

Benefits Summary

Benefit	Coverage	Premium Costs
Provincial Health Care	<ul style="list-style-type: none"> Covers most doctors' fees, cost of comprehensive hospital care at standard ward levels, and other qualifying expenses 	G & F Financial Group pays 100% of the premiums for MSP, Extended Health Care and Dental Care
Extended Health Care	<ul style="list-style-type: none"> Annual Deductible: \$25 Reimbursement: 100% of eligible expenses Up to \$200 per person per year for Chiropractor, Naturopath, Psychologist/Clinical Counsellor, Chiropodist Up to \$100 per person per year for Acupuncture and Speech Therapist. Unlimited for Massage Therapist and Physiotherapist Vision Maximum: \$300 per person per 12 months In-Province Expenses: \$1M lifetime maximum Out-of-Province/Country Emergency: \$5M per claim 	
Dental Care	<ul style="list-style-type: none"> No Deductible Reimbursement: <ul style="list-style-type: none"> 75% Basic Expenses 75% Major Expense 50% Orthodontic Expenses (\$2,000 lifetime maximum per person) 	
Short-Term Disability	<ul style="list-style-type: none"> Pays 66 2/3% your weekly earnings* Maximum: \$3,462 per week Benefit is taxable income Your insurance terminates at age 65 or earlier retirement 	G & F Financial Group pays 100% of the premium for Short-Term and Long-Term Disability
Long-Term Disability	<ul style="list-style-type: none"> Pays 66 2/3% your monthly earnings* Maximum: \$15,000 per month Benefit is taxable income Your insurance terminates at age 65 minus the elimination period or earlier retirement 	
Basic Life Insurance	<ul style="list-style-type: none"> Before age 65 benefit: 3 times your annual earnings* After age 65 benefit: 1.5 times your annual earnings Maximum: \$1.2M 	G & F Financial Group pays 100% of the premiums for Basic Life Insurance
Optional Life Insurance	You and your spouse can each purchase up to \$500,000 of coverage in units of \$10,000	You pay 100% of the premium for Optional Life Insurance
Accidental Death & Dismemberment (AD&D) Insurance	<ul style="list-style-type: none"> Coverage: 2 times your annual earnings to a maximum of \$800,000* Pays a percentage of your coverage depending on the loss: Accidental Death & Dismemberment Coverage Table 	G & F Financial Group pays 100% of the premium for AD&D Insurance
Employee and Family Assistance Program (EFAP)	The Employee & Family Assistance Program provides employees with 24-hour access to confidential qualified counseling professionals who can help resolve their personal and work-related problems before they affect their health, family or ability to work	G & F Financial Group pays 100% of the premium for the EFAP

***Annual Earnings** are based on your annual salary excluding overtime and bonuses. For a member earning a commissioned salary, the rate is the average remuneration received during the previous 12 months. If an hourly employee's hours vary, his/her earnings are calculated using the average number of hours worked in the last 12 months and the current hourly rate of pay.

For **Weekly Earnings** divide your annual earnings by 52 and for **Monthly Earnings** divide your annual earnings by 12.

Provincial Health Care

The provincial plan typically covers most doctors' fees, the cost of comprehensive hospital care at standard ward levels, and other qualifying expenses, such as:

- Doctor's charges for office, home and hospital calls
- Consultations
- Laboratory exams
- X-rays
- Diagnostic and therapeutic treatment
- In-hospital nursing care
- Drugs administered in a hospital
- Operating rooms
- Surgical procedures
- Anesthetic expenses (administered in a hospital)

Extended Health Care

The extended health care plan is designed to provide you and your family with additional health care protection over and above that provided by the Provincial Health Care plan. See [Benefits Summary](#) for coverage details.

Visits to most doctors are covered under the provincial medical plans, and you will not be charged. You may wish to check with your doctor or specialist first before incurring costs.

If your doctor prescribes medication, your pharmacist will be able to tell you if your prescription is covered under the extended health care plan by means of a computer link to Green Shield. Your pay direct drug card can be used for eligible drugs covered under the drug plan. You will be able to send in claims electronically through your pharmacist.

