policy.

The Dependent Child will be covered from birth provided such child is born alive.

- "Employee" means a benefit-eligible employee of the Policyholder who is residing in Canada and under the age of seventy (70). The Employee is designated by the terms "you" and "your" for the purposes of this booklet.
- "Fare" means the regular fare charged for:
 - (1) an economy class seat on a regular flight by a domestic or international scheduled air carrier;
 - (2) a coach seat on a passenger train;
 - (3) a regular seat on a passenger bus;
 - (4) an economy class accommodation on a boat.

Each of those carriers must hold a current and valid certificate issued by Transport Canada or, if subject to regulation in another country by a similar governmental authority having jurisdiction in that country.

- "Functional Disability" means an irreversible and serious limitation of a person's physical or mental capacity or of their skills that prevents the person from living independently.
- "Hemiplegia" means the permanent Paralysis and functional loss of use of upper and lower limbs on the same side of the body.
- "Hospital" means an institution licensed as a hospital within the jurisdiction in which it operates. To qualify under this definition, a hospital must be an active treatment hospital open at all times for the care and treatment of sick and injured persons, have a staff of one (1) or more Physicians available at all times, provide twenty-four (24) hour nursing service by graduate registered nurses and have organized facilities for diagnostics and surgery. A facility which is primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment is not a Hospital. For the purposes of this definition, a Hospital will include a facility or part of a facility used for rehabilitative care.
- "Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, aunt, nephew, niece, grandson, granddaughter, grandfather, grandmother (all of the above include natural, adopted or step relationships) or the spouse of an Insured Person.
- "Injury" means bodily injury caused by an Accident occurring while the Policy is in force as to the Insured Person whose loss is the basis of claim and resulting directly and independently of all other causes in loss covered under the Policy, twenty-four (24) hours a day, anywhere in the world but in no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.
- "Institution for Higher Learning" means and is limited to universities, colleges, CEGEPs and professional or vocational schools.
- "Insurer", "We", "Us" means SSQ Insurance Company Inc.
- "Insured Person" means you before the date of coverage termination.

- "Intoxicated" and "Under the Influence of Drugs" means that the driver has a blood alcohol content and/or is impaired due to the use of alcohol, narcotics or other drugs such that he could be subject to proceedings under provincial, state or federal law, even if he has not been subject to such proceedings.
- "Loss of Life" means the death of the Insured Person.
- "Loss" means:
 - (a) as used with reference to a hand or foot, the complete and irrecoverable severance through or above the wrist or ankle joint, but below the elbow or knee joint;
 - (b) as used with reference to an arm or leg, the complete and irrecoverable severance through or above the elbow or knee joint;
 - (c) as used with reference to a thumb, the complete and irrecoverable severance of one (1) entire phalanx of the thumb;
 - (d) as used with reference to a finger, the complete and irrecoverable severance of two (2) entire phalanges of the finger;
 - (e) as used with reference to toes, the complete and irrecoverable severance of one (1) entire phalanx of the big toe and irrecoverable severance of all phalanges of the other toes;
 - (f) as used with reference to an eye, the irrecoverable loss of the entire sight thereof, and determined by a Physician to be irrecoverable;
 - (g) as used with reference to speech, the complete and irrecoverable loss of the ability to utter intelligible sounds, and determined by a Physician to be irrecoverable;
 - (h) as used with reference to hearing, the complete and irrecoverable loss of hearing, and determined by a Physician to be irrecoverable.
- "Loss of Use" means a total incapacity to use part of the body, which incapacity has been continuous for twelve (12) consecutive months and was determined by a Physician to be permanent at the end of such period.
- "Motorized Vehicle" means a passenger car, van, jeep-type automobile, sports utility vehicle (SUV), any truck-type automobile, truck, ambulance,

or any type of motorized vehicle used by municipal, provincial or federal police forces.

- "Paralysis" means the loss of ability to move all or part of the body.
- "Paraplegia" means the permanent Paralysis and functional loss of use of both lower limbs of the body.
- "Period of Hospitalization" means a single uninterrupted confinement in a Hospital or several successive confinements in a Hospital as a result of the same Accident, provided each such confinement is separated by a period of less than ninety (90) consecutive days and all such confinements occur within seven hundred and thirty (730) days of the date of the Accident.
- "Physician" means an individual who is legally licensed to practice medicine and provide treatment within the scope of his licence by:
 - (a) a recognized medical licensing organization in the jurisdiction where the treatment is rendered, provided he is a member in good standing of such licensing body, or
 - (b) a governmental agency having jurisdiction over such licensing where the treatment was rendered.

The Physician must not ordinarily reside in the Insured Person's residence. The Physician must not be an Insured Person, an Immediate Family Member or business associate of an Insured Person.

- "Policy" means Policy #1LY30 as well as the attached Master Application, any endorsements and attached papers.
- "Policyholder" means Strathcona County.
- "Principal Sum" means the amount indicated in Item 3 of the Master Application as being applicable to the Insured Person and stated on the Insured Person's most recently signed individual enrollment form on file with the Policyholder, if any.
- "Quadriplegia" means the permanent Paralysis and functional loss of use of both upper and lower limbs of the body.
- "Regular Care and Attendance" means observation and treatment to the extent necessary under existing and recognized standards of medical practice.

- "Seat Belt" means a belt that forms a restraint system in a Motorized Vehicle.

For the purposes of this definition, a Seat Belt includes infant and child restraint systems used in Motorized Vehicles and the restraining belts which are part of a stretcher used in the transportation of sick or injured persons by ambulance.

- "Sickness or Disease" means the alteration of a person's state of health resulting from internal or external cause(s), creating objectively verifiable symptoms and/or signs, and revealing itself by the impairment of physiological or mental functions.
- "Specific Loss" means Loss of Life, Loss, Loss of Use, Quadriplegia, Paraplegia or Hemiplegia, all as defined in the present section of this booklet.
- "Spouse" means an individual residing in Canada and under the age of seventy (70):
 - (a) to whom you are legally married or in a civil union with; or
 - (b) with whom you have continuously cohabited in a conjugal relationship for a minimum of one (1) year immediately before the date of the event insured against.

However, when the individual is the biological or adoptive mother or father of at least one of your children and is cohabitating with you, the individual shall be deemed a Spouse from the date of birth or adoption of that child, if that date precedes the end of the period of one year of cohabitation.

Only one (1) individual will qualify as your Spouse. If you are legally married or in a civil union but is also cohabiting with an individual as described under Item (b) above, you may elect in writing which one of the individuals will qualify as a Spouse under the Policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the occurrence of the event insured against. If an election is not filed, the Spouse will be the individual to whom you are legally married or in a civil union with.

- "Total Disability" or "Totally Disabled" means or directly refers to a continuous state of incapacity preventing the Insured Person from performing all of the usual and customary duties of his occupation.

An Insured Person will be deemed Totally Disabled only if he does not receive any income from any occupation after the Commencement of Total Disability, directly or indirectly, except in the context of a rehabilitation program approved by the Insurer.

For a Total Disability to be recognized, the state of the Insured Person must require Regular Care and Attendance by a Physician or an appropriate specialist. Proof of Regular Care and Attendance must be satisfactory to the Insurer.

- "Transportation" means conveyance from one place to another by private or public Motorized Vehicle, bus, train, boat, ferry, airplane or helicopter.

Throughout this booklet, the male pronoun will be construed as the feminine when the person is a female.

DETAILS OF THE PROGRAM

Eligibility

The group Accidental Death and Dismemberment insurance program is available to all Employees of the Policyholder classified as follows:

Class 001 - Strathcona County Classified and Strathcona County Library permanent non-management Employees

Class 002 - Strathcona County Classified and Strathcona County Library permanent management Employees

Class 003 - All other Strathcona County Classified and Strathcona County Library temporary employees in positions of at least 15 hours per week

Class 004 - Strathcona County Classified and Strathcona County Library temporary employees in positions of at least 30 hours per week and with a specified term of at least 12 months

Class 101 - Strathcona County Elected Officials

Class 201 - Strathcona County permanent Employees under the AUPE collective agreement

Class 202 - Strathcona County temporary Employees under the AUPE collective agreement – LTD replacement

Class 203 - Strathcona County temporary Employees under the AUPE collective agreement – other

Class 301 - Strathcona County employees under the IAFF collective agreement

Class 302 - Strathcona County employees under the IAFF collective agreement in positions of at least 30 hours per week and with a specified term of at least 12 months

Class 303 - All other Strathcona County employees under the IAFF collective agreement in positions of at least 15 hours per week

Coverage Amounts

The Accidental Death and Dismemberment insurance program is a mandatory group coverage for you.

On the effective date of your individual coverage, you are automatically insured for a Principal Sum equal to 2 times your annual earnings to a maximum of \$500,000 **without having to provide any evidence of insurability**. Your Principal Sum, however, decreases by 50% at age 65.

If your Principal Sum on the Effective Date of the Policy is higher than afforded by this policy, such Principal Sum will be grandfathered.

"Annual Earnings" with respect to all classes except Class 301 means the annual rate of salary or salary excluding all incentive pay, overtime, isolation allowance, expense accounts, bonuses, dividends, commissions or any other type of special compensation the Employee was receiving from the Policyholder immediately prior to the date of the Accident.

"Annual Earning" with respect to Class 301 means the annual base salary including Service Pay and the last twelve (12) months of overtime, shift premiums and statutory holidays worked immediately prior to the date of the Accident.

"Service Pay" as defined in the applicable Collective Agreement.

Effective Date of Individual Coverage

Your individual coverage will take effect:

- on effective date of the Policy, if you are insured under the previous policy on or prior to the effective date of this Policy;
- on the date stated below if you become eligible after the Effective Date of this Policy or if you are transferred from the previous policy to this Policy to continue satisfaction of the waiting period:

Class 001: On the date of hire

Class 002: On the date of hire

Class 003: On the date following satisfaction of 12 months of accumulated service

Class 004: On the date of hire

Class 101: On November 1st of election year or first of the month coincident with or following if elected in a by-election

Class 201: On the date following satisfaction of 3 months of continuous service

Class 202: On the date following satisfaction of 6 months of continuous service

Class 203: On the date following satisfaction of 12 months of continuous service

Class 301: On the date of hire

Class 302: On the date of hire

Class 303: On the date following satisfaction of 12 months of continuous service

- on the date you return to active work if after satisfaction of the waiting period you are not actively at work for any reason other than bona fide vacations or regular days off.

The insurance of an Employee under the previous policy who is not actively at work on April 1, 2012 for any reason other than bona fide vacations or regular days off will remain covered under the terms and conditions of the previous policy. Such Employee will only become eligible for coverage under the terms of this Policy on the date he returns to active work.

An eligible Employee who is on waiting period on April 1, 2012 will be transferred to this Policy to continue satisfaction of the waiting period.

Individual Coverage Termination

Your coverage terminates on the earliest of the following dates:

- the date the Policy is terminated;
- the premium due date if the Policyholder fails to pay the required premium, except as the result of an inadvertent error;
- on the premium due date coincident with or following the date the Insured Employee reaches seventy (70) years of age (65 if Class 301);
- on October 31st of election year if Class 101 and not re-elected;
- on the last day of office if Class 101 and no longer able to complete the term of office;
- the premium due date coincident with or following the date you cease to be an active Employee of the Policyholder on account of leave of absence, lay-off, maternity/parental leave, disability, resignation, dismissal, pension or retirement, except as provided under the following sections of this booklet:
 - Waiver of Premium
 - Continuation of Coverage During Approved Leaves

PROGRAM BENEFITS

Specific Loss Accident Indemnity

When, within three hundred and sixty-five (365) days after the date of an Accident, an Insured Person suffers an Injury from such Accident which results in a Specific Loss listed below, the Insurer will pay an indemnity as indicated below:

Loss of

| | |
|--|------------------------------------|
| Life..... | The Principal Sum |
| The entire sight of both eyes..... | The Principal Sum |
| Speech and hearing in both ears | The Principal Sum |
| One hand and the entire sight of one eye | The Principal Sum |
| One foot and the entire sight of one eye | The Principal Sum |
| The entire sight of one eye..... | Three-Fourths of the Principal Sum |
| Speech..... | Three-Fourths of the Principal Sum |
| Hearing in both ears..... | Three-Fourths of the Principal Sum |
| Hearing in one ear | Two-Fifths of the Principal Sum |
| All toes of one foot | One-Third of the Principal Sum |

Loss or Loss of Use of

| | |
|---|------------------------------------|
| Both hands..... | The Principal Sum |
| Both feet | The Principal Sum |
| One hand and one foot | The Principal Sum |
| One arm..... | The Principal Sum |
| One leg | The Principal Sum |
| One hand..... | Three-Fourths of the Principal Sum |
| One foot..... | Three-Fourths of the Principal Sum |
| The thumb and index finger or at least four fingers of one hand..... | Two-Fifths of the Principal Sum |

Paralysis of

| | |
|---|-----------------------------|
| Both upper and lower limbs (Quadriplegia) | Two Times the Principal Sum |
| Both lower limbs (Paraplegia) | Two Times the Principal Sum |
| The upper and lower limbs of one side of body (Hemiplegia) | Two Times the Principal Sum |

However, in the case of Quadriplegia, Paraplegia and Hemiplegia, if the Insured Person dies within ninety (90) days after the date of the Accident, the indemnity payable by the Insurer will be limited to the Principal Sum.

Indemnity provided under this section for all Specific Losses sustained by an Insured Person as the result of any one (1) Accident will not exceed the following:

- (a) the Principal Sum, with the exception of Quadriplegia, Paraplegia and Hemiplegia; or
- (b) with respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum, provided that the Insured Person lives longer than ninety (90) days after the date of the Accident.

Under this section, in no event will the Insurer pay more than two times the Principal Sum as the result of the same Accident, regardless of the combination of losses suffered.

Covered Accidental Death and Dismemberment Benefits

Repatriation Benefit

In the event an Insured Person suffers a Loss of Life resulting from Injury more than fifty (50) kilometres from that Insured Person's normal place of residence and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to a resting place (including but not limited to a funeral home or the place of interment) in proximity to the normal place of residence of the deceased Insured Person, including charges for the preparation of the body for such transportation, not to exceed, in the aggregate, the amount of fifteen thousand dollars (\$15,000) for all such expenses paid under this section as a result of one (1) Accident.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

Education Benefit

In the event you suffer a Loss of Life resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary tuition fees for any Dependent Child who, on the date of or within the following three hundred and sixty-five (365) days of the Insured Person's death, is enrolled or enrolls as a full-time student in any Institution for Higher Learning, up to the lesser of the following amounts:

- (a) five percent (5%) of such deceased Insured Person's Principal Sum; or
- (b) five thousand dollars (\$5,000),

for each year (up to five (5) consecutive years) per Dependent Child during which such Dependent Child remains enrolled as a full-time student in an Institution for Higher Learning.

The total maximum payable under this section will not exceed five thousand dollars (\$5,000) per year per Dependent Child.

The indemnity will be paid each year upon receipt of proof satisfactory to the Insurer that the Dependent Child is enrolled as a full-time student in an Institution for Higher Learning. Payment will not be made for expenses incurred prior to the Loss of Life of such Insured Person, nor for room, board, books or other living, travelling or clothing expenses.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

Day-Care Benefit

In the event you suffer a Loss of Life resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary expenses actually incurred for Day-Care Centre attendance for any Dependent Child under thirteen (13) years of age at the date of the Insured Person's death and who on the date of or within the following three

hundred and sixty-five (365) days after such Insured Person's death, is enrolled or enrolls in a Day-Care Centre, to the lesser of the following amounts:

(a) five percent (5%) of such deceased Insured Person's Principal Sum; or

(b) five thousand dollars (\$5,000),

for each year (up to five (5) consecutive years) per Dependent Child during which such Dependent Child remains enrolled in a Day-Care Centre.

The total maximum payable under this section will not exceed five thousand dollars (\$5,000) per year per Dependent Child.

The indemnity will be paid each year upon receipt of satisfactory proof that the Dependent Child is enrolled in a Day-Care Centre, but payment will not be made for expenses incurred prior to the Loss of Life of such Insured Person, nor for room, board or other ordinary living, travelling or clothing expenses.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

If none of the Insured Person's Dependent Children satisfy the above requirements or the requirements as shown under the section entitled "Education Benefit", the Insurer will pay to your beneficiary the lesser of the following amounts:

(a) five percent (5%) of the deceased Insured Person's Principal Sum; or

(b) two thousand and five hundred dollars (\$2,500),

under only one (1) of the policies issued by the Insurer.

Rehabilitation Benefit

In the event you suffer a Specific Loss resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled

"Specific Loss Accident Indemnity" and such Injury requires that you participate in a rehabilitation program in order to be qualified to engage in an occupation in which you would not have engaged except for such Injury, the Insurer will pay the reasonable and necessary expenses that you actually incurred for such program within three (3) years after the date of such loss. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

Payment by the Insurer for the total of all expenses that you incurred under this section will not exceed fifteen thousand dollars (\$15,000) as the result of any one (1) Accident.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

Workplace Modification and Accommodation Benefit

In the event you suffer a Specific Loss resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity" and you require special adaptive equipment and/or workplace modification in order to reasonably accommodate your return to active work with the Policyholder, the Insurer will pay the reasonable and necessary expenses actually incurred by the Policyholder for such equipment and/or modification provided:

- (1) The Policyholder agrees in writing to provide the special adaptive equipment and/or make modifications to the workplace for the purpose of making it accessible and adaptable to your needs; and
- (2) The Policyholder acknowledges in writing that the performance of the essential duties of your job would be compromised in the absence of such modification or accommodation; and
- (3) The proposed special adaptive equipment and/or workplace modification have prior written approval by the Insurer.

The Insurer has the right to have you examined by a professional of its choice to evaluate the appropriateness of the proposed modifications and/or equipment.

The indemnity under this section will be paid to the Policyholder once you have returned to active work with the Policyholder and the Insurer has been

provided with written proof of the expenses incurred. The benefit is not payable if the Policyholder does not incur any cost in providing the special adaptive equipment and/or the workplace modification.

Payment by the Insurer for the total of all expenses incurred by the Policyholder under this section will not exceed five thousand dollars (\$5,000) as a result of any one (1) Accident.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

Occupational Training Benefit

In the event you suffer a Loss of Life resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary expenses actually incurred within the following three (3) years after the date of such loss by your Spouse who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

Payment by the Insurer for the total of all expenses incurred by your Spouse under this section will not exceed fifteen thousand dollars (\$15,000).

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

Permanent Total Disability Indemnity

In the event you suffer an Injury resulting in Total Disability within three hundred and sixty-five (365) days after the date of the Accident causing such Injury, provided such Total Disability was continued over a period of twelve (12) consecutive months following Commencement of Total Disability and is permanent at the end of this period, the Insurer will pay the Principal

Sum, less any amount paid or payable as the result of the same Accident under the section of this booklet entitled "Specific Loss Accident Indemnity".

Family Transportation Benefit

In the event an Insured Person suffers a Specific Loss resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity" and such Insured Person is under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by one (1) Immediate Family Member or family representative for Transportation to the bedside of such Insured Person by the most direct route from the normal place of residence of the Immediate Family Member or family representative, Accommodation in the vicinity, and return to the normal place of residence of such Immediate Family Member or family representative by the most direct route if the Insured Person had been travelling unaccompanied by an Immediate Family Member. Payment will not be made for other ordinary living, travelling or clothing expenses.

The Insurer will not pay any indemnity under this section unless such Insured Person is confined as an inpatient in a Hospital located more than fifty (50) kilometres from his normal place of residence.

Reimbursement of Transportation expenses under this section is limited to the cost of a single return trip to the bedside of the Insured Person while in Hospital. More than one form of conveyance may be used for the Transportation if necessary, but the indemnity paid will be limited to the Fare or Fares reasonably required for a single return trip. If Transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers, then reimbursement of Transportation expenses will be limited to a maximum of thirty-five cents (\$0.35) per kilometre travelled for such return trip.

The total maximum amount payable under this section by the Insurer will not exceed fifteen thousand dollars (\$15,000) as a result of any one (1) Accident.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

Identification Benefit

In the event an Insured Person suffers a Loss of Life resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity" and the police or similar governmental authority requires identification of the Insured Person's body, the Insurer will pay the reasonable and necessary expenses actually incurred by one (1) Immediate Family Member or family representative for Transportation to the location of the Insured Person's body by the most direct route from the normal place of residence of the Immediate Family Member or family representative, Accommodation in the vicinity, and return to the normal place of residence of such Immediate Family Member or family representative by the most direct route, if, at the time of death, the Insured Person had been travelling unaccompanied by an Immediate Family Member. Payment will not be made for other ordinary living, travelling or clothing expenses.

The Insurer will not pay any indemnity under this section unless the Insured Person's body is located more than fifty (50) kilometres from the Insured Person's normal place of residence.

Reimbursement of Transportation expenses under this section is limited to the cost of a single return trip to identify the deceased Insured Person. More than one form of conveyance may be used for the Transportation if necessary, but the indemnity paid will be limited to the Fare or Fares reasonably required for a single return trip. If Transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers, then reimbursement of Transportation expenses will be limited to a maximum of thirty-five cents (\$0.35) per kilometre travelled for such return trip.

The total maximum amount payable under this section by the Insurer will not exceed fifteen thousand dollars (\$15,000) as a result of any one (1) Accident.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

Seat Belt Benefit

In the event an Insured Person suffers a Specific Loss resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay an additional indemnity equal to ten percent (10%) of the applicable indemnity payable under the section of this booklet entitled "Specific Loss Accident Indemnity", subject to a maximum of fifty thousand dollars (\$50,000), if at the time of the Accident causing such Injury, the Insured Person was driving or riding in a Motorized Vehicle and wearing a properly fastened Seat Belt.

At the time of the Accident, the driver of the Motorized Vehicle must hold a current and valid driver's license of a rating authorizing him to operate such Motorized Vehicle and neither be Intoxicated nor Under the Influence of Drugs.

Proof of Seat Belt use to the satisfaction of the Insurer must be provided as part of the written proof of loss.

Home Alteration and/or Vehicle Modification Benefit

In the event an Insured Person suffers a Specific Loss listed below resulting from an Injury:

- (1) Loss of both feet or legs; or
- (2) Loss of Use of both feet or legs; or
- (3) Quadriplegia, Paraplegia or Hemiplegia,

and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity" and such Insured Person requires the use of a wheelchair, as result of such loss, in order to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within three (3) years following the date of Loss for home alteration and/or vehicle modification as provided under this section.

To be covered under this section, the alteration or modification must enable the Insured Person to access his residence and/or his vehicle in a wheelchair and must be approved, where required by law, by licensing authorities.

The total maximum amount payable under this section by the Insurer will not exceed fifteen thousand dollars (\$15,000) as a result of any one (1) Accident.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the Policyholder by the Insurer.

Hospital Indemnity

In the event an Insured Person suffers a Specific Loss resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity" and such Injury requires the Insured Person to stay in a Hospital and under the Regular Care and Attendance of a Physician for at least four (4) consecutive days, the Insurer will pay a Daily Indemnity provided such Period of Hospitalization is necessary for the treatment of such Injury. Such Daily Indemnity will be paid from the first (1st) Day of Hospitalization, but in no event for more than three hundred and sixty five (365) days per Accident.

Notwithstanding anything contained to the contrary in the Policy, a Period of Hospitalization which becomes necessary for the treatment of an Injury which resulted in a Specific Loss will be covered in accordance with the terms of this section, provided such Period of Hospitalization commences:

- (1) within three hundred and sixty-five (365) days after the date of the Accident causing such Injury; and
- (2) while this Insured Person's individual coverage under the Policy is in force.

Such Daily Indemnity will be calculated as payable from the first (1st) Day of Hospitalization, provided the Insured Person is hospitalized for at least four (4) consecutive days.

Only one (1) Period of Hospitalization will be payable for all Injuries sustained by the Insured Person as the result of one (1) Accident.

Comatose Benefit

In the event a Physician determines that an Insured Person has become Comatose as a result of an Injury, the Insurer will pay an indemnity equal to the amount of the Principal Sum less any other amount paid or payable under the section of this booklet entitled "Specific Loss Accident Indemnity" as the result of the same Accident, provided:

- (1) The Insured Person becomes Comatose within three hundred and sixty five (365) days after the date of the Accident; and
- (2) The Insured Person has been Comatose for at least six (6) consecutive months.

Contagious Disease Benefit

In the event an Insured Employee suffers a Loss of Life within three hundred and sixty five (365) days after the date of contracting or being infected by Hepatitis B, Tuberculosis, Meningococcal Meningitis, or Yersinia Pestis the Insurer will pay the Loss of Life benefit. The disease must first manifest itself and be diagnosed by a Physician while the insured is an active employee and that the disease was as a result of on the job exposure while insured under the policy.

Aircraft Coverage

Insurance provided under the Policy includes coverage for loss when such loss results from Injury sustained while and as a result of the Insured Person:

- (a) riding as a passenger, and not as a pilot, operator or member of the crew, in or on any aircraft having a current and valid certificate of airworthiness and being piloted by a person who then holds a current and valid pilot's license of a rating authorizing him to pilot such aircraft.
- (b) riding as a passenger, and not as a pilot, operator or member of the crew, in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country.

- (c) riding as a passenger in any aircraft owned or leased by the Policyholder.
- (d) boarding or alighting from or being struck by any aircraft.

Exposure and Disappearance Coverage

In the event an Insured Person undergoes unavoidable exposure to natural elements and, as a direct result, suffers a Specific Loss for which indemnity would have been payable under the section of this booklet entitled "Specific Loss Accident Indemnity" if it had been caused by an Accident, the Insurer will pay the amount specified for the same loss as in the section of this booklet entitled "Specific Loss Accident Indemnity".

In the event an Insured Person is not found within one (1) year following the date of the disappearance or sinking or wrecking of the conveyance in which he was riding at the time of such disappearance or sinking or wrecking and under such circumstances as would otherwise be covered under the section of this booklet entitled "Specific Loss Accident Indemnity", it will be presumed the Insured Person suffered a Loss of Life resulting from an Injury at the time of such disappearance, sinking or wrecking.

Continuation of Coverage during Approved Leaves

Individual coverage under the Policy will be continued for you during any of the following:

- your approved leave of absence;
- your temporary lay-off; or
- your maternity/parental leave

provided payment of premium is continued.

This continuation of coverage will terminate at 12:01 a.m., Standard Time:

- (1) with respect to any leave of absence approved by the Policyholder, on the first (1st) day of the month following the completion of a twelve (12) month period that started on the date such approved

leave of absence began or on the date you return to work in any capacity for the Policyholder or any other employer, including self-employment, whichever is earlier. Continuation of coverage for periods in excess of twelve (12) months may be granted, provided written request is submitted by the Policyholder to the Insurer;

- (2) with respect to any temporary lay-off approved by the Policyholder, on the first (1st) day of the month following the completion of a six (6) month period that started on the date such approved temporary lay-off began or on the date you return to work in any capacity for the Policyholder or any other employer, including self-employment, whichever is earlier. Continuation of coverage for periods in excess of six (6) months may be granted, provided written request is submitted by the Policyholder to the Insurer;
- (3) with respect to any maternity/parental leave approved by the Policyholder, on the date you return to work in any capacity for the Policyholder or any other employer, including self-employment; and

The coverage which is provided as a result of continuation under this section will be subject to the terms and provisions of the Policy that were in effect as of the date of commencement of the leave, including any provision providing for reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in the Policy, in no event will indemnities payable for any event insured against which occurs while individual coverage is being continued under this section exceed the amount that would have been payable to you at the date of commencement of your leave.

Waiver of Premium

When, under the Policyholder's basic group life insurance policy, your life insurance coverage is extended under a waiver of premium provision as the result of total disability resulting from a Sickness or Disease, from a Sickness or Disease related to pregnancy, from an Injury or from an Accident, coverage under the Policy will also be extended and waiver of premium granted.

Premiums will continue to be waived until the earliest of the following dates:

- (a) the date the Policy is terminated; or

- (b) the date you reach sixty-five (65) of age; or
- (c) the date the you cease to be totally disabled; or
- (d) the date you fail to provide proof satisfactory to the Insurer of the continuance of total disability within ninety (90) days of request of such proof or refuse to submit to a medical examination requested by the Insurer.

The coverage which is continued under this section is subject to the terms and provisions of the Policy which are in effect on the date prior to the commencement of total disability, including any provision providing for reductions in amounts of insurance or any indemnity.

Notwithstanding anything contained to the contrary in the Policy, in no event will indemnities payable for any event insured against which occurs while coverage is being continued under this section exceed the amount that would have been payable, if any, to the Insured Person at the date prior to your commencement of total disability.

The Insurer has the right to request proof of total disability or the continuation thereof from time to time, as the Insurer may reasonably require. Failure to provide proof satisfactory to the Insurer may result in termination of this "Waiver of Premium" section.

Conversion to an Individual Insurance Contract

In the event your coverage is terminated because:

- (a) you cease to be an active Employee of the Policyholder on account of resignation, dismissal, retirement or failure to return to work for the Policyholder following a period of total disability; or
- (b) you cease to be an eligible person under the Policy; or
- (c) the period of extension of your coverage as provided in the "Extension of Coverage" section ends,

if you have not reached the age of seventy (70), you may make a written application to the Insurer within thirty-one (31) days of said termination to obtain an individual accident policy. On reception of such application, the Insurer will, without evidence of insurability, issue an individual accident policy to the applicant.

However, conversion will not be possible if the Policy is terminated at the time of the application.

The benefits provided will be set out in a Specific Loss Accident Indemnity schedule available from the Insurer at the time of conversion, and the amount of insurance that may be converted will not exceed the lesser of:

- (a) the amount of insurance then in effect on the date of termination; or
- (b) a total aggregate amount of two hundred and fifty thousand dollars (\$250,000) for all such conversions.

Premiums for such an individual accident policy being issued in compliance with the aforementioned condition will be calculated at the Insurer's rates then in force for your attained age at the date of conversion. Premiums will be payable annually in advance and the accident policy will be issued on an annually renewable basis.

Indemnity Payment and Beneficiaries

Indemnity payable in the event of your Loss of Life will be paid to the beneficiary or beneficiaries designated in writing by you on your basic group life insurance application on file with the Policyholder or basic group life insurance carrier, as the case may be on your most recently signed enrollment card or beneficiary designation card on file with the Policyholder, or if there is no such beneficiary designation, such indemnity will be paid to your estate. All other indemnities payable will be paid to you, with the exception of indemnities payable under the following sections of this booklet, for which, indemnity will be paid to the person who actually incurred the expenses giving rise to the indemnity:

- Repatriation Benefit
- Education Benefit
- Day-Care Benefit
- Workplace Modification and Accommodation Benefit
- Occupational Training Benefit
- Family Transportation Benefit
- Identification Benefit

- Home Alteration and/or Vehicle Modification Benefit

Aggregate Limit of Indemnity

The Insurer's aggregate limit of indemnity for all indemnities payable as a result of any one (1) Accident is \$2,500,000. In the event said limit of indemnity for any one (1) Accident is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person will be in the proportion that the limit of indemnity for any one (1) Accident bears to the total amount of indemnity that would have been payable, not taking into consideration such limit of indemnity.

This section only applies to indemnities payable under the following sections of this booklet:

- Specific Loss Accident Indemnity
- Permanent Total Disability Indemnity
- Comatose Benefit

Exclusions

No benefit will be paid for any loss, fatal or non-fatal, caused or contributed to by:

- self-inflicted injuries, suicide or attempted suicide, whether the Insured Person was sane or insane;
- war whether declared or undeclared, and whether or not the Insured Person was actually participating therein;
- civil commotion, riot, insurrection, armed conflict if the Insured Person was participating therein;
- the Insured Person's service, whether as a combatant or non-combatant, in the armed forces of any country;
- the Insured Person riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section of this booklet entitled "Aircraft Coverage";

- injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the employee's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury;
- committing of or attempt to commit an assault or criminal offence;
- an infection (except pyogenic infections from an accidental cut or wound), illness or disease or the medical treatment of any illness or disease, or bodily or mental infirmity, except if the medical treatment or surgery was needed because of an Accident.

IN THE EVENT OF A CLAIM

Notice of Claim

- Written notice of Injury on which claim is based must be given to the Insurer within thirty (30) days after the date of the Accident resulting in such Injury.
- Such notice must be given in writing by or on behalf of the Insured Person, his beneficiary or the person who is entitled the indemnity under the Policy, as the case may be, to the Insurer at its Head Office, 2020 University Street, Suite 1800, Montreal (Quebec), H3A 2A5, or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person whose loss is the basis of such notice.
- Failure to give such notice within the time provided in the Policy will not invalidate any claim if it is shown not to have been reasonably possible to give such notice during such time and that such notice was given as soon as was reasonably possible, but in no event later than one (1) year after the date of the Accident.

Claim Forms

The Insurer, upon receipt of such notice, agrees to furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not so furnished within fifteen (15) days after the Insurer's receipt of such notice, the claimant will be deemed to have complied with the requirements of the Policy as to proof of such loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

Proof of Loss

Written proof of loss must be furnished to the Insurer within ninety (90) days after the date of Accident resulting in such loss. Failure to furnish such proof within such time will not invalidate any claim if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the Accident.

Physical Examination and Autopsy

The Insurer will have the right and opportunity to examine, at its own expense, the person of the Insured Person whose loss is the basis of claim under the Policy, where and so often as it may reasonably require while it determines the validity of a claim hereunder, and in the case of death, the right and opportunity to require an autopsy where it is not forbidden by law.

Payment of Claims

All indemnities provided in the Policy for loss will be paid after customary proof of loss satisfactory to the Insurer has been given in accordance with the requirements of the Policy. With respect to Insured Persons of the Policyholder for whom premium is paid in Canadian funds, all moneys payable under the Policy are payable in the lawful money of Canada. With respect to Insured Persons of a Policyholder who pays the premium in U.S. funds, all moneys payable under the Policy are payable in the lawful money of the United States of America.

Legal Actions

Legal action will not be taken to recover indemnities under the Policy until sixty (60) days after proof of loss has been submitted to the Insurer in accordance with the requirements of the Policy. Thereafter, the claimant must take any legal action based on the Policy within one (1) year period [three (3) years in the province of Quebec] following submission of a proof of loss to the Insurer.

FREQUENTLY ASKED QUESTIONS

1. Who is eligible for group Accidental Death and Dismemberment coverage?

You are eligible under the program if you are a Canadian resident and an active benefit-eligible employee of Strathcona County and under the age of seventy (70).

2. When does individual coverage take effect?

Your individual coverage will take effect:

- on effective date of the Policy, if you are insured under the previous policy on or prior to the effective date of the Policy;
- on the date described under the "Effective Date of Individual Coverage" section of this booklet, if you become eligible after the effective date of the Policy or on waiting period under the previous policy.

3. Who receives the Principal Sum insured upon death of the Insured Person?

The Principal Sum will be paid to the beneficiary or beneficiaries designated in writing by you on your most recently signed enrollment form or beneficiary designation form on file with the Strathcona County, or if there is no such beneficiary designation, the sum insured will be paid to your estate.

4. Who can change the beneficiary and how can this be done?

You have the right to change your designated beneficiary or beneficiaries by changing the name(s) appearing on your most recently signed enrollment form or beneficiary designation form on file with the Policyholder.

5. Are Accidental Death and Dismemberment benefit indemnities and Principal Sum taxable?

No, Accidental Death and Dismemberment insurance proceeds and the Principal Sum are not taxable.

6. How do I file a claim?

Filing a claim is a very simple process.

You must notify Strathcona County of your claim, either in writing or verbally, as soon as you suffer the Injury on which the claim is based, as such notice must be given in writing to the Insurer within thirty (30) days after the date of the Accident resulting in such Injury. In the event that you are unable to give such notice, your beneficiary or beneficiaries or the person entitled to an indemnity under your coverage, may notify Strathcona County on your behalf.

The Insurer, upon receipt of the above-mentioned notice, will send claim forms to Strathcona County. These claim forms constitute the written proof of loss and must be completed and returned to the Insurer within ninety (90) days after the date of Accident resulting in such loss.

Your claim will be reviewed and processed, on average, within ten (10) business days from the date the completed claim forms are received by the Insurer.

7. Can I cancel my Group Accidental Death and Dismemberment coverage?

Your Accidental Death and Dismemberment coverage may only be cancelled by Policyholder.

8. Where can I obtain more information?

You can obtain more information by communicating with your Human Resources department.