

Accenture Business Services of British Columbia Limited Partnership

Plan Document Number: G0088446

Group Policy Numbers: G0048446, G0048451

Classes: A1 - COPE Union Modular Flex Program Permanent Full-time and Part-time
A2 - COPE Union Modular Flex Program Full-time Temporary
F - COPE Union (Full-time, Part-time, Full-time Temporary) with
Business Travel Accidental Death & Dismemberment

Employee Name: _____

Certificate Number: _____

Welcome to Your Group Benefit Program

Plan Document Effective Date: April 1, 2010

Group Policy Effective Date: April 1, 2010

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen needs.

Your Plan Administrator, Aon Consulting, can answer any questions you may have about your benefits. Please contact them at 1-888-878-9638 or by email at accenture.admin@aon.ca.

Manulife Group Benefits Customer Service can answer any questions you may have about how to submit a claim. Please contact them at 1-800-268-6195. Information is also available on Manulife's Group Benefits website at www.manulife.ca/groupbenefits.

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Benefit Summary

This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

This version of the Benefit Summary provided electronically: April 9, 2010

Employee Life Insurance

*Employee Life
Insurance*

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0048446.

Benefit Amount

You may elect one of the following Options. If you do not elect an Option, you will receive Option 2 coverage.

Option 1 - 1 times your annual earnings, to a maximum of \$450,000 and a minimum of \$1,000.

Option 2 - 2 times your annual earnings, to a maximum of \$450,000 and a minimum of \$1,000

Option 3 - 3 times your annual earnings, to a maximum of \$450,000 and a minimum of \$1,000

Note: regardless of which Option you elect, if you work in, under, or travel in a helicopter, your benefit amount includes an additional benefit of \$150,000.

Termination Age - your benefit amount terminates at your retirement. On retirement, your coverage may continue under Plan G, provided you meet the eligibility requirements and you retire before March 31, 2011.

Employee Optional Life Insurance

*Employee Optional Life
Insurance*

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0048446.

Benefit Amount - increments of \$10,000 to a maximum of \$250,000

Termination Age - your benefit amount terminates at age 65 or retirement, whichever is earlier. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Benefit Summary

Dependent Optional Life Insurance

Dependent Optional Life Insurance

The **Dependent Optional Life Insurance Benefit** is insured under **Manulife Financial's Policy G0048446**.

Benefit Amount

Spouse - increments of \$10,000 to a maximum of \$250,000

Child - \$2,000, provided you or your spouse are covered for a minimum \$20,000 of Optional Life Insurance

Termination Age - employee's age 65 or retirement, whichever is earlier. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Accidental Death and Dismemberment

Accidental Death and Dismemberment

The **Accidental Death and Dismemberment Benefit** is insured under **Manulife Financial's Policy G0048446**.

Benefit Amount- \$200,000 Death benefit; \$75,000 Dismemberment benefit

Termination Age - your benefit amount terminates at age 70 or retirement, whichever is earlier.

Employee Optional Accidental Death and Dismemberment

Employee Optional Accidental Death and Dismemberment

The **Employee Optional Accidental Death and Dismemberment Benefit** is insured under **Manulife Financial's Policy G0048446**.

Benefit Amount - increments of \$10,000 to a maximum of \$250,000

Termination Age - your benefit amount terminates at age 70 or retirement, whichever is earlier.

Benefit Summary

Dependent Optional Accidental Death and Dismemberment

*Dependent Optional
Accidental Death and
Dismemberment*

The **Dependent Optional Accidental Death and Dismemberment Benefit** is insured under Manulife Financial's Policy G0048446.

Benefit Amount

Spouse - 60% of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit if there are no children; 50% of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit if there are children.

Child - 20% of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit

Termination Age - employee's age 70 or retirement, whichever is earlier

Business Travel Accidental Death and Dismemberment

*Business Travel
Accidental Death and
Dismemberment*

The **Business Travel Accidental Death and Dismemberment Benefit** is insured under Manulife Financial's Policy G0048451.

Benefit Amount - \$100,000

Termination Age - your benefit amount terminates at age 70 or retirement, whichever is earlier.

Benefit Summary

Extended Health Care and Dental Care

Extended Health Care and Dental Care

You may elect Option 1, Option 2, or Option 3, outlined below. If you do not elect an Option you will receive Option 2 coverage.

Health and Dental Option 1

Health and Dental - Option 1

Extended Health Care

Extended Health Care

Overall Benefit Maximum - \$100,000 per lifetime

Deductible - \$100 Individual, \$100 Family, per calendar year

Not applicable to:

- In Province Medical Travel
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Note: The deductible is not applicable to ManuAssist.

Benefit Percentage (Co-insurance)

100% for

- In Province Medical Travel
- Out-of-Province/Canada Emergency Medical Treatment (Emergency Hospital and Physician's services only)

80% of expenses up to the Out-Of-Pocket maximum, and 100% thereafter for

- Hospital Care
- Drugs
- Vision
- Professional Services
- Medical Services & Supplies
- Out-of-Province/Canada Emergency Medical Treatment (except Emergency Hospital and Physician's services)
- Referral outside Canada for Medical Treatment Available in Canada
- ManuAssist

Out-of-Pocket Maximum - \$1,000 per calendar year per covered person

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Hospital

Semi-private or Private: Unlimited

Benefit Summary

ManuScript Generic Drug Plan 2 - Prescription Drugs

***Extended Health Care -
ManuScript Generic
Drug Plan 2 -
Prescription Drugs***

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- drugs or medicines for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- oral contraceptives, intrauterine devices and diaphragms
- injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)
- life-sustaining drugs
- preventive vaccines and medicines (oral or injected)
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)
- vitamin B12 for the treatment of pernicious anemia
- allergy serums when administered by a Physician

Charges for the following expenses are not covered:

- drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home
- anti-obesity drugs for weight loss or habituation
- drugs used in the treatment of a sexual dysfunction

- Drug Maximums

Anti-smoking drugs - \$150 per calendar year

All other covered drug expenses - Unlimited

- Drug Maximums

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Covered expenses for any prescribed drug or medicine will be subject to the lowest cost generic equivalent product pricing that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug or medicine, the amount covered is the cost of the prescribed product.

***- Payment of Covered
Expenses***

Benefit Summary

- No Substitution Prescriptions

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug or medicine is not to be substituted with another product and the drug or medicine is a covered expense under this benefit, the full cost of the prescribed product is covered if it is listed in the Provincial Drug Benefit Formulary.

When you have a “no substitution prescription”, please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Vision Care

- eye exams, 1 exam per 12 months
- purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$100 per 12 months for dependent children
- if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be \$200 per 24 months

Extended Health Care - Vision Care

Benefit Summary

Professional Services

Services provided by the following licensed practitioners:

- Chiropractor: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. X-rays are not included.
- Podiatrist/Chiropodist: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. X-rays are not included.
- Massage Therapist: If the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. Subsequent visits are unlimited.
- Naturopath: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit.
- Speech Therapist: \$500 per calendar year. For dependent Children under age 16 only.
- Physiotherapist: If the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. Subsequent visits are unlimited.
- Psychologist: Not covered
- Acupuncturist: \$500 per calendar year

Private Duty Nursing

An amount based on the Schedule of Fees of the Registered Nurses' Association of the person's province of residence

Stock-Item Orthopaedic Shoes

Limited to the cost of repairs or modifications to stock-item orthopaedic shoes only

Custom-Made Shoes

1 pair per calendar year combined with Custom-made Orthotics

Custom-Made Orthotics

1 pair per calendar year combined with Custom-Made Shoes

Benefit Summary

Dental Care

Dental Care

Deductible - Nil

Dental Fee Guide - Current Fee Guide for General Practitioners and Specialists for your Province of Residence

If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by Manulife Financial.

Benefit Percentage (Co-insurance)

- 90% for Level I - Basic Services
- 90% for Level II - Supplementary Basic Services

Benefit Maximums

- unlimited for Level I and Level II

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under Plan G, provided you meet the eligibility requirements and you retire before March 31, 2011.

Health and Dental Option 2

Health and Dental - Option 2

Extended Health Care

Extended Health Care

Overall Benefit Maximum - \$500,000 per lifetime

Deductible - Nil

Benefit Percentage (Co-insurance)

- 100% for
- Hospital Care
 - Drugs
 - Vision
 - Professional Services
 - Medical Services & Supplies
 - In Province Medical Travel
 - Out-of-Province/Canada Emergency Medical Treatment
 - Referral outside Canada for Medical Treatment Available in Canada
 - ManuAssist

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Benefit Summary

Hospital

Semi-private or Private: Unlimited

ManuScript Generic Drug Plan 2 - Prescription Drugs

**Extended Health Care -
ManuScript Generic
Drug Plan 2 -
Prescription Drugs**

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- drugs or medicines for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- oral contraceptives, intrauterine devices and diaphragms
- injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)
- life-sustaining drugs
- preventive vaccines and medicines (oral or injected)
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)
- vitamin B12 for the treatment of pernicious anemia
- allergy serums when administered by a Physician

Charges for the following expenses are not covered:

- drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home
- anti-obesity drugs for weight loss or habituation
- drugs used in the treatment of a sexual dysfunction

- Drug Maximums

Anti-smoking drugs - \$150 per calendar year

All other covered drug expenses - Unlimited

- Drug Maximums

Benefit Summary

- Payment of Covered Expenses

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Covered expenses for any prescribed drug or medicine will be subject to the lowest cost generic equivalent product pricing that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug or medicine, the amount covered is the cost of the prescribed product.

- No Substitution Prescriptions

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug or medicine is not to be substituted with another product and the drug or medicine is a covered expense under this benefit, the full cost of the prescribed product is covered if it is listed in the Provincial Drug Benefit Formulary.

When you have a “no substitution prescription”, please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Benefit Summary

Vision Care

*Extended Health Care -
Vision Care*

- eye exams, 1 exam per 12 months
- purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$100 per 12 months for persons under age 18 and \$250 per 24 months for persons age 18 and over
- if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be \$200 per 24 months

Professional Services

Services provided by the following licensed practitioners:

- Chiropractor: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. X-rays are not included.
- Podiatrist/Chiropodist: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. X-rays are not included.
- Massage Therapist: If the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. Subsequent visits are unlimited.
- Naturopath: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit.
- Speech Therapist: \$500 per calendar year. For dependent Children under age 16 only.
- Physiotherapist: If the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. Subsequent visits are unlimited.
- Psychologist: Not covered
- Acupuncturist: \$500 per calendar year

Private Duty Nursing

An amount based on the Schedule of Fees of the Registered Nurses' Association of the person's province of residence

Stock-Item Orthopaedic Shoes

Limited to the cost of repairs or modifications to stock-item orthopaedic shoes only

Benefit Summary

Custom-Made Shoes

1 pair per calendar year combined with Custom-made Orthotics

Custom-Made Orthotics

1 pair per calendar year combined with Custom-Made Shoes

Dental Care

Dental Care

Deductible - Nil

Dental Fee Guide - Current Fee Guide for General Practitioners and Specialists for your Province of Residence

If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by Manulife Financial.

Benefit Percentage (Co-insurance)

- 95% for Level I - Basic Services
- 95% for Level II - Supplementary Basic Services
- 65% for Level III - Dentures
- 65% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

Benefit Maximums

- unlimited for Level I, Level II, Level III and Level IV
- \$2,500 per lifetime for Level V

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under Plan G, provided you meet the eligibility requirements and you retire before March 31, 2011.

Benefit Summary

Health and Dental Option 3

*Health and Dental -
Option 3*

Extended Health Care

Overall Benefit Maximum - Unlimited

Extended Health Care

Deductible - Nil

Benefit Percentage (Co-insurance)

100% for

- Hospital Care
- Drugs
- Vision
- Professional Services
- Medical Services & Supplies
- In Province Medical Travel
- Out-of-Province/Canada Emergency Medical Treatment
- Referral outside Canada for Medical Treatment Available in Canada
- ManuAssist

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Hospital

Semi-private or Private: Unlimited

ManuScript Generic Drug Plan 2 - Prescription Drugs

*Extended Health Care -
ManuScript Generic
Drug Plan 2 -
Prescription Drugs*

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- drugs or medicines for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- oral contraceptives, intrauterine devices and diaphragms
- injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)
- life-sustaining drugs
- preventive vaccines and medicines (oral or injected)
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)

Benefit Summary

- vitamin B12 for the treatment of pernicious anemia
- allergy serums when administered by a Physician

Charges for the following expenses are not covered:

- drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home
- anti-obesity drugs for weight loss or habituation
- drugs used in the treatment of a sexual dysfunction

- Drug Maximums

- Drug Maximums

Anti-smoking drugs - \$150 per calendar year

All other covered drug expenses - Unlimited

- Payment of Covered Expenses

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Covered expenses for any prescribed drug or medicine will be subject to the lowest cost generic equivalent product pricing that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug or medicine, the amount covered is the cost of the prescribed product.

- No Substitution Prescriptions

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug or medicine is not to be substituted with another product and the drug or medicine is a covered expense under this benefit, the full cost of the prescribed product is covered if it is listed in the Provincial Drug Benefit Formulary.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Benefit Summary

Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Vision Care

*Extended Health Care -
Vision Care*

- eye exams, 1 exam per 12 months
- purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$200 per 12 months for persons under age 18 and \$300 per 24 months for persons age 18 and over
- if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be \$200 per 24 months

Professional Services

Services provided by the following licensed practitioners:

- Chiropractor: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. X-rays are not included.
- Podiatrist/Chiropodist: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. X-rays are not included.
- Massage Therapist: If the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. Subsequent visits are unlimited.

