Aviscar Inc.

Group Policy Number: G0135582

Plan UV1: Union employees full-time with 12 months of service and more - Vancouver

Note: The above is the main number you should provide as a reference when contacting Manulife. Be sure to record this number and your plan member certificate number (from your benefits card) on all correspondence and claim forms.

Group Policy Effective Date: January 1, 2023

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Table of Contents

Important information about your benefits:

The information provided here is an overview of the coverage and services your plan sponsor has chosen to offer as part of your group benefits program. Every effort has been made to describe the program accurately. However, should there be a question of interpretation, the terms outlined in the official plan documents will prevail.

The Employee Life, Dependent Life, Employee Optional Life and Spousal Optional Life benefits described in this booklet are insured by RBC Life Insurance Company. Your Plan Sponsor has provided this wording for use in this booklet and is responsible for ensuring it is accurate, up to date and consistent with the governing policy. Manulife is not responsible for any claims in connection with the booklet wording relating to this benefit. In the event of a discrepancy between this booklet and the policy, the terms of the group policy will apply. Manulife shall not be responsible for any detrimental reliance that you may place upon this information whatsoever.

All other benefits are insured by Manulife.

Where required by law, you or any claimant under the Group Policy has the right to request a copy of any or all of the following items:

a) the Group Policy;

b) your application for group benefits; and

c) any Evidence of Insurability you submitted as part of your application for benefits.

In the case of a claimant, access to these documents is limited to that which is relevant to the filing of a claim, or the denial of a claim under the Group Policy.

Manulife reserves the right to charge you for such documentation after your first request.

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

Explanation of Common Insurance Terms

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

Adherence

use drug, service or supply in accordance with the terms for which it was prescribed.

Advisory Body

Manulife-approved external experts that may provide Manulife with recommendations, applying a pharmacoeconomic or cost effectiveness evaluation.

Benefit Percentage (Co-insurance)

the percentage of Covered Expenses which is payable by Manulife.

Birth

the complete live delivery of a child from its mother.

Change in Life Event

a Change in Life Event occurs when:

a) you acquire a Dependent;

b) you have a change in marital status;

c) your Spouse's coverage ceases;

d) any Dependent ceases to qualify as a Dependent; or

e) any Dependent dies.

Common Accident

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

Covered Expenses

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

Deductible

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

Dependent

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

- 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 insurance, and will be as indicated by you on your application for coverage. Where this information is not contained on your application, the person who qualifies last under this Policy's definition of Spouse will be the eligible Spouse.

- Child

your natural or adopted Child, or stepchild, who is:

a) unmarried;

b) under age 21, or under age 25 if a full-time student;

c) not employed on a full-time basis; and

d) not eligible for insurance as an employee under this or any other Group Benefit Program.

A newborn Child shall become eligible from the moment of birth.

A stepchild must be living with you to be eligible.

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 insured 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 you for support, maintenance and care, due to a mental or physical handicap.

Manulife may require written proof of the Child's condition as often as may reasonably be necessary.

Disease Management Programs

an approach to healthcare that teaches patients how to manage a chronic disease. A system of coordinated healthcare interventions and communications for patients with conditions in which patient self-care efforts are significant in the management of their condition.

Drug

a medication that has been approved for use by Health Canada and has a Drug Identification Number.

Due Diligence

a process employed by Manulife to assess new Drugs, existing Drugs with new indications, services or supplies to determine eligibility under the Group Policy. This process may use Pharmacoeconomics, cost effectiveness analysis reference information from existing Federal or Provincial formularies, recognized clinical practice guidelines, or an Advisory Body.

Explanation of Common Insurance Terms

Earnings

your regular rate of pay from your employer (prior to deductions), excluding regular bonuses, regular overtime pay and regular commissions. Earnings may include other income as agreed to in writing by your employer and Manulife.

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

a) the amount reported on your claim form; or

b) the amount reported by your employer to Manulife and for which premiums have been paid.

Exclusive Distribution

Manulife-approved vendors.

Experimental or Investigational

not approved as an effective, appropriate and essential treatment of an illness or injury.

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.

Interchangeable Drug

includes but is not limited to:

a) a generic equivalent to the brand name Drug deemed to be interchangeable by law where the drug is dispensed; or

b) a Drug that contains the same active ingredient that has not been deemed interchangeable in the province where the Drug is dispensed; but has been identified as interchangeable by Manulife.

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.

Life-Sustaining Drugs

non-prescription Drugs which are necessary to sustain life.

Lower Cost Alternative

if two or more Drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate Drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

Medically Necessary

accepted and recognized by the Canadian medical profession and Manulife as effective, appropriate and essential treatment of an illness or injury. Manulife has the right after Due Diligence has been completed to determine whether the Drug, service or supply is covered under the Group Policy.

Non-Evidence Limit

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

Patient Assistance Program

a program that provides assistance to you or your Dependents who are prescribed select Drugs, supplies or services. Manufacturers and distributors may provide patient assistance programs that include financial support, along with education and training.

Pharmacoeconomics

the scientific discipline that evaluates the value of pharmaceutical Drugs, clinical services or supplies. This discipline includes but is not limited to clinical evaluations, risk analysis, economic value and the cost consequences to plans. Pharmacoeconomic studies serve to guide optimal healthcare resource allocation, in a standardized and scientifically grounded manner as determined by Manulife.

Prior Authorization

a claims management feature applied to a specific list of Drugs, supplies or services to determine eligibility based on predefined clinical criteria and a Pharmacoeconomic or cost effectiveness evaluation.

Provincial Plan

any plan which provides hospital, medical, or dental benefits established by the government in the province where the insured person lives.

Qualifying Period

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.

Reasonable and Customary

the lowest of:

a) the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife;

b) the amount shown in the applicable professional association fee guide; or

c) the maximum price established by law.

Take Home Pay (Net Earnings)

your Earnings, less deductions normally made for federal and provincial income tax.

Explanation of Common Insurance Terms

Total Disability or Totally Disabled

For Accidental Death and Dismemberment

a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:

a) your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period; and

b) any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above.

The availability of work will not be considered by Manulife 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.

For Weekly Income

a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of your own occupation.

The availability of work will not be considered by Manulife 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.

For Long Term Disability

a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:

a) your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period; and

b) any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above.

The availability of work will not be considered by Manulife 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.

Waiting Period

the period of continuous employment with your employer which you must complete before you are eligible for Group Benefits.

Ward

a hospital room with 3 or more beds which provides standard accommodation for patients.

Eligibility

You are eligible for Group Benefits after a Waiting Period of 12 months of continuous service, as long as you:

a) are an active full-time employee of Aviscar Inc. and work at least 32 hours per week; and

b) are younger than the Termination Age; and

c) are residing in Canada.

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 insurance for yourself in order for your Dependents to be eligible.

Evidence of Insurability

Medical evidence is required when you apply for insurance in excess of the Non-Evidence Limit.

In all cases, medical evidence can be submitted by completing the Evidence of Insurability form, available from your plan administrator, or at www.manulife.ca/groupbenefits. Further medical evidence may be requested by Manulife*.*

Applying for Flex Benefits

You must elect a coverage level of single or family. If you does not elect a coverage level at initial enrolment, you will be insured for single coverage.

You may only elect the Opt-Out (no coverage) Option under this Policy if you are covered for similar benefits under your Spouse's plan.

Effective Date of Coverage

If Evidence of Insurability is not required, your Group Benefits will be effective on the date you are eligible.

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

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

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

Your Dependent's insurance will not be effective prior to the date your insurance becomes effective.

For any changes in coverage (Dependent coverage, beneficiary information, name, applying for coverage that was previously waived), complete the Application for Change form, available at www.manulife.ca/groupbenefits, or from your plan administrator.

The Claims Process

Submitting a Claim

To submit a claim, you can do one of the following:

Submit Online (if applicable)

Sign up to use Manulife's Plan Member Secure Site at www.manulife.ca/groupbenefits.

If your health care service provider cannot send Manulife electronic claim transmissions, you can still submit your claim electronically to us online, right from the Plan Member Secure Site.

For fast, easy and secure claim payments, we encourage you to sign up for direct deposit and electronic claim statements when you set up your access on the Plan Member secure site. Even if you mail us your claims, by providing your banking and email information, your claim payments can be deposited quickly to your bank account and you will receive an email notification, including a link to manulife.ca, where you can sign in to view your electronic claim statement.

By Mail

You must complete an applicable claim form and mail it to Manulife. Mailing instructions are included on the claim form.

Claim forms are available at www.manulife.ca/groupbenefits, or from your plan administrator.

Submission Requirements

Claims must be submitted within the following timeframes:

a) 90 days from the date of the loss, for claims for Accidental Death and Dismemberment benefits;

b) 180 days from the end of the Qualifying Period, for claims for disability benefits, or when applying for waiver of premiums; and

c) 12 months from the date the expense was incurred, for claims for Extended Health Care and Dental Care benefits, while insurance under the plan is in force. Upon termination of a person's insurance under this plan, proof that Extended Health Care and Dental Care benefits are payable must be submitted within the earlier of:

   i) 12 months from the date the expense was incurred; or

   ii) 90 days from the date of termination of coverage.

For AD&D claims, complete the Life Claim form.

For Extended Health Care, complete the Extended Health Care form. Visit the forms section at www.manulife.ca/groupbenefits to determine which claimed expenses can be submitted via the website.

For Out-of-Province or Out-of-Canada expenses, complete the Out of Province claim form. Expenses must first be submitted to the Provincial Plan for payment. Any outstanding balance should be submitted to Manulife, along with the explanation of payment from the Provincial Plan.

For Dental Care, claims can be submitted either electronically by your dentist, or you can complete a standard dental claim form.

For Disability claims, complete the STD/LTD Member's statement. A corresponding LTD Physician's statement (for Long Term Disability) or Waiver Physician's statement (for Waiver of Premiums) must be completed by your attending physician.

Co-ordination of Extended Health Care and Dental Care Benefits

Did you know that you can recover up to 100% of your expenses if you coordinate claims with your spouse's group plan? This is called coordination of benefits and (briefly) here's how it works:

If you have a claim for yourself: then submit to Manulife first. For any unpaid balances, send a copy of your Manulife claim statement and the other insurance carrier's claim form to the other insurance company for processing.

If you have a claim for your Spouse: then submit the claim to your Spouse's insurance company. For any unpaid balance, send a copy of the other insurance company's claim statement with a completed Manulife claim form to us for processing.

If you have a claim for a dependent Child: then send the claim to the insurance carrier of the parent whose birthdate falls earliest in the calendar year first. Submit any unpaid balance to the other insurance company.

For complete details, please go to www.manulife.ca/groupbenefits.

Naming a Beneficiary

This Plan contains a provision removing or restricting the right of the group life insured to designate persons to whom or for whose benefit insurance money is to be payable.

Manulife does not accept beneficiary designations for any benefits other than Accidental Death and Dismemberment and Employee Optional Accidental Death and Dismemberment.

Time Limit on Legal Action

If an appealed claim is subsequently denied, then you may not commence legal action against Manulife less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against Manulife for the recovery of insurance money payable under the plan is absolutely barred unless commenced within the time set out in the:

Insurance Act (AB, BC, MB, NS, NT, NU, PE and YT)
Limitations Act, 2002 (ON)
Limitations Act (NL and SK)
Limitation of Actions Act (NB)
Civil Code of Quebec (QC)

Termination of Insurance

Termination of Insurance

Your Group Insurance will terminate on the earliest of:

a) the date you cease to be an eligible employee;

b) the date you cease to be actively at work, unless the Group Policy allows for your coverage to be extended beyond this date;

c) the date your employer terminates coverage;

d) the date you enter the armed forces of any country on a full-time basis;

e) the date the Group Policy terminates or coverage on the class to which you belong terminates;

f) the date you reach the Termination Age; or

g) the date of your death.

Your Dependents' insurance terminates on the date your insurance terminates or the date the Dependent ceases to be an eligible Dependent, whichever is earlier.

Accidental Death and Dismemberment Benefit

(Accidental Death and Dismemberment, Employee Optional Accidental Death and Dismemberment, Dependent Optional Accidental Death and Dismemberment)

Benefit Details

For You:

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.

Accidental Death and Dismemberment

Benefit Amount - 3 times your annual Earnings, to a maximum of $500,000

Termination Age - your benefit amount terminates at age 65 or retirement, whichever is earlier.

Employee Optional Accidental Death and Dismemberment

Benefit Amount - an election of 1, 2, 3, 4 or 5 times your annual Earnings, to a maximum of $250,000

Termination Age - your benefit amount terminates at age 65 or retirement, whichever is earlier.

For Accidental Death and Dismemberment and Employee Optional Accidental Death and Dismemberment

Qualifying Period for Waiver of Premium - the first day of the month following 6 months of continuous Total Disability

For Your Dependents:

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.

Benefit Amount

- **Spouse** - 50% of the amount of the employee's Optional Accidental Death and Dismemberment Benefit if there are no children; 40% of the amount of the employee's Optional Accidental Death and Dismemberment Benefit if there are children.

- **Child** - 15% of the amount of the employee's Optional Accidental Death and Dismemberment Benefit if there is no Spouse; 10% of the amount of the employee's Optional Accidental Death and Dismemberment Benefit if there is a Spouse.

Termination Age - employee’s age 65 or retirement, whichever is earlier.

Schedule of Losses (for all Benefits)

A loss shown in this schedule is covered provided it:

a) is a direct result of the accidental injury;

b) occurs within 365 days from the date of the accidental injury; and

c) 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 the 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 or Loss of Use of Both Arms or Both Legs - 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 - 67%
- Loss of Sight of One Eye - 67%
- Loss of Speech or Hearing in Both Ears - 67%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33%
- 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).

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.

Rehabilitation Expenses (Employee only benefit)

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 will pay incurred expenses, provided the expenses are:

a) reasonable and necessary, as determined by Manulife; and

b) 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

If the insured person dies as a direct result of an accidental injury which occurs while travelling 100 kilometres or more from his place of residence, Manulife 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.

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 will pay the hotel and travel expenses incurred by an Immediate Family Member, provided the expenses are:

a) reasonable and necessary, as determined by Manulife;

b) for hotel accommodations in the vicinity of the hospital; and

c) 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:

a) $1,500 per lifetime for hotel expenses; and

b) $10,000 per accident for travel expenses.

Dependent Education Expenses (Employee only benefit)

If you die as a direct result of an accidental injury, Manulife will pay the tuition for each Child who is under age 21 and enrolled as a full-time student:

a) in a school for higher learning above the secondary school level; or

b) at the secondary school level, but who enrols 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 professionel (CEGEP), community college or trade school.

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

a) 5% of your Accidental Death and Dismemberment benefit amount; or

b) $5,000.

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

No payment will be made for:

a) tuition expenses incurred prior to your death; or

b) room and board expenses, or other living, travelling or clothing expenses.

Spousal Occupational Training Expenses (Employee only benefit)

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 will pay for expenses incurred by your Spouse, provided the expenses are:

a) reasonable and necessary, as determined by Manulife; and

b) 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

If the insured person dies as a direct result of an accidental injury sustained while driving or riding in an automobile, Manulife will pay an additional amount equal to 10% of your 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 (Employee only benefit)

If you die as a direct result of an accidental injury, Manulife 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 90 days from the date of your death.

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

a) 5% of your Accidental Death and Dismemberment benefit amount; or

b) $5,000.

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

No payment will be made for:

a) expenses incurred prior to your death; or

b) room and board expenses, or other living, travelling or clothing expenses.

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 $1,000,000.

Home Alteration and Vehicle Modification Expenses

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

a) suffers a loss of, or loss of use of, both feet or both legs; or

b) becomes a hemiplegic, paraplegic, or quadriplegic;

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

a) reasonable and necessary, as determined by Manulife;

b) incurred within 3 years from the date of the accidental injury;

c) for alterations to the insured person's home for the purpose of making it wheelchair accessible; and

d) 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

For Optional Accidental Death and Dismemberment only

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 will pay a monthly benefit, provided:

a) the hospital confinement begins while the person is covered under this benefit; and

b) 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 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

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.

Permanent and Total Disability (Employee only benefit)

For Optional Accidental Death and Dismemberment only

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

a) you become permanently and totally disabled within 365 days after the date of the accidental injury; and

b) 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'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.

Naming a Beneficiary

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your plan administrator.

You should review your beneficiary designation to be sure that it reflects your current intent.

Waiver of Premium

If you become Totally Disabled while insured and prior to age 65 and meet the Entitlement Criteria outlined below, your and your dependents' Accidental Death and Dismemberment Insurance will continue without payment of premium.

Entitlement Criteria

To be entitled to Waiver of Premium, you must meet the following criteria:

a) 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 within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled;

b) Manulife must receive medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Common Insurance Terms; and

c) you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife.

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

Termination of Waiver of Premium

Your Waiver of Premium will cease on the earliest of:

a) the date you cease to be Totally Disabled, as defined under the Explanation of Common Insurance Terms;

b) the date you do not supply Manulife with appropriate medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Common Insurance Terms;

c) the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife;

d) the date you do not attend an examination by an examiner selected by Manulife;

e) the date of your death; or

f) the date of your 65th birthday.

Recurrent Disability

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived, and such disability recurs within 6 months of cessation of the Waiver of Premium benefit, Manulife will waive the Qualifying Period.

Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of your Waiver of Premium benefit, 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.

Exclusions

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

a) suicide or self-inflicted injuries;

b) war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion;

c) an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity;

d) riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew;

e) riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer;

f) committing or attempting to commit an assault or criminal offence; or

g) injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol.

Extended Health Care

If you or your Dependents incur charges for any of the Covered Expenses specified, your Extended Health Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit 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.

The Benefit

Overall Benefit Maximum - Unlimited

Deductible - $25 Individual, $25 Family, per calendar year

Not applicable to:
Hospital Care
Drugs
Vision
Out-of-Province/Canada Emergency Medical Treatment

Note: The deductible is not applicable to Emergency Travel Assistance.

Drug Dispensing Fee Maximum - $5.50 per prescription

Benefit Percentage (Co-insurance)

100% for
- Hospital Care
- Vision

80% for
- Drugs (other than Anti-smoking Drugs)
- Professional Services
- Medical Services and Supplies

80% of the first $500 of paid expenses for Anti-smoking Drugs and 50% thereafter for the next $100 of paid expenses

Note:
The Benefit Percentage for Out-of-Province/Out-of-Canada Emergency Medical Treatment is 100%.
The Benefit Percentage for Emergency Travel Assistance is 100%.

Termination Age - employee's retirement

Covered Expenses

The expenses specified are covered to the extent that they are Reasonable and Customary unless otherwise stated, as determined by Manulife, provided they are:

a) Medically Necessary for the treatment of an illness or injury and recommended by a physician;

b) incurred for the care of a person while covered under this Group Benefit Program;

c) reasonable taking all factors into account;

d) not covered under the Provincial Plan or any other government-sponsored program;

e) legally insurable;

f) used as prescribed or recommended by a physician; and

g) associated with any drug, supply or service that was subject to the Due Diligence process, the process has been completed with the result that expenses for that drug, supply or service are eligible under the policy as of the date of approval as determined by Manulife and shared with your employer as required.

In the event that a provincial plan or government-sponsored program or plan or legally mandated program excludes, discontinues or reduces payment for any services, treatments or supplies formerly covered in full or in part by such plan or program, this policy will not automatically assume coverage of the charges for such treatments, services or supplies, but will reserve the right to determine, at the time of change, whether the expenses will be considered eligible or not.

This policy will not automatically assume eligibility for all Drugs, services and supplies. New Drugs, existing Drugs with new indications, services and supplies are reviewed by Manulife using the Due Diligence process. Once this process has been completed, the decision will be made by Manulife to include as a covered expense, include with Prior Authorization criteria, exclude or apply maximum limits.

Manulife maintains a list of Drugs, services and supplies that require Prior Authorization. Prior Authorization is applied to ensure that the therapy prescribed is Medically Necessary. Where there are Lower Cost Alternative treatments or prescribing guidelines recommend alternative Drugs be tried first that are lower in cost, you or your eligible dependents will be required to have tried an alternative treatment unless medical contraindications to alternative treatments exist.

At Manulife's discretion, medical information, test results or other documentation will be required from your physician to determine the eligibility of the Drug, service or supply.

Manulife has the right to ensure you or your Dependents access Manulife's Exclusive Distribution channels where applicable when purchasing a drug, service or supply. Manulife may decline a Drug, service or supply purchased from a provider outside the Exclusive Distribution channel.

Adherence

Non-compliance may result in the Drug, service or supply no longer being eligible for reimbursement.

Patient Assistance Programs

Manulife may require you or your Dependents to apply to and participate in any Patient Assistance Program to which you or your Dependents are entitled. Manulife reserves the right to reduce the amount of a Covered Expense by the amount of financial assistance you or your Dependents are entitled to receive under a Patient Assistance Program.

Disease Management Programs

Participation in a Disease Management Program may be required. Participation will be at the discretion of Manulife.

Manulife Vitality

If you're eligible for Extended Heath Care coverage with Manulife, you can choose to participate in Manulife *Vitality* – a digital wellness program that rewards you for making positive health choices.

How does it work?

Earn Vitality Points™ by doing the little things in life – getting a flu shot, going to the gym or getting your teeth cleaned. The more you move and do to improve your lifestyle, the more points you earn, and higher Vitality Status™ you'll reach.

a) **Know your health**

   Your Vitality Age™ gives you an idea of your overall health. And depending on your day-to-day choices, it could be higher or lower than your actual age. Complete your Vitality Health Review™ (VHR) to find out your Vitality Age and other insights into your health.

b) **Improve your health**

   Record your exercise and healthy activity. A customized weekly goal-setting process helps you make healthy choices to improve or maintain your lifestyle – and you earn points for doing so.

c) **Enjoy the rewards**

   Reach your weekly goals, collect your points, and earn rewards from companies like Tim Horton's, Cineplex and Indigo.

How do you get started?

You need to sign up before you can start using this program.

a) Sign in to your Group Benefits site using your plan contract number and member certificate number.

b) Click "Sign up for Manulife *Vitality*"

c) Read the information. Then select "Sign up now!"

Don't forget to download the Manulife *Vitality* for Group Benefits app. That's how you'll become eligible to earn rewards.

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.

- Drug Expenses

The maximum quantity of Drugs that will be payable for each prescription will be limited to the lesser of:

a) the quantity prescribed by your physician or dentist, or

b) a 34-day supply.

A quantity of up to a 100-day supply may be payable in long term therapy cases, where the larger quantity is recommended as appropriate by your physician and pharmacist.

Hospital Care

a) up to a maximum of $25 per day, provided:

   i) the person was confined to hospital on an in-patient basis, and

   ii) the accommodation was specifically elected in writing by the patient

b) charges for any portion of the cost of Ward accommodation, utilization or co-payment fees (or similar charges) are not covered

Drug Benefit and Pharmacy Services for Quebec Residents

Group benefit plans that provide prescription drug coverage to Quebec residents must meet certain requirements under Quebec's prescription drug insurance and pharmacy services insurance legislation (An Act Respecting Prescription Drug Insurance and the Health Insurance Act). If you and your dependents reside in Quebec, the provisions specified under Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec, will apply to your Drug benefit.

Direct Drugs - Plan 3

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

a) Drugs for the treatment of an illness or injury, which by law or convention require the written prescription of a physician or dentist;

b) oral contraceptives, intrauterine devices and diaphragms;

c) injectable medications;

d) Life-Sustaining Drugs;

e) preventive vaccines and medicines (oral or injected); and

f) diabetic supplies.

Charges for the following expenses are **not** covered:

a) charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment;

b) charges made by a practitioner or physician to administer injectable medications;

c) Drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis;

d) Drugs determined to be ineligible as a result of Due Diligence;

e) Drugs used in the treatment of a sexual dysfunction;

f) prescription vitamins; or

g) non-prescription injectable vitamins.

- Drug Maximums

Fertility Drugs - $2,500 per lifetime

Anti-smoking Drugs - $600 per lifetime

All other covered Drug expenses - Unlimited

- 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:

a) you cannot locate a participating Pay Direct Drug pharmacy;

b) you do not have your Pay Direct Drug Card with you at that time; or

c) 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

a) eye exams, $100 per 24 consecutive months;

b) purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of $350 per 24 consecutive months.

Professional Services

Services provided by the following licensed practitioners:

a) Chiropractor - $100 per calendar year. Charges for x-rays are not eligible.

b) Dietitian - $100 per calendar year

c) Mental Health Practitioners* - $20 per visit to a maximum of $200 per calendar year

d) Naturopath - $20 per visit to a maximum of $200 per calendar year

e) Osteopath - $100 per calendar year. Charges for x-rays are not eligible.

f) Physiotherapist - Unlimited

g) Podiatrist/Chiropodist - $100 per calendar year. Charges for x-rays are not eligible.

h) Psychotherapist - $200 per calendar year

i) Speech Therapist - $100 per calendar year

*Mental Health Practitioners include Canadian Certified Counsellors, Clinical Counsellors, Marriage Counsellors, Marriage/Couple Family Therapists, Psychoanalysts, Psychoeducators, Psychologists and Social Workers only

Reasonable and Customary limitations will not apply.

Recommendation by a physician for Professional Services is not required.

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.

Medical Services and Supplies

Note: *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

Services which are deemed to be within the practice of nursing and which are provided in the patient's home by:

a) a registered nurse; or

b) a registered nursing assistant (or equivalent designation) who has completed an approved medications training program.

Covered Expenses are subject to a maximum of $50,000 per calendar year.

Charges for the following services are **not** covered:

a) service provided primarily for custodial care, homemaking duties, or supervision;

b) service performed by a nursing practitioner who is an Immediate Family Member or who lives with the patient;

c) service performed while the patient is confined in a hospital, nursing home, or similar institution; or

d) 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

Manulife suggests that a detailed treatment plan be submitted with cost estimates before Private Duty Nursing Services begin. Manulife will then advise you of any benefit that will be provided.

Ambulance

Charges for a 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.

Medical Equipment

Rental or, when approved by Manulife, purchase of:

a) Mobility Equipment: crutches, canes, walkers, and wheelchairs; and

b) 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

a) external prostheses, subject to the following limitations:

   i) artificial limbs and myoelectric prostheses:

      - initial purchase and replacements, up to a maximum of $10,000 per prosthesis; and

      - repairs, up to a maximum of $10,000 per repair;

   ii) breast prostheses, eligible due to radical mastectomy; and

   iii) polishing or remaking of eye prostheses, limited to once per calendar year;

b) surgical stockings, up to a maximum of 6 pairs per calendar year;

c) surgical brassieres, up to a maximum of 6 per calendar year;

d) braces (other than foot braces), trusses, collars, leg orthosis, casts and splints;

e) stock-item orthopaedic shoes, orthopaedic sandals and modifications or adjustments to stock-item orthopaedic shoes or regular footwear, up to a maximum of $200 per calendar year for stock-item orthopaedic shoes or sandals which form part of a brace and $75 per calendar year for stock-item orthopaedic shoes or sandals which do not form part of a brace (recommendation of either a physician or a podiatrist is required);

f) 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 $200 per calendar year for custom-made shoes which form part of a brace and $75 per calendar year for custom-made shoes which do not form part of a brace (must be constructed by a certified orthopaedic footwear specialist);

g) casted, custom-made orthotics, up to a maximum of $150 per calendar year (recommendation of either a physician or a podiatrist is required); and

h) cost, installation, repair and maintenance of hearing aids, (including charges for batteries).

Other Supplies and Services

a) ileostomy, colostomy, uretherostomy and incontinence supplies;

b) medicated dressings and burn garments;

c) wigs and hairpieces for patients with temporary hair loss as a result of medical treatment or alopecia, up to a maximum of $500 per calendar year;

d) oxygen;

e) microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec;

f) charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, unless a longer period is required by legislation, excluding injuries due to biting or chewing;

g) breast pumps (purchase or rental), up to a maximum of $200 per calendar year;

h) glucometers or reflectance meters (purchase or rental), up to a maximum of $500 per calendar year;

i) insulin pumps, up to a maximum of $500 per 12 consecutive months;

j) stump sheaths, up to a maximum of 6 pairs per calendar year;

k) stump socks, up to a maximum of 9 pairs per calendar year; and

l) viscosupplementation.

Out-of-Province/Out-of-Canada

a) treatment required as a result of a medical emergency which occurs during the first 60 days while temporarily outside the province of residence, provided the insured person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence, up to a maximum of $5,000,000 per lifetime.

A Medical Emergency is:

i) a sudden, unexpected injury or a new medical condition which occurs while an insured person (you or your Dependent) is travelling outside of his province of residence, or

ii) a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure

Stable means that, in the 90 days before departure, the insured person (you or your Dependent) has not:

i) been treated or tested for any new symptoms or conditions

ii) had an increase or worsening of any existing symptoms

iii) changed treatments or medications (other than normal adjustments for ongoing care)

iv) been admitted to the hospital for treatment of the condition

Coverage is not available if you (or your Dependents) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

Charges for the following are payable under this expense:

a) physician's services;

b) 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;

c) the cost of special hospital services;

d) hospital charges for out-patient treatment;

e) licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available; and

f) medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides.

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

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.

Emergency Travel Assistance

Emergency Travel Assistance provides travel assistance for you and your Dependents while you are temporarily outside your province of residence and is offered for the same period as specified under the Out-of-Province/Out-of-Canada benefit. 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, Emergency Travel Assistance 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 Emergency Travel Assistance benefit are provided below, as well as in your Emergency Travel Assistance brochure.

Medical Emergency Assistance

A Medical Emergency is:

a) a sudden, unexpected injury or a new medical condition which occurs while an insured person (you or your Dependent) is travelling outside of his province of residence; or

b) a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.

Stable means that, in the 90 days before departure, the insured person (you or your Dependent) has not:

a) been treated or tested for any new symptoms or conditions;

b) had an increase or worsening of any existing symptoms;

c) changed treatments or medications (other than normal adjustments for ongoing care); or

d) been admitted to the hospital for treatment of the condition.

Coverage is not available if you (or your Dependents) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

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 insurance coverage, is provided.

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 insured person.

Payment and co-ordination of expenses will take into account the insurance that the insured 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 insured person is entitled, Manulife 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 insured person will be monitored by medical staff who will maintain contact, as frequently as necessary, with the insured person, the attending physician, the insured person's personal physician and family.

e) **Medical Transportation**

If Medically Necessary, arrangements will be made to transfer an insured person to and from the nearest medical facility or to a medical facility in the insured person's province of residence. Expenses incurred for the medical transportation will be paid, as described under Medical Services and Supplies - Out-of-Province or Out-of-Canada.

If Medically Necessary for a qualified medical attendant to accompany the insured 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 an insured 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.

g) **Trip Interruption/Delay**

If a trip is interrupted or delayed due to an illness or injury of an insured person, one-way economy transportation will be arranged to enable each insured 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 insured person, and whose fare for transportation and accommodation was pre-paid at the same time as the insured person's fare.

If the insured 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 an insured 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 an insured 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 an insured 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 Manulife.

j) **Vehicle Return**

If an insured 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 insured person's home or nearest appropriate rental agency will be paid, up to a maximum of $1,000 (Canadian).

k) **Identification of Deceased**

If an insured 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.

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 an insured 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 an insured 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 insured 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 insured person plans to travel.

Health Advice and Assistance

The following services are available for an insured 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, and

iii) other health related services that may be requested or required by the insured person.

c) **Link to 911**

If necessary, an insured 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 insured person, the registered nurse will follow-up with the insured person within 24 hours after the medical advice is provided.

Exceptions

Manulife, and the company contracted by Manulife 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 an insured 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.

How to Access Emergency Travel Assistance - Your Emergency Travel Assistance Card

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

If you do not have an Emergency Travel Assistance Card, please contact your plan administrator.

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, Manulife 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 Manulife those amounts you recover which, when added to the payments you received from Manulife, exceed 100% of your incurred expenses.

Exclusions

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

a) for Out-of-Province/Out-of-Canada and Emergency Travel Assistance only, self-inflicted injuries, either directly or indirectly, unless medical evidence establishes that the injuries are related to a mental health illness;

b) war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion;

c) committing or attempting to commit an assault or criminal offence;

d) injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol;

e) an illness or injury for which benefits are payable under any government plan or workers' compensation;

f) charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms;

g) services or supplies provided by an employer's medical or dental department;

h) services or supplies for which no charge would normally be made in the absence of insurance;

i) services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance;

j) services or supplies which are not permitted by law to be paid;

k) services or supplies which are required for recreation or sports;

l) services or supplies which would have been payable by the Provincial Plan if proper application had been made;

m) medical treatment which is not usual or customary, or is Experimental or Investigational in nature;

n) medical or surgical care which is cosmetic;

o) services or supplies which are performed or provided by the insured person, an Immediate Family Member or a person who lives with the insured person;

p) services or supplies which are provided while confined in a hospital on an in-patient basis; or

q) services or supplies which are not specified as a covered expense under this benefit.

Continuation of Coverage

If a person is Disabled when insurance under this Benefit terminates, Covered Expenses related to the treatment of the Disability will continue to be payable by Manulife.

Coverage will be continued for up to 90 days after insurance would otherwise have terminated while the person remains Disabled. Any claims will be subject to the time limitations as outlined under Submitting a Claim, unless a longer period is required by legislation. However, coverage will terminate if the disabled person becomes eligible for insurance under another group plan.

You will be considered Disabled if you are eligible for disability benefits under any other provision of this Policy.

A Dependent will be considered Disabled if he is receiving medical treatment from a physician and confined to a hospital or to his home.

Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec

If you and your Dependents reside in Quebec, the following provisions apply to your Drug benefit coverage.

Covered Expenses

The following expenses are covered:

a) Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List, provided such Drugs are on the list at the time the expense is incurred; and

b) covered pharmacy services that are to be paid when the drug is on the Quebec Basic Prescription Drug Insurance Plan List; and

c) Drugs that are listed as a Covered Expense in this Benefit Booklet, but are not on the Quebec Basic Prescription Drug Insurance Plan List.

Coverage for Drugs on the Quebec Basic Prescription Drug Insurance Plan List and pharmacy services published for private plans

The following provisions apply to the coverage of Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List and pharmacy services for private plans, as legislated by An Act Respecting Prescription Drug Insurance and the Health Insurance Act. Coverage for all other Drugs will be subject to the regular provisions included in this Benefit Booklet:

a) **Benefit Percentage**

Prior to the annual out-of-pocket maximum being reached, the percentage of covered Drug expenses payable will be:

i) for any Drugs on the Quebec Basic Prescription Drug Insurance Plan List which are not otherwise covered under the terms of the plan, the percentage as set out by the then applicable Legislation.

ii) for any Legislated pharmacy services, which are not otherwise covered under the terms of the plan, the percentage payable is as set out by the then applicable Legislation.

iii) for any Drug on the Quebec Basic Prescription Drug Insurance Plan List which is covered under the terms of the plan, the greater of:

- the Benefit Percentage stated under The Benefit, or

- the percentage as set out by the then applicable Legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered Drug expenses payable under this benefit will be 100%.

b) **Annual Out-of-Pocket Maximum**

The annual out-of-pocket maximum is a portion of covered Drug expenses or covered pharmacy services which must be paid by you and your Spouse in a calendar year, before the percentage payable under this benefit will be 100%. Amounts that will be applied to the annual out-of-pocket maximum are:

i) Deductible amounts, and

ii) the portion of covered Drug expenses that is paid by a covered person, when the percentage of Covered Expenses payable under this benefit is less than 100%, and

iii) covered pharmacy services that are performed by pharmacists for Drugs on the Quebec Basic Prescription Drug Insurance Plan List.

The annual out-of-pocket maximum for you and your Spouse is as stipulated in the Legislation and includes those portions of covered Drug expenses and covered pharmacy services relating to a drug on the Quebec Basic Prescription Drug Insurance Plan List paid for your dependent children.

For the purposes of calculating the out-of-pocket maximum for you and your Spouse, those portions of covered Drug expenses and covered pharmacy services paid for your dependent children will be applied to the person who is closest to reaching the annual out-of-pocket maximum.

c) **Deductible**

Deductible amounts (if any) for the Drug benefit will apply, until the annual out-of-pocket maximum is reached. Thereafter, the Deductible will not apply.

d) **Lifetime Maximums**

Lifetime maximums (if any) will not apply to Drugs on the Quebec Basic Prescription Drug Insurance Plan List or covered pharmacy services. Drug and covered pharmacy service coverage provided after the lifetime maximum amount stated under the benefit is reached is subject to the following conditions:

i) only Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List are covered, and

ii) only covered pharmacy services that are performed for Drugs on the Quebec Basic Prescription Drug Insurance Plan List are covered, and

iii) the percentage payable by Manulife for Covered Expenses is the percentage as set out by the then applicable Legislation.

e) **Eligible Dependent Children**

Your eligible dependent children who are in full-time attendance at an accredited educational institution will be covered until the later of:

i) the age specified in this Benefit Booklet (please refer to definition of Child in the Explanation of Common Insurance Terms), and

ii) age 26.

Drug coverage and covered pharmacy services provided for dependent children after the age stated in this Benefit Booklet is subject to the following conditions:

i) only Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List are covered, and

ii) only covered pharmacy services performed for a Drug on the Quebec Basic Prescription Drug Insurance Plan List are covered, and

iii) the percentage payable by Manulife for Covered Expenses is the percentage as set out by the then applicable Legislation.

f) **Termination Age for Covered Drug and Pharmacy Service Expenses**

Provided you are otherwise eligible for the drug benefit, the Termination Age (if any) for the Drug benefit will not apply. Drug coverage provided after the Termination Age as specified under the benefit is subject to the following conditions:

i) only Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List are covered,

ii) only covered pharmacy services related to a drug on the Quebec Basic Prescription Drug Insurance Plan List are covered,

iii) the percentage payable Manulife stipulated in the then applicable Legislation, and

iv) the premium required for the Drug coverage is the premium for the Extended Health Care benefit.

Coverage for Drugs that are listed as a covered expense in this Benefit Booklet but are not on the Quebec Basic Prescription Drug Insurance Plan List

Coverage for Drugs that are listed as a covered expense under this Benefit but not on the Quebec Basic Prescription Drug Insurance Plan List will be subject to all the standard provisions included in this Benefit Booklet.

Dental Care Benefit

If you or your Dependents require any of the dental services specified under Covered Expenses, your Dental Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit 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.

The Benefit

Deductible - Nil

Dental Fee Guide - Current Fee Guide for General Practitioners and Specialists for the Province in which the services are rendered

Benefit Percentage (Co-insurance)

100% for Level I - Basic Services (other than denture repairs, relines and rebases)

50% for Level I - Basic Services (denture repairs, relines and rebases only)

100% for Level II - Supplementary Basic Services

100% for Level III - Dentures

80% for Level IV - Major Restorative Services

80% for Level V - Orthodontics

Benefit Maximums

$1,000 per calendar year combined for Level I, Level II, Level III and Level IV

$1,000 per lifetime for Level V

Termination Age - employee's retirement

Covered Expenses

The following expenses are covered if they:

a) are incurred for the necessary dental care of a covered person while covered under this benefit;

b) are incurred for services provided by a dentist, a dental hygienist working within the scope of his license, or a denturist working within the scope of his license;

c) are reasonable as determined by Manulife, taking all factors into account; and

d) do not exceed the fees recommended in the Dental Fee Guide, or Reasonable and Customary charges as determined by Manulife, if the expenses are not listed in the Dental Fee Guide.

Level I - Basic Services

a) complete oral exam, one per 2 calendar years;

b) panoramic x-rays, one per 2 calendar years;

c) one unit of light scaling and one unit of polishing, once every 6 months, when the service is performed outside Quebec, or prophylaxis (polishing), once every 6 months, when the service is performed in Quebec;

d) recall exams, bitewing x-rays, and fluoride treatments, once every 6 months;

e) routine diagnostic and laboratory procedures;

f) oral hygiene instruction, once per lifetime;

g) fillings, retentive pins and pit and fissure sealants. Replacement fillings are covered provided:

   i) 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

   ii) the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam;

h) pre-fabricated full coverage restorations (metal and plastic);

i) space maintainers (appliances placed for orthodontic purposes are not covered);

j) minor surgical procedures;

k) extractions (including impacted and residual roots);

l) consultations, anaesthesia, and conscious sedation;

m) 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;

n) injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery;

o) post surgical care, up to a maximum of 4 visits per calendar year; and

p) periodontal appliance adjustments, once per calendar year.

Level II - Supplementary Basic Services

a) surgical procedures not included in Level I (excluding implant surgery);

b) periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:

   i) scaling not covered under Level I, and root planing, up to a combined maximum of 8 units per calendar year;

   ii) provisional splinting; and

   iii) occlusal equilibration, up to a maximum of 2 units per calendar year for dependent children and 4 units per calendar year for any other person;

c) endodontic services which include root canals and therapy, root amputation, apexifications and periapical services:

   i) root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime.

   ii) re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment.

Level III - Dentures

a) initial provision of full or partial removable dentures;

b) replacement of removable dentures, provided the dentures are required because:

   i) a natural tooth is extracted and the existing appliance cannot be made serviceable,

   ii) the existing appliance is at least 60 months old and cannot be made serviceable, or

   iii) 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.

Level IV - Major Restorative Services

a) crowns, onlays and veneers when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay. Replacements are eligible once every 5 years;

b) inlays, covering at least 3 surfaces, provided the tooth cusp is missing;

c) initial provision of fixed bridgework;

d) replacement of bridgework, provided the new bridgework is required because:

   i) a natural tooth is extracted and the existing appliance cannot be made serviceable,

   ii) the existing appliance is at least 60 months old and cannot be made serviceable, or

   iii) the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation.

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

Orthodontic services for dependent children only, provided treatment commences prior to reaching age 18.

Pre-Determination of Benefits

If the cost of any proposed dental treatment is expected to exceed $500, Manulife suggests 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.

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 Group Policy or the Dental Care Benefit) are payable, provided the expense is incurred within 31 days after your benefit terminates.

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, Manulife 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 Manulife those amounts you recover which, when added to the payments you received from Manulife, exceed 100% of your incurred expenses.

Exclusions

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

a) war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion;

b) committing or attempting to commit an assault or criminal offence;

c) injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol;

d) dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was covered under this benefit;

e) anti-snoring or sleep apnea devices;

f) broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms;

g) services which are payable by any government plan;

h) services or supplies provided by an employer's medical or dental department;

i) services or supplies for which no charge would normally be made in the absence of insurance;

j) treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction;

k) replacement of removable dental appliances which have been lost, mislaid or stolen;

l) laboratory fees which exceed Reasonable and Customary charges;

m) services or supplies which are performed or provided by the insured person, an Immediate Family Member or a person who lives with the insured person;

n) implants, or any services rendered in conjunction with implants;

o) treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition;

p) services or supplies which are not specified as a covered expense under this benefit; or

q) full-mouth x-rays.

Survivor Extended Benefit

If you die while your dependents are covered under this Group Benefit Program, Manulife will continue the Dependent Optional Accidental Death and Dismemberment, Extended Health Care and Dental Care benefits without payment of premium. The coverage continued on a Dependent will be the same as that which was in effect on the date of your death and is subject to any age reduction or termination shown in the Group Policy at that time.

Coverage will continue until the earliest of:

a) the date your dependent is no longer a dependent, according to the definition of dependent (see Explanation of Common Insurance Terms);

b) the date similar coverage is obtained elsewhere;

c) the date which is 12 months from your death for Dependent Optional Accidental Death and Dismemberment;

d) the date which is 24 months from your death for Extended Health Care and Dental Care; or

e) the date the Group Policy terminates.

Weekly Income (Short Term Disability)

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

The Benefit

Benefit Amount - 60% of weekly Earnings, with a maximum benefit equal to the Employment Insurance Maximum benefit amount

Qualifying Period - 1 calendar days, if the disability is due to an Accident;
7 calendar days, if the disability is due to a sickness

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. Otherwise, benefits are not payable until the date you are first treated by your physician.

Maximum Benefit Period - 15 weeks

Termination Age - employee's age 65 or retirement, whichever is earlier.

Entitlement Criteria

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

a) you must be continuously Totally Disabled throughout the Qualifying Period**;**

b) Manulife must receive medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Common Insurance Terms; and

c) you must be receiving from a physician, regular, ongoing care and treatment for your disabling condition.

Periods for Which You are Not Entitled to Benefits

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

a) you are not receiving from a physician, regular, ongoing care and treatment for your disabling condition;

b) you do not supply Manulife with medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Common Insurance Terms;

c) after you fail to participate and cooperate in a medical, psychiatric, psychological and/or functional examination or evaluation by a medical examiner selected by Manulife;

d) you are receiving Employment Insurance maternity, parental, compassionate care or critically ill child benefits;

e) you are on lay-off during which you become Totally Disabled;

f) you are 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;

g) you are engaged in employment for wage or profit, except as provided for under the Rehabilitation Assistance provision;

h) you are incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court.

Amount of Disability Benefit Payable

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any amount you receive:

a) for the same or related disability:

   i) from Workers' Compensation or similar coverage;

   ii) from any provincial motor vehicle plan or motor vehicle insurance policy that does not take into account disability benefits payable under the Employment Insurance program; and

   iii) from your employer-sponsored salary continuance or wage loss replacement plan; and

b) as earnings from your employer, including severance and vacation pay as set out in the Employment Insurance Program.

Benefit Calculation Rules

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

a) benefits payable from other sources which began before the commencement of your current disability will not be taken into account

b) 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

c) for benefits payable other than on a weekly basis, a weekly equivalent of such benefit will be estimated by Manulife.

Subrogation

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

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

Tax Status of Benefits

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

If your employer pays a portion or all of the cost, then any disability benefit payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.

Payment of Disability Benefits

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

Rehabilitation Assistance

Once Manulife determines that you are Totally Disabled, if appropriate, and at Manulife's discretion, you may be offered rehabilitation to assist you in returning to work.

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

a) the nature, extent and expected duration of your disability

b) your level of education, training or experience

c) the nature, scope, objectives and cost of a Vocational Plan.

- Vocational Plan

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

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

- 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 once your total income (your disability benefit plus your earnings) exceeds 100% of your pre-disability gross Earnings; net Earnings if your benefit is not taxable.

If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife 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.

Termination of Benefit Payments

Your disability benefit payments will cease on the earliest of:

a) the date you cease to be Totally Disabled, as defined under the Explanation of Common Insurance Terms;

b) the date on which benefits have been paid up to the Maximum Benefit Period for this benefit;

c) the date you retire; or

d) the date of your death.

Recurrent Disability

If you become Totally Disabled again from the same or related causes within 2 weeks from the end of the period for which Weekly Income benefits were paid, Manulife will treat the disability as a continuation of your previous disability.

You will not be required to satisfy any applicable 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 2 weeks 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.

Exclusions

No benefits are payable for any disability related to:

a) any illness or injury which arises out of or in the course of employment, unless Workers' Compensation denies your claim;

b) self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness;

c) war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion;

d) medical or surgical care which is performed solely for cosmetic purposes, except if due to an illness or injury;

e) the committing of a criminal offence;

f) injuries sustained while operating a motor vehicle under the influence of drugs or alcohol as prohibited by law; or

g) abuse of drugs or alcohol, unless you are participating in an in-patient medical treatment program for substance abuse.

Long Term Disability

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

The Benefit

Benefit Amount – 66.67% of monthly Earnings, to a maximum of $8,000

Non-Evidence Limit - $8,000

Qualifying Period - 15 weeks or the end of the Maximum Benefit Period of the Weekly Income/Short Term Disability benefit, 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

Entitlement Criteria

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

a) 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 within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled;

b) Manulife must receive medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Common Insurance Terms; and

c) you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife.

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

Periods for Which You are Not Entitled to Benefits

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

a) not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife;

b) receiving Employment Insurance maternity or parental benefits;

c) on lay-off during which you become Totally Disabled;

d) 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;

e) receiving benefits under an employer-sponsored salary continuance or short term wage loss replacement plan;

f) working in any occupation, except as provided for under the Rehabilitation Assistance provision; or

g) incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court.

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:

a) Workers' Compensation or similar coverage;

b) Canada or Quebec Pension Plans, excluding dependent benefits but including CPP/QPP Retirement benefits; and

c) any government motor vehicle automobile insurance plan or policy, unless prohibited by law.

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 85% of your pre-disability gross Earnings (net Earnings, if your benefit is non-taxable). All sources include those sources stated above and any benefit you are entitled to receive from:

a) any group, association or franchise plan;

b) any retirement or pension plan;

c) earnings or payments from any employer, including severance payments and vacation pay;

d) self-employment; and

e) any government plan, excluding Employment Insurance Benefits.

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

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

a) benefits payable from other sources which began before the commencement of your current disability will not be taken into account;

b) 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;

c) 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;

d) benefits payable under individual disability income insurance will not be taken into account;

e) for benefits payable, other than on a monthly basis, a monthly equivalent of such benefit will be estimated by Manulife; and

f) if you do not apply for a benefit for which you are eligible, the amount of such benefit will be estimated by Manulife and assumed to be paid.

Subrogation

If your disability is caused by another person and you have a legal right to recover damages, Manulife 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 those amounts you recover which, when added to the disability benefits that Manulife paid to you, exceed 100% of your lost income.

Tax Status of Benefits

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

If your employer pays a portion or all of the cost, then any disability benefit payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.

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.

Rehabilitation Assistance

Once Manulife determines that you are Totally Disabled, if appropriate, and at Manulife'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 will take into account:

a) the nature, extent and expected duration of your disability;

b) your level of education, training or experience; and

c) the nature, scope, objectives and cost of a 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 and your employer, Manulife will provide a structured Vocational Plan that will prepare you for a return to work, either:

a) with your employer;

b) with an alternate employer; or

c) in a self-employed capacity.

- 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 once your total income (your disability benefit plus your earnings) exceeds 100% of your pre-disability gross Earnings; net Earnings if your benefit is not taxable.

If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife 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.

Termination of Benefit Payments

Your disability benefit payments will cease on the earliest of:

a) the date you cease to be Totally Disabled, as defined under the Explanation of Common Insurance Terms;

b) the date you do not supply Manulife with appropriate medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Common Insurance Terms;

c) the date you do not attend an examination by an examiner selected by Manulife;

d) the date on which benefits have been paid up to the Maximum Benefit Period for this benefit; or

e) the date of your death.

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 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

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

Exclusions

No benefits are payable for any disability related to:

a) self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness;

b) war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion;

c) medical or surgical care which is not medically necessary;

d) the committing of or the attempt to commit an assault or criminal offence;

e) injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol;

f) 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; or

g) a Pre-Existing Condition which causes disability within the first 12 months of your Long Term Disability coverage. A Pre-Existing Condition is any injury or illness (whether diagnosed or not) for which you were treated or attended by a physician, or for which Drugs were prescribed, within 90 days prior to the effective date of your coverage.

GROUP INSURANCE FOR EMPLOYEES OF:

AVIS BUDGET CAR RENTAL CANADA, ULC

The policy contains a provision removing or restricting the right of the group life insured to designate persons to whom or for whose benefit insurance money is to be payable.

Policy No.: **909147**

Policy Effective Date: **January 1, 2019**

Revision Date: **January 1, 2023**

Issue Date: **December 8, 2022**

RBC Life Insurance Company
PO Box 1840, Mississauga, Ontario L5N 7Y5
1-855-264-2174
www.rbcinsurance.com

Benefits Insured by RBC Life Insurance Company

THIS IS AN IMPORTANT DOCUMENT
AND SHOULD BE READ CAREFULLY AND KEPT IN A SAFE PLACE.

This booklet/certificate gives a brief outline of the plan for which a group policy was issued to the employer. This booklet/certificate does not create nor confer any rights. The exact terms of the benefit plan are described in the more detailed provisions of the group policy. In the event of a discrepancy between this booklet/certificate and the group policy, the terms of the group policy will govern.

The **employee's** coverage may be cancelled or changed in whole or in part under the terms and provisions of the policy.

RBC Life Insurance Company is the insurer of the coverage, unless otherwise specified. If there are any questions about any terms or provisions, please consult our claims paying office. We will assist the **employees** in any way to help them understand their benefits.

The **employer** has appointed a plan administrator who looks after the insurance under this plan. The administrator may arrange for items such as enrolment in the benefit plan, changes in insurance, termination from the benefit plan and any **beneficiary** designations, as applicable.

The policy may contain a provision removing or restricting the right of the group life insured to designate persons to whom or for whose benefit insurance money is to be payable.

BENEFIT SUMMARIES

GROUP INSURANCE BENEFIT SUMMARY - GENERAL

The following is only a summary of the insurance provided under this policy and must be read in context with the rest of the provisions, terms and conditions of the policy.

Insurance Under the Policy:

Insurance Benefit

- Employee Basic Term Life
- Dependent Basic Term Life
- Optional Term Life

Description of Eligible Class of Employees:

6. All Eligible Full-Time Canadian **Employees** – UV1, UV2

Eligibility Requirements Under the Policy:

An **employee** must:

- Be a **resident** in Canada;
- Hold current and valid **provincial or territorial health care plan** coverage in the province or territory where they reside;
- Be a permanent **full - time employee**;
- Be in **active employment** in Canada with the **employer** for at least 30 hours per week each week;
- Have completed a written enrollment card for this group insurance (if applicable or by providing appropriate enrolment information); and
- Be in an Eligible Class of **employees** insured.

In addition to the above items, the **employee** must complete the **waiting period**.

Waiting Period Under the Policy:

For an eligible **employee** in **active employment** on or before the **Effective Date**: 3 months of continuous **active employment.**

For an eligible **employee** in **active employment** after the **Effective Date**: 3 months of continuous **active employment.**

GROUP BASIC TERM LIFE INSURANCE – EMPLOYEE – BENEFIT SUMMARY

Eligible Class(es):	6. All Eligible Full-Time Canadian **Employees** – UV1, UV2
Definition of Disability:	Total **Disability**
Amount of Insurance:	The greater of $25,000 or an amount equal to 300% of the **employee's annual earnings**, rounded to the next higher $1,000, if not already a multiple of $1,000.
Maximum Amount of Insurance:	$500,000
No-Evidence Maximum:	$500,000 Coverage above the No-evidence maximum is subject to satisfactory evidence of insurability.
Reduction:	None
Terminal Illness Disability Benefit:	The lesser of: ▪ 100% of the **employee's** AMOUNT OF INSURANCE; or ▪ $250,000. The above amount will be less any reductions that would occur within 12 months of the date the **employee** requests the TERMINAL ILLNESS DISABILITY BENEFIT. The TERMINAL ILLNESS DISABILITY BENEFIT is payable only once during the **employee's** lifetime.
Waiver of Premium Elimination Period:	The **employee** must be continuously **disabled** for at least 180 days.
Cost Contribution:	The **employer** and the **employee** share the cost of the insurance.
Termination of Coverage:	The earlier of the date the **employee** retires or turns 70.

GROUP BASIC TERM LIFE INSURANCE – DEPENDENTS – BENEFIT SUMMARY

Eligible Class(es):	6. All Eligible Full-Time Canadian **Employees** – UV1, UV2	
Maximum Amount of Insurance:	**Spouse:**	$3,000
	Each child:	$2,000
Terminal Illness Disability Benefit :	The lesser of: ▪ 50% of the **individual's** AMOUNT OF INSURANCE; or ▪ $50,000. The TERMINAL ILLNESS DISABILITY BENEFIT is payable only once during the **individual's** lifetime.	
Termination of Coverage:	The earlier of the date the **employee** retires or turns 70.	

GROUP OPTIONAL TERM LIFE INSURANCE BENEFIT SUMMARY

Overall Participation Requirements:	An **employee** must be insured for Group Basic Term Life insurance in order for the **employee** to become insured for this benefit.
Eligible Class(es):	6. All Eligible Full-Time Canadian **Employees** – UV1, UV2
Amount of Employee Insurance:	Option A: 1x annual earnings Option B: 2x annual earnings Option C: 3x annual earnings Option D: 4x annual earnings Option E: 5x annual earnings
Maximum Amount of Employee Insurance:	$250,000
Amount of Dependent Insurance:	**Spouse**: Option A: 1x annual earnings Option B: 2x annual earnings Option C: 3x annual earnings Option D: 4x annual earnings Option E: 5x annual earnings
Maximum Amount of Dependent Insurance:	**Spouse**: $250,000
Reduction:	None
No-Evidence Maximum:	**Evidence of insurability** satisfactory to the Company is required for the amount of the **employee's** or spouse optional term life insurance over 1x of the annual earnings or $50,000.
Terminal Illness Disability Benefit : (Employee Only, if insured)	The lesser of: ▪ 100% of the **employee's** AMOUNT OF INSURANCE; or ▪ $250,000. The TERMINAL ILLNESS DISABILITY BENEFIT is payable only once during the **employee's** lifetime. The lesser of: ▪ 50% of the **spouse's** AMOUNT OF INSURANCE; or ▪ $50,000. The TERMINAL ILLNESS DISABILITY BENEFIT is payable only once during the **spouse's** lifetime.
Waiver of Premium Elimination Period:	The **employee** must be continuously **disabled** for at least 180 days.
Cost Contribution:	The **employee** pays the full cost of the insurance.

Termination of Coverage:

Where an employee is insured for Group Optional Term Life insurance:
Insurance for an **employee** will terminate on the earlier of the date the employee retires or turns 65.

Insurance for a spouse will terminate on the earlier of:
- The date the **spouse** turns 65; or
- The date the **employee** is no longer insured for Group Basic Term Life insurance under the policy.

Where an employee is not insured for Group Optional Term Life insurance:
Insurance for a **spouse** will terminate on the earlier of:
- The date the **spouse** turns 65; or
- The date the **employee** is no longer insured for Group Basic Term Life insurance under the policy.

Insurance for a child will terminate on the earlier of:
- The date the **child** ceases to be a **child** as defined in this policy;
- The date an incapacitated **child** turns 65; or
- The date the **employee** is no longer insured for Group Basic Term Life insurance under the policy.

Benefits Insured by RBC Life Insurance Company

GENERAL DEFINITIONS

The following definitions are used throughout the entire policy. Definitions that are specific to a particular benefit are listed in that benefit section.

NOTE: In this booklet reference to the masculine gender will be deemed to include all gender identities, as well as any individual(s) that do not fully or partially identify with a particular gender.

Active employment means **you** are:
- working for **your employer** on a permanent **full-time** basis in Canada for earnings that are paid regularly;
- performing the **material and substantial duties** of **your regular occupation**; and
- working or be scheduled to be working for at least the minimum number of hours per week each and every week* shown in the Group Insurance Benefit Summary - General.

***If the minimum number of hours worked is other than each and every week, **we** must be informed by **your employer** prior to the policy coming into effect. Otherwise **we** reserve the right to deny insurance to **employee**s working on such a non-standard basis.

Normal vacation is considered **active employment**.

Your work site must be:
- **your employer's** usual place of business in Canada;
- an alternative work site in Canada at the direction of **your employer**, including **your** home in Canada; or
- a location outside Canada, at the direction of **your employer**, provided **you** do not work at this location for more than 12 months and provided the location is not in any country of concern, as determined and published by **us** from time to time. Any work site located in a country of concern, as determined and published by **us** from time to time, must be pre-approved in writing by **us.**

Child or children means, if insured under this policy, a **resident** who is **yours** or **your spouse's** own natural offspring, lawfully adopted **child**, step**child**, or other **child** who is dependent on **you** for financial support.

A **child** must be:
- at least
  - (i) with respect to Group Dependent Life Insurance (if insured under this policy), from live birth but not yet attained age 21; or
  - (ii) age 21 but not yet attained age 26 and be attending an accredited educational institution, college or university recognized by the Canada Revenue Agency on a full-time basis. Satisfactory proof of full-time student attendance must be submitted to **us**; and
- not married or in any other formal union recognized by law; and
- dependent on **you** for financial support.

A **child** insured under the policy, who is incapacitated due to a mental or physical disability on the date they reach the age when they would otherwise cease to be an eligible **dependent**, will continue to be an eligible **dependent** under the policy.

A **child** is considered incapacitated if they are incapable of supporting themselves or engaging in any substantially gainful activity, and is dependent on **you** for financial support, maintenance and care, within the terms of the Income Tax Act, due to a mental or physical disability.

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

Claimant means **you** or a **beneficiary** who has submitted a claim for benefits under the policy to **us**. Claimant will also include the legal representative of an **insured** who is incapacitated, incompetent or a minor.

Where allowed by law, the term will mean any person who submitted a claim for benefits under the policy to **us**.

Compassionate care leave of absence means a period of absence allowed by federal or provincial law for **you** to care for a family member (as defined in the law) who has a serious medical condition which has significant risk of death.

Crime includes any actions which would be an offence under the Criminal Code or the Controlled Drugs and Substances Act, whether or not the actions occurred in Canada.

Dependent means, if insured under this policy, a **resident** who is **your spouse** and a **resident** who is **your**s and/or **your spouse's child**.

Any **child** who is insured under the policy as an **employee** is not a **dependent**. When two **spouses** are both insured as **employees** under the policy, both may cover **children** for Dependent Term Life insurance (if insured under this policy).

Employee means a person who is:
- in **active employment i**n Canada with the **employer;** and
- permanently domiciled in Canada and is a **resident** in Canada; and
- insured under a Canadian **provincial or territorial health care plan** (including any extension) of their province/territory of residence.

An **employee** is also deemed to include a partner, sole proprietor or a teacher, if insured under this policy.

Temporary and seasonal workers are excluded from insurance. No coverage will be extended to a person who is not an **employee** unless an exception is applied for and approved in writing by the Company.

Employer means the **policyholder**, and includes any division, subsidiary or affiliated company named in the Group Insurance Benefit Summary - General.

Evidence of insurability means a statement of a person's medical history and/or health or dental state which **we** will use to determine if the person is approved for insurance. In addition to the information the person supplies on the application or other required documentation, **we** may require other proof of the person's medical history and/or health or dental state which includes but is not limited to test results, medical examinations and **physician** statements. **We** may also require that an insurability assessment be performed. **Evidence of insurability** must be provided at the person's own expense.

Full-time means a normal work schedule of at least the minimum number of hours per week each week as shown in the Group Insurance Benefit Summary - General for 52 weeks per year including paid vacation.

Grace period means the 31 days following the **Premium Due Date** during which premium and any applicable tax payment may be made. Insurance will continue in force during the **grace period**. If the full premium and tax due is not paid within the **grace period**, the policy will terminate for non-payment of premium at the end of the 31 days. The full premium and tax for the **grace period** will nevertheless be due and payable.

Hospital or institution means an accredited facility licenced to provide care and treatment for the condition causing the **disability**, loss, injury or sickness.

Individual means
a. an **employee** insured under this policy; and/or
b. any **dependent** insured under this policy.

Benefits Insured by RBC Life Insurance Company

Insured means **you**, **your spouse** or **child** who is insured under the policy.

Late entrant means a person (including **you**) for whom **you**:
- apply for insurance after the person has been eligible for more than 61 days ; or
- re-apply for insurance after that person's insurance had earlier been cancelled.

It also means **you**, after having previously waived benefits under the policy because **you** were covered for similar benefits under **your spouse's** plan:
- apply for insurance more than 61 days after **your** benefits terminated under **your spouse's** plan; or
- apply for insurance even though benefits under **your spouse's** plan have not terminated.

Layoff or **leave of absence** means **you** are, for non-medical reasons, temporarily absent from **active employment** for a period of time that has been agreed to in advance in writing by **your employer**.

Your normal vacation time, **statutory leave** or any period of **disability** is not considered a temporary **layoff** or **leave of absence**.

Legislation, plan or act means the original enactments of the legislation, plan or act and all amendments.

Maximum benefit means the maximum amount payable under the policy for a valid claim for a particular benefit.

Payable claim means a valid claim for which **we** are liable under the terms of the policy. The actual submission of a claim for benefits does not, in itself, constitute a **payable claim** under the policy. Each claim for benefits is adjudicated on an individual basis.

Physician means:
- a person who is licenced to practice medicine, to prescribe and administer drugs or to perform surgery; or
- a person with a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients.

The **physician** must be performing tasks that are within the limits of their medical licence. **We** will not recognize **you** or **your spouse**, **child**, parent or sibling as a **physician** for a claim that the **insured** submits to **us**.

Policyholder means the **employer** or legal entity to whom the policy is issued.

Pregnancy leave of absence or **parental leave of absence** means:
- a period of time no longer than federally or provincially required that is agreed to between **you** and **your employer** prior to the actual absence or as defined by **your employer's** pregnancy leave of absence policy and/or parental leave of absence policy;
- any period of formal pregnancy and/or parental leave **you** are entitled to under federal or provincial legislation governing **your employer**; or
- any period during which **you** receive pregnancy leave benefits, parental leave benefits, and pregnancy-related sickness benefits, or any combination of these benefits under the Employment Insurance Act or the Quebec Parental Insurance Plan.

For the purposes of **parental leave of absence**, a parent includes natural and adoptive parents, as well as the person in a relationship of some permanence with a natural or adoptive parent of the **child** who intends to treat the **child** as their own.

Provincial or territorial health care plan means the body of provincially/territorially enacted laws, as amended from time to time, governing provincial or territorial health insurance plans which provide health insurance to residents of Canada.

Resident means a person who:
- is legally entitled to be or to remain in Canada;
- makes their home in, and is ordinarily present in, a province or territory of Canada; and
- satisfies the requirements for Canadian **provincial or territorial health care plan** coverage**.**

Spouse means, if insured under the policy, a **resident** and:
- is legally married to **you**; or
- if **you** are not married, is a person whom **you** have publicly represented as **your spouse** and with whom **you** have resided continuously for at least 12 months in a conjugal-like relationship, civil union, adult interdependent relationship, or any other formal union defined and recognized by law and who is:
  - at least 18 years of age or of legal age to marry;
  - competent to contract; and
  - not related by blood closer than would legally bar marriage.

Only one **spouse** will be eligible for insurance under this policy, and will be as indicated by the **employee** on their application for insurance under this policy. Where this information is not contained on their application, the person who qualifies last under this policy's definition of **spouse** will be the eligible **spouse**.

Statutory Leave means any specified period of leave during which **you** are entitled to be absent from work in accordance with federal or provincial **legislation**, and it includes **compassionate care leave of absence** and **pregnancy leave of absence** or **parental leave of absence**.

Waiting period means the continuous period of time that **you** must be in **active employment** in an Eligible Class before **you** are eligible for insurance under the policy.

We, us, our or the Company means RBC Life Insurance Company.

You and **your** means a person who is eligible for RBC Insurance coverage.

GENERAL INFORMATION

Employee Eligibility

You are eligible for insurance under the policy if **you**:
- are a member of an ELIGIBLE CLASS OF EMPLOYEES defined in the GROUP INSURANCE BENEFIT SUMMARY - GENERAL;
- have completed the applicable WAITING PERIOD UNDER THE POLICY specified in the GROUP INSURANCE BENEFIT SUMMARY - GENERAL;
- meet all other eligibility requirements as outlined in the GROUP INSURANCE BENEFIT SUMMARY - GENERAL; and
- meet any eligibility requirements outlined in this section.

You must request insurance in writing by supplying the required enrolment information, such as but not limited to, **employee** census data or an enrolment card (if applicable) to **us**.

Employees of any corporation or other business formally associated or affiliated with the **employer** as a subsidiary or otherwise are eligible for insurance, provided that such an organization is on record with **us** as being eligible for insurance under the policy.

Dependent Eligibility

If insured under the policy, **you** will become eligible for **dependent** insurance on the later of:
- the date **your** insurance begins; or
- the date **you** first acquire a **dependent**.

You must submit a written application and **evidence of insurability** (if required) for the **dependent** insurance.

Each additional **dependent** will become insured on the date the **dependent** becomes eligible for insurance.

In no event will **your dependent** be insured before **you** are insured.

When Insurance Begins

Your insurance (subject to premium payment) begins at 12:01 a.m. on the latest of:
- the date **you** become eligible for the insurance, if **you** applied for insurance on or before that date;
- the date **we** receive enrolment/application information for **your** insurance; or
- the date **we** approve **your evidence of insurability**, if required.

Dependent insurance if insured under the policy (subject to premium payment) begins at 12:01 a.m. on the latest of:
- the date the **dependent** becomes eligible for insurance, if **you** applied for group dependent insurance on or before that date;
- the date **we** receive enrolment/application information for the **dependent's** insurance; or
- the date **we** approve the **dependent's evidence of insurability**, if required.

Absent When Insurance Would Normally Begin: Leave of Absence, Temporary Layoff, Strike, Lockout

If, on the date insurance would normally begin, **you** are absent from **active employment** due to **leave of absence**, temporary **layoff** or lawful strike or lockout, and **you** return to **active employment** within 6 months of the date insurance would normally begin, **your** insurance will begin on the date **you** return to **active employmen**t. However, if **you** return to **active employment** more than 6 months after **your** insurance would normally begin, **your** insurance will begin after **you** have again been in **active employment** for a period equal to **your** WAITING PERIOD UNDER THE POLICY.

Absent When Insurance Would Normally Begin: Statutory Leave

If, on the date insurance would normally begin, **you** are absent from **active employment** due to **statutory leave, your** insurance will still begin if **you** have decided to maintain insurance and if premiums are paid during **your statutory leave. You** may maintain insurance until 61 days after the date that **your statutory leave** ended. If **you** do not return to **active employment** within 61 days after the date that **your statutory leave** ended**, your** insurance will end.

However, if **you** have decided not to maintain insurance during **your statutory leave**, **your** insurance will begin on the date **you** return to **active employment,** provided that **you** return to **active employment** within 61 days of the date that **your statutory leave** ended.

Absent When Insurance Would Normally Begin: Sickness or Injury

If, on the date insurance would normally begin, **you** are absent from **active employment** due to **sickness** or **injury**, then:

- **you** may be enrolled for Group Basic Term Life Insurance, subject to the Continuity of Coverage provision;
- **you** and **your dependents** may be enrolled for Group Optional Term Life Insurance, subject to the Continuity of Coverage provision;

If **your** insurance is subject to **evidence of insurability**, **you** will be deemed to be a **late entrant** if **we** approve any **evidence of insurability** previously submitted by **you** but **you** do not return to **active employment** within the time required by **our** guidelines in effect on the date **we** approved the **evidence of insurability**. In such event, **we** reserve the right to require **you** to resubmit current **evidence of insurability**.

If a **dependent** (if insured under this policy) is hospitalized on the date insurance (initial, additional or any increase) would normally begin, the **dependent's** insurance or any additional or increase in insurance for that **dependent** will begin on the date they are discharged from hospital. This is not applicable to a newborn **child**.

Late Entrants

We reserve the right to deem **you** a **late entrant** if **you** were absent from **active employment** on the date **your** coverage would normally begin as specified in the sections above.

All premiums and applicable tax payments are due and payable as of **your** effective date of insurance.

Changes In Insurance

Changes in the amount of insurance or benefits may occur as the result of an employment status change, the addition of a benefit or a change to a benefit. Any resulting changes take effect on the date of the change in status or benefits.

The following exceptions apply if the result of the change is an increase in insurance:

- if **evidence of insurability** is required, the increase cannot take effect before **we** approve the **evidence of insurability**; and/or
- if **you** are not in **active employment** when the change occurs or when **we** approve the **evidence of insurability**, the increase will not take effect until **you** return to **active employment**.

If **you** are not in **active employment** due to **injury**, **sickness**, temporary **layoff** or **leave of absence**, or lawful strike or lockout, any increased or additional insurance will take effect the later of:

- the date **you** return to **active employment**; or
- the date **we** approve **your evidence of insurability** form, if **evidence of insurability** is required.

Any decrease in insurance will take effect immediately but will not affect a **payable claim** that occurs prior to the decrease.

Benefits Insured by RBC Life Insurance Company

Evidence of Insurability

We require **evidence of insurability** when **you**:
- are a **late entrant**;
- are eligible and apply for insurance or an increase in insurance above any **no-evidence maximum**;
- voluntarily cancelled insurance and are re-applying for insurance; or
- were previously eligible for insurance but waived coverage under the policy but is now applying for the insurance.

If such benefits are insured under the policy, **we** also require **evidence of insurability** when **you**:
- apply for any Group Optional Term Life insurance coverage, (initial, increased or additional) for **your dependents**;
- make written application for **dependent** insurance (Group Basic Term Life, Group Optional Term Life) more than 61 days after the date the **dependent** becomes eligible;
- voluntarily cancel the Group Basic Term Life insurance for **your dependent** while **your dependent** remains eligible for the insurance, and then reapply for the insurance at a later date; or
- waive the Group Basic Term Life insurance for **your** eligible **dependent** and then apply for the insurance at a later date.

When Your Insurance Ends

Your insurance ends on the earliest of the following dates:
- the date **your active employment** ends;
- the date **you** are no longer in **active employment** except as set out in the continued insurance provisions for:
  - Leave of Absence, Temporary Layoff, Strike or Lockout;
  - Statutory Leave;
  - Sickness or Injury;
- the date **you** are no longer in an Eligible Class;
- the date **you** no longer meet the eligibility requirements as specified in the Group Insurance Benefit Summary - General;
- the end of the period for which premiums have been paid to **us** for **your** insurance; or
- the date the policy ends.

However, the ending of **your** insurance will not prevent a **payable claim** for:
- **your** death or other loss that is caused by an accident that occurred before the end of **your** insurance; or
- **your disability** that commenced before the end of **your** insurance.

Any benefit may end on an earlier or later date as specified in the applicable Benefit Summary.

Your dependent insurance (if insured under this policy) ends on the earlier of the following dates:
- the date **your active employment** ends;
- the date **you** are no longer in **active employment** except as set out in the continued insurance provisions for:
  - Leave of Absence, Temporary Layoff, Strike or Lockout;
  - Statutory Leave;
  - Sickness or Injury;
- the date **you** are no longer in an Eligible Class for dependent insurance;
- the date **you** and/or **your dependent** no longer meets the eligibility requirements as specified in the GROUP INSURANCE BENEFIT SUMMARY - GENERAL;
- the date **you** no longer have any **dependents** or the date the **dependent** loses their status as a **dependent**;
- the end of the period for which premiums have been paid to **us** for **your** dependent insurance; or
- the date the policy ends.

However, the ending of **your** dependent insurance will not prevent a **payable claim** for a **dependent**'s death if it is caused by an accident that occurred before the end of **your** dependent insurance.

Any benefit may end on an earlier or later date as specified in the applicable BENEFIT SUMMARY.

Continued Insurance - Leave of Absence**,** Temporary Layoff, Strike or Lockout

Once **your** insurance begins, if **you** cease to be in **active employment** due to a **leave of absence,** temporary **layoff**, strike or lockout, **your** Group Short Term Disability Insurance (if provided under this policy) and Group Long Term Disability Insurance (if provided under this policy) may be continued on a premium paying basis for up to 90 days after **your leave of absence,** temporary **layoff**, strike or lockout begins, and **your** other insurance may be continued on a premium paying basis for up to 180 days after **your leave of absence,** temporary **layoff**, strike or lockout begins.

Continued Insurance – Statutory Leave

Once **your** insurance begins, if **you** cease to be in **active employment** due to a **statutory leave**, **you** may continue all insurance on a premium paying basis for the duration of the **statutory leave**. If **you** do not continue **your** insurance on a premium paying basis, **your** insurance will end.

If **your** insurance ends because **you** do not continue **your** insurance on a premium paying basis during **your statutory leave**, **your** insurance may begin again on the date **you** return to **active employment** if **you** return to **active employment** within 61 days of the date that **your statutory leave** ended. **Your** previous service while in an ELIGIBLE CLASS will be credited toward the Pre-Existing Condition Limitation. If **you** return to **active employment** more than 61 days after the date that **your statutory leave** ended, **you** will be treated as a new **employee** and will be subject to all requirements applicable to new **employees**.

If **you** have continued insurance on a premium paying basis during **your statutory leave**, **you** must return to **active employment** within 61 days of the date that **your statutory leave** ended in order for insurance to continue. If **you** do not return to **active employment** within 61 days of the date that **your statutory leave** ended**, your** insurance will end.

Continued Insurance - Sickness or Injury

Once insurance begins, if **you** cease to be in **active employment** due to sickness or injury, the following provisions will apply to **your** insurance:

Your Basic Life Insurance, Optional Life Insurance, and Accidental Death & Dismemberment Insurance may be continued on a premium paying basis until the date **your employer** terminates **your** employment. **You** may also submit a claim for Waiver of Premium. If **we** approve **your** claim, **your** Basic Life Insurance, Optional Life Insurance, and Accidental Death & Dismemberment Insurance will be continued as described in the Waiver of Premium provisions.

Your Short Term Disability Insurance and Long Term Disability Insurance may be continued on a premium paying basis for a period of time that is equal to the longer of:

- the length of the Maximum Period of Payment for **your** Short Term Disability Insurance; or
- the length of the **elimination period** for **your** Long Term Disability Insurance.

If **you** become **disabled** after the date **your** Short Term Disability Insurance and Long Term Disability Insurance end, no benefits will be payable. **We** will refund any premiums that were paid for **your** Short Term Disability Insurance or Group Long Term Disability Insurance after the date **your** insurance ended.

If **you** submit a claim under **your** Long Term Disability Insurance and **we** approve **your** claim, **your** Long Term Disability Insurance will be continued as described in the Waiver of Premium provision.

A type of insurance may be continued only if that type of insurance is identified in the BENEFIT SUMMARY.

Benefits Insured by RBC Life Insurance Company

Employment / Labour Standards Extension Of Insurance

All of **your** insurance under the policy will terminate when **your** employment terminates. However, if **your employer** has terminated **your** employment and **your employer** is required to extend insurance coverage or benefits to **you** during a termination notice period prescribed by any federal or provincial employment or labour standards legislation, the insurance under the policy may be extended for such period. In order to extend insurance under the policy beyond such period, **your employer** must request the continuation of insurance in writing and advise **us** of the date to which the insurance must be continued and continue to remit the required premium. **Your** insurance will not extend beyond the date that the policy terminates.

Return to Active Employment After Insurance Ends

If **your** insurance ends and **you** return to **active employment, your** insurance may begin again on the date **you** return to **active employment** if:

- **you** return to **active employment** within 180 days after the date **your active employment** ended; and
- **you** had already completed **your** Waiting Period Under the Policy before the date **your active employment** ended.

Your previous **active employment** while in an Eligible Class will be credited toward the Pre-Existing Condition Limitation (if any). All other policy provisions will apply.

The amounts of **your** insurance will be determined by **your** earnings and Eligible Class at the time that **your** insurance begins again. If **your** earnings at the time **your** insurance begins again are lower than **your** earnings were at the time **your** insurance ended, the amounts of **your** insurance coverage will relate to **your** lower earnings. However, if **your** earnings at the time **your** insurance begins again are greater than **your** earnings were at the time **your** insurance ended, the amounts of **your** insurance coverage may be subject to **evidence of insurability**, if **we** require it.

If **your** insurance ends and **you** return to **active employment, you** will be treated as a new **employee** and will be subject to all requirements applicable to new **employees** if:

- **you** return to **active employment** more than 180 days after the date **your active employment** ended; or
- **you** had not completed **your** Waiting Period Under the Policy before the date **your active employment** ended.

If **your** insurance ends because **you** do not continue **your** insurance during a **statutory leave**, the provisions regarding continued insurance during a **statutory leave** will apply instead of this section.

Fraud

It is a crime if **you** and/or **your employer** defrauds or deceives **us**, or knowingly provides any false information to the Company. This includes knowingly filing a claim that contains any false, incomplete or misleading information. These actions, as well as submission of materially false information, will result in denial of a claim, and are subject to prosecution and punishment to the full extent of the law. The Company reserves the right to deny coverage to any **employee** who presents a fraudulent claim. **We** will pursue appropriate legal remedies in the event of fraud.

Incontestability:

Any person required to provide **evidence of insurability** shall disclose, within the **evidence of insurability**, every known fact that is material to the insurance applied for. If such person misrepresents or fails to disclose any such fact, the insurance in respect of such person will be voidable by **us**. However, where the insurance in respect of such person has been in effect continuously for two years, such insurance will not, except in the case of fraud, be voidable by **us** on the basis of the misrepresentation or failure to disclose.

Except for fraud, no statements made by **your employer** or by **you** at the time of the application for the policy will be used in defence of a claim under the policy unless it is contained in a written application or any other written documentation to secure insurance.

Receiving And Releasing Data:

We will comply with all relevant legislation protecting personal information. Any person claiming benefits under the policy must give **us** all necessary information and authorization needed for underwriting, administering and paying claims.

Where allowed by law, on written request, **we** will provide **you** (or a **claimant** - to the extent that information is relevant to a claim or denial of a claim) with a copy of **your** application for insurance and any record or written document that **you** provided under the group policy as **evidence of insurability**. A reasonable fee will be charged for each copy after the first if more than one copy of each document is requested.

Where allowed by law, on written request and with reasonable notice, **we** will provide **you** (or to a **claimant** as specified above) with, or allow to be examined, a copy of the group policy. A reasonable fee will be charged for each copy after the first if more than one copy of the group policy is requested.

You or a **claimant** will not be provided with any information contained in any document about any individual (other than **your**self or the **claimant**) insured under the group policy.

Limitation of Legal Action:

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in:

- the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia);
- the Insurance Act (for actions or proceedings governed by the laws of Manitoba);
- the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario);
- the Quebec civil Code (for actions or proceedings governed by the laws of Quebec);
- other applicable legislation; or
- the time period set out below, whichever is later.

A legal action for money payable in the event of a person's death may not be commenced against **us** after the later of

1. 2 years after proof of claim has been provided; or
2. 6 years after the date of the death.

A legal action for payments under the Short Term Disability, Long Term Disability, if such benefits are insured under the policy, may not be commenced against **us**

1. more than 2 years after the date that the first payment became due, if **we** made no payments; or
2. more than 2 years after the date the next payment would have become due, if **we** began making payments and then stopped.

A legal action for money payable for a loss other than death, Short Term Disability, Long Term Disability, if such benefits are insured under the policy, may not be commenced against **us**

1. less than 60 days after the date that the money became payable or would have become payable if it had been a valid claim; or
2. more than 2 years after the date the money became payable or would have become payable if it had been a valid claim.

Complaints

The complete process to file a complaint with RBC Life Insurance Company can be accessed on the RBC Life Insurance Company public website at https://www.rbcinsurance.com under "Make a Complaint."

Benefits Insured by RBC Life Insurance Company

CLAIMS INFORMATION

We encourage **you** or **your beneficiary** (if applicable) to notify **us** of any claim as soon as possible, so that a claim decision can be made in a timely manner.

Claims Adjudication:

RBC Life Insurance Company will adjudicate all other claims for benefits under the policy.

Requesting A Claim Form:

The claim form is available from **your employer**, or the **claimant** can request a claim form from **us**. If the **claimant** does not receive the claim form from **us** within 15 days of their request, they should send **us** written proof of claim without waiting for the form.

Written Notice Of Claim:

STD or LTD:
Written notice of a Short Term Disability (if insured under the policy) or Long Term Disability claim (if insured under the policy) should be sent to **us** within 30 days after the date the **disability** begins.

LIFE or AD&D:
Written notice of a Life or AD&D claim (if insured under the policy) should be sent to **us** within 30 days after the date the **loss** or death occurs.

LIFE or AD&D Waiver Of Premium:
Written notice of a Waiver of Premium claim for Life (Basic and Optional, if insured under the policy) or AD&D (if insured under the policy) should be sent to **us** within 12 months after the date the **disability** begins.

Written Proof Of Claim:

LIFE or AD&D Waiver Of Premium:
For a Life or AD&D (if insured under the policy) Waiver of Premium claim, **you** must send **us** first written proof of claim between the end of the Waiver of Premium Elimination Period as shown in the applicable Benefit Summary and the 365th day after the date the **disability** begins. If it is not possible to give proof of claim within such time period, it must be given no later than 1 year after the **disability** begins, except in the absence of legal capacity.

STD or LTD:
For a Short Term Disability (if insured under the policy) or Long Term Disability claim (if insured under the policy), **you** must send **us** written proof of claim no later than 90 days after the date the **disability** begins. If it is not possible to give proof of claim within 90 days, it must be given no later than 1 year after the **disability** begins, except in the absence of legal capacity.

LIFE or AD&D:
For a Life or AD&D claim (if insured under the policy), the **claimant** must send **us** written proof of claim no later than 90 days after the date the **loss** or death occurs. If it is not possible to give proof of claim within 90 days, it must be given no later than 1 year after the **loss** or death occurs, except in the absence of legal capacity.

Cost of Proof of Claim:

Costs incurred for proof of claim will be at **your** own expense.

Proof of Continuing Disability:

Under a Short Term Disability or Long Term Disability claim (if insured under the policy), **we** may request that **you** send proof of continuing **disability** and proof that **you** are under **appropriate care**. This proof must be received within 30 days of a request by **us**.

Additional Information:

We may require the **claimant** to provide appropriate consent to obtain additional medical information and to provide non-medical information as part of the **claimant's** proof of claim or proof of continuing **disability**.

If the appropriate information is not submitted, **we** may not be able to properly adjudicate the claim and may deny the claim or stop sending payments.

Type of Claim Information Required:

Depending on the type of claim being submitted, the type of information that **we** will require from the **claimant** may include, but is not limited to:

- proof the **claimant** is or was under **appropriate care**;
- appropriate documentation of earnings;
- appropriate documentation of the covered charge actually being incurred by an **insured**;
- the cause of **disability**, **loss**, or death;
- the date of **disability**, **loss,** death, or covered charge incurred;
- proof of death;
- the extent of **disability** or **loss**, including restrictions and limitations; and
- the name and address of any **hospital** or institution where treatment is received, including the names of all attending **physicians**.

Proof of Age:

We may require proof of age for each **insured**.

If the appropriate information is not submitted, **we** may not be able to properly adjudicate the claim and may deny the claim or stop sending payments.

If an incorrect age is given, **we** may adjust benefits and premiums based on the true age.

Return To Work Notification:

Under a Short Term Disability or Long Term Disability claim (if insured under the policy), **you** must immediately notify **us** when **you** return to work in any capacity.

We Reserve The Right To Deny Claim Payment:

We reserve the further right to deny any claim if premiums were not paid in respect of the **claimant**.

Overpayment of A Claim

We have the right to recover any overpayments due to issues such as, but not limited to:

- fraud;
- negligence on the part of **your employer** or **claimant** or any agent thereof;
- any error **we** make in processing a claim;
- **your** receipt of **benefit offsets**; and
- any claim paid during the **grace period** and the policy or benefit subsequently terminates for non-payment of premium.

The **claimant** must reimburse **us** in full. **We** will determine the method by which the repayment is to be made. **We** may reduce or suspend payments which would otherwise be made to the **claimant** in order to recover the overpayment.

We will not recover more money than the amount paid to the **claimant**.

Additional Information if a Resident of Quebec

For claims related to:
Basic Term Life, Basic Dependent Life, Optional Life, Optional Dependent Life, any benefit that is payable will be made by the Company within 30 days after receipt of the required proof of loss.

For claims related to:
Basic Life - Terminal Illness, Optional Life - Terminal Illness, Accidental Death and Dismemberment, Long Term Disability Survivor Benefit, any benefit that is payable will be made by the Company within 60 days after receipt of the required proof of loss.

GROUP BASIC TERM LIFE INSURANCE BENEFIT

If **you** die while insured, **we** will pay to **your beneficiary your** amount of insurance as shown in the Group Basic Term Life Benefit Summary, less any amount already paid under the Terminal Illness Disability Benefit.

Benefit Specific Definitions:

The following definitions are applicable to this benefit in addition to certain definitions under the GENERAL DEFINITIONS section of this booklet.

Annual earnings means the gross annual income received by **you** from **your employer**, not including shift differential, in effect just prior to the date of loss. It includes **your** total income before taxes. It is prior to any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include income received from commissions, bonuses, overtime pay, or any other extra compensation, or income received from sources other than **your employer**.

For any benefit calculation, **annual earnings** will not be more than the amount of **annual earnings** for which premiums have been paid.

Appropriate care means:
- **you** personally visit a **physician** as frequently as is medically required, according to generally accepted medical standards, to effectively manage and treat **your** condition(s) causing **disability**; and
- **you** are receiving and complying with the most appropriate treatment and care, which conforms with generally accepted medical standards, for **your** condition(s) causing **disability** by a **physician** whose specialty and experience is the most appropriate for the condition(s) causing **disability** according to generally accepted medical standards.

Appropriate care must not be limited solely to examinations or testing. Where, according to generally accepted medical standards, the appropriate form of treatment for **your** condition(s) causing **disability** is surgery, hospitalization, in-patient treatment, hospital day treatment, or individual or group addiction support therapy, **you** must comply with such form of treatment.

Beneficiary means the person or persons designated by **you** in writing to receive **your** Group **Employee** Basic Term Life insurance upon **your** death.

You are considered to be the **beneficiary** of any Group **Dependent** Basic Term Life insurance (if included) under the policy.

Disability and **disabled** means **you**:
- are unable to perform the **material and substantial duties** of **your regular occupation** due to **your sickness** or **injury**; and
- are not working in any occupation.

After 24 months of Waiver of Premium, **disability** and **disabled** means that due to the same **sickness** or **injury**, **you**:
- are unable to perform the duties of any **gainful occupation** for which **you** are reasonably fitted by education, training or experience; and
- are not working in any occupation.

You must be under **appropriate care** in order to be considered **disabled**. **Your disability** must commence while **you** are insured under the policy.

The unavailability of employment in an occupation does not, in itself, constitute **disability**.

The loss of a professional or occupational licence or certification does not, in itself, constitute **disability**.

Gainful occupation has the meaning as set out in SPECIFIC GROUP LTD DEFINITIONS, if Group LTD insurance is provided under the policy.

If Group LTD Insurance is not provided under this policy, means an occupation that provides or can be expected to provide **you** with an income that exceeds 60% of **your annual earnings** within 12 months of **your** return to work.

Injury means a bodily injury that is the direct result of an accident and not related to any other cause.

Material and substantial duties means duties that:
- are normally required for the performance of **your regular occupation**; and
- cannot be reasonably omitted or modified, except that if **you** are required to work on average in excess of 40 hours per week, **we** will consider **you** able to perform that requirement if **you** are working or have the capacity to work 40 hours per week.

No-evidence maximum means the amount of insurance **you** may obtain without providing **evidence of insurability**. The **no-evidence maximum**, until further written notice, is shown in the GROUP BASIC TERM LIFE INSURANCE – EMPLOYEE - BENEFIT SUMMARY. On any Policy Anniversary the Company may establish a new **no-evidence maximum**.

Previous group policy means a policy of group insurance issued to the **employer** by another insurance company or by the Company which provided group basic term life insurance to the same group, or part of the group, insured under the policy, and which terminated less than 31 days before this policy became effective.

Recurrent disability means a period of **disability** which is:
- caused by a worsening in **your** condition(s); and
- due to the same condition(s) as **your** prior period of **disability** for which premiums were waived.

Regular occupation means the occupation **you** are routinely performing when **your disability** begins. **We** will look at **your** occupation as it is normally performed in Canada, instead of how the work tasks are performed for a specific **employer** or at a specific location.

Retirement date means the first of the following to occur:
- the effective date of **your** retirement benefits under:
  - any plan of a federal, a provincial, a municipal or an association retirement system for which **you** are eligible as a result of employment with **your employer**;
  - any plan **your employer** sponsors; or
  - any plan for which **your employer**:
    - makes contributions; or
    - has made contributions.

or

- the effective date of **your** retirement benefits under the Canada Pension Plan/Quebec Pension Plan or any similar plan or act.

But if **you** are in **active employment** and receiving retirement benefits under the Canada Pension Plan/Quebec Pension Plan or any similar plan or act **you** will not be considered retired.

Sickness means an illness or disease.

Beneficiary

Designating

Your beneficiary will be as designated by **you**, subject to applicable law. If no **beneficiary** has been designated, payment will be made to **your** estate. If a designated **beneficiary** disclaims their right to receive insurance money or is disentitled by law to receive insurance money and there is no other designated **beneficiary**, payment will be made to **your** estate.

You may designate a **beneficiary** in writing, on a form acceptable to **us** that is signed by **you**. The **beneficiary** designation must be signed by **you** and filed with **your employer**. The **beneficiary** designation will take effect on the date it is filed with **your employer**.

NOTE: If **your employer** has requested, **we** will maintain **your** current **beneficiary** designations as specified on the prior carrier's enrollment cards at the time the policy was transferred.

The **beneficiary** designation listed on **your** prior carrier's enrollment card will be used by **us** in order to pay benefits under the policy unless **you** specifically request a change of **beneficiary** under the policy.

It is strongly suggested that **you** review the existing designation to ensure it reflects **your** current intentions.

Changing or revoking a beneficiary

You may change or revoke a **beneficiary** designation, in writing, on a form acceptable to **us**. The change to or revocation of the **beneficiary** designation must be signed by **you** and filed with **your employer**. The change to or revocation of the **beneficiary** designation will take effect on the date it is filed with **your employer**. **We** may pay insurance money in accordance with the **beneficiary** designation that **your employer** provides to **us**. If **we** pay insurance money before receiving a change to or revocation of the **beneficiary** designation, **we** shall be fully discharged for the amount of insurance money paid in accordance with the previous **beneficiary** designation.

The consent of the **beneficiary** will not be required to change any **beneficiary** unless the **beneficiary** is an irrevocable **beneficiary**, as defined by provincial law.

Payment for loss of dependent life

Amounts of insurance for a **dependent's** loss of life (if insured under this benefit) are payable in one lump sum to **you**. Any such amounts unpaid at **your** death will be payable to **your** estate.

Payment to a beneficiary

If more than one **beneficiary** is designated on the same form and **you** do not designate their order of rights, the **beneficiaries** will share equally.

If more than one **beneficiary** is designated on the same form and a **beneficiary** predeceases **you**, then unless the **beneficiary** designation states otherwise, the share of a deceased **beneficiary** will be paid to the surviving **beneficiary**, or, if more than one, to the surviving **beneficiaries** in equal shares.

If any **beneficiary** is a minor and there is no other person capable of giving proper discharge, **we** reserve the right to pay the death payment to the relevant provincial trustee for the benefit of the minor or to a legal representative of the minor **beneficiary** living in another jurisdiction. If **we** pay benefits in good faith to such person or trustee, **we** will be fully discharged to the extent of the payment.

In the event of the simultaneous death of **you** and the named **beneficiary**, the death benefit will be paid as if the **beneficiary predeceased you**.

Payment Of Discretionary Amounts

If the person to whom any amount of insurance is payable is not able to give a valid discharge, **we** may pay up to $10,000 (subject to the maximum applicable amount of insurance) to any person or institution **we** consider appropriate, such as but not limited to, a living relative of that person or any person or institution incurring expenses for the care or maintenance of that person. As long as this payment is made in good faith, **we** will be fully discharged to the extent of the payment.

Optional Modes Of Settlement

Unless otherwise elected, payment for loss of life will be made in one lump sum.

You may elect to have all or any part of **your** benefits for loss of life paid under any other option offered by **us**. If **you** have not made such election, the **beneficiary**, after **your** death, may do so. At the death of any payee receiving installment payments, the remaining balance of the benefits with any accumulated interest will be paid in one sum to the payee's estate.

Medical Examinations And Autopsy

At **our** own expense and discretion, **we** will have the right and opportunity to have an **insured**, whose claim is pending, examined by a **physician** of its choice. This right may be used as often as reasonably required.

We will also have the right and opportunity, in case of death, to request an autopsy where not prohibited by law.

Continuity of Coverage

If **you** are employed by **your employer** and are not in **active employment** on the Policy Effective Date due to **sickness** or **injury**, **you** are still eligible to be enrolled for Group Basic Term Life Insurance under the policy if:

- **you** were properly insured for basic term life insurance under a **previous group policy** when that **previous group policy** terminated;
- **your** insurance under that **previous group policy** terminated solely because of the termination of that **previous group policy**; and
- **you** would be otherwise eligible under this policy if **you** were in **active employment**.

Continuity of Coverage Limitation

Premiums must be paid if **you** are enrolled under this Continuity of Coverage provision, and premiums will not be waived during:

- any period of **disability** which commenced prior to the Policy Effective Date; or
- any periods of **disability**, which commence after the Policy Effective Date, but which would qualify as a recurrent disability under the terms of the **previous group policy**.

Subject to a change in Quebec law, premiums must be paid for a person who is resident in the province of Quebec and who is enrolled under this Continuity of Coverage provision and premiums will not be waived during:

- any period of **disability** which commenced prior to the Policy Effective Date, unless the **disability** was not reported to the insurer of the **previous group policy** until more than 180 days after the Policy Effective Date; or
- any periods of **disability**, which commence after the Policy Effective Date, but which would qualify as a recurrent disability under the terms of the **previous group policy**, unless the person has been in **active employment** under this policy for at least 30 days.

No amount will be payable under this policy for a death if the death occurs while premiums are being waived under, or should have been waived under, the **previous group policy.**

Waiver Of Premium

If **you** become **disabled** (while insured under the policy) before retirement or age 65, whichever is earlier, **we** will continue **your** life insurance as long as **you** are **disabled**. This continued insurance is subject to the terms of the policy which were in effect on the date **you** became **disabled**, including reductions and terminations.

Disability must be continuous for an uninterrupted period equal to the Waiver of Premium Elimination Period as shown in the Group Basic Term Life BENEFIT SUMMARY. Premium payments must be continued during this period.

Once **your** Waiver of Premium claim has been approved, this insurance will continue without payment of premiums until the earliest of the following:

- the date **you** turn 65;
- the date **you** cease to be **disabled** as defined;
- the date **you** retire;
- the date **you** fail to give **us** proof of **your** continued **disability**; or
- the date **you** refuse to be examined as required.

Premium payment for any **dependent** insurance, if insured under the benefit, (which is considered to be **your** insurance) will also be waived when **your** premium payments are waived.

Recurrent Disability within 180 days

If, after a period of **disability** for which premiums have been waived, and **you** experience a **recurrent disability**, the Company will treat this **recurrent disability** as a continuation of **your** previous period of **disability** and a new Waiver of Premium Elimination Period will not have to be completed if:

- **you** return to continuous **active employment** for the period between the last date for which premiums were waived under **your** prior claim and the commencement of the **recurrent disability**
- **you** were continuously insured between the last date for which premiums were waived under **your** prior claim and the commencement of the **recurrent disability**;
- **your recurrent disability** commences within 180 days from the last date for which premiums were waived under **your** prior claim.

Recurrent Disability if more Than 180 days

Your recurrent disability will not be considered to be a continuation of a prior period of **disability** if the **recurrent disability** commences more than 180 days after the last date for which premiums were waived under **your** prior claim. In such case, the **recurrent disability** will be treated as a new claim. The new claim will be subject to all of the policy provisions, including the Waiver of Premium Elimination Period, in force at the commencement of the new claim.

If **your recurrent disability** is considered to be a continuation of a prior period of **disability**, **your recurrent disability** will be subject to the same policy terms as **your** prior claim. The commencement date of the **recurrent disability** will be deemed to be the original date of **disability** from the prior period(s) of **disability.**

Terminal Illness Disability Benefit:

We will pay a Terminal Illness Disability Benefit to **you** if **you** are less than 64 years of age, become **disabled** and have a life expectancy of 12 months or less due to a terminal illness.

In order to be considered for the Terminal Illness Disability Benefit, **you** must:

- be less than 64 years of age;
- be approved by **us** for Waiver of Premium;
- request this benefit, in writing, on a form acceptable to **us**; and

- submit to **us** written certification from a **physician**, that **you:**
  - are **disabled**;
  - are terminally ill; and
  - have a medical prognosis of 12 months or less to live.

The amount of the Terminal Illness Disability Benefit will be the lesser of:
- 50% of the amount of insurance on **your** life; and
- $100,000.

We will pay the Terminal Illness Disability Benefit to **you** in one lump sum. The Terminal Illness Disability Benefit is payable only once during **your** lifetime.

After a Terminal Illness Disability Benefit has been paid to **you**, the amount of insurance on **your** life will be reduced by the amount of the payment. The remaining amount of insurance on **your** life will be paid according to the terms of the policy, subject to any reduction or termination provision. Any amount that **you** could otherwise convert under the Conversion Privilege will also be reduced by the amount of the Terminal Illness Disability Benefit payment.

The Terminal Illness Disability Benefit payment is not available to **you** if **you** would be otherwise required by law to use this benefit to meet the claims of creditors, whether in bankruptcy, bankruptcy protection or otherwise.

Any payment made under this benefit will fully discharge **our** liability to the extent of the amount paid.

Conversion

You are entitled to obtain an individual life insurance policy without **evidence of insurability** if **you** meet the following conditions:
- All or part of **your** Group Basic Term Life insurance under the policy terminates prior to the earlier of retirement or the date **you** turn 65. This includes reductions or terminations of coverage which become effective at specified ages or on retirement which are specified in the policy. In addition, **your** death prior to age 65 will be considered termination of the Group **Dependent** Basic Term Life insurance amount and conversion of **your spouse's** insurance will be allowed within 31 days of **your** death.
- All of the Group Basic Term Life insurance for **you** under the policy terminates because **you** turn 65 while **your** premiums are being waived under the Waiver of Premium provision.

You must apply for the individual policy in writing and pay the first premium within 31 days after the insurance terminates. In the case of insurance for **your dependent**, either **you** or **your spouse** may apply for conversion of a **spouse's** insurance.

Exception

The Conversion Privilege is not available if insurance terminates because **you** and/or **your employer** stop making required premium contributions.

Policy Form

The individual policy may be in any one of **our** then standard life insurance conversion forms. Term insurance is only available in the following forms:
- a non-convertible term insurance policy to age 65; or
- a 1 year non-renewable term insurance policy. This type of policy can be converted to any other form of conversion policy being offered, without **evidence of insurability**, if the change is made before the end of the 1-year term.

No disability or accidental death benefit will be offered with the individual policy.

Premium

The premium for the individual policy will be based on the person's age, sex, and class of risk, and on the type and amount of policy being issued.

Maximum individual policy amount (other than for a resident in Quebec)

If **you** reside outside of Quebec, the amount of the individual policy will not exceed the lesser of:

- the amount of terminated insurance less the amount of any group term life insurance for which **you** or **your spouse** becomes eligible within the 31 days allowed for conversion; or
- $200,000.

This amount is **yours,** or the **spouse's,** combined maximum that can be converted under all group life policies issued to **your employer** by **us**.

An individual can convert less than the maximum individual policy amount but cannot convert an amount less than the minimum amount then issued by **us** for the type of policy chosen.

Maximum individual policy amount for a resident in Quebec

If **you** reside in Quebec, the amount of the individual policy will be:

1. **If you alone are converting:**
   the amount must be at least $10,000 and cannot exceed the lesser of all amounts of **your** group life coverages on the date of conversion or $400,000.

2. **If you alone are converting, and you have been insured under the policy for at least 5 years, the master policy is now terminating and not being replaced or is being replaced but with a lesser amount of insurance:**
   the amount must be at least $10,000 or 25% of the amount of **your** life insurance on the date the master policy terminates, whichever is greater.

3. **If your dependent is converting:**
   the amount must be at least $5,000, without exceeding the amount of insurance in force on the **dependent's** life under the policy on the date of conversion.

This amount is the maximum that can be converted under all group life policies issued to **your employer** by **us**.

An individual can convert less than the maximum individual policy amount but cannot convert an amount less than the minimum amount then issued by **us** for the type of policy chosen.

Conversion policy effective date

The individual policy will take effect at the end of the 31 days allowed for conversion.

Death during the conversion period

If an individual dies within the 31 days allowed for conversion, the total amount of terminated or reduced Group Basic Term Life insurance that the individual was entitled to convert is payable under the policy's Group Basic Term Life insurance benefit as if the death occurred while the Group Basic Term Life insurance benefit was still in force.

Cancellation:

If **you** are approved for the policy's Group Basic Term Life insurance Waiver of Premium benefit after **you** or **your dependent** have been issued an individual life insurance conversion policy, the individual policies will be cancelled and the premiums paid on the individual policies refunded to **you**.

Benefits Insured by RBC Life Insurance Company

GROUP OPTIONAL TERM LIFE INSURANCE BENEFIT

If an **insured** dies while they are insured under the policy, **we** will pay to the **insured's beneficiary** the amount of insurance for the **insured** as shown in the Group Optional Term Life Benefit Summary, less any amount already paid under the Terminal Illness Disability Benefit.

Benefit Specific Definitions:

The same Benefit Specific Definitions used under GROUP BASIC TERM INSURANCE BENEFIT – **EMPLOYEE** will also be used in this benefit (except as specified below), in addition to certain definitions under the GENERAL DEFINITIONS section of this booklet.

Beneficiary means the person or persons designated by **you** in writing to receive **your** Group **Employee** Optional Term Life insurance upon **your** death.

You are considered to be the **beneficiary** of any Group **Dependent** Optional Term Life insurance (if included) under the policy.

Beneficiary

Designating

Your beneficiary will be as designated by **you**, subject to applicable law. If no **beneficiary** has been designated, payment will be made to **your** estate. If a designated **beneficiary** disclaims their right to receive insurance money or is disentitled by law to receive insurance money and there is no other designated **beneficiary**, payment will be made to **your** estate.

You may designate a **beneficiary** in writing, on a form acceptable to **us** that is signed by **you**. The **beneficiary** designation must be signed by **you** and filed with **your employer**. The **beneficiary** designation will take effect on the date it is filed with **your employer**.

NOTE: If **your employer** has requested, **we** will maintain **your** current **beneficiary** designations as specified on the prior carrier's enrollment cards at the time the policy was transferred.

The **beneficiary** designation listed on **your** prior carrier's enrollment card will be used by **us** in order to pay benefits under the policy unless **you** specifically request a change of **beneficiary** under the policy.

It is strongly suggested that **you** review the existing designation to ensure it reflects **your** current intentions.

Changing or revoking a beneficiary

You may change or revoke a **beneficiary** designation, in writing, on a form acceptable to **us**. The change to or revocation of the **beneficiary** designation must be signed by **you** and filed with **your employer**. The change to or revocation of the **beneficiary** designation will take effect on the date it is filed with **your employer**. **We** may pay insurance money in accordance with the **beneficiary** designation that **your employer** provides to **us**. If **we** pay insurance money before receiving a change to or revocation of the **beneficiary** designation, **we** shall be fully discharged for the amount of insurance money paid in accordance with the previous **beneficiary** designation.

The consent of the **beneficiary** will not be required to change any **beneficiary** unless the **beneficiary** is an irrevocable **beneficiary**, as defined by provincial law.

Payment for loss of dependent life

Amounts of insurance for a **dependent's** loss of life (if insured under this benefit) are payable in one lump sum to **you**. Any such amounts unpaid at **your** death will be payable to **your** estate.

Payment to a beneficiary

If more than one **beneficiary** is designated on the same form and **you** do not designate their order of rights, the **beneficiaries** will share equally.

If more than one **beneficiary** is designated on the same form and a **beneficiary** predeceases **you**, then unless the **beneficiary** designation states otherwise, the share of a deceased **beneficiary** will be paid to the surviving **beneficiary**, or, if more than one, to the surviving **beneficiaries** in equal shares.

If any **beneficiary** is a minor and there is no other person capable of giving proper discharge, **we** reserve the right to pay the death payment to the relevant provincial trustee for the benefit of the minor or to a legal representative of the minor **beneficiary** living in another jurisdiction. If **we** pay benefits in good faith to such person or trustee, **we** will be fully discharged to the extent of the payment.

In the event of the simultaneous death of **you** and the named **beneficiary**, the death benefit will be paid as if the **beneficiary predeceased you**.

Payment Of Discretionary Amounts

If the person to whom any amount of insurance is payable is not able to give a valid discharge, **we** may pay up to $10,000 (subject to the maximum applicable amount of insurance) to any person or institution **we** consider appropriate, such as but not limited to, a living relative of that person or any person or institution incurring expenses for the care or maintenance of that person. As long as this payment is made in good faith, **we** will be fully discharged to the extent of the payment.

Optional Modes Of Settlement

Unless otherwise elected, payment for loss of life will be made in one lump sum.

You may elect to have all or any part of **your** benefits for loss of life paid under any other option offered by **us**. If **you** have not made such election, the **beneficiary**, after **your** death, may do so. At the death of any payee receiving installment payments, the remaining balance of the benefits with any accumulated interest will be paid in one sum to the payee's estate.

Medical Examinations And Autopsy

At **our** own expense and discretion, **we** will have the right and opportunity to have an **insured**, whose claim is pending, examined by a **physician** of its choice. This right may be used as often as reasonably required.

We will also have the right and opportunity, in case of death, to request an autopsy where not prohibited by law.

Continuity of Coverage

If **you** are employed by **your employer** and are not in **active employment** on the Policy Effective Date due to **sickness** or **injury**, **you** are still eligible to be enrolled for Group Optional Life Insurance under the policy if:

- **you** were properly insured for optional term life insurance under a **previous group policy** when that **previous group policy** terminated;
- **your** insurance under that **previous group policy** terminated solely because of the termination of that **previous group policy**; and
- **you** would be otherwise eligible under this policy if **you** were in **active employment**.

Continuity of Coverage Limitation

Premiums must be paid if **you** are enrolled under this Continuity of Coverage provision, and premiums will not be waived during:

- any period of **disability** which commenced prior to the Policy Effective Date; or
- any periods of **disability**, which commence after the Policy Effective Date, but which would qualify as a recurrent disability under the terms of the **previous group policy**.

Subject to a change in Quebec law, premiums must be paid for a person who is resident in the province of Quebec and who is enrolled under this Continuity of Coverage provision, and premiums will not be waived during:

- any period of **disability** which commenced prior to the Policy Effective Date, unless the **disability** was not reported to the insurer of the **previous group policy** until more than 180 days after the Policy Effective Date; or
- any periods of **disability**, which commence after the Policy Effective Date, but which would qualify as a recurrent disability under the terms of the **previous group policy**, unless the person has been in **active employment** under this policy for at least 30 days.

No amount will be payable under this policy for a death if the death occurs while premiums are being waived under, or should have been waived under, the **previous group policy.**

Waiver Of Premium:

If **you** become **disabled** (while insured under the policy) before retirement or age 65, whichever is earlier, **we** will continue **your** life insurance as long as **you** are **disabled**. This continued insurance is subject to the terms of the policy which were in effect on the date **you** became **disabled**, including reductions and terminations.

Disability must be continuous for an uninterrupted period equal to the Waiver of Premium Elimination Period as shown in the Group Optional Term Life BENEFIT SUMMARY. Premium payments must be continued during this period.

Once **your** Waiver of Premium claim has been approved, this insurance will continue without payment of premiums until the earliest of the following:

- the date **you** turn 65;
- the date **you** cease to be **disabled** as defined;
- the date **you** retire;
- the date **you** fail to give **us** proof of **your** continued **disability**; or
- the date **you** refuse to be examined as required.

Premium payment for any **dependent** insurance, if insured under the benefit, (which is considered to be **your** insurance) will also be waived when **your** premium payments are waived.

In the event that **you yours**elf are not insured under this benefit, premium payment for any **dependent** insurance, if insured under this benefit, (which is considered to be **your** insurance) will also be waived when **your** premium payments are waived under the Group Basic Term Life benefit contained in the policy.

Recurrent Disability within 180 days

If, after a period of **disability** for which premiums have been waived, and **you** experience a **recurrent disability**, the Company will treat this **recurrent disability** as a continuation of **your** previous period of **disability** and a new Waiver of Premium Elimination Period will not have to be completed if:

- **you** return to continuous **active employment** for the period between the last date for which premiums were waived under **your** prior claim and the commencement of the **recurrent disability;**
- **you** were continuously insured between the last date for which premiums were waived under **your** prior claim and the commencement of the **recurrent disability**;
- **your recurrent disability** commences within 180 days from the last date for which premiums were waived under **your** prior claim.

Recurrent Disability if more Than 180 days

Your recurrent disability will not be considered to be a continuation of a prior period of **disability** if the **recurrent disability** commences more than 180 days after the last date for which premiums were waived under **your** prior claim. In such case, the **recurrent disability** will be treated as a new claim. The new claim will be subject to all of the policy provisions, including the Waiver of Premium Elimination Period, in force at the commencement of the new claim.

If **your recurrent disability** is considered to be a continuation of a prior period of **disability**, **your recurrent disability** will be subject to the same policy terms as **your** prior claim. The commencement date of the **recurrent disability** will be deemed to be the original date of **disability** from the prior period(s) of **disability.**

Terminal Illness Disability Benefit:

We will pay a Terminal Illness Disability Benefit to **you** if **you** are less than 64 years of age, become **disabled** and have a life expectancy of 12 months or less due to a terminal illness.

In order to be considered for the Terminal Illness Disability Benefit, **you** must:

- be less than 64 years of age;
- be approved by **us** for Waiver of Premium;
- request this benefit, in writing, on a form acceptable to **us**; and
- submit to **us** written certification from a **physician**, that **you:**
  - are **disabled**;
  - are terminally ill; and
  - have a medical prognosis of 12 months or less to live.

The amount of the Terminal Illness Disability Benefit will be the lesser of:

- 50% of the amount of insurance on **your** life; and
- $100,000.

We will pay the Terminal Illness Disability Benefit to **you** in one lump sum. The Terminal Illness Disability Benefit is payable only once during **your** lifetime.

After a Terminal Illness Disability Benefit has been paid to **you**, the amount of insurance on **your** life will be reduced by the amount of the payment. The remaining amount of insurance on **your** life will be paid according to the terms of the policy, subject to any reduction or termination provision. Any amount that **you** could otherwise convert under the Conversion Privilege will also be reduced by the amount of the Terminal Illness Disability Benefit payment.

The Terminal Illness Disability Benefit payment is not available to **you** if **you** would be otherwise required by law to use this benefit to meet the claims of creditors, whether in bankruptcy, bankruptcy protection or otherwise.

Any payment made under this benefit will fully discharge **our** liability to the extent of the amount paid.

Suicide Exclusion:

Where the cause of death is suicide:

1. no benefits will be payable if death occurs within 24 months after the **insured's** initial effective date of insurance; and
2. no increased or additional insurance will be payable if death occurs within 24 months after the day such increased or additional insurance is effective.

Benefits Insured by RBC Life Insurance Company

Conversion:

You are entitled to obtain an individual life insurance policy without **evidence of insurability** if **you** meet the following conditions:

- All or part of **your** Group Optional Term Life insurance under the policy terminates prior to the earlier of retirement or the date **you** turn 65. This includes reductions or terminations of coverage which become effective at specified ages or on retirement which are specified in the policy. In addition, **your** death prior to age 65 will be considered termination of the Group Optional Term Life insurance amount for the **spouse** and conversion of a **spouse's** insurance will be allowed within 31 days of **your** death.
- **You** must apply for the individual policy in writing and pay the first premium within 31 days after the insurance terminates. In the case of insurance for the **spouse**, either **you** or the **spouse** may apply for conversion of a **spouse's** insurance.

Exception

The Conversion Privilege is not available if insurance terminates because **you** and/or **your employer** stop making required premium contributions.

Policy Form

The individual policy may be in any one of **our** then standard life insurance conversion forms. Term insurance is only available in the following forms:

- a non-convertible term insurance policy to age 65; or
- a 1 year non-renewable term insurance policy. This type of policy can be converted to any other form of conversion policy being offered, without **evidence of insurability**, if the change is made before the end of the 1-year term.

No disability or accidental death benefit will be offered with the individual policy.

Premium

The premium for the individual policy will be based on the person's age, sex, and class of risk, and on the type and amount of policy being issued.

Maximum individual policy amount (other than for a resident in Quebec)

If **you** reside outside of Quebec, the amount of the individual policy will not exceed the lesser of:

- the amount of terminated insurance less the amount of any group term life insurance for which **you** or the **spouse** becomes eligible within the 31 days allowed for conversion; or
- $200,000.

This amount is **yours,** or the **spouse's,** combined maximum that can be converted under all group life policies issued to **your employer** by **us**.

An individual can convert less than the maximum individual policy amount but cannot convert an amount less than the minimum amount then issued by **us** for the type of policy chosen.

Maximum individual policy amount for a resident in Quebec

If **you** reside in Quebec, the amount of the individual policy will be:

1. **If you alone are converting:**
   the amount must be at least $10,000 and cannot exceed the lesser of all amounts of **your** group life coverages on the date of conversion or $400,000.

2. **If you alone are converting, and you have been insured under the policy for at least 5 years, the master policy is now terminating and not being replace or is being replaced but with a lesser amount of insurance:**
   the amount must be at least $10,000 or 25% of the amount of **your** life insurance on the date the master policy terminates, whichever is greater.

3. **If your dependent is converting:**
   the amount must be at least $5,000, without exceeding the amount of insurance in force on the **dependent**'s life under the policy on the date of conversion.

This amount is the maximum that can be converted under all group life policies issued to **your employer** by **us**.

An individual can convