

**A BASIC AND VOLUNTARY PROGRAM OF
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

POLICIES #9223060 & #9223061

Eligibility

Basic Program (Policy #9223060)

If you are a Non-Union or NSGEU employee, under the age of sixty-five and participate in the Policyholder's Basic Group Life Insurance program, you are automatically insured under this program.

Voluntary Program (Policy #9223061)

All employees, who are under age 65, their Spouse and Dependent Children.

"Spouse" means an individual under the age of 65;

- a) to whom you are legally married,
- b) with whom you have continuously cohabited in a conjugal relationship for a minimum of one year immediately before a Loss is incurred under the Program.

Only one individual will qualify as spouse

If you have more than one spouse using the above criteria, the spouse will be the individual whose name is on record with the Extended Health Care Insurer. If there is no name on record, the spouse will be the legal spouse.

"Dependent Child" means a natural child, adopted child, stepchild or a child who is in a parent-child relationship with the insured Employee. The child is unmarried, dependent upon the insured Employee for maintenance and support and:

- (a) under 21 years of age, or
- (b) under 26 years of age and in attendance at an Institution for Higher Learning on a full-time basis, or
- (c) by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon the insured Employee for support within the terms of the Income Tax Act.

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

"Institution for Higher Learning" is limited to universities, colleges, CEGEP's and trade schools.

Coverage (Basic & Voluntary Programs)

Any accident resulting in Death, Dismemberment, Paralysis, Loss of use of limbs, Loss of sight, speech or hearing – anywhere in the world – 24 hours a day – on or off the job.

Amount of Principal Sum (Basic Program (Policy #9223060))

Your amount of Principal Sum (Insurance) is an amount equal to your Basic Group Life Insurance, subject to a maximum benefit of \$500,000.

Voluntary Program (Policy #9223061)

You may elect to insure yourself only or yourself and your family for one of the plans outlined below:

A. Employee Only Plan

You may select an amount of insurance from a minimum of \$10,000 to a maximum of \$300,000 in units of \$10,000.

B. Employee & Family Plan

You may select an amount of insurance from a minimum of \$10,000 to a maximum of \$100,000 in units of \$10,000, and your family will automatically be insured for the following:

i) Spouse

Your Spouse will be insured for 60% of the benefit you select for yourself if you do not have any Dependent Children or 50% of your benefit if you do have Dependent Children.

ii) Children

Each Dependent Child will be insured for 10% of your benefit if you have a Spouse, or 20% if you do not have a Spouse.

How do I increase, decrease, change plan or cancel my insurance? (Voluntary Program)

- (1) select the type of plan desired: Employee only plan or Employee and Family plan.
- (2) select the amount of insurance desired which best suits your needs.
- (3) complete and sign the Enrollment card and return it to the Human Resources Department.

Effective Date of Coverage (Voluntary Program)

Coverage will commence on the date your signed application card is received by the Human Resources Department. However, if you are absent from active work for any reason other than vacation, coverage will only begin when you return to active work.

Beneficiary (Basic Program)

Your Loss of Life benefit shall be payable to the beneficiary or beneficiaries designated under your Basic Group Life Insurance Program, or if there is no such beneficiary designation, the benefit shall be payable to your Estate.

All other indemnities payable will be payable to you, with the exception of indemnities payable under the following sections: Repatriation, Education; Day-Care; Workplace Modification and Accommodation, Occupational Training, Family Transportation, Identification.

Beneficiary (Voluntary Program)

Your accidental death benefit will be paid to the beneficiary designated on your application card. If there is no such beneficiary designation, such benefit will be paid to your Estate.

All other indemnities payable, will be payable to the Insured Person (including those payable for the dependents), with the exception of indemnities payable under the following sections: Repatriation, Education; Day-Care; Workplace Modification and Accommodation; Occupational Training; Family Transportation; Common Disaster; Identification; Extension of Family Coverage.

Definitions

Wherever used in this booklet:

"Policy" means the Group Policies #9223060 and #9223061 which is on file with the Policyholder.

"You" and "Your", means the Eligible Employee who is employed with the Policyholder.

"We", "Us", "The Insurer" and "SSQ" means SSQ Insurance Company Inc.