The Extended Health Care plan covers the cost of going to many health care specialists including naturopaths, chiropractors and physiotherapists, subject to limits. And, if you are traveling out of the province, the plan will also cover emergency medical services and supplies.

Covered Expenses

Your plan covers the following expenses:

Hospital Expenses

- Extra charges for a private or semi-private room in an acute care hospital

Medical Expenses

New Drugs introduced to the Canadian marketplace and approved by Health Canada after January 1, 2006 are subject to an evaluation process by Green Shield to determine the need, safety, effectiveness and cost.

Covered prescription drug expenses include:

- Most drugs requiring a prescription including those which appear on the [Conditional Drug Status List](#) for which you meet the eligibility criteria.
- Diabetic needles and syringes
- Infertility treatment medication up to a lifetime maximum of \$5,000; please check with [Green Shield](#) before starting treatment
- Compound medications containing a therapeutic concentration of an active eligible ingredient with a Drug Identification Number (DIN) and base.
- Injected and medically necessary serums and vitamins

Prescription drug expenses that are not covered in any option include:

- Drugs not requiring a prescription or those on the [Conditional Drug Status List](#) for which you do not meet the eligibility criteria
- Smoking cessation products
- Erectile dysfunction medication
- Compounds for cosmetic purposes, duplicates of manufactured pharmaceutical products, unproven and experimental products or those that consist only of pure chemicals.

If you have an expense that is not on this list, check with [Green Shield](#) to determine whether it is covered.

Other Medical Expenses (All Options)

Covered medical care expenses include:

- Emergency ambulance services

- Oxygen, blood or plasma, artificial limbs and eyes, crutches, splints, casts, trusses, some braces
- Hearing aids, not including batteries (\$500 per five year period)
- Wigs and hairpieces required because of injury or medical treatment (\$500 per lifetime)
- Orthopedic shoes (one pair per lifetime)
- Cataract eyewear (one per lifetime)
- Rental or purchase of durable equipment for therapeutic treatment (approval required before purchase)
- Private duty registered nurse for acute cases (maximum 720 hours per calendar year)
- Fees for medical exams required for employment purposes (if not covered by another plan)
- Cosmetic treatments, services and supplies necessary to repair or treat defects resulting from injury or illness or congenital defects that interfere with bodily functions
- Insulin pump and supplies
 - Medical condition must be Type 1 Diabetes
 - Insulin infusion pump is paid at 'usual and customary' charges - the current maximum eligible expense for reimbursement is
 - \$5,500 per 5 years.
 - \$250 monthly maximums on supplies
 - Claim/application must be submitted under the provincial plan first for those who are age 18 or younger
- Paramedical services* of the following paramedical practitioners from the first visit up to the specified maximums, see [Benefits Summary](#) (x-rays, appliances and tray fees are not covered):
 - Chiropractor
 - Naturopath
 - Registered Psychologist and/or Clinical Counselor
 - Chiropodist
 - Podiatrist
 - Acupuncture
 - Speech language
 - Physiotherapist**
 - Massage Therapist***

*Paramedical services are only eligible when the practitioner rendering the service is licensed by their Provincial Association and that Association is recognized by Green Shield Canada. Please contact [Green Shield](#) to confirm eligibility when in doubt. Reimbursement will be based on usual and customary amounts.

**Physiotherapy is limited to 20 visits per year. After 20 visits, Green Shield will request additional information from the physician and physiotherapist. Green Shield will review this information and determine whether they will approve the continued treatment for the length of time indicated by the physician or physiotherapist.

***Massage Therapist requires a physician's note for first visit.

Accidental Dental Coverage

Extended Health Care covers dental expenses incurred because of an accidental blow to the mouth that requires the prompt repair of natural teeth. Normal dental care expenses are covered under the dental plan. See [Dental Care](#) section for details.

Vision Coverage

Vision Care expenses like prescription eyeglasses and/or contact lenses, eye examinations (for persons aged 19 to 64), and laser eye surgery are covered up to a maximum, see [Benefits Summary](#).

Emergency Treatment While Travelling

If you have an accident or medical emergency while traveling outside your province of residence or outside of Canada, the plan will reimburse 100% of eligible expenses not paid by the provincial medical service plan.

Eligible expenses include:

- a ward hospital room and doctors' fees
- professional ambulance service
- other in-patient or out-patient services and supplies
- Eligible benefits are limited to a maximum of 60 days per trip
- Travel assistance multilingual services are also available 24 hours a day to assist you with:
 - locating medical services
 - arranging medical evacuations and related transportation needs
 - locating interpreters
 - replacing lost passports
 - obtaining other services as required

The plan will also cover up to \$50,000 calendar year maximum for referral coverage outside of your home province with provincial medical service plan approval.

For full details read [Green Shield's Travel Plan](#).

Expenses Not Covered

Medical expenses that are not covered in any option include:

- Expenses considered not medically necessary
- Extra or balanced billing costs charged by your doctor.
- Expenses covered by other government programs and plans
- Expenses covered by other privately sponsored programs and plans. Most cosmetic treatments, services and supplies
- Professional services performed by a relative or someone who ordinarily resides with you.
- Treatment for purposefully self-inflicted injuries
- Charges for completion of forms
- Treatment for injuries which occur as a result of war, insurrection, or criminal activities.
- Braces or orthotic devices used for athletic activities

If you have an expense that is not on this list, check with [Green Shield](#) to determine whether it is covered.

When Coverage Ends

Your extended health care coverage ends on your last day of active employment. You may be able to convert your coverage into an individual policy through [Green Shield Canada – Health Assist Plans](#). You must convert your coverage within 60 days from your last day of employment if you do not want to provide medical evidence (for most health plan types).

Dental

The dental care plan provides for yours and your family's dental needs.

All Green Shield Dental Care claims are reimbursed in accordance with the current Provincial Dental Association Fee Guide. If your Dentist charges fees higher than the guide you will be responsible for paying the excess amount. In provinces with more than one fee guide, Green Shield will reimburse according to the least expensive standard fee range. See the [Benefits Summary](#) for your plan's coverage.

Cost Estimate Prior to Receiving Treatment

If extensive dental work is required, prior to you receiving treatment, your dentist should submit an outline of the proposed services to Green Shield to help determine what services and fees the Dental Care plan will cover.

Emergency Out of Province / Country Dental Expenses

Emergency dental services provided anywhere in the world are covered as per the Dental plan covering normal dental expenses in your home province. Maximums, deductibles and the Dental Fee Guide still apply.

Covered Expenses

Basic Treatment

Basic dental treatments include:

- Examinations, routine cleaning, fluoride treatment, and bite- wing x-rays - twice each year
- Full mouth x-rays are limited to once every 3 years
- Space maintainers for missing primary teeth
- Pit and fissure sealants for dependent children
- Fillings (white fillings in front teeth only)
- Extractions
- Treatment of gums
- Root canals
- Denture repair and relines (limited to once every 2 years)
- Dental surgery
- Inlays and onlays, if required
- Periodontal Scaling is limited to 8 units per 12-month period (1 unit is 15 minutes)

Major Reconstructive Work

Major restorative work includes:

- Crowns or bridges
- Complete and partial dentures
- Services to replace a crown or bridge will not be covered more than once every 5 years.

Laboratory Charges

The Dental plan limits applicable lab expenses to a maximum of 40% of the professional fee. According to insurance companies, although lab fees can vary, most lab fees are either 40% of the professional fee, or less. Should the lab cost exceed 40% of the professional fee, reimbursement for the service will be reduced accordingly.

Example:

- Cost of services for a Crown (Porcelain fused to Metal) = \$456.00
- The laboratory fee cannot exceed 40% of the cost of the service so the laboratory fee would be: $\$456 \times 40\% = \182.40
- The plan would reimburse the cost of the crown (\$456.00) plus laboratory fee (\$182.40), a total of \$638.40, multiplied by the reimbursement percentage of 50%
- The payment would be $\$638.40 \times 50\% = \319.20

Orthodontic Treatments

Orthodontic treatments to straighten teeth and correct the bite are covered after the claimant (either you or one of your dependents) has been covered under the plan for at least 12 months.

Emergency Dental Services

Dental expenses incurred because of an accidental blow to the mouth and requiring prompt repair of natural teeth are covered under the Accidental Dental portion of your Extended Health Care plan.

Expenses Not Covered

The dental care plan does not cover all dental expenses. The most common exclusions are:

- Cosmetic procedures or temporary dentistry
- Implants for dentures and bridgework
- White fillings for back teeth
- Drugs, medicines and some general anesthetics
 - General anesthesia and intravenous sedation is covered only when deemed necessary and in conjunction with oral surgery
 - Anesthesia is not an eligible benefit when done in conjunction with non-surgical work such as fillings, periodontal treatments, root canals, etc.
- Treatment that is covered by Workers Compensation Board Expenses for which a third party is liable
- Work started before membership in the plan.
- Charges for completing forms, or for missed appointments.
- Dentures or appliances that have been lost or stolen
- Non-emergency out of province/country dental care

If you have an expense that is not on this list or identified as a reimbursable expense, check with [Green Shield](#) to determine whether it is covered.

When Coverage Ends

Your dental coverage ends on your last day of active employment. You may be able to convert your coverage into an individual policy through [Green Shield Canada – Health Assist Plans](#). You must convert your coverage within 60 days from your last day of employment if you do not want to provide medical evidence (for most health plan types).

Disability Insurance

Your disability plan provides coverage if you are unable to work due to an illness or injury that is not work related. If your disability is work related, you are covered under the provincial Workers' Compensation Board program (Work Safe BC). Together, these programs will replace some portion of your regular earnings when an illness or injury keeps you away from your job.

Your disability plan is made up of two types of coverage:

- Short-Term Disability (STD)
- Long-Term Disability (LTD)

Employees will become eligible for STD benefits following the 14 day waiting period. STD benefits can continue for as long as 15 weeks. If the insurance company determines that you are still disabled after this time, you will be eligible to receive benefits under the LTD plan.

When Short-Term Disability Payments Stop

Payments stop when the maximum benefit of 15 weeks has been paid, you are no longer disabled, you reach age 65, you retire or when you die, whichever is earliest.

How much will I receive?

See [My Elections](#) for your coverage information.

How often will I receive benefits?

You will receive STD benefit payments weekly.

Recurrence of Disability

If you have a reoccurrence of the same or related disability within 30 days of returning to work, your Short-Term Disability benefits will resume where they left off.

What if I receive other income?

You may qualify to receive benefits from other sources. If so, any STD benefits you receive will be reduced by income received from these sources.

Do I qualify for benefits if, due to my disability, I am only able to work on a part-time basis?

You may qualify for partial benefits if the program is approved by Great-West Life.

How does a third party liability settlement affect my benefits?

If another party may be held responsible for your disability or your loss of income and you receive a settlement from the other party for your loss of income, you will be required to repay some or all of your STD benefits.

What if I leave the country?

Benefits will not be paid while you are outside Canada unless approved in advance by Great-West Life.

Long-Term Disability

If you are unable to return to work after STD benefits end, you may qualify for Long-Term disability (LTD) benefits.

Qualifying for LTD benefits?

During the initial assessment period, disability is assessed on the basis of the duties a person regularly performed for the employers before disability started.

The initial assessment period is the waiting period plus the next 24 months of disability.

During this time a person is considered disabled if:

1. disease or injury prevents him from performing the essential duties of his regular occupation; and
2. except for any employment under an approved rehabilitation plan, he is not employed in any occupation that is providing him with income equal to or greater than the income benefit available

After this time a person is considered disabled if disease or injury prevents him from being gainfully employed.

Gainful employment means work:

1. a person is medically able to perform;
2. for which he has at least the minimum qualifications;
3. that provides income of at least 50% of his monthly earning; and
4. that exists either in the province or territory where he worked when he became disabled or where he currently lives.

While you are disabled you may be required to go through a rehabilitation process. The intent of the program is to ensure that you are able to return to work as quickly as possible.

When is Long-Term Disability benefit payable?

In order to receive benefits you must:

- have been disabled for 119 days (i.e., 17 weeks)
- have become disabled while covered under the Long-Term Disability Plan
- have been following the appropriate treatment for your disabling condition since it started
- your Long-Term disability claim application has been approved by the insurer

When is Long-Term Disability benefit non-payable?

Long-Term Disability benefits will not be paid if you:

- are not receiving the appropriate treatment for your disabling condition
- do any work for wage or profit unless approved by the insurance company
- do not participate in an approved medical co-ordination or rehabilitation program
- are on a leave of absence, strike or lay-off
- are out of Canada longer than four weeks, unless approved in writing by Great-West Life in advance
- are serving a prison sentence or are confined in a similar institution
- your Long-Term disability claim application has been declined by the insurer

Long-Term Disability benefits will not be paid for any period of disability resulting from:

- any pre-existing condition* arising from a disease or injury for which you obtained medical care before you became insured. Medical care is considered to be obtained when you consulted a doctor, used medication on the advice of a doctor, or received other medical services or supplies. This exclusion does not apply if disability starts after: (a) you have been continuously insured for 1 year; or (b) you have not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date your insurance took effect.
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- intentionally self-inflicted injuries or attempted suicide, while sane or insane
- participation in a criminal offence

*If you were hired prior to February 1, 2006, a pre-existing condition is one for which you received medical attention, consultation, diagnosis or treatment during the 12 months before becoming insured. This exclusion does not apply if you, after becoming insured, have been actively working for three consecutive months with no absence related to the pre-existing condition clause.

Are there any other limitations I should know about?

Yes. For example, benefits are not payable while you are on a leave of absence or if:

- You refuse to submit required medical information when requested
- You do not accept medical care or treatment appropriate for your condition
- You fail to comply with the terms of a reimbursement agreement
- You are not under the care of a legally qualified doctor or specialist
- You refuse to participate in an approved medical coordination program or rehabilitation program
- You are confined in a penal institution or other house of correction

If you are not sure whether your disability is covered, check with the Great-West Life at 1-888-292411.

When Long-Term Disability Payments Start

If you qualify, coverage starts after 119 days (i.e., 17 weeks). Long-Term Disability payments begin at the end of your first month of qualified disability.

When Long-Term Disability Payments Stop

Payments stop on the earliest of the following:

- the date you are no longer disabled
- the day that you retire or are eligible to retire with a full pension
- the last day of the month in which you turn 65
- when you die

How much will I receive?

See [My Elections](#) for your coverage information.

How often will I receive benefits?

You will receive LTD benefit payments monthly.

Recurrence of Disability

If you have a reoccurrence of the same or related disability within six months of returning to work, your Long-Term Disability benefits will resume where they left off.

What if I receive other income?

Your Long-Term Disability benefit will be reduced if you receive other additional income. Your benefit will be reduced dollar for dollar by certain types of income including:

- Canadian Pension Plan/Quebec Pension Plan payments (not including income payable for your dependents)
- Workers Compensation Board or equivalent benefits
- payments from a motor vehicle insurance plan which provides disability benefits if the law permits such a deduction

Your LTD benefit will also be reduced if your income from all sources is more than 85% of your pre-disability earnings (after income tax if the benefit is non-taxable). Income from all sources includes:

- other group disability benefits
- Canadian Pension Plan/Quebec Pension Plan payments (including income payable for your dependents)
- Workers Compensation Board or equivalent benefits
- benefits from another group plan resulting from your membership in an association
- disability benefits from automobile insurance, and
- any employer or government-sponsored disability or pension plans.

Do I qualify for benefits if, due to my disability, I am only able to work on a part-time basis?

You may qualify for partial benefits if you participate in an approved rehabilitation program. Your Long-Term Disability benefits are reduced so that your total income from all sources is not more than 100% of your pre-disability basic earnings, indexed for inflation.

How does a third party liability settlement affect my benefits?

If another party may be held responsible for your disability or your loss of income, you will be asked to sign a reimbursement agreement. You will receive your Long-Term Disability benefits, but if you receive a settlement from the other party for your loss of income, you will be required to repay some or all of your Long-Term Disability benefits.

What if I leave the country?

Benefits will not be paid while you are outside Canada unless approved in advance by Great-West Life.

Government Programs

Worker's Compensation Board or Equivalent

The Worker's Compensation Board or equivalent may pay a portion of your earnings if you become ill or injured as a result of performing your duties at work. In order to receive this benefit, you must apply by completing the appropriate form which can be obtained from your employer.

Employment Insurance

Employment Insurance benefits are provided through the federal government and both you and your employer contribute to the cost.

Employment Insurance replaces a portion of your weekly earnings up to a maximum amount that is adjusted yearly and may continue for up to 15 weeks.

You may be eligible to receive Employment Insurance benefits for the following reasons:

- For disabilities not covered under the Short-Term Disability plans
- To replace a portion of your earnings when Short-Term Disability benefits end.

To find out more about Employment Insurance visit [Service Canada Employment Insurance](#).

Basic Life Insurance

Basic Life Insurance provides financial assistance to your spouse, dependent or other beneficiary in the event of your death while you are an active employee. The amount paid out is based on your annual earnings and your age.

See [My Elections](#) for coverage amounts.

You do not have to provide medical information to receive this benefit. However, you must complete an enrollment form so that your beneficiary is recorded.

Living Benefit (Life Advance)

If you become terminally ill, with a life expectancy of less than 24 months, and if it is determined that the beneficiary of record is not irrevocable, you may qualify for an advance payment of up to 50% of your insured life amount to a maximum of \$50,000. Contact your employer to find out how to apply.

What if my salary changes?

Your coverage amount changes automatically when your salary changes. However, if your coverage increases you must be actively at work before receiving the higher coverage.

When does coverage end?

Coverage ends the last day you are actively employed, when you retire or when you reach age 70, whichever is earlier.

What if I become disabled?

If you become disabled, your life insurance coverage will continue while you are on Short-Term disability and as long as premiums are paid. As long as you are on Long-Term disability, your coverage will continue up to age 65 while you are totally disabled.

Conversion of Coverage

If your employment terminates and you are under 70 years of age you can convert your Life Insurance into an individual plan. You will need to do this within 31 days of your last day of employment if you do not want to complete a Statement of Health. The maximum amount of Life Insurance that can be converted to an individual policy is \$200,000 per individual. Instruction about how to do this can be found on [Great West Life's Conversion Information Sheet](#).

Optional Employee Life Insurance

Optional Life Insurance allows you to purchase additional life insurance coverage for yourself. The coverage can be purchased in units of \$10,000, up to \$500,000.

Cost of Coverage

Premium costs are based on your age, gender and smoking status. Your insurance premiums will automatically be deducted from your salary.

Are there any medical requirements?

Yes. The [Statement of Health Form](#) asks a number of health related questions. You may also be requested to have a medical examination. The statement of health should be sent directly to Great-West Life.

Non-smoking Status

You qualify as a non-smoker if you have not smoked cigarettes, marijuana, or any other narcotics, and have not used tobacco products for at least 12 months. Ask your employer for a Supplementary Declaration of Non-Smoking Status Form to complete and return.

Exclusion

Optional Life Insurance benefits will not be paid if your death is the result of suicide, while sane or insane, within two years of first becoming insured.

What if I want to change or cancel my coverage?

You can change your coverage amount at any time by completing a form available from your employer. Coverage increases are subject to the insurer's approval. You can also change from smoker to non-smoker status whenever you qualify.

When Coverage Starts

Coverage begins on the day of approval of your application by Great-West Life, provided you are actively at work on that date. If you are off work due to sickness or injury, your coverage begins on the date you return to work.

When Coverage Ends

Your coverage ends the date that your employment ends, at age 70 (if you are not retired), on the last day you are actively employed or at the end of the month in which you request cancellation, whichever is earlier.

Who receives the benefit if I die?

You may name any beneficiary(ies) to receive your insurance benefit.

When on Disability

Optional Life Insurance coverage continues when you are on Short-Term Disability so long as you continue to make any employee premium payments.

In most cases Optional Life Insurance coverage continues when you are on Long-Term Disability. Any premiums that you have been paying towards this benefit will be waived until you return to work, are no longer considered disabled by the insurer, retire, or reach 65 (when LTD benefits end).

Conversion of Coverage

If your employment terminates and you are under 70 years of age you can convert your Life Insurance into an individual plan. You will need to do this within 31 days of your last day of employment if you do not want to complete a Statement of Health. The maximum amount of Life Insurance (basic and optional life combined) that can be converted to an individual policy is \$200,000 per individual. Instruction about how to do this can be found on [Great West Life's Conversion Information Sheet](#).

Spousal Life Insurance

Spousal Life Insurance allows you to purchase coverage for your spouse for which you will be the beneficiary. The coverage can be purchased in units of \$10,000 up to \$500,000.

Cost of Coverage

Premium costs are based on your spouse's age, gender and smoking status. Your spouse's insurance premiums will automatically be deducted from your salary.

Are there any medical requirements?

Yes. The [Statement of Health Form](#) asks a number of health related questions. You may also be requested to have a medical examination. The statement of health should be sent directly to Great-West Life.

Non-smoking Status

Your spouse qualify as a non-smoker if s/he have not smoked cigarettes, marijuana, or any other narcotics, and have not used tobacco products for at least 12 months. Ask your employer for a Supplementary Declaration of Non-Smoking Status Form for your spouse to complete and return to your employer.

Exclusion

Spousal Life Insurance benefits will not be paid if your spouse's death is the result of suicide, while sane or insane, within two years of first becoming insured.

What if I want to change or cancel my Spouse's coverage?

You can change your spouse's coverage amount at any time by completing a form available from your employer. Any increases in coverage will be subject to the insurer's approval. You can also change from smoker to non-smoker status whenever you qualify.

When Coverage Starts

Spousal Life Insurance coverage begins on the day of approval of your spouse's application by Great-West Life provided you are actively at work on that date. If you are off work due to sickness or injury, coverage begins on the date you return to work

When Coverage Ends

Your spouse's coverage ends the date that your employment ends, or when you or your spouse turns age 70, or at the end of the month in which you request cancellation, whichever is earlier.

Who receives the benefit if I die?

You are the beneficiary for Spousal Life Insurance benefits.

When on Disability

Spousal Life Insurance coverage continues when you are on Short-Term Disability so long as you continue to make any employee premium payments.

In most cases Spousal Life Insurance coverage continues when you are on Long-Term Disability. Any premiums that you have been paying towards these benefits will be waived until you return to work, are no longer considered disabled by the insurer, retire, or reach 65 (LTD benefits end at age 65).

Conversion of Coverage

If your employment terminates and your spouse is under 70 years of age you can convert their Life Insurance into an individual plan. You will need to do this within 31 days of your last day of employment if you do not want your spouse to complete a Statement of Health. The maximum amount of Life Insurance that can be converted to an individual policy is \$200,000 per individual. Instruction about how to do this can be found on [Great West Life's Conversion Information Sheet](#).

Accidental Death & Dismemberment Insurance

Accidental Death & Dismemberment (AD&D) insurance provides coverage for loss of/loss of use of limbs, eyes, ears and mobility and death that are the result of an accident.

What Accidental Death & Dismemberment Covers

Accidental Death & Dismemberment provides financial assistance in the following circumstances:

- If you die as the result of an accident, your named beneficiary will receive a payment equivalent to your coverage.
- If you suffer a serious injury from an accident or injury you may receive a percentage of your coverage. The amount is dependent on the type of injury and can be found in the Accident Coverage Table.
- If you become disabled for at least 9 months as a result of contracting the following critical diseases, you may be entitled to receive up to 10% of your coverage:
 - Poliomyelitis
 - Parkinson's Disease
 - Huntington's Chorea
 - Multiple Sclerosis
 - Alzheimer's Disease
 - Type 1 Diabetes (insulin dependent)
 - Amyotrophic Lateral Sclerosis (ALS)
 - Peripheral Vascular Disease
 - Necrotizing Fasciitis

In addition you may be eligible to receive up to:

- \$3,000 towards family transportation
- \$10,000 towards home alterations and vehicle modifications
- \$10,000 towards rehabilitation and retraining expenses
- \$10,000 towards repatriation costs
- \$10,000 towards spouse's occupational training
- \$5,000 per year for up to 4 years for children's educational expenses

Exclusions - What is Not Covered

Accidental Death & Dismemberment will not cover claims submitted later than 180 days following the accident. In addition, no more than 100% of your coverage (200% in the case of paraplegia, hemiplegia, quadriplegia, loss of use of both arms or both legs or loss of use of one arm and one leg on the same side of the body) will be paid per accident, no matter how many individual injuries occur.

The plan will not cover death or injuries resulting from:

- suicide or self-inflicted injury, whether sane or insane; bodily or mental infirmity or treatment thereof
- injuries sustained as a result of driving a vehicle if your blood contains more than 80 mg. of alcohol in 100 ml. of blood
- insurrection or war (whether war be declared or not) or any act incident to either, or participation in any riot
- active service in the armed forces of any country
- travel or flight in any aircraft, or descent from such aircraft, if the Covered Person is a pilot or a member of the crew of the aircraft, or if such flight is made for purpose of instruction, training or testing
- committing, attempting or provoking an assault or criminal offense.

Who receives the benefit if I die?

Your beneficiary(ies) receives the benefit.

Who receives the benefit if I have a serious injury?

You receive the benefit.

Are there any special conditions I should know about?

No more than 100% of your coverage (200% in the case of paraplegia, hemiplegia, quadriplegia, loss of use of both arms or both legs or loss of use of one arm and one leg on the same side of the body) will be paid per accident, no matter how many individual injuries occur.

Also, claims must be submitted no later than 12 months following the accident.

When on Disability

Accidental Death & Dismemberment coverage continues when you are on Short-Term Disability so long as you continue to make any employee premium payments.

In most cases Accidental Death & Dismemberment coverage continues when you are on Long-Term Disability. Any premiums that you have been paying towards this benefit will be waived until you return to work, are no longer considered disabled by the insurer, retire, or reach 65 (when LTD benefits end). Both waiver of premiums and coverage will be canceled upon termination of the AD&D policy with the insurer.

When you are on Long-Term Disability you are not eligible for Critical Disease benefits.

When on Temporary Leave of Absence

If you are covered for AD&D during a temporary leave of absence (other than Maternity or Parental leave), please note that you will need to advise The Co-operators if you travel outside Canada. Written approval from the insurance company must be obtained before you leave Canada in order to ensure you are covered for an out-of-country AD&D claim. If your leave of absence (other than Maternity or Parental leave) lasts longer than 3 months, out-of-country AD&D coverage is not available.

When Coverage Ends

Coverage ends on your last day of active employment or when you turn 65 years of age for Critical Disease Benefits or 70 years of age for all other losses, whichever is earlier.

Accidental Death & Dismemberment Coverage Table

For Loss of:	% of Coverage Paid
Paraplegia	200
Hemiplegia	200
Quadriplegia	200
Life	100
Both arms or both legs	100
Both hands or both feet	100
Sight of both eyes	100
One hand and one foot	100
Sight of one eye and either one hand or one foot	100
Speech and hearing in both ears	100
One arm or one leg	75
One hand or one foot	66 ² / ₃
Speech	66 ² / ₃
Hearing in both ears	66 ² / ₃
Sight of one eye	66 ² / ₃
Thumb and index finger of same hand	33 ¹ / ₃
Four fingers of one hand	33 ¹ / ₃
Hearing in one ear	33 ¹ / ₃
All toes of one foot	25
For Loss of Use of:	% of Coverage Paid
Both legs or both arms	200
One arm and one leg on the same side of the body	200
Both hands or both feet	100
One leg and either one hand or one arm	100
One arm or one leg	75
One hand or one foot	66 ² / ₃

Employee & Family Assistance Program (EFAP)

EFAP provides support over the telephone, in person, online and through a variety of issue based health and wellness resources. The Program is flexible in providing support. However if the EFAP counselor determines that the issue is of a long standing or chronic nature which requires specialist or Long-Term assistance they may limit the number of sessions to twelve and make a referral to an appropriate professional or agency within the community which may be free or covered by other benefit plans. The EFAP is confidential and privacy is assured, within the limits of the law, to each employee and family member who uses the Employee & Family Assistance Program service. No information is reported back to your employer or to other members of your family.

For immediate, confidential help, call 1-800-387-4765