Benefit Summary

- Naturopath: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit.
- Speech Therapist: \$500 per calendar year. For dependent Children under age 16 only.
- Physiotherapist: If the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. Subsequent visits are unlimited.
- Psychologist: \$500 per calendar year.
- Acupuncturist: \$500 per calendar year

Private Duty Nursing

An amount based on the Schedule of Fees of the Registered Nurses' Association of the person's province of residence

Stock-Item Orthopaedic Shoes

Limited to the cost of repairs or modifications to stock-item orthopaedic shoes only

Custom-Made Shoes

1 pair per calendar year combined with Custom-made Orthotics

Custom-Made Orthotics

1 pair per calendar year combined with Custom-Made Shoes

Dental Care

Dental Care

Deductible - Nil

Dental Fee Guide - Current Fee Guide for General Practitioners and Specialists for your Province of Residence

If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by Manulife Financial.

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 80% for Level III - Dentures
- 80% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

Benefit Summary

Benefit Maximums

- unlimited for Level I, Level II, Level III and Level IV
- \$3,000 per lifetime for Level V

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under Plan G, provided you meet the eligibility requirements and you retire before March 31, 2011.

Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0048446.

Long Term Disability

Benefit Amount - 66.67% of monthly earnings, to a maximum of \$7,000

Qualifying Period - 15 weeks or the last day benefits, other than sick leave benefits paid by your employer, are payable under any Short Term Disability, loss of income, or other salary continuation plan, whichever is later

Maximum Benefit Period - to age 65

Termination Age - age 65 less the Qualifying Period, or retirement, whichever is earlier

How to Use Your Benefit Booklet

Designed with Your Needs in Mind

The Benefit Booklet provides the information you need about your Group Benefits and has been specifically designed with YOUR needs in mind. It includes:

Your Benefit Booklet includes...

- a detailed Table of Contents, allowing quick access to the information you are searching for,
- Explanation of Commonly Used Terms, which provides a brief explanation of the terms used throughout this Benefit Booklet,
- a clear, concise explanation of your Group Benefits,
- information you need, and simple instructions, on how to submit a claim.

Important Note

Important Note

The purpose of this booklet is to outline the benefits for which you are eligible as an employee of Accenture Business Services of British Columbia Limited Partnership. The information in this booklet is a summary of the provisions of the Group Policy for the Employee Life Insurance, Employee Optional Life Insurance, Dependent Optional Life Insurance, Accidental Death and Dismemberment, Employee Optional Accidental Death and Dismemberment, Dependent Optional Accidental Death and Dismemberment, Business Travel Accidental Death and Dismemberment, and Long Term Disability Benefits, and the Plan Document for the Extended Health Care and Dental Care Benefits. In the event of a discrepancy between this booklet and the Policy or Plan Document (both available from your employer), the terms of the Policy or Plan Document will apply.

The booklet in either its paper or electronic form is provided for information purposes only and does not create or confer any contractual rights or obligations.

Possession of this booklet alone does not mean that you or your dependents are covered. The Group Policy and Plan Document must be in effect and you must satisfy all the requirements of the Plan.

Deductibles, premiums rates, and Extended Health Care and Dental Care price tags associated with different options may change over time depending on the Plan's overall usage and cost.

The insurance rates renew, as per contract terms with the insurer, and may change. Furthermore, some optional rates are age banded and could increase.

We suggest you read this Benefit Booklet carefully, then file it in a safe place with your other important documents.

How to Use Your Benefit Booklet

Your Group Benefit Card

Your Group Benefit Card is the most important document issued to you as part of your Group Benefit Program. It is the only document that identifies you as a Plan Member. The Group Policy Number, Plan Document Number and your personal Certificate Number may be required before you are admitted to a hospital, or before you receive dental or medical treatment.

The Group Policy Number, Plan Document Number and your Certificate Number are also necessary for ALL correspondence with Manulife Financial. Please note that you can print your Certificate Number on the front of this booklet for easy reference.

Your Group Benefit Card is an important document. Please be sure to carry it with you at all times.

***Your Group Benefit
Card***

Explanation of Commonly Used Terms

The following is an explanation of the terms used in this Benefit Booklet.

Accident

Accident

an unexpected or unforeseen happening or event involving an external force, causing loss or injury, independently of all other causes.

Actively at Work

Actively at Work

at work for your employer on a Full-time basis at your usual place of work. On weekends or holidays, or when on vacation, you are deemed to be Actively at Work if you were Actively at Work on your last normal working day or on your last scheduled shift.

Administrator

Administrator

the organization which your employer may from time to time appoint for purposes of performing services for the Plan.

Annual Enrolment Date

Annual Enrolment Date

the date each year on which you are permitted to make changes to your flexible benefits coverage.

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

the percentage of Covered Expenses which is payable by your employer.

Birth

Birth

the complete live delivery of a child from its mother.

Business Travel

Business Travel

a trip while on assignment by, or at the direction of, your employer, for the purpose of conducting the business of the employer, provided such trip is to, or a return from, a location away from the employer's premises to which you usually report for work, or such other location where you may be temporarily assigned. Business Travel shall not include daily commuting to and from work.

Change in Life Event

Change in Life Event

a Change in Life Event occurs when:

- you acquire a Dependent;
- you have a change in marital status;
- your Spouse's coverage ceases;
- any of your Dependents ceases to qualify as a Dependent; or
- any of your Dependents dies.

Coma or Comatose State

Coma or Comatose State

a state of unconsciousness from which you cannot be aroused, with unresponsiveness even to strong external stimuli. Coma or comatose will not include a state of paralysis.

Explanation of Commonly Used Terms

Common Accident

the same accidental injury or separate accidental injuries occurring within a 24 hour period.

Common Accident

Covered Accident

an accident causing death or bodily injury to a covered person while covered under this policy while on business travel (including sojourn) within a covered period, unless specifically excluded.

Covered Accident

Covered Expenses

expenses that will be considered in the calculation of payment due under your Extended Health Care or Dental Care benefit.

Covered Expenses

Covered Period

a period beginning at the actual start of a business trip, whether from your home, your usual place of employment, or other location where you may be working or living while on assignment, whichever occurs last; and ending upon your return to any such place, whichever occurs first.

Covered Period

Deductible

the amount of Covered Expenses that must be incurred and paid by you or your dependents before benefits are payable by your employer.

Deductible

Dentist

a doctor of dentistry, licensed to practice dentistry in the place where the services are provided.

Dentist

Dependent

your Spouse or Child who is covered under the Provincial Plan.

Dependent

- Spouse

your legal spouse, or a person continuously living with you in a role like that of a marriage partner for at least 12 months.

Only one spouse will be eligible for benefits under this Plan, and will be as indicated by you on your application for benefits under this Plan. Where this information is not contained on your application, the person who qualifies last under this Plan's definition of spouse will be the eligible spouse.

Explanation of Commonly Used Terms

- Child

- your natural or adopted child, stepchild, or legal ward who is:
 - unmarried
 - with respect to Dependent Optional Life, Accidental Death and Dismemberment, and Dependent Optional Accidental Death and Dismemberment, under age 21, or under age 25 if a full-time student
 - with respect to Extended Health Care and Dental Care, under age 21, or is a full-time student, and
 - not employed on a full-time basis
- a child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible dependent. However, the child must have been covered under this Benefit Program immediately prior to that date.

A child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical handicap.

Your employer may require written proof of the child's condition as often as may reasonably be necessary.

- a stepchild must be living with you to be eligible
- a newborn child shall become eligible from the moment of birth

Drug

Drug

a medication that has been approved for use by the Federal Government of Canada and has a Drug Identification Number.

Earnings

Earnings

your regular rate of pay from your employer (prior to deductions), excluding regular bonuses, regular overtime pay and regular commissions.

For the purposes of determining the amount of your benefit at the time of claim, your earnings will be the lesser of:

- the amount reported on your claim form, or
- the amount reported by your employer to Manulife Financial and for which premiums have been paid.

Experimental or Investigational

Experimental or Investigational

not approved or broadly accepted and recognized by the Canadian medical profession, as an effective, appropriate and essential treatment of a sickness or injury, in accordance with Canadian medical standards.

Explanation of Commonly Used Terms

Hospital

a legally licensed institution which is operated for the care and treatment of sick and injured persons as in-patients, and which:

Hospital

- is eligible to receive payments under a provincial hospital plan;
- provides organized facilities for diagnosis, major surgery, or rehabilitation;
- provides 24-hour nursing service by registered nurses, and has a Physician in regular attendance;
- is not primarily operated as a nursing home or a place for rest, or for the care and treatment of the aged, the blind or deaf; and
- is not primarily operated as a place for the care and treatment of alcoholics, drug addicts, or the mentally ill, unless the institution is eligible to receive payments under a provincial hospital plan.

For the purpose of this Plan, the chronic beds of a Hospital are not considered to be part of that Hospital.

Immediate Family Member

you, your spouse or child, your parent or your spouse's parent, your brother or sister, or your spouse's brother or sister.

Immediate Family Member

Licensed, Certified, Registered

the status of a person who legally engages in practice by virtue of a license or certificate issued by the appropriate authority, in the place where the service is provided.

Licensed, Certified, Registered

Life-Sustaining Drugs

drugs which are necessary for the survival of the patient.

Life-Sustaining Drugs

Medically Necessary

broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards.

Medically Necessary

Non-Evidence Limit

you must submit satisfactory medical evidence to Manulife Financial for Benefit Amounts greater than this amount.

Non-Evidence Limit

Out-of-Pocket Maximum

the portion of eligible expenses, consisting of Deductibles and your portion of the Benefit Percentage, which must be paid out by you before the plan will pay 100%

Out-of-Pocket Maximum

Physician

a doctor of medicine, licensed to practice medicine in the place where the services are provided.

Physician

Explanation of Commonly Used Terms

<i>Provincial Plan</i>	<i>Provincial Plan</i> any plan which provides hospital, medical, or dental benefits established by the government in the province where the covered person lives.
<i>Qualifying Period</i>	<i>Qualifying Period</i> a period of continuous total disability, starting with the first day of total disability, which you must complete in order to qualify for disability benefits.
<i>Reasonable and Customary</i>	<i>Reasonable and Customary</i> within the usual range of charges being made by others of similar standing in the area in which the charge is incurred when providing the same or comparable services or supplies.
<i>Survivor</i>	<i>Survivor</i> a spouse or dependent child of a deceased employee
<i>Vocational Plan (Vocational Rehabilitation)</i>	<i>Vocational Plan (Vocational Rehabilitation)</i> a training or job placement program that is expected to facilitate a disabled employee's return to his own job or other gainful employment.
<i>Waiting Period</i>	<i>Waiting Period</i> the period of continuous employment with your employer which you must complete before you are eligible for Group Benefits.
<i>Ward</i>	<i>Ward</i> a hospital room with 3 or more beds which provides standard accommodation for patients.

Why Group Benefits?

Government health plans can provide coverage for such basic medical expenses as hospital charges and doctors' fees. In case of disability, government plans (such as Employment Insurance, Canada/Quebec Pension Plan, Workers' Compensation Act, etc.) may provide some financial assistance.

But government plans provide only basic coverage. Medical expenses or a disability can create financial hardship for you and your family.

Private health care and disability programs supplement government plans and can provide benefits not available through any government plan, providing security for you and your family when you need it most.

Your Employer's Representative

Your employer has appointed Aon Consulting to be the Plan Administrator for your Group Benefit Program.

Aon is responsible for ensuring that all employees are covered for the Benefits to which they are entitled by reporting all new enrolments, terminations, changes, etc., and keeping all records up to date.

As a member of this Group Benefit Program, it is up to you to provide Aon with the necessary information to perform such duties.

You may contact the Aon Call Centre at 1-888-878-9638 or by email at accenture.admin@aon.ca.

Applying for Group Benefits

To apply for Group Benefits, you must submit a completed [Enrolment or Re-enrolment Application form](#), available from your employer. Your employer then forwards the application to Manulife Financial.

Making Changes

To ensure that coverage is kept up to date for yourself and your dependents, it is vital that you report any changes to your Plan Administrator, Aon Consulting. Such changes could include:

- change in Dependent Coverage
- change in Beneficiary
- applying for coverage previously waived
- change in Name

Why Group Benefits?

Your Employer's Representative

Applying for Group Benefits

Making Changes

The Claims Process

How to Submit a Claim

How to Submit a Claim

All claim forms, available from Manulife Financial, must be correctly completed, dated and signed. Remember, always provide your Group Policy Number, Plan Document Number and your Certificate number (found on your Group Benefit Card) to avoid any unnecessary delays in the processing of your claim.

You may also submit claims electronically through Manulife's Group Benefits website at www.manulife.ca/groupbenefits.

Manulife can assist you in properly completing the forms, and answer any questions you may have about the claims process. Please contact them at 1-800-268-6195. Information is also available on Manulife's Group Benefits website at www.manulife.ca/groupbenefits.

Payment of Extended Health Care and Dental Claims

Claim Payment

Once the claim has been processed, Manulife Financial will send a Claim Statement to you.

The top portion of this form outlines the claim or claims made, the amount subtracted to satisfy deductibles, and the benefit percentage used to determine the final payment to be made to you. If you have any questions on the amount, Manulife will help explain.

The bottom portion of this form is your claims payment, if applicable. Simply tear along the perforated line, endorse the back of the cheque and you can cash it at any chartered bank or trust company.

Alternatively, you can register for direct deposit of Extended Health Care and Dental Care claims by going to Manulife's Group Benefits website at www.manulife.ca/groupbenefits.

You should receive settlement of your claim within three weeks from the date of submission to Manulife Financial. If you have not received payment, please contact the Aon Call Centre at 1-888-878-9638 or by email at accenture.admin@aon.ca.

The Claims Process

Co-ordination of Extended Health Care and Dental Care Benefits

Co-ordination of Extended Health Care and Dental Care Benefits

If you or your dependents are covered for similar benefits under another Plan, this information will be taken into account when determining the amount of expenses payable under this Program.

This process is known as Co-ordination of Benefits. It allows for reimbursement of covered medical and dental expenses from all Plans, up to a total of 100% of the actual expense incurred.

Plan means:

- other Group Benefit Programs;
- any other arrangement of coverage for individuals in a group; and
- individual travel insurance plans.

Plan does not include school insurance or Provincial Plans.

Order of Benefit Payment

Order of Benefit Payment

A variety of circumstances will affect which Plan is considered as the “Primary Carrier” (ie., responsible for making the initial payment toward the eligible expense), and which Plan is considered as the “Secondary Carrier” (ie., responsible for making the payment to cover the remaining eligible expense).

- If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expense.
- If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.
 - For Claims incurred by you or your Dependent Spouse:

The Plan covering you or your Dependent Spouse as an employee/member pays benefits before the Plan covering you or your Spouse as a dependent.

In situations where you or your Spouse have coverage as an employee/member under more than one Plan, the order of benefit payment will be determined as follows:

- The Plan where the person is covered as an active full-time employee, then
- The Plan where the person is covered as an active part-time employee, then
- The Plan where the person is covered as a retiree.

The Claims Process

- For Claims incurred by your Dependent Child:

The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

However, if you and your Spouse are separated or divorced, the following order applies:

- The Plan of the parent with custody of the child, then
 - The Plan of the spouse of the parent with custody of the child (i.e., if the parent with custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child), then
 - The Plan of the parent not having custody of the child, then
 - The Plan of the spouse of the parent not having custody of the child (i.e., if the parent without custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child).
- Where you and your spouse share joint custody of the child, the Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.
 - A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.
 - If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.
 - If the person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

The Claims Process

Submitting a Claim for Co-ordination of Benefits

Submitting a Claim for Co-ordination of Benefits

To submit a claim when Co-ordination of Benefits applies, refer to the following guidelines:

- As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.
- Submit all necessary claim forms and original receipts to the Primary Carrier.
- Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.
- Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.

Who Qualifies for Coverage?

Eligibility

Eligibility

You are eligible for Group Benefits if you:

- are a permanent or temporary full-time employee or a permanent part-time employee of Accenture Business Services of British Columbia Limited Partnership and work at least the Required Number of Hours,
- are a member of an eligible class,
- are younger than the Termination Age,
- are residing in Canada, and
- have completed the Waiting Period.

The Termination Age and Waiting Period may vary from benefit to benefit. For this information, please refer to each benefit in the section entitled Your Group Benefits.

Your dependents are eligible for coverage on the date you become eligible or the date you first acquire a dependent, whichever is later. You must apply for coverage for yourself in order for your dependents to be eligible.

With respect to the Dental Care benefit, you may be eligible for coverage under this plan as an employee, as a dependent, or as a dependent of more than one employee.

Required Number of Hours

Required Number of Hours

Full-time employee - 15 hours per week

Part-time employee - 15 hours per week

Applying for Flex Benefits

Applying for Flex Benefits

At initial enrolment, you will be automatically insured for Employee Life Insurance, Accidental Death and Dismemberment, Long Term Disability, Extended Health Care and Dental Care benefits.

You may elect one of the Employee Life and Extended Health Care and Dental Care Options outlined in the Benefit Summary. If you do not elect an Option at initial enrolment, you will be covered for the Option 2 coverage. Extended Health Care and Dental Care will be single coverage only.

If you do not elect an Option at subsequent Annual Enrolment, you will be covered for the same Options for which you had been covered in the previous plan year.

On the Annual Enrolment Date, you may elect to apply for, change or terminate your coverage. You may also elect to do so within 31 days of:

- a Change in Life event;
- changing status to full-time or part-time;
- changing Class;
- for Employee Optional and Spousal Optional Life only, purchasing a home;

Who Qualifies for Coverage?

- for Dependent Optional Life, Dependent Optional AD&D, Extended Health Care and Dental Care, your dependent child updating his student status;
- returning to active employment from Long Term Disability; or
- beginning a leave of absence without pay. However, you may only elect to terminate or decrease your coverage. You may not increase your coverage.

Effective Date of Coverage

If medical evidence is not required, your Group Benefits will be effective on the date you are eligible.

If medical evidence is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife Financial, whichever is later.

If you elect to increase your Employee Optional Life or Spousal Optional Life insurance at the Annual Enrolment, or following a Change in Life Event or status change, Evidence of Insurability will be required.

Medical evidence can be submitted by completing the [Evidence of Insurability form](#), available from your Plan Administrator. Further medical evidence may be requested by Manulife Financial.

You must be actively at work for plan benefit coverage to become effective. If you are not actively at work on the date your coverage would normally become effective, your coverage will take effect on the next day on which you are again actively at work.

However, if you were not actively at work on the effective date of this benefit plan, you may still be eligible for coverage through a Transfer of Benefits from your Prior Plan, as described below.

Your dependent's coverage becomes effective on the date the dependent becomes eligible, or the date any required medical evidence on the dependent is approved by Manulife Financial, whichever is later.

Your dependent's coverage will not be effective prior to the date your coverage becomes effective. This does not apply to Dependent Optional Life Insurance which may still become effective if you are declined for Employee Optional Life.

Effective Date of Coverage

Who Qualifies for Coverage?

Transfer of Benefits from Your Prior Plan

If you are not actively at work on the effective date of this benefit plan you are still eligible for coverage if you:

- were insured under your prior plan when that plan terminated; and
- would be eligible for coverage under this plan if actively at work on its effective date.

If you are eligible to transfer benefits you will be eligible under this benefit plan for the lesser of:

- the amount for which you were covered under your prior plan when it terminated; and
- the amount of coverage for which you would be eligible under this plan if actively at work on its effective date.

Coverage under a transferred benefit will become effective on the later of:

- the date insurance provided under your prior plan would terminate in the absence of this provision; and
- the effective date of this plan.

If you submitted medical evidence under your prior plan and this evidence was approved, you will not be required to submit further evidence unless you are increasing your coverage.

If you are covered under this provision, expenses you incurred during the current calendar year while covered under your prior plan will be counted in satisfying any deductible as if the expenses were incurred while covered under this plan.

Termination of Coverage

Termination of Coverage

Your Group Benefit coverage will terminate on the earliest of:

- the date you cease to be an eligible employee
- the date you cease to be actively at work. However, under certain circumstances, your coverage may be extended beyond this date, as described below in Exceptions to Termination of Coverage
- the date your employer terminates coverage
- the date you enter the armed forces of any country on a full-time basis
- the date the Group Policy or Plan Document terminates or coverage on the class to which you belong terminates
- the date you reach the Termination Age
- the date of your death

However, your Extended Health and Dental Care benefits will continue until the last day of the month your employment ends.

Who Qualifies for Coverage?

Your dependents' coverage terminates on the date your coverage terminates or the date the dependent ceases to be an eligible dependent, whichever is earlier.

Exceptions to Termination of Coverage

Exceptions to Termination of Coverage

If you cease to be actively at work, your coverage will normally terminate as specified under the Termination of Coverage. However, this rule will be waived and your coverage will continue under the following conditions.

- If you cease to be actively at work due to illness or injury, all coverage will continue until your employer terminates the coverage
- If you cease to be actively at work due to maternity or parental leave of absence, all coverage may continue for the period of leave to which you are entitled by legislation governing your employer.

In jurisdictions where the continuation of coverage is mandated by legislation, a copy of the your written and signed notice to discontinue any required premium contribution must also accompany the request for termination.

- If you cease to be actively at work due to a leave of absence (other than illness, paid vacation, sabbatical leave, pre-retirement leave, acting as an officer for the union, or maternity or parental leave), or due to temporary lay-off, all coverage may continue until your employer terminates it, but not beyond the day after the last day worked or the last day of salary continuance.

If you are granted a sabbatical, all coverage may continue during the period of the sabbatical, but in no event for more than one year after you were last actively at work.

During pre-retirement leave, all coverage may continue during the period of the leave, except for Long Term Disability benefits.

If the leave of absence is due to a position of acting as an officer for the union whose members are covered under this plan, coverage will continue for the duration of this position.

If while insured for disability benefits under this plan, you become disabled on or after the date your leave of absence or temporary lay-off commences, the qualifying period for disability benefits will start as of the date of disability.

Benefits will become payable on the later of:

- the date the qualifying period is satisfied; or
- the date you are scheduled to return to work.

- If you cease to be actively at work due to a strike or indefinite lay-off, coverage will continue only if your employer informs Manulife Financial that this is the case.

Your Group Benefits

Employee Life Insurance

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0048446.

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The Benefit

Employee Life - The Benefit

Benefit Amount

You may elect one of the following Options. If you do not elect an Option, you will receive Option 2 coverage.

Option 1 - 1 times your annual earnings, to a maximum of \$450,000 and a minimum of \$1,000

Option 2 - 2 times your annual earnings, to a maximum of \$450,000 and a minimum of \$1,000

Option 3 - 3 times your annual earnings, to a maximum of \$450,000 and a minimum of \$1,000

Note: regardless of which Option you elect, if you work in, under, or travel in a helicopter, your benefit amount includes an additional benefit of \$150,000.

Non-Evidence Limit - \$450,000

Termination Age - your benefit amount terminates at your retirement. On retirement, your coverage may continue under Plan G, provided you meet the eligibility requirements and you retire before March 31, 2011.

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

Submitting a Claim

To submit an Employee Life Insurance claim, your beneficiary must complete the [LifeClaim form](#) which is available from your Plan Administrator.

Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within 90 days from the date of the loss.

Employee Life Insurance - Submitting a Claim

Your Group Benefits

Conversion Privilege

If your Group Benefits terminate or reduce, you may be eligible to convert your Employee Life Insurance to an individual policy, without medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your Employee Life Insurance. If you die during this 31-day period, the amount of Employee Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

For more information on the conversion privilege, please see your Plan Administrator.

*Employee Life
Insurance - Conversion
Privilege*

Employee Optional Life Insurance

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0048446.

If you die while insured, this benefit provides financial assistance to your beneficiary, in addition to your Employee Life Insurance Benefit. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The Benefit

Benefit Amount - increments of \$10,000 to a maximum of \$250,000

Non-Evidence Limit - All amounts are subject to Evidence of Insurability.

Note: As described under "Transfer of Benefits from Your Prior Plan", if you are transferring this benefit from your employer's prior plan to this benefit plan, submitted medical evidence under the prior plan, and this evidence was approved, you will not be required to submit further evidence unless you are increasing your coverage.

Qualifying Period for Waiver of Premium - 15 weeks or the last day benefits, other than sick leave benefits paid by your employer, are payable under any Short Term Disability, loss of income, or other salary continuation plan, whichever is later

Termination Age - your benefit amount terminates at age 65 or retirement, whichever is earlier. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

*Employee Optional Life
Insurance*

*Employee Optional Life
Insurance - The Benefit*

Your Group Benefits

To apply for Employee Optional Life Insurance you must complete the Application for Optional Life form which is available from your Plan Administrator.

For details on Submitting a Claim and Conversion Privilege, please refer to Employee Life Insurance.

Waiver of Premium

Employee Optional Life Insurance - Waiver of Premium

If, while the Group Policy is in force, you qualify for Long Term Disability benefits, your Employee Optional Life Insurance will continue without payment of premium.

Proof of benefit payment under your Long Term Disability benefit must be submitted within 180 days from the end of the qualifying period

For more details on how to qualify for Long Term Disability benefits, please refer to the Long Term Disability section of this booklet.

Exclusions

Employee Optional Life Insurance - Exclusions

If death results from suicide any amount of Optional Life Insurance that has been in effect for less than one year will not be payable.

Dependent Optional Life Insurance

Dependent Optional Life Insurance

The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0048446.

If one of your dependents dies while insured, the amount of this benefit will be paid to you.

The Benefit

Dependent Optional Life Insurance - The Benefit

Benefit Amount

Spouse - increments of \$10,000 to a maximum of \$250,000

Child - \$2,000, provided you or your spouse are covered for a minimum \$20,000 of Optional Life Insurance

Non-Evidence Limit - All amounts of Spousal Optional Life are subject to Evidence of Insurability. Child Optional Life is not subject to Evidence of Insurability.

Note: As described under "Transfer of Benefits from Your Prior Plan", if you are transferring this benefit from your employer's prior plan to this benefit plan, submitted medical evidence under the prior plan, and this evidence was approved, you will not be required to submit further evidence unless you are increasing your coverage.

Your Group Benefits

Qualifying Period for Waiver of Premium - 15 weeks or the last day benefits, other than sick leave benefits paid by your employer, are payable under any Short Term Disability, loss of income, or other salary continuation plan, whichever is later

Termination Age - employee's age 65 or retirement, whichever is earlier. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

To apply for Dependent Optional Life Insurance you must complete the Application for Optional Life form which is available from your Plan Administrator.

Submitting a Claim

To submit a Dependent Optional Life Insurance claim, you must complete the [Life Claim form](#) which is available from your Plan Administrator. Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within 90 days from the date of loss.

*Dependent Optional
Life Insurance -
Submitting a Claim*

Waiver of Premium

If, while the Group Policy is in force, you qualify for Long Term Disability benefits, your Dependent Optional Life Insurance will continue without payment of premium.

Proof of benefit payment under your Long Term Disability benefit must be submitted within 180 days from the end of the qualifying period

For more details on how to qualify for Long Term Disability benefits, please refer to the Long Term Disability section of this booklet.

*Dependent Optional
Life Insurance - Waiver
of Premium*

- Exception

If you are not insured for Employee Optional Life, the Waiver of Premium provision will not apply to your spouse's Dependent Optional Life Insurance, unless:

- at the time you applied for Dependent Optional Life Insurance on your spouse, you also provided Manulife Financial with evidence of insurability for yourself, and
- Manulife Financial approved your evidence of insurability

Your Group Benefits

Dependent Optional Life Insurance - Conversion Privilege

Conversion Privilege

If your spouse's insurance terminates, he or she may be eligible to convert the terminated insurance to an individual policy, without medical evidence. Your spouse's application for the individual policy, along with the first monthly premium, must be received by Manulife Financial, within 31 days of the termination date. If your spouse dies during this 31-day period, the amount of Dependent Optional Life Insurance available for conversion will be paid to you, even if your spouse didn't apply for conversion.

For more information on the conversion privilege, please see your Plan Administrator.

Dependent Optional Life Insurance - Exclusions

Exclusions

If death results from suicide any amount of Dependent Optional Life Insurance that has been in effect for less than one year will not be payable.

Accidental Death and Dismemberment

Accidental Death and Dismemberment

The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0048446.

If you sustain an accidental injury while insured and suffer a loss specified in the Schedule of Losses below, this benefit provides financial assistance to you or your beneficiary. In the event of your death, the benefit is payable to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate. For losses other than Loss of Life, the benefit is payable to you.

This benefit includes 24-hour, world-wide coverage.

The Benefit

AD&D - The Benefit

Aggregate Limit - \$2,500,000

Benefit Amount - \$200,000 Death benefit; \$75,000 Dismemberment benefit

Non-Evidence Limit - \$200,000 Death benefit; \$75,000 Dismemberment benefit

Termination Age - your benefit amount terminates at age 70 or retirement, whichever is earlier.

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

Your Group Benefits

Schedule of Losses

AD&D - Schedule of Losses

A loss shown in this schedule is covered provided it:

- is a direct result of the accidental injury
- occurs within 365 days from the date of the accidental injury
- is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%
- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 66 2/3%
- Loss of Sight of One Eye - 66 2/3%
- Loss of Speech or Hearing in Both Ears - 66 2/3%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%
- Loss of All Toes of One Foot - 25%
- Loss of Hearing in One Ear - 25%
- Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental Injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).

Your Group Benefits

Exposure and Disappearance

AD& D - Exposure and Disappearance

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If you disappear after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if your body is not found within 365 days after the incident occurred.

Rehabilitation Expenses

AD& D - Rehabilitation Expenses

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Repatriation Expenses

AD& D - Repatriation Expenses

If you die as a direct result of an accidental injury which occurs while travelling 150 kilometres or more from your place of residence, Manulife Financial will pay for expenses incurred for the preparation and transportation of your body to your place of residence.

The amount payable is subject to a maximum of \$10,000.

Family Transportation Expenses

AD& D - Family Transportation Expenses

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and are confined to a hospital located 150 kilometres or more from your place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- for hotel accommodations in the vicinity of the hospital
- for transportation by the most direct route to the hospital, including return fare

If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

The amount payable is subject to a maximum of \$10,000 per accident.

Your Group Benefits

Dependent Education Expenses

AD&D - Dependent Education Expenses

If you die as a direct result of an accidental injury, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

- in a school for higher learning above the secondary school level, or
- at the secondary school level, but who enrolls as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionnel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

- 5% of your Accidental Death and Dismemberment benefit amount, or
- \$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- tuition expenses incurred prior to your death
- room and board expenses, or other living, travelling or clothing expenses

Spousal Occupational Training Expenses

AD&D - Spousal Occupational Training Expenses

If you die as a direct result of an accidental injury and your spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by your spouse, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Seat Belt Benefit

AD&D - Seat Belt Benefit

If you die as a direct result of an accidental injury sustained while driving or riding in an automobile, Manulife Financial will pay an additional amount equal to 10% of your Accidental Death and Dismemberment benefit, provided you were wearing your seat belt and it was properly fastened at the time of the accidental injury.

Your Group Benefits

Day-Care Expenses

AD&D - Day-Care Expenses

If you die as a direct result of an accidental injury, Manulife Financial will pay day-care expenses for each child under 13 years of age who is enrolled in a legally licensed day-care centre at the time of the accidental injury, or who becomes enrolled within 365 days from the date of your death.

The maximum payable each year for each child is the lesser of:

- 5% of your Accidental Death and Dismemberment benefit amount, or
- \$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- expenses incurred prior to your death
- room and board expenses, or other living, travelling or clothing expenses

Hospitalization Allowance

AD&D - Hospitalization Allowance

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and are confined to a hospital, Manulife Financial will pay a monthly benefit, provided:

- the hospital confinement begins while you are covered under this benefit
- you have been confined to the hospital for longer than the qualifying period of 7 consecutive days, and continue to be confined at the end of such period

The amount of benefit payable is equal to 1% of your Accidental Death and Dismemberment benefit amount, up to a maximum of \$2,500 per month.

Benefits are payable while you are hospital confined, up to a maximum benefit period of 12 months.

- Recurrent Hospitalization

- Recurrent Hospitalization

If you become hospitalized again due to the same accidental injury within 183 days following a period for which benefits were payable under this provision, this subsequent period of confinement will be considered a continuation of the previous period of hospital confinement.

In such case, the qualifying period of 7 days will be waived and the benefit which was payable during the previous period of hospitalization will be re-instated. Benefits for all such recurrences will not be paid for a combined period longer than the maximum benefit period of 12 months.

Your Group Benefits

Permanent and Total Disability

If, as a direct result of an accidental injury, you become permanently and totally disabled while insured for this benefit, Manulife Financial will pay a lump sum benefit, provided:

- you become permanently and totally disabled within 365 days after the date of the accidental injury
- you have been permanently and totally disabled for a continuous period of 12 months and remain so disabled at the end of this period

The amount of benefit payable is equal to your Accidental Death and Dismemberment benefit amount.

- Definition of Permanent and Total Disability

You are considered permanently and totally disabled if you are wholly and continuously disabled due to an accidental injury which is severe enough, in Manulife Financial's opinion, to permanently prevent you from working for remuneration or profit.

Non-Duplication of Expenses

Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

Submitting a Claim

To submit an Accidental Death Claim, your beneficiary must complete a [Life Claim form](#).

To submit a Dismemberment Claim, you must complete an [Accidental Dismemberment Claim form](#).

Both forms are available from your Plan Administrator, and require a physician's statement.

A completed claim form must be submitted within 90 days from the date of loss.

AD&D - Permanent and Total Disability

- Permanent and Total Disability

AD&D - Non-Duplication of Expenses

AD&D - Submitting a Claim

Your Group Benefits

Exclusions

AD&D - Exclusions

No Accidental Death & Dismemberment benefits are payable if the loss results from:

- suicide or self-inflicted injuries
- war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion
- riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew
- riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

Employee Optional Accidental Death and Dismemberment

Employee Optional Accidental Death and Dismemberment

The Employee Optional Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0048446.

If you sustain an accidental injury while insured and suffer a loss specified in the Schedule of Losses below, this benefit provides financial assistance to you or your beneficiary. In the event of your death, the benefit is payable to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate. For losses other than Loss of Life, the benefit is payable to you.

This benefit includes 24-hour, world-wide coverage.

The Benefit

Employee Optional AD&D - The Benefit

Aggregate Limit - \$2,500,000

Benefit Amount - increments of \$10,000 to a maximum of \$250,000

Non-Evidence Limit - \$250,000

Qualifying Period for Waiver of Premium - 15 weeks or the last day benefits, other than sick leave benefits paid by your employer, are payable under any Short Term Disability, loss of income, or other salary continuation plan, whichever is later

Termination Age - your benefit amount terminates at age 70 or retirement, whichever is earlier.

Your Group Benefits

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

Schedule of Losses

Employee Optional AD&D - Schedule of Losses

A loss shown in this schedule is covered provided it:

- is a direct result of the accidental injury
- occurs within 365 days from the date of the accidental injury
- is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Employee Optional Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%
- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 66 2/3%
- Loss of Sight of One Eye - 66 2/3%
- Loss of Speech or Hearing in Both Ears - 66 2/3%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%
- Loss of All Toes of One Foot - 25%
- Loss of Hearing in One Ear - 25%
- Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

Your Group Benefits

No more than 100% will be paid for all losses due to any one accidental injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).

Exposure and Disappearance

Employee Optional AD&D - Exposure and Disappearance

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If you disappear after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if your body is not found within 365 days after the incident occurred.

Common Accident

Employee Optional AD&D - Common Accident

If you and your spouse die within 365 days of and as a direct result of a common accident, the amount of benefit payable for loss of your spouse's life will increase to equal the amount payable for loss of your life.

The total amount paid for both lives is subject to a combined maximum of \$400,000.

Rehabilitation Expenses

Employee Optional AD&D - Rehabilitation Expenses

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Repatriation Expenses

Employee Optional AD&D - Repatriation Expenses

If you die as a direct result of an accidental injury which occurs while travelling 150 kilometres or more from your place of residence, Manulife Financial will pay for expenses incurred for the preparation and transportation of your body to your place of residence.

The amount payable is subject to a maximum of \$10,000.

Your Group Benefits

Family Transportation Expenses

***Employee Optional
AD& D - Family
Transportation
Expenses***

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and are confined to a hospital located 150 kilometres or more from your place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- for hotel accommodations in the vicinity of the hospital
- for transportation by the most direct route to the hospital, including return fare

If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

The amount payable is subject to a maximum of \$10,000 per accident.

Dependent Education Expenses

***Employee Optional
AD& D - Dependent
Education Expenses***

If you die as a direct result of an accidental injury, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

- in a school for higher learning above the secondary school level, or
- at the secondary school level, but who enrolls as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionnel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

- 5% of your Employee Optional Accidental Death and Dismemberment benefit amount, or
- \$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- tuition expenses incurred prior to your death
- room and board expenses, or other living, travelling or clothing expenses

Your Group Benefits

Spousal Occupational Training Expenses

Employee Optional AD&D - Spousal Occupational Training Expenses

If you die as a direct result of an accidental injury and your spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by your spouse, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Seat Belt Benefit

Employee Optional AD&D - Seat Belt Benefit

If you die as a direct result of an accidental injury sustained while driving or riding in an automobile, Manulife Financial will pay an additional amount equal to 10% of your Employee Optional Accidental Death and Dismemberment benefit, provided you were wearing your seat belt and it was properly fastened at the time of the accidental injury.

Day-Care Expenses

Employee Optional AD&D - Day-Care Expenses

If you die as a direct result of an accidental injury, Manulife Financial will pay day-care expenses for each child under 13 years of age who is enrolled in a legally licensed day-care centre at the time of the accidental injury, or who becomes enrolled within 365 days from the date of your death.

The maximum payable each year for each child is the lesser of:

- 5% of your Employee Optional Accidental Death and Dismemberment benefit amount, or
- \$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- expenses incurred prior to your death
- room and board expenses, or other living, travelling or clothing expenses

Your Group Benefits

Home Alteration and Vehicle Modification Expenses

***Employee Optional
AD&D - Home
Alteration and Vehicle
Modification Expenses***

If, as a direct result of an accidental injury, you:

- suffer a loss of, or loss of use of, both feet or both legs, or
- become a hemiplegic, paraplegic, or quadriplegic

and require the use of a wheelchair to be ambulatory, Manulife Financial will pay for incurred expenses, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within 3 years from the date of the accidental injury
- for alterations to your home for the purpose of making it wheelchair accessible
- for modifications to one motor vehicle for the purpose of making it wheelchair accessible

The amount payable is subject to a maximum of \$10,000.

Hospitalization Allowance

***Employee Optional
AD&D - Hospitalization
Allowance***

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and are confined to a hospital, Manulife Financial will pay a monthly benefit, provided:

- the hospital confinement begins while you are covered under this benefit
- you have been confined to the hospital for longer than the qualifying period of 7 consecutive days, and continue to be confined at the end of such period

The amount of benefit payable is equal to 1% of your Employee Optional Accidental Death and Dismemberment benefit amount, up to a maximum of \$2,500 per month.

Benefits are payable while you are hospital confined, up to a maximum benefit period of 12 months.

- Recurrent Hospitalization

***- Recurrent
Hospitalization***

If you become hospitalized again due to the same accidental injury within 183 days following a period for which benefits were payable under this provision, this subsequent period of confinement will be considered a continuation of the previous period of hospital confinement.

In such case, the qualifying period of 7 days will be waived and the benefit which was payable during the previous period of hospitalization will be re-instated. Benefits for all such recurrences will not be paid for a combined period longer than the maximum benefit period of 12 months.

Your Group Benefits

Employee Optional AD& D - Permanent and Total Disability

Permanent and Total Disability

If, as a direct result of an accidental injury, you become permanently and totally disabled while insured for this benefit, Manulife Financial will pay a lump sum benefit, provided:

- you become permanently and totally disabled within 365 days after the date of the accidental injury
- you have been permanently and totally disabled for a continuous period of 12 months and remain so disabled at the end of this period

The amount of benefit payable is equal to your Employee Optional Accidental Death and Dismemberment benefit amount.

- Definition of Permanent and Total Disability

You are considered permanently and totally disabled if you are wholly and continuously disabled due to an accidental injury which is severe enough, in Manulife Financial's opinion, to permanently prevent you from working for remuneration or profit.

Non-Duplication of Expenses

Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

Submitting a Claim

To submit an Employee Optional Accidental Death Claim, your beneficiary must complete a Life Claim form. To submit an Employee Optional Dismemberment Claim, you must complete an Accidental Dismemberment Claim form. Both forms are available from your Plan Administrator, and require a physician's statement.

A completed claim form must be submitted within 90 days from the date of loss.

- Permanent and Total Disability

Employee Optional AD& D - Non-Duplication of Expenses

Employee Optional AD& D - Submitting a Claim

Your Group Benefits

Waiver of Premium

If, while the Group Policy is in force, you qualify for Long Term Disability benefits, the premium for this benefit will also be waived. Waiver of Premium for this benefit ceases if the benefit terminates.

Proof of benefit payment under your Long Term Disability benefit must be submitted within 180 days from the end of the qualifying period

For more details on how to qualify for Long Term Disability benefits, please refer to the Long Term Disability section of this booklet.

***Employee Optional
AD& D - Waiver of
Premium***

Exclusions

No Employee Optional Accidental Death & Dismemberment benefits are payable if the loss results from:

- suicide or self-inflicted injuries
- war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion
- riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew
- riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

***Employee Optional
AD& D - Exclusions***

Your Group Benefits

Dependent Optional Accidental Death and Dismemberment

*Dependent Optional
Accidental Death and
Dismemberment*

The **Dependent Optional Accidental Death and Dismemberment Benefit** is insured under Manulife Financial's Policy G0048446.

If one of your dependents sustains an accidental injury while insured and suffers a loss specified in the Schedule of Losses below, this benefit provides financial assistance.

This benefit includes 24-hour, world-wide coverage.

The Benefit

*Dependent Optional
AD& D Insurance - The
Benefit*

Aggregate Limit - \$2,500,000

Benefit Amount

Spouse - 60% of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit if there are no children; 50% of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit if there are children.

Child - 20% of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit

Qualifying Period for Waiver of Premium - 15 weeks or the last day benefits, other than sick leave benefits paid by your employer, are payable under any Short Term Disability, loss of income, or other salary continuation plan, whichever is later

Termination Age - employee's age 70 or retirement, whichever is earlier

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

Your Group Benefits

Schedule of Losses

Dependent Optional AD&D - Schedule of Losses

A loss shown in this schedule is covered provided it:

- is a direct result of the accidental injury
- occurs within 365 days from the date of the accidental injury
- is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Dependent Optional Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%
- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 66 2/3%
- Loss of Sight of One Eye - 66 2/3%
- Loss of Speech or Hearing in Both Ears - 66 2/3%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%
- Loss of All Toes of One Foot - 25%
- Loss of Hearing in One Ear - 25%
- Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while the insured person is living).

Your Group Benefits

Exposure and Disappearance

***Dependent Optional
AD& D - Exposure and
Disappearance***

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which the insured person was travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If the insured person disappears after a conveyance in which he was travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if the insured person's body is not found within 365 days after the incident occurred.

Common Accident

***Dependent Optional
AD& D - Common
Accident***

If you and your spouse die within 365 days of and as a direct result of a common accident, the amount of benefit payable for loss of your spouse's life will increase to equal the amount payable for loss of your life.

The total amount paid for both lives is subject to a combined maximum of \$400,000.

Rehabilitation Expenses

***Dependent Optional
AD& D - Rehabilitation
Expenses***

If, as a direct result of an accidental injury, the insured person suffers a loss specified in the Schedule of Losses and requires participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Repatriation Expenses

***Dependent Optional
AD& D - Repatriation
Expenses***

If the insured person dies as a direct result of an accidental injury which occurs while travelling 150 kilometres or more from his place of residence, Manulife Financial will pay for expenses incurred for the preparation and transportation of the insured person's body to his place of residence.

The amount payable is subject to a maximum of \$10,000.

Your Group Benefits

Family Transportation Expenses

***Dependent Optional
AD& D - Family
Transportation
Expenses***

If, as a direct result of an accidental injury, the insured person suffers a loss specified in the Schedule of Losses and is confined to a hospital located 150 kilometres or more from the insured person's place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- for hotel accommodations in the vicinity of the hospital
- for transportation by the most direct route to the hospital, including return fare

If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

The amount payable is subject to a maximum of \$10,000 per accident.

Dependent Education Expenses

***Dependent Optional
AD& D - Dependent
Education Expenses***

If the insured person dies as a direct result of an accidental injury, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

- in a school for higher learning above the secondary school level, or
- at the secondary school level, but who enrolls as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionnel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

- 5% of your Dependent Optional Accidental Death and Dismemberment benefit amount, or
- \$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- tuition expenses incurred prior to your death
- room and board expenses, or other living, travelling or clothing expenses

Your Group Benefits

Spousal Occupational Training Expenses

***Dependent Optional
AD&D - Spousal
Occupational Training
Expenses***

If the insured person dies as a direct result of an accidental injury and the spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by the spouse, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Seat Belt Benefit

***Dependent Optional
AD&D - Seat Belt
Benefit***

If the insured person dies as a direct result of an accidental injury sustained while driving or riding in an automobile, Manulife Financial will pay an additional amount equal to 10% of your Dependent Optional Accidental Death and Dismemberment benefit, provided the insured person was wearing his seat belt and it was properly fastened at the time of the accidental injury.

Day-Care Expenses

***Dependent Optional
AD&D - Day-Care
Expenses***

If the insured person dies as a direct result of an accidental injury, Manulife Financial will pay day-care expenses for each child under 13 years of age who is enrolled in a legally licensed day-care centre at the time of the accidental injury, or who becomes enrolled within 365 days from the date of your death.

The maximum payable each year for each child is the lesser of:

- 5% of your Dependent Optional Accidental Death and Dismemberment benefit amount, or
- \$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- expenses incurred prior to your death
- room and board expenses, or other living, travelling or clothing expenses

Your Group Benefits

Home Alteration and Vehicle Modification Expenses

***Dependent Optional
AD&D - Home
Alteration and Vehicle
Modification Expenses***

If, as a direct result of an accidental injury, the insured person:

- suffers a loss of, or loss of use of, both feet or both legs, or
- becomes a hemiplegic, paraplegic, or quadriplegic

and requires the use of a wheelchair to be ambulatory, Manulife Financial will pay for incurred expenses, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within 3 years from the date of the accidental injury
- for alterations to the insured person's home for the purpose of making it wheelchair accessible
- for modifications to one motor vehicle for the purpose of making it wheelchair accessible

The amount payable is subject to a maximum of \$10,000.

Hospitalization Allowance

***Dependent Optional
AD&D - Hospitalization
Allowance***

If, as a direct result of an accidental injury, the insured person suffers a loss specified in the Schedule of Losses and is confined to a hospital, Manulife Financial will pay a monthly benefit, provided:

- the hospital confinement begins while the person is covered under this benefit
- the insured person has been confined to the hospital for longer than the qualifying period of 7 consecutive days, and continues to be confined at the end of such period

The amount of benefit payable is equal to 1% of your Dependent Optional Accidental Death and Dismemberment benefit amount, up to a maximum of \$2,500 per month.

Benefits are payable while the insured person is hospital confined, up to a maximum benefit period of 12 months.

- Recurrent Hospitalization

***- Recurrent
Hospitalization***

If the insured person becomes hospitalized again due to the same accidental injury within 183 days following a period for which benefits were payable under this provision, this subsequent period of confinement will be considered a continuation of the previous period of hospital confinement.

In such case, the qualifying period of 7 days will be waived and the benefit which was payable during the previous period of hospitalization will be re-instated. Benefits for all such recurrences will not be paid for a combined period longer than the maximum benefit period of 12 months.

Your Group Benefits

Permanent and Total Disability

***Dependent Optional
AD& D - Permanent
and Total Disability***

If, as a direct result of an accidental injury, the insured person becomes permanently and totally disabled while insured for this benefit, Manulife Financial will pay a lump sum benefit, provided:

- the insured person becomes permanently and totally disabled within 365 days after the date of the accidental injury
- the insured person has been permanently and totally disabled for a continuous period of 12 months and remain so disabled at the end of this period

The amount of benefit payable is equal to your Dependent Optional Accidental Death and Dismemberment benefit amount.

- Definition of Permanent and Total Disability

The insured person is considered permanently and totally disabled if he is wholly and continuously disabled due to an accidental injury which is severe enough, in Manulife Financial's opinion, to permanently prevent him from working for remuneration or profit.

Non-Duplication of Expenses

***Dependent Optional
AD& D -
Non-Duplication of
Expenses***

Expenses which are eligible under this benefit and for which the insured person is also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

Submitting a Claim

***Dependent Optional
AD& D - Submitting a
Claim***

To submit a Dependent Optional Accidental Death Claim, a Life Claim form must be submitted. To submit a Dependent Optional Dismemberment Claim, you must complete an Accidental Dismemberment Claim form. Both forms are available from your Plan Administrator, and require a physician's statement.

A completed claim form must be submitted within 90 days from the date of loss.

Your Group Benefits

Waiver of Premium

If, while the Group Policy is in force, you qualify for Long Term Disability benefits, the premium for this benefit will also be waived. Waiver of Premium for this benefit ceases if the benefit terminates.

Proof of benefit payment under your Long Term Disability benefit must be submitted within 180 days from the end of the qualifying period

For more details on how to qualify for Long Term Disability benefits, please refer to the Long Term Disability section of this booklet.

***Dependent Optional
AD& D - Waiver of
Premium***

Exclusions

No Dependent Optional Accidental Death & Dismemberment benefits are payable if the loss results from:

- suicide or self-inflicted injuries
- war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion
- riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew
- riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

***Dependent Optional
AD& D - Exclusions***

Your Group Benefits

Business Travel Accidental Death and Dismemberment

*Business Travel
Accidental Death and
Dismemberment*

The Business Travel Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0048451.

If you sustain an injury as a result of a Covered Accident while insured and suffer a loss specified in the Schedule of Losses below, this benefit provides financial assistance to you or your beneficiary. In the event of your death, the benefit is payable to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate. For losses other than Loss of Life, the benefit is payable to you.

This benefit includes 24-hour, world-wide coverage.

The Benefit

*Business Travel AD& D
- The Benefit*

Aggregate Limit - \$2,000,000

Benefit Amount - \$100,000

Non-Evidence Limit - \$100,000

Termination Age - your benefit amount terminates at age 70 or retirement, whichever is earlier.

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

Schedule of Losses

*Business Travel AD& D
- Schedule of Losses*

A loss shown in this schedule is covered provided it:

- is a direct result of the accidental injury
- occurs within 365 days from the date of the accidental injury
- is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

Your Group Benefits

The amount payable for each loss is a percentage of your Business Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%
- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 66 2/3%
- Loss of Sight of One Eye - 66 2/3%
- Loss of Speech or Hearing in Both Ears - 66 2/3%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%
- Loss of All Toes of One Foot - 25%
- Loss of Hearing in One Ear - 25%
- Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental Injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).

Exposure and Disappearance

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If you disappear after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if your body is not found within 365 days after the incident occurred.

***Business Travel AD&D
- Exposure and
Disappearance***

Your Group Benefits

Air Travel

Air Travel

Death or bodily injury as a direct result of a Covered Accident related to air travel is covered provided the accident occurs while and in consequence of:

- riding in, boarding or leaving, as a passenger, a pilot (excluding a student pilot operator or member of the crew); any aircraft having a current and valid certificate of airworthiness and piloted by a person who holds a current and valid license to pilot such aircraft; or
- riding in, boarding or leaving, as a passenger; any aircraft operated by the Canadian Armed Forces or similar military service of any other recognized country.

Rehabilitation Expenses

Business Travel AD& D - Rehabilitation Expenses

If, as a direct result of a Covered Accident, you suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Repatriation Expenses

Business Travel AD& D - Repatriation Expenses

If you die as a direct result of a Covered Accident which occurs while travelling 150 kilometres or more from your place of residence, Manulife Financial will pay for expenses incurred for the preparation and transportation of your body to your place of residence provided the expenses are reasonable and necessary, as determined by Manulife Financial

The amount payable is subject to a maximum of \$10,000.

Your Group Benefits

Family Transportation Expenses

If, as a direct result of a Covered Accident, you suffer a loss specified in the Schedule of Losses and are confined to a hospital located 150 kilometres or more from your place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- for hotel accommodations in the vicinity of the hospital
- for transportation by the most direct route to the hospital, including return fare

If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

The amount payable is subject to a maximum of \$10,000 per accident.

Dependent Education Expenses

If you die as a direct result of a Covered Accident, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

- in a school for higher learning above the secondary school level, or
- at the secondary school level, but who enrolls as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionnel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

- 5% of your Business Travel Accidental Death and Dismemberment benefit amount, or
- \$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- tuition expenses incurred prior to your death
- room and board expenses, or other living, travelling or clothing expenses

***Business Travel AD&D
- Family Transportation
Expenses***

***Business Travel AD&D
- Dependent Education
Expenses***

Your Group Benefits

Spousal Occupational Training Expenses

***Business Travel AD& D
- Spousal Occupational
Training Expenses***

If you die as a direct result of a Covered Accident and your spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by your spouse, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Seat Belt Benefit

***Business Travel AD& D
- Seat Belt Benefit***

If you die as a direct result of a Covered Accident sustained while driving or riding in an automobile, Manulife Financial will pay an additional amount equal to 10% of your Business Travel Accidental Death and Dismemberment benefit, provided you were wearing your seat belt and it was properly fastened at the time of the accidental injury.

Day-Care Expenses

***Business Travel AD& D
- Day-Care Expenses***

If you die as a direct result of a Covered Accident, Manulife Financial will pay day-care expenses for each child under 13 years of age who is enrolled in a legally licensed day-care centre at the time of the accidental injury, or who becomes enrolled within 365 days from the date of your death.

The maximum payable each year for each child is the lesser of:

- 5% of your Business Travel Accidental Death and Dismemberment benefit amount, or
- \$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- expenses incurred prior to your death
- room and board expenses, or other living, travelling or clothing expenses

Your Group Benefits

Home Alteration and Vehicle Modification Expenses

***Business Travel AD& D
- Home Alteration and
Vehicle Modification
Expenses***

If, as a direct result of a Covered Accident, you:

- suffer a loss of, or loss of use of, both feet or both legs, or
- become a hemiplegic, paraplegic, or quadriplegic

and require the use of a wheelchair to be ambulatory, Manulife Financial will pay for incurred expenses, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within 3 years from the date of the accidental injury
- for alterations to your home for the purpose of making it wheelchair accessible
- for modifications to one motor vehicle for the purpose of making it wheelchair accessible

The amount payable is subject to a maximum of \$10,000.

Hospitalization Allowance

***Business Travel AD& D
- Hospitalization
Allowance***

If, as a direct result of a Covered Accident, you suffer a loss specified in the Schedule of Losses and are confined to a hospital, Manulife Financial will pay a monthly benefit, provided:

- the hospital confinement begins while you are covered under this benefit
- you have been confined to the hospital for longer than the qualifying period of 7 consecutive days, and continue to be confined at the end of such period

The amount of benefit payable is equal to 2.5% of your Business Travel Accidental Death and Dismemberment benefit amount.

Benefits are payable while you are hospital confined, up to a maximum benefit period of 12 months.

- Recurrent Hospitalization

***- Recurrent
Hospitalization***

If you become hospitalized again due to the same accidental injury within 183 days following a period for which benefits were payable under this provision, this subsequent period of confinement will be considered a continuation of the previous period of hospital confinement.

In such case, the qualifying period of 7 days will be waived and the benefit which was payable during the previous period of hospitalization will be re-instated. Benefits for all such recurrences will not be paid for a combined period longer than the maximum benefit period of 12 months.

Your Group Benefits

Comatose Benefit

Business Travel AD& D - Comatose Benefit

If, as a direct result of a Covered Accident, you suffer an injury which does not cause loss of life but which results in you being in a coma or comatose state within 365 days after the date of the Covered Accident, Manulife Financial will pay an additional amount equal to 1% of your Business Travel Accidental Death and Dismemberment benefit (less any amount specified in the Schedule of Losses) for each month your coma or comatose state continues.

You will be eligible for this benefit after a 31 day period immediately following the onset of a coma or comatose state, for a maximum of 100 consecutive months.

Payments will end upon your death or on the date it is determined you are no longer in a coma or comatose state, whichever occurs first.

Non-Duplication of Expenses

Business Travel AD& D - Non-Duplication of Expenses

Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

Submitting a Claim

Business Travel AD& D - Submitting a Claim

To submit an Accidental Death Claim, your beneficiary must complete a [Life Claim form](#).

To submit a Dismemberment Claim, you must complete an [Accidental Dismemberment Claim form](#).

Both forms are available from your Plan Administrator, and require a physician's statement.

A completed claim form must be submitted within 90 days from the date of loss.

Exclusions

Business Travel AD& D - Exclusions

No Business Travel Accidental Death & Dismemberment benefits are payable if the loss results from:

- suicide or self-inflicted injuries
- war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

Your Group Benefits

Extended Health Care and Dental Care

*Extended Health Care
and Dental Care*

Your Extended Health Care and Dental Care Benefits are provided directly by Accenture Business Services of British Columbia Limited Partnership. Manulife Financial has been contracted to adjudicate and administer your claims for these benefits following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

If you or your dependents incur charges for any of the Covered Expenses specified, your Extended Health Care and Dental Care benefits can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

You may elect Option 1, Option 2, or Option 3, outlined below. If you do not elect an Option you will receive Option 2 coverage.

Health and Dental Option 1

*Health and Dental -
Option 1*

Extended Health Care

Overall Benefit Maximum - \$100,000 per lifetime

Extended Health Care

Deductible - \$100 Individual, \$100 Family, per calendar year

Not applicable to:

- In Province Medical Travel
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Note: *The deductible is not applicable to ManuAssist.*

- Deductible Carry-Forward

Covered Expenses used to satisfy the deductible in the last 3 months of the calendar year may also be used to satisfy the deductible in the following calendar year. If your coverage or your eligible dependent's coverage becomes effective after the Plan effective date and other than on January 1, the deductible will be pro-rated for the first year of coverage only.

Your Group Benefits

Benefit Percentage (Co-insurance)

100% for

- In Province Medical Travel
- Out-of-Province/Canada Emergency Medical Treatment (Emergency Hospital and Physician's services only)

80% of expenses up to the Out-Of-Pocket maximum, and 100% thereafter for

- Hospital Care
- Drugs
- Vision
- Professional Services
- Medical Services & Supplies
- Out-of-Province/Canada Emergency Medical Treatment (except Emergency Hospital and Physician's services)
- Referral outside Canada for Medical Treatment Available in Canada
- ManuAssist

Out-of-Pocket Maximum - \$1,000 per calendar year per covered person

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Waiting Period

none for employees hired on or prior to the Plan Document Effective Date

none for all other employees

Dental Care

Dental Care

Deductible - Nil

Dental Fee Guide - Current Fee Guide for General Practitioners and Specialists for your Province of Residence

If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by Manulife Financial.

Benefit Percentage (Co-insurance)

- 90% for Level I - Basic Services

- 90% for Level II - Supplementary Basic Services

Benefit Maximums

- unlimited for Level I and Level II

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under Plan G, provided you meet the eligibility requirements and you retire before March 31, 2011.

Your Group Benefits

Waiting Period

For Permanent Full-time and Part-time Employees:

none for employees hired on or prior to the Plan Document Effective Date
none for all other employees

For Temporary Full-time Employees:

12 months of continuous service for employees hired on or prior to the Plan Document Effective Date
12 months of continuous service for all other employees

Health and Dental Option 2

**Health and Dental -
Option 2**

Extended Health Care

Overall Benefit Maximum - \$500,000 per lifetime

Extended Health Care

Deductible - Nil

Benefit Percentage (Co-insurance)

100% for

- Hospital Care
- Drugs
- Vision
- Professional Services
- Medical Services & Supplies
- In Province Medical Travel
- Out-of-Province/Canada Emergency Medical Treatment
- Referral outside Canada for Medical Treatment Available in Canada
- ManuAssist

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Waiting Period

none for employees hired on or prior to the Plan Document Effective Date
none for all other employees

Your Group Benefits

Dental Care

Dental Care

Deductible - Nil

Dental Fee Guide - Current Fee Guide for General Practitioners and Specialists for your Province of Residence

If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by Manulife Financial.

Benefit Percentage (Co-insurance)

- 95% for Level I - Basic Services
- 95% for Level II - Supplementary Basic Services
- 65% for Level III - Dentures
- 65% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

Benefit Maximums

- unlimited for Level I, Level II, Level III and Level IV
- \$2,500 per lifetime for Level V

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under Plan G, provided you meet the eligibility requirements and you retire before March 31, 2011.

Waiting Period

For Permanent Full-time and Part-time Employees:

none for employees hired on or prior to the Plan Document Date
none for all other employees

For Temporary Full-time Employees:

12 months of continuous service for employees hired on or prior to the Plan Document Effective Date
12 months of continuous service for all other employees

Your Group Benefits

Health and Dental Option 3

*Health and Dental -
Option 3*

Extended Health Care

Overall Benefit Maximum - Unlimited

Extended Health Care

Deductible - Nil

Benefit Percentage (Co-insurance)

100% for

- Hospital Care
- Drugs
- Vision
- Professional Services
- Medical Services & Supplies
- In Province Medical Travel
- Out-of-Province/Canada Emergency Medical Treatment
- Referral outside Canada for Medical Treatment Available in Canada
- ManuAssist

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under either Plan G or Plan O, provided you meet the eligibility requirements and you retire before March 31, 2011. If you retire on or after March 31, 2011 and you meet all other eligibility requirements, you may only continue coverage under Plan O.

Waiting Period

none for employees hired on or prior to the Plan Document Effective Date
none for all other employees

Dental Care

Deductible - Nil

Dental Care

Dental Fee Guide - Current Fee Guide for General Practitioners and Specialists for your Province of Residence

If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by Manulife Financial.

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 80% for Level III - Dentures
- 80% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

Your Group Benefits

Benefit Maximums

- unlimited for Level I, Level II, Level III and Level IV
- \$3,000 per lifetime for Level V

Termination Age - the last day of the month you retire. On retirement you may elect to continue your coverage under Plan G, provided you meet the eligibility requirements and you retire before March 31, 2011.

Waiting Period

For Permanent Full-time and Part-time Employees:

none for employees hired on or prior to the Plan Document Effective Date
none for all other employees

For Temporary Full-time Employees:

12 months of continuous service for employees hired on or prior to the Plan Document Effective Date
12 months of continuous service for all other employees

Extended Health Care - Covered Expenses

The expenses specified are covered to the extent that they are reasonable and customary, as determined by Manulife Financial or your employer, provided they are:

- medically necessary for the treatment of sickness or injury and recommended by a physician
- incurred for the care of a person while covered under this Group Benefit Program
- reasonable taking all factors into account
- not covered under the Provincial Plan or any other government-sponsored program
- legally insurable

Advance Supply Limitation

Payment of any Covered Expenses under this benefit which may be purchased in large quantities will be limited to the purchase of up to a 3 months' supply at any one time.

**Extended Health Care -
Covered Expenses**

**Extended Health Care -
Advance Supply
Limitation**

Your Group Benefits

Hospital Care

- charges, in excess of the hospital's public ward charge, for semi-private or private accommodation, provided:
 - the person was confined to hospital on an in-patient basis, and
 - the accommodation was specifically elected in writing by the patient
- charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

**Extended Health Care -
Hospital Care**

ManuScript Generic Drug Plan 2 - Prescription Drugs

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- drugs or medicines for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- oral contraceptives, intrauterine devices and diaphragms
- injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)
- life-sustaining drugs
- preventive vaccines and medicines (oral or injected)
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)
- vitamin B12 for the treatment of pernicious anemia
- allergy serums when administered by a Physician

**Extended Health Care -
ManuScript Generic
Drug Plan 2 -
Prescription Drugs**

Charges for the following expenses are not covered:

- drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home
- anti-obesity drugs for weight loss or habituation
- drugs used in the treatment of a sexual dysfunction

- Drug Maximums

Anti-smoking drugs - \$150 per calendar year

All other covered drug expenses - Unlimited

- Drug Maximums

Your Group Benefits

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Covered expenses for any prescribed drug or medicine will be subject to the lowest cost generic equivalent product pricing that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug or medicine, the amount covered is the cost of the prescribed product.

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug or medicine is not to be substituted with another product and the drug or medicine is a covered expense under this benefit, the full cost of the prescribed product is covered if it is listed in the Provincial Drug Benefit Formulary.

When you have a “no substitution prescription”, please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

- Payment of Covered Expenses

- No Substitution Prescriptions

Your Group Benefits

Vision Care

**Extended Health Care -
Vision Care**

- eye exams, 1 exam per 12 months
- purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to the maximums specified below:

Option 1 - \$100 per 12 months for dependent children

Option 2 - \$100 per 12 months for persons under age 18 and \$250 per 24 months for persons age 18 and over

Option 3 - \$200 per 12 months for persons under age 18 and \$300 per 24 months for persons age 18 and over

- if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, to a maximum of \$200 per 24 months

Professional Services

**Extended Health Care -
Professional Services**

Services provided by the following licensed practitioners:

- Chiropractor: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. X-rays are not included.
- Podiatrist/Chiropodist: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. X-rays are not included.
- Massage Therapist: If the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. Subsequent visits are unlimited.
- Naturopath: \$500 per calendar year. However, if the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit.
- Speech Therapist: \$500 per calendar year. For dependent Children under age 16 only.
- Physiotherapist: If the person is under age 65, the first 12 visits will be limited to \$10 per visit. If the person is age 65 or over, the first 15 visits will be limited to \$10 per visit. Subsequent visits are unlimited.
- Psychologist:
Options 1 and 2 - Not covered
Option 3 - \$500 per calendar year
- Acupuncturist: \$500 per calendar year

Your Group Benefits

Expenses for some of these Professional Services may be payable in part by Provincial Plans. Coverage for the balance of such expenses prior to reaching the Provincial Plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this Benefit Program are payable after the Provincial Plan's maximum for the benefit year has been paid.

Recommendation by a physician for Professional Services is not required.

Medical Services and Supplies

Extended Health Care - Medical Services and Supplies

For all medical equipment and supplies covered under this provision, Covered Expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Private Duty Nursing

- Private Duty Nursing

Services which are deemed to be within the practice of nursing and which are provided in the patient's home by a registered nurse.

Covered Expenses are subject to a maximum based on the Schedule of Fees of the Registered Nurses' Association of the person's province of residence.

Charges for the following services are not covered:

- service provided primarily for custodial care, homemaking duties, or supervision
- service performed by a nursing practitioner who is an immediate family member or who lives with the patient
- service performed while the patient is confined in a hospital, nursing home, or similar institution
- service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household

Pre-Determination of Benefits

Before the services begin, it is advisable that you submit a detailed treatment plan with cost estimates. You will then be advised of any benefit that will be provided.

Ambulance

- Ambulance

- licensed ambulance service provided in the patient's province of residence, including air ambulance, to transfer the patient to the nearest hospital where adequate treatment is available

Your Group Benefits

Medical Equipment

- Medical Equipment

- rental or, when approved by Manulife Financial or your employer, purchase of:
 - Mobility Equipment: crutches, canes, cane tips, walkers, and wheelchairs
 - Durable Medical Equipment: manual hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals

Non-Dental Prostheses, Supports and Hearing Aids

*- Non-Dental
Prostheses, Supports
and Hearing Aids*

- external prostheses
- surgical stockings
- surgical brassieres, up to a maximum of \$150 per calendar year
- braces (other than foot braces), trusses, collars, leg orthosis, casts and splints
- repairs, modifications or adjustments to stock-item orthopaedic shoes (recommendation of either a physician or a podiatrist is required)
- custom-made shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of 1 pair per calendar year combined with custom-made orthotics (must be constructed by a certified orthopaedic footwear specialist). Repairs are covered. Replacement will be covered only when due to a change in prescription or wear and tear.
- casted, custom-made orthotics, up to a maximum of 1 pair per calendar year combined with custom-made shoes (recommendation of either a physician or a podiatrist is required)
- cost, installation, repair and maintenance of hearing aids, (excluding charges for batteries, recharging devices, or such accessories) to a maximum of \$400 per 5 years

Other Supplies and Services

*- Other Supplies and
Services*

- ileostomy, colostomy and incontinence supplies
- medicated dressings and burn garments
- wigs and hairpieces for patients with temporary hair loss as a result of medical treatment, up to a maximum of \$500 per calendar year
- oxygen
- microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec

Your Group Benefits

- charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing
- stump socks, up to a maximum of \$200 per calendar year

In Province Medical Travel

When ordered by the attending Physician, Dentist or oral surgeon, because in his or her opinion, adequate medical or dental treatment is not available locally (remote area), the following are included as eligible expenses:

- transportation for a patient to and from the nearest locale within British Columbia or Alberta equipped to provide the required treatment by:
 - automobile (to a maximum of \$0.30 per kilometre). Gasoline receipts are not required.
 - scheduled air, rail, bus, or boat (ferry)
- transportation of an attendant as follows:
 - if the patient is the Employee or Spouse - 1 medical attendant
 - if the patient is a dependent Child - 1 medical attendant or 1 parent
- where transportation has been provided as described above, accommodation in a commercial facility such as Easter Seal House, Heather House, Vancouver Lodge, Ronald McDonald House, or other similar institution approved by your employer, for the patient and attendant, before and after medical and dental treatment, to a combined maximum of \$50 per day for a total of 7 days.

Charges are subject to the following conditions and limitations:

- only individuals who reside in a remote area are eligible. Remote area means: Atlin, Bella Coola, Burns Lake, Chetwynd, Clowhorn, Dawson Creek, Dease Lake, Duncan Dam, Falls River, Fort Nelson, Fort St. James, Fort St. John, Fraser Lake, Hazelton, Houston, Hudson's Hope, Kitimat, McBride, McKenzie, Masset, Mica Creek, Pemberton, Prince Rupert, Queen Charlotte City, Sandspit, Shalath, Smithers, Stewart, Terrace, Tofino, Valemont, and Vanderhoof
- transportation must take place within 2 months of the Physician's or Dentist's referral
- Manulife Financial requires your employer's preauthorization on each claim form

Expenses are payable up to the Overall Plan Maximum.

*- In Province Medical
Travel*

Your Group Benefits

Out-of-Province/Out-of-Canada

-
Out-of-Province/Out-of-Canada

- treatment required as a result of a medical emergency which occurs while temporarily outside the province of residence, provided the covered person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence.

A medical emergency is a sudden, unexpected injury which occurs or an unforeseen illness which begins while a covered person is travelling outside his province of residence and requires immediate medical attention. Such emergency no longer exists when, in the opinion of the attending physician and supporting medical evidence, the covered person is stable enough to return to his province of residence.

- referral outside Canada for treatment which is available in Canada

If, while outside Canada on referral for medical treatment, the covered person requires treatment for a medical condition which is related directly or indirectly to the referral treatment, the total expenses payable for all treatment are subject to the Overall Plan Maximum.

For all non-emergency medical treatment out of Canada:

- the treatment must be recommended by a physician practicing in Canada, and
- it is advisable that you submit a detailed treatment plan with cost estimates before treatment begins. You will then be notified of any benefit that will be provided.

Charges for the following are payable under this expense:

- physician's services
- hospital room and board at standard ward rates. Charges in excess of ward rates are payable, if hospital coverage is provided under this Benefit Program.
- the cost of special hospital services
- hospital charges for out-patient treatment
- licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available
- medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides

The cost of hospital room and board charges and charges for services and supplies when confined as a patient or treated in a hospital are payable for a maximum of 90 days. However, where transportation would endanger the health of the patient, the 90 day limit will be extended with expressed written consent of Manulife Financial.

The amount payable for these expenses will be the reasonable and customary charges less the amount payable by the Provincial Plan.

Your Group Benefits

Charges incurred outside the province of residence for all other Covered Extended Health Care Expenses are payable on the same basis as if they were incurred in the province of residence.

Expenses are payable up to the Overall Plan Maximum.

ManuAssist

Extended Health Care - ManuAssist

ManuAssist provides travel assistance for you and your dependents while you are temporarily outside your province of residence. The assistance services are delivered through an international organization, specializing in travel assistance.

Assistance is provided for both Medical and Non-Medical travel emergencies. Services are available during the period that you are covered for Out-of-Province/Out-of-Canada emergency medical treatment, provided under this benefit.

In addition, ManuAssist also provides you and your dependents with Health Advice and Assistance, whenever and wherever such services are needed - whether at home or while travelling.

Details on your ManuAssist benefit are provided below, as well as in your ManuAssist brochure.

Medical Emergency Assistance

A Medical Emergency is a sudden, unexpected injury which occurs or an unforeseen illness which begins while a covered person is travelling outside his province of residence and requires immediate medical attention. Such emergency no longer exists when, in the opinion of the attending physician, the covered person is able to return to his province of residence.

a) 24-Hour Access

Multilingual assistance is available 24 hours a day, seven days a week, through telephone (toll-free or call collect), telex or fax.

b) Medical Referral

Referral to the nearest physician, dentist, pharmacist or appropriate medical facility, and verification of coverage, is provided.

Your Group Benefits

c) **Claims Payment Service**

If a hospital or other provider of medical services requires a deposit or payment in full for services rendered, and the expenses exceed \$200 (Canadian), payment of such expenses will be arranged and claims co-ordinated on behalf of the covered person.

Payment and co-ordination of expenses will take into account the coverage that the covered person is eligible for under a Provincial Plan and this benefit. If such payments are subsequently determined to be in excess of the amount of benefits to which the covered person is entitled, the administrator shall have the right to recover the excess amount by assignment of Provincial Plan benefits and/or refund from you.

d) **Medical Care Monitoring**

Medical care and services rendered to the covered person will be monitored by medical staff who will maintain contact, as frequently as necessary, with the covered person, the attending physician, the covered person's personal physician and family.

e) **Medical Transportation**

If medically necessary, arrangements will be made to transfer a covered person to and from the nearest medical facility or to a medical facility in the covered person's province of residence. Expenses incurred for the medical transportation will be paid, as described under Medical Services and Supplies - Ambulance.

If medically necessary for a qualified medical attendant to accompany the covered person, expenses incurred for round-trip transportation will be paid.

f) **Return of Dependent Children**

If dependent children are left unattended due to the hospitalization of a covered person, arrangements will be made to return the children to their home. The extra costs over and above any allowance available under pre-paid travel arrangements will be paid.

If necessary for a qualified escort to accompany the dependent children, expenses incurred for round-trip transportation will be paid.

Your Group Benefits

g) **Trip Interruption/Delay**

If a trip is interrupted or delayed due to an illness or injury of a covered person, one-way economy transportation will be arranged to enable each covered person and a Travelling Companion (if applicable) to rejoin the trip or return home. Expenses incurred, over and above any allowance available under pre-paid travel arrangements will be paid.

A Travelling Companion is any one person travelling with the covered person, and whose fare for transportation and accommodation was pre-paid at the same time as the covered person's fare.

If the covered person chooses to rejoin the trip, further expenses incurred which are related directly or indirectly to the same illness or injury, will not be paid.

If a covered person must return home due to the hospitalization or death of an immediate family member, one-way economy transportation will be arranged and expenses incurred, over and above any allowance available under pre-paid travel arrangements, will be paid.

h) **After Hospital Convalescence**

If a covered person is unable to travel due to medical reasons following discharge from a hospital, expenses incurred for meals and accommodation after the originally scheduled departure date will be paid, subject to the maximum shown in part l) of this provision.

i) **Visit of Family Member**

Expenses incurred for round-trip economy transportation will be paid for an immediate family member to visit a covered person who, while travelling alone, becomes hospitalized and is expected to be hospitalized for longer than 7 days. The visit must be approved in advance by the administrator.

j) **Vehicle Return**

If a covered person is unable to operate his owned or rented vehicle due to illness, injury or death, expenses incurred for a commercial agency to return the vehicle to the covered person's home or nearest appropriate rental agency will be paid, up to a maximum of \$1,000 (Canadian).

k) **Identification of Deceased**

If a covered person dies while travelling alone, expenses incurred for round-trip economy transportation will be paid for an immediate family member to travel, if necessary, to identify the deceased prior to release of the body.

Your Group Benefits

l) **Meals and Accommodation**

Under the circumstances described in parts f),g),h),i), and k) of this provision, expenses incurred for meals and accommodation will be paid, subject to a combined maximum of \$2,000 (Canadian) per medical emergency.

Non-Medical Assistance

a) **Return of Deceased to Province of Residence**

In the event of the death of a covered person, the necessary authorizations will be obtained and arrangements made for the return of the deceased to his province of residence. Expenses incurred for the preparation and transportation of the body will be paid, up to a maximum of \$5,000 (Canadian). Expenses related to the burial, such as a casket or an urn, will not be paid.

b) **Lost Document and Ticket Replacement**

Assistance in contacting the local authorities is provided, to help a covered person in replacing lost or stolen passports, visas, tickets or other travel documents.

c) **Legal Referral**

Referral to a local legal advisor, and if necessary, arrangement for cash advances from the covered person's credit cards, family or friends, is provided.

d) **Interpretation Service**

Telephone interpretation service in most major languages is provided.

e) **Message Service**

Telephone message service is provided for messages to or from family, friends or business associates. Messages will be held for up to 15 days.

f) **Pre-trip Assistance Service**

Up-to-date information is provided on passport and visa, vaccination and inoculation requirements for the country where the covered person plans to travel.

Your Group Benefits

Health Advice and Assistance

The following services are available for a covered person when required as a result of an illness or injury:

a) **After Hours Access to a Registered Nurse**

Toll free telephone access to a registered nurse is available seven days a week, during the hours that a family physician is not readily accessible.

b) **Medical Advice**

Medical advice will be provided on:

- i) whether the illness or injury can be safely treated at home or will require a visit to a physician or hospital emergency room;
- ii) the type of side effect to expect from a prescribed drug or medicine; and
- iii) other health related services that may be requested or required by the covered person.

c) **Link to 911**

If necessary, a covered person will be immediately linked to their local 911 emergency service for medical assistance.

d) **Follow-Up Call**

Where appropriate, to monitor the care of the covered person, the registered nurse will follow-up with the covered person within 24 hours after the medical advice is provided.

Exceptions

The administrator, and the company contracted by the administrator to provide the travel assistance services described in this benefit, will not be responsible for the availability, quality, or results of any medical treatment, or the failure of a covered person to obtain medical treatment or emergency assistance services for any reason.

Emergency assistance services may not be available in all countries due to conditions such as war, political unrest or other circumstances which interfere with or prevent the provision of any services.

Your Group Benefits

How to Access ManuAssist - Your ManuAssist Card

Your ManuAssist card lists the toll free numbers to call in case of an emergency, while travelling outside your province. The toll free number will put you in touch with the international travel assistance organization.

Your ManuAssist card also lists your I.D. number and plan document number, which the travel assistance organization needs to confirm that you are covered by ManuAssist.

If you do not have a ManuAssist Card, please contact your employer.

Submitting a Claim

To submit an Extended Health Care claim, you must complete an [Extended Health Care Claim form](#), except when claiming for physician or hospital expenses incurred outside your province of residence. For these expenses, you must complete an Out-of-Province/Out-of-Canada claim form. Claim forms are available from the Plan Administrator.

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial.

Alternatively, you may submit claims electronically through Manulife's Group Benefits website at www.manulife.ca/groupbenefits.

All claims must be submitted within 12 months after the date the expense was incurred.

Claims for Out-of-Province/Canada expenses will be managed and coordinated by the company contracted by the insurer to provide the ManuAssist travel assistance services. If you do not submit your Out-of-Province/Canada claims through the travel assistance provider, you must first submit the claim to the Provincial Plan for payment. Any outstanding balance should then be submitted to Manulife Financial, along with the explanation of payment from the Provincial Plan.

Subrogation (Third Party Liability)

If your medical expenses result from an injury caused by another person and you have the legal right to recover damages, your employer may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse your employer those amounts you recover which, when added to the payments you received from your employer, exceed 100% of your incurred expenses.

**Extended Health Care -
Submitting a Claim**

**Subrogation (Third
Party Liability)**

Your Group Benefits

Exclusions

Extended Health Care - Exclusions

No Extended Health Care benefits are payable for expenses related to:

- self-inflicted injuries
- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol
- an illness or injury for which benefits are payable under any government plan or workers' compensation
- charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms
- services or supplies provided by an employer's medical or dental department
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of coverage
- services or supplies which are not permitted by law to be paid
- services or supplies which are required for recreation or sports
- services or supplies which would have been payable by the Provincial Plan if proper application had been made
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- medical or surgical care which is cosmetic
- services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- services or supplies which are provided while confined in a hospital on an in-patient basis
- services or supplies which are not specified as a covered expense under this benefit

Your Group Benefits

Dental Care - Covered Expenses

Dental Care - Covered Expenses

The following expenses are covered if they:

- are incurred for the necessary dental care of a covered person while covered under this benefit
- are incurred for services provided by a dentist, a dental hygienist working under the supervision of a dentist, or a denturist working within the scope of his license
- are reasonable as determined by your employer or Manulife Financial, taking all factors into account
- do not exceed the fees recommended in the Dental Fee Guide, or reasonable and customary charges as determined by your employer or Manulife Financial, if the expenses are not listed in the Dental Fee Guide

Level I - Basic Services

Dental Care - Level I - Basic Services

- complete oral exam, one per 2 calendar years
- full-mouth x-rays, one per 2 calendar years
- one unit of light scaling and one unit of polishing once every once every 6 months, when the service is performed outside Quebec, or prophylaxis (light scaling and polishing) once every once every 6 months when the service is performed in Quebec
- recall exams, bitewing x-rays, and fluoride treatments, once every 6 months
- routine diagnostic and laboratory procedures
- initial oral hygiene instruction, plus one recall
- space maintainers (appliances placed for orthodontic purposes are not covered)
- fillings, retentive pins and pit and fissure sealants. Replacement fillings are covered provided:
 - the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or
 - the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam
- pre-fabricated full coverage restorations (metal and plastic)
- minor surgical procedures and post surgical care
- extractions (including impacted and residual roots)
- consultations, anaesthesia, and conscious sedation
- denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture

Your Group Benefits

- injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery

Level II - Supplementary Basic Services

Dental Care - Level II - Supplementary Basic Services

- surgical procedures not included in Level I (excluding implant surgery)
- periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:
 - scaling not covered under Level I, and root planning
 - provisional splinting
 - occlusal equilibration

Fee schedule financial limits and treatment frequency limits do not apply to these services.

- endodontic services which include root canals and therapy, root amputation, apexifications and periapical services
 - root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime
 - re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment
- onlays not covered under Level IV, when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay
- inlays not covered under Level IV

Only one inlay or onlay involving the same tooth will be covered in a 5 year period.

Level III - Dentures

Dental Care - Level III - Dentures

- initial provision of full or partial removable dentures
- replacement of removable dentures, provided the dentures are required because:
 - a natural tooth is extracted and the existing appliance cannot be made serviceable
 - the existing appliance is at least 60 months old and cannot be made serviceable, or
 - the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation
- expenses for dentures required solely to replace a natural tooth which was missing prior to becoming covered for this expense are not payable

Your Group Benefits

Level IV - Major Restorative Services

Dental Care - Level IV - Major Restorative Services

- crowns when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay
- onlays involved in bridgework, when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay
- inlays involved in bridgework
- initial provision of fixed bridgework
- replacement of bridgework, provided the new bridgework is required because:
 - a natural tooth is extracted and the existing appliance cannot be made serviceable
 - the existing appliance is at least 60 months old and cannot be made serviceable, or
 - the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation
- veneers
- expenses for bridgework required solely to replace a natural tooth which was missing prior to becoming covered for this expense are not payable

Level V - Orthodontics

Dental Care - Level V - Orthodontics

- correction of malocclusion of the teeth
- observation and adjustment
- appliances for tooth guidance or uncomplicated tooth movement
- appliances to control harmful habits
- retention appliances
- fixed or cemented, unilateral and bilateral appliances

Pre-Determination of Benefits

Dental Care - Pre-Determination of Benefits

If the cost of any proposed dental treatment is expected to exceed \$500, it is suggested that you submit a detailed treatment plan, available from your dentist, before the treatment begins. You can then be advised of the amount you are entitled to receive under this benefit.

Your Group Benefits

Work in Progress When Coverage Terminates

Dental Care - Work in Progress When Coverage Terminates

Covered expenses related to dental treatment that was in progress at the time your dental benefits terminate (for reasons other than termination of the Plan Document or the Dental Care Benefit) are payable, provided the expense is incurred within 31 days after your benefit terminates.

Submitting a Claim

Dental Care - Submitting a Claim

In many cases, dental offices will submit your claim electronically on your behalf.

If you cannot submit your claim electronically, you and your dentist must complete a [Dental Claim form](#) available from your Plan Administrator.

All claims must be submitted within 12 months after the date the expense was incurred.

Subrogation (Third Party Liability)

Subrogation (Third Party Liability)

If your dental expenses result from an injury caused by another person and you have the legal right to recover damages, your employer may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse your employer those amounts you recover which, when added to the payments you received from your employer, exceed 100% of your incurred expenses.

Exclusions

Dental Care - Exclusions

No Dental Care benefits will be payable for expenses resulting from:

- self-inflicted injuries
- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol
- dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was covered under this benefit
- anti-snoring or sleep apnea devices
- broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms
- services which are payable by any government plan
- services or supplies provided by an employer's medical or dental department

Your Group Benefits

- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction
- replacement of removable dental appliances which have been lost, mislaid or stolen
- laboratory fees which exceed reasonable and customary charges
- services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- implants, or any services rendered in conjunction with implants. However, if an implant is the treatment of choice and the implant is part of a bridge, crown or denture, then only the cost of the bridge, crown or denture will be considered eligible.
- treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition
- services or supplies which are not specified as a covered expense under this benefit

Your Group Benefits

Long Term Disability

Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0048446.

If you become Totally Disabled while insured and meet the Entitlement Criteria for this benefit, Manulife Financial will pay a disability benefit.

Definition of Totally Disabled

Long Term Disability - Definition of Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from:

- performing the normal duties of your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period, and
- performing the normal duties of any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above, and
- earning more than 75% of your pre-disability basic earnings, indexed for inflation.

The availability of work will not be considered by Manulife Financial in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

The Benefit

Long Term Disability - The Benefit

Benefit Amount - 66.67% of monthly earnings, to a maximum of \$7,000

Non-Evidence Limit - \$7,000

Qualifying Period - 15 weeks or the last day benefits, other than sick leave benefits paid by your employer, are payable under any Short Term Disability, loss of income, or other salary continuation plan, whichever is later

- Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.
- You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period.

Maximum Benefit Period - to age 65

Termination Age - age 65 less the Qualifying Period, or retirement, whichever is earlier

Your Group Benefits

Waiting Period

For Permanent Full-time and Part-time Employees:

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

For Temporary Full-time Employees:

none for employees hired on or prior to the Group Policy Effective Date
3 months of continuous employment for all other employees

Entitlement Criteria

Long Term Disability - Entitlement Criteria

To be entitled to disability benefits, you must meet the following criteria:

- you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again all such recurrences will be considered a continuation of the same disability and will be accumulated to completed the Qualifying Period provided the following conditions are met:
 - the Long Term Disability benefit is still in force
 - each period of Total Disability is due to the same or related causes
 - each period of Total Disability is completed within 26 weeks after the start of the Qualifying Period. If you work a portion of any day, the number of days credited towards the Qualifying Period will be calculated as follows:
 - absence of at least 25%, but less than 75% of your shift will count as 1/2 day
 - absence of at least 75% of your shift will count as 1 day.
- Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from:
 - performing the normal duties of your own occupation, during the Qualifying Period and the following 2 years, and
 - performing the normal duties of any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above, and
 - earning 75% of your pre-disability basic earnings, indexed for inflation.
- you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.

Your Group Benefits

Periods for Which You are Not Entitled to Benefits

You are not entitled to benefit payments for any period that you are:

- not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial
- receiving Employment Insurance maternity or parental benefits
- on lay-off during which you become Totally Disabled
- on leave of absence during which you become Totally Disabled, unless your employer is required to pay benefits during this period as a result of legislation, regulation or case law
- working in any occupation, except as provided for under the Rehabilitation Assistance provision
- incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court
- absent from Canada longer than 4 months for any reason, unless Manulife Financial agrees in writing in advance to pay benefits during the period

Amount of Disability Benefit Payable

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any disability benefits you receive or are entitled to receive from the following sources for the same or related disability:

- Workers' Compensation or similar coverage for the same or subsequent disability excluding cost of living increases
- Canada or Quebec Pension Plans, excluding dependent benefits
- any government motor vehicle automobile insurance plan or policy, unless prohibited by law
- membership in an association of any kind
- 50% of income under a retirement or pension plan funded in whole or part by your employer

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 75% of your pre-disability gross earnings. All sources include those sources stated above and any benefit you are entitled to receive from:

- earnings or payments from any employer, including severance payments and vacation pay, but excluding any retirement income earned prior to working with your employer
- self-employment
- any government plan, excluding Employment Insurance Benefits
- Canada or Quebec Pension Plans' dependent benefits

***Long Term Disability -
Periods for Which You
are Not Entitled to
Benefits***

***Long Term Disability -
Amount of Disability
Benefit Payable***

Your Group Benefits

You may receive banked sick leave benefits from your employer while in receipt of Long Term Disability payments, up to 33 1/3% of your pre-disability basic earnings if your maximum amount is 66.67% of monthly basic earnings. If your earnings from all sources plus sick leave benefits exceed 100% of your pre-disability basic earnings, the Long Term Disability payments will be further reduced.

Once benefits become payable, the amount of your benefit will not be affected by any subsequent cost of living increase in benefits you are receiving from other sources.

Benefit Calculation Rules

Long Term Disability - Benefit Calculation Rules

Manulife Financial will apply the following rules in determining your disability benefit:

- benefits payable from other sources which began before the commencement of your current Disability will not be taken into account
- benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial
- subsequent changes in benefits from other sources, other than cost of living increases, will be taken into consideration and a new benefit amount may be established
- benefits payable under individual disability income insurance will not be taken into account
- for benefits payable other than on a monthly basis, a monthly equivalent of such benefit will be estimated by Manulife Financial, and
- if you do not apply for a benefit for which you are eligible, the amount of such benefit will be estimated by Manulife Financial and assumed to be paid

Subrogation

Long Term Disability - Subrogation

If your disability is caused by another person and you have a legal right to recover damages, Manulife Financial will request that you complete a subrogation reimbursement agreement when you submit your Long Term Disability claim.

On settlement or judgement of your legal action, you will be required to reimburse Manulife Financial those amounts you recover which, when added to the disability benefits that Manulife Financial paid to you, exceed 100% of your lost income.

Tax Status of Benefits

Long Term Disability - Tax Status

The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit.

Since your employer pays a portion or all of the cost, any disability benefit payments you receive will be taxable.

Your Group Benefits

Payment of Disability Benefits

Long Term Disability - Payment of Disability Benefits

Disability benefit payments will be made monthly in arrears. Any payment for a period of less than one month will be made at a daily rate of one-thirtieth of your monthly benefit amount.

You may receive an advance benefit payment during the first month of your claim. This advance payment will be recouped from you through a reduction of subsequent payments.

Rehabilitation Assistance

Long Term Disability - Rehabilitation Assistance

Once Manulife Financial determines that you are Totally Disabled, if appropriate, and at Manulife Financial's discretion, you may be offered rehabilitation to assist you in returning to gainful employment, either to your pre-disability occupation or to another occupation.

In considering whether Rehabilitation Assistance is appropriate for you, Manulife Financial will take into account:

- the nature, extent and expected duration of your disability
- your level of education, training or experience
- the nature, scope, objectives and cost of a Vocational Plan

- Vocational Plan

- Vocational Plan

A Vocational Plan is a training or job placement program that is expected to facilitate your return to gainful employment.

If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you, your employer, and your union, Manulife Financial will provide a structured Vocational Plan that will prepare you for a return to work.

- Disability Benefits During Rehabilitation

- Disability Benefits During Rehabilitation

You will continue to be entitled to disability benefits while participating in the Vocational Plan. If you receive any earnings as part of the plan, your disability benefit will be reduced by 50% of your rehabilitation income. Your disability benefit will be further reduced once your total income (your disability benefit plus your earnings) exceeds 100% of your pre-disability gross earnings.

If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife Financial will require medical evidence documenting how your current medical status prevents you from continuing with the Vocational Plan.

If you are not available or do not co-operate or participate in the Vocational Plan, you will no longer be entitled to disability benefits.

Your Group Benefits

Termination of Benefit Payments

Long Term Disability - Termination of Benefit Payments

Your disability benefit payments will cease on the earliest of:

- the date you cease to be Totally Disabled, as defined under this benefit
- the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from:
 - performing the normal duties of your own occupation, during the Qualifying Period and the following 2 years, and
 - performing the normal duties of any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above.
- the date you do not attend an examination by an examiner selected by Manulife Financial
- the date on which benefits have been paid up to the Maximum Benefit Period for this benefit
- the date of your death

Recurrent Disability

Long Term Disability - Recurrent Disability

If you become Totally Disabled again from the same or related causes within 6 months from the end of the period for which Long Term Disability benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy the Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the Maximum Benefit Period for this benefit.

If the same disability recurs more than 6 months after the end of the period for which benefits were paid, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

Waiver of Premium

Long Term Disability - Waiver of Premium

The premium for your Long Term Disability benefit will be waived during any period you are entitled to receive Long Term Disability benefit payments.

Your Group Benefits

Survivor Benefit

Long Term Disability - Survivor Benefit

If you die while disability benefits are payable, Manulife Financial will pay a benefit to your surviving dependents. If there are no surviving dependents, the benefit is payable to your estate.

The amount of the Survivor Benefit payable is 3 times your last monthly benefit payment, less the amount of any outstanding benefit overpayments.

Submitting a Claim

Long Term Disability - Submitting a Claim

To submit a claim, you must complete the [Long Term Disability claim form](#) which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted to Manulife Financial within 180 days from the end of the Qualifying Period.

Exclusions

Long Term Disability - Exclusions

No benefits are payable for any disability related to:

- self-inflicted injuries or illnesses
- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- medical or surgical care which is not medically necessary
- the committing of or the attempt to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol
- abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient medical treatment program for substance abuse which has been approved by Manulife Financial, or you have an organic disease which would cause Total Disability even if drug and alcohol abuse ended.