"Injury" means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this 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.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal physiological function and includes illness and infections.

"Disease" means any unhealthy condition of the body or any part thereof.

"Policyholder" means Capital District Health Authority.

"Insured Person" means an Employee, Spouse or dependent Child, if any, insured under the Policy.

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

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, hospital will include a facility or part of a facility used for rehabilitative care.

"Regular Care and attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition causing the confinement.

"Physician" means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) who is licensed to practise medicine by:

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

"Accommodation" means lodging in the vicinity of the Hospital where the Insured Person is confined.

The male pronoun will be construed as the feminine when the person is a female.

Benefits

Specific Loss Accident Indemnity (Basic & Voluntary programs)

When Injury results in any of the following losses within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay:

For Loss of

Life.....	The Principal Sum
The Entire Sight One Eye.....	The Principal Sum
Speech	The Principal Sum
Hearing in One Ear.....	One-Half of the Principal Sum
All Toes of One Foot	One-Quarter of the Principal Sum

For Loss or Loss of Use of

One Arm	The Principal Sum
One Leg.....	The Principal Sum
One Hand	The Principal Sum
One Foot	The Principal Sum
Thumb and Index Finger or at Least Four Fingers of One Hand	One-Third of the Principal Sum

For Paralysis of

Both Upper and Lower Limbs (Quadriplegia)	Two Times the Principal Sum
Both Lower Limbs (Paraplegia)	Two Times the Principal Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia).....	Two Times the Principal Sum

"Loss of Life" means the death of the Insured Person.

"Loss" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb means the complete severance of one (1) entire phalanx of the thumb; as used with reference to finger means the complete severance of two (2) entire phalanges of the finger; as used with reference to toes mean the complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes; as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

"Paralysis" means the loss of ability to move all or part of the body.

"Quadriplegia" means the permanent Paralysis and functional loss of use of both upper and lower limbs.

"Paraplegia" means the permanent Paralysis and functional loss of use of both lower limbs.

"Hemiplegia" means the permanent Paralysis and functional loss of use of upper and lower limbs on the same side of the body.

"Loss" as above used with reference to loss of use means the total and irrecoverable loss of use, provided the loss is continuous for twelve (12) consecutive months and such loss of use is determined to be permanent at the end of such period.

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

- (a) with the exception of quadriplegia, paraplegia and hemiplegia, the Principal Sum.
- (b) with respect to quadriplegia, paraplegia and hemiplegia, Two Times the Principal Sum or the Principal Sum if Loss of Life occurs within ninety (90) days after the date of the Accident.

In no event will indemnity payable for all Losses under this section exceed, in the aggregate, Two Times the Principal Sum as the result of the same Accident.

Repatriation* (Basic & Voluntary Programs)

If you or your Insured Dependent(s) sustain accidental Loss of Life not less than 50 kilometres from your or your Insured Dependent(s) normal place of residence and indemnity for such Loss becomes payable under the program, we will pay the reasonable and customary expenses actually incurred for the transportation of the body to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to your or your Insured Dependent(s) normal place of residence. The repatriation benefit up to \$20,000 will be paid for expenses incurred for the return home of the body (including charges for the preparation of the body for such transportation).

Education (Basic & Voluntary Programs)**

If you sustain accidental loss of life and indemnity for such loss becomes payable in accordance with the terms of this Program, we will pay the Education Benefit stated below for each of your Dependent Children for education expenses provided the child is:

- (1) already enrolled full-time in an institution of higher learning above the secondary school level as defined in the province, territory or country of residence; or
- (2) at a secondary school level but will enroll, as a full-time student in an institution of higher learning program within 365 days of your accidental death.

This benefit is equal to the reasonable and necessary expenses actually incurred for each Dependent Child, subject to a maximum of 5% of your Principal Sum or \$5,000, whichever is less, for up to 4 consecutive years.

This benefit will be paid each year immediately upon receipt of satisfactory proof that your child is enrolled as a full-time student in an institution for higher learning, but payment will not be made for expenses incurred prior to your death, nor for room, board or other ordinary living, travelling or clothing expenses.

If your Dependent Child satisfies the above requirements, any benefits payable will be paid to such child.

"Institution for higher learning" includes any university, college, CEGEP or trade school.

Day-Care (Basic & Voluntary Programs)**

If you sustain Accidental Loss of Life and indemnity for such Loss becomes payable in accordance with the terms of this Program, we will pay the Day-Care Benefit stated below for each of your Dependent Children who:

- (1) are enrolled in a legally licensed Day-Care Centre on the date of such Loss; or
- (2) will enroll in a legally licensed Day-Care Centre within three hundred and sixty-five (365) days after the date of your death.

This benefit is equal to 5% of your Principal Sum or \$5,000, whichever is less, for each year your Dependent Child is enrolled in a Day-Care Centre, but not to exceed 4 years, which must run consecutively, with respect to any one Dependent Child.

This benefit will be paid each year immediately upon receipt of satisfactory proof that your child is enrolled in a legally licensed Day-Care Centre.

In the event that your Dependent Child does satisfy the requirements indicated above, the Day-Care Benefit will be payable to your surviving Spouse if your Spouse has custody of the child. If there is no surviving Spouse or your child does not reside with your Spouse, benefits payable under this provision will then be paid to your child's guardian who has been legally appointed to manage the person of the child.

If none of your Dependent Children satisfy the requirements as shown under either the section entitled "Education Benefit" or this section, we will pay an amount equal to 5% of your Principal Sum or \$2,500, whichever is less, under 1 of the policies issued to the your Employer by SSQ to your beneficiary.

The following definitions are applicable only to this benefit:

"Day-Care Centre" means a facility which is operated according to 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. Day-Care Centre will neither include a hospital, the child's home, care provided during normal school hours while a child is attending grades one (1) through twelve (12) nor any other day-care facility which does not charge a fee for services rendered.

"Dependent Children" mean persons that are either legitimate or illegitimate children, adopted children, step-children or children who are in a parent-child relationship with you. The children are under 13 years of age and dependent upon you for maintenance and support.

Rehabilitation* (Basic & Voluntary Programs)

If you sustain an injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" under this program 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 actually incurred within 3 years from the date of loss to a maximum of \$20,000. No payment will be made for room, board or other ordinary living, travelling or clothing expenses.

Occupational Training* (Basic & Voluntary Program)

If you sustain accidental loss of Life and indemnity for such loss becomes payable in accordance with the terms of this program, we will pay the reasonable and necessary expenses actually incurred, within 3 years from the date of your accidental death, 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 your spouse, would not otherwise have sufficient qualifications, up to a maximum of \$20,000 for all such expenses. No payment will be made for room, board or other ordinary living, travelling or clothing expenses. If your spouse satisfies the requirements stated above, it is presumed that your spouse is the beneficiary.

Workplace Modification and Accommodation* (Basic & Voluntary Program)

In the event an Insured Person sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy and such Insured Person requires special adaptive equipment and/or workplace modification in order to reasonably accommodate his return to active full-time work with the Policyholder, the Insurer will pay the reasonable and necessary expenses actually incurred by the Policyholder 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 the needs of such Insured Person.
2. The Policyholder acknowledges in writing that the performance of the essential duties of such Insured Person's job may be altered.
3. The proposed special adaptive equipment and/or workplace modification must have prior written approval by the Insurer.
4. The Insurer has the right to examine the Insured Person to evaluate the appropriateness of the proposed modifications.

The benefit will be paid to the Policyholder upon the Insured Person's return to active full-time 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 will not exceed five thousand dollars (\$ 5,000) as a result of any one (1) Accident.

The above benefit will only be payable under one (1) of the policies issued to the Policyholder by the Insurer.

Child Enhancement

With the exception of Loss of Life and Paralysis, the benefit amounts shown under the Specific Loss Accident Indemnity are doubled with respect to your Insured Dependent Children.

This provision is not applicable if Loss of Life occurs within 90 days after the date of the accident.

Permanent Total Disability (Basic & Voluntary Programs)

The Principal Sum is payable in a lump sum, less any other amounts paid or payable under the Specific Loss Accident Indemnity as a result of the same accident if you become totally disabled and the following conditions are met:

- 1) The disability commences within 365 days of the accident.
- 2) The disability prevents you from engaging in each and every occupation or employment for compensation or profit for which you are reasonably qualified by education, training or experience.
- 3) The disability has continued for 12 consecutive months, remains total and is deemed to be permanent at the end of such period.

Family Transportation* (Basic & Voluntary Programs)

If any Specific Loss covered under the "Specific Loss Accident Indemnity" confines you or your Insured Dependent(s) as an inpatient in a hospital or if any other Injury confines you or your Insured Dependent(s) to a hospital for 4 days and such hospital is located at least 150 kilometres from your or your Insured Dependent(s) residence, this benefit will refund expenses incurred by any Member(s) of the Immediate Family for hotel accommodation and transportation (via the most direct route) to your or your

Insured Dependent(s) bedside, to a maximum of \$20,000. Private transportation expenses are limited to \$0.35 per kilometre travelled.

Payment is not made for board or other ordinary living, travelling or clothing expenses.

Identification* (Basic & Voluntary Programs)

If you or an Insured Dependent sustain accidental Loss of Life, and the police require the identification of the body by a Member of the Immediate Family, and indemnity for Loss of Life subsequently becomes payable under the Policy, we will refund expenses incurred by such family member for:

- 1) lodging and board (up to a maximum of 3 consecutive nights) while en route and/or during the stay in the city or town where the body is located, and
- 2) transportation via the most direct route to this location,

provided this location is not less than 150 km from the family member's usual residence.

Private transportation expenses are limited to \$0.35 per km travelled and the total maximum refundable for all expenses is limited to \$15,000.

Common Disaster (Voluntary only)

If you and your Insured Spouse both sustain accidental Loss of Life which becomes payable under the program as the result of a "Common Accident", your Spouse's amount of coverage will be increased to the same level as yours to a combined program maximum of \$1,000,000.

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

Seat Belt (Basic & Voluntary Programs)**

If you or your Insured dependent(s) is driving or riding in a Vehicle and wearing a properly fastened Seat Belt at the time of the accident, and a Loss becomes payable under the "Specific Loss Schedule" section of the Policy, SSQ will pay an additional sum equal to 10% of the applicable amount payable under the "Specific Loss Schedule" section, subject to a maximum of \$25,000.

The driver of the Vehicle must hold a current and valid driver's license and is not intoxicated nor under the influence of drugs, unless such drugs are taken as prescribed by a Physician, at the time of the accident.

"Intoxicated" and "under the influence of drugs" are as defined by the jurisdiction where the accident occurs.

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

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

Home Alteration and/or Vehicle Modification* (Basic & Voluntary)

If you or your Insured Dependent(s) sustain the Loss of or Loss of Use of Both Feet or Legs or becomes Quadriplegic, Paraplegic or Hemiplegic, for which indemnity becomes payable under the Policy, and you or your Insured Dependent(s) subsequently require the use of a wheelchair to be

ambulatory, We will refund the reasonable and necessary expenses actually incurred during the 3 year period following the accident, to a maximum of \$20,000 per accident;

- (a) for the cost of alterations to your or your Insured Dependent(s) principal residence for the purpose of making it accessible and/or;
- (b) the cost of modifications to 1 motor vehicle utilized by yourself or your Insured Dependent(s), when such modifications are approved by licensing authorities where required, for the purpose of adapting it to your or your Insured Dependent(s) needs.

The amount payable under this section will be coordinated with any amount paid or payable under any other insurance plan providing the same or similar benefit.

Hospital Indemnity (Basic & Voluntary Programs)**

If any Loss covered under the "Specific Loss Schedule" section of the Policy confines you or your Insured dependent(s) to a Hospital and such person is under the Regular Care and Attendance of a Physician, you or your Insured Dependent(s) will receive a daily benefit of 1/30th of 1% of your Principal Sum from the 1st day of hospitalization, up to a maximum of \$2,500 per month and for a maximum duration of 365 days per accident.

Hospitalization required for treatment of any Injury other than for a Specific Loss is also covered in accordance with the above terms, provided such hospitalization begins within 365 days of the date of the accident which caused the Injury and insurance is in force. The daily benefit is payable from the 1st day of hospitalization if the Insured Person is hospitalized for at least 4 days.

Hospitalization is either 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 90 consecutive days. All confinements must occur within 730 days of the date of the accident.

Only one hospitalization, as defined above, will be payable for all Injuries sustained by the Insured Person as the result of the same accident.

Cosmetic Disfigurement* (Basic & Voluntary Programs)

If you or an Insured Dependent suffer cosmetic disfigurement due to a burn, the Insurer will pay the Cosmetic Disfigurement benefit provided that such burn is classified as a third degree burn.

The amount of benefit payable under this section is based on the percentage of the Principal Sum, as shown in the Cosmetic Burn Schedule below, which is determined by the Area Classification factor times the percentage of body surface actually burned.

Maximum allowable percentage for body surface burned, as shown in the following Cosmetic Burn Schedule, is based on 100% of the specific body part being burned. The attending physician will determine the actual percentage applicable to each burn.

If you suffer burns to more than one body part as a result of any one accident, benefits payable for all such burns will not exceed 100% of the Principal Sum.

Cosmetic Burn Schedule

Body Part	Area Classification Factor	Maximum Allowable % for Body Surface Burned	Maximum % of Principal Sum Payable
Face, Neck, Head	11	9.0%	99.9%
Hand & Forearm (Right)	5	4.5%	22.5%
Hand & Forearm (Left)	5	4.5%	22.5%
Upper Arm (Right)	3	4.5%	13.5%
Upper Arm (Left)	3	4.5%	13.5%
Torso (Front)	2	18.0%	36.0%
Torso (Back)	2	18.0%	36.0%
Thigh (Right)	1	9.0%	9.0%
Thigh (Left)	1	9.0%	9.0%
Lower Leg - below knee	3	9.0%	27.0%

In the event benefits are payable under this section and the sections entitled Specific Loss Accident Indemnity or Permanent Total Disability, the total benefits payable will not exceed 100% of the Principal Sum (or 200% for Paralysis).

NOTE: Benefits marked with an asterisk (*) are only payable under one of the policies issued to the Employer by SSQ.

Benefits marked with 2 asterisks (**) are payable under all other policies with similar benefits issued to the Employer by SSQ subject to the maximum amount stated in the policies.

Aircraft Coverage (Basic & Voluntary Programs)

An Insured Person is covered while riding as a passenger, but not as a pilot, operator or member of the crew, in any aircraft provided the aircraft has a current and valid certificate of airworthiness and is flown by a licensed pilot, except any aircraft that is owned, operated or leased by or on behalf of the Policyholder. An Insured Person is also covered while flying as a passenger in any military aircraft and when boarding or alighting from or struck by any aircraft.

Exposure and Disappearance (Basic & Voluntary Programs)

If, by reason of an accident covered by this program, an Insured Person is unavoidably exposed to the elements and such exposure results in a covered Loss, such Loss will be covered.

If an Insured person is not found within one year of the disappearance, sinking or wrecking of a conveyance in which they were riding at the time of the accident, it will be presumed they have suffered Loss of Life resulting from bodily Injury caused by an accident.

Aggregate Limit (Basic Program)

The Policy contains a \$75,000,000 aggregate limit of indemnity for all losses arising out of any one accident. If this amount is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person is proportionately reduced so that the total amount of indemnity payable equals \$75,000,000.

The aggregate limit of indemnity only applies to losses payable under the following sections of the Policy: Specific Loss Accident Indemnity and Permanent Total Disability Indemnity.

When does insurance coverage stop? (Basic Program)

Your insurance coverage will stop on the earliest of the following dates:

- 1) on the date the Policy is terminated.
- 2) on the premium due date if the Policyholder fails to pay your premiums to The Insurer, except as the result of an inadvertent error.
- 3) on the date you reach 65 years of age;
- 4) on the date you cease to be an active employee, on account of leave of absence lay-off, maternity leave, disability, resignation, dismissal, pension or retirement, except as provided under the following sections: Waiver of Premium; Continuation of Coverage During Approved Leaves

When does Insurance coverage stop? (Voluntary Program)

Your insurance coverage will stop on the earliest of the following dates:

- 1) on the date the Policy is terminated.
- 2) on the premium due date if the Policyholder fails to pay your premiums to SSQ, except as the result of an inadvertent error.
- 3) on the premium due date next following the date you give notice of cancellation to the Policyholder.
- 4) on the premium due date next following the date you reach age 65.
- 5) on the premium due date next following the date you cease to be an active employee on account of leave of absence, lay-off, maternity leave, disability, resignation, dismissal, pension or retirement, except as provided under: Waiver of Premium; Continuation of Coverage during Approved Leaves

The insurance coverage for your Insured Spouse and/or Insured Dependent Children stops on the earlier of:

- 1) the date such person ceases to be an eligible dependent;
- 2) the date your insurance coverage stops.

If your insurance and/or the insurance of your Spouse or Dependent Children should stop, you can still file a claim under the Policy for Losses arising from an accident which occurred prior to the termination date, subject to the terms and provisions of the Policy.

Waiver of premium (Basic & Voluntary Programs)

Provided you have been approved for Waiver of Premium and remain eligible for such under the terms and conditions of the Employer's Basic Group Life Insurance policy, You need not pay any further premiums under the Policy for yourself, your Insured Spouse and/or Insured Dependent Children, while you remain disabled, until the earliest of the following dates:

- (1) the Policy terminates;
- (2) you reach age 65;
- (3) you cease to be totally disabled.

All terms and provisions of the Policy apply during the period premiums are waived, including provisions relating to reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in the Policy, benefits payable for any Loss which occurs while this clause is in effect cannot exceed the amount of insurance payable on the commencement date of your disability.

Continuation of Coverage during approved Leaves (Basic)

If, under your Basic Group Life Insurance Program, your life insurance is continued during any approved leave of absence, temporary lay-off, maternity leave, or disability leave, coverage under this program will also be continued, provided payment of premium is continued.

All terms and provisions of the Policy apply during the period of the leave, including provisions relating to reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in the Policy, benefits payable for any Loss which occurs while this clause is in effect cannot exceed the amount of insurance payable on the commencement date of Your leave.

Continuation of Coverage during approved Leaves (Voluntary)

Subject to payment of premium, coverage will be continued for a period of up to 12 months for you during any approved leave of absence, temporary lay-off or maternity leave. For strike, coverage will terminate on the 31st day following the commencement of the strike. For disability leave, coverage provided under this section will terminate when you reach age 65, qualify for a Waiver of Premium clause or when you return to work, whichever is earliest.

With respect to any severance program, coverage will be continued until the 1st of the month following the completion of an 18 month period that started on the date such severance program 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.

All terms and provisions of the Policy apply during the period of the leave, including provisions relating to reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in the Policy, benefits payable for any Loss which occurs while this clause is in effect cannot exceed the amount of insurance payable on the commencement date of your leave.

Exclusions (Basic & Voluntary Programs)

The program does not cover any Loss, fatal or non-fatal, caused or contributed to by:

- (1) suicide or intentionally self-inflicted Injury;
- (2) war, whether declared or not within Canada, the United States of America and countries listed in areas classified as Zones A1, A2 and A3 on the list supplied by the Insurer;
- (3) participation in a riot, insurrection, civil commotion or disturbance;
- (4) active full-time, part-time or temporary service in the armed forces of any country;
- (5) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage";
- (6) medical treatment or surgery, except if the medical treatment or surgery was needed because of an Accident.

In the event of claim (Basic & Voluntary Programs)

You or your beneficiary must notify the Policyholder.

In the case of claim, written notice of Injury must be given to SSQ within 30 days after the date of the accident and written proof of Loss must be furnished to them within 90 days after the date of such Loss. Failure to furnish such notice or proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible, but in no event later than one year after the date of the accident.

This booklet is your outline of the coverage held under the Basic program of Accidental Death and Dismemberment Insurance and should be retained for reference. The group master Policies # 9223060 and #9223061 set forth in detail the terms and conditions of the program and all rights and obligations are determined in accordance with the Master Policy, not this booklet. For exact provisions of coverage, please contact your Human Resources Department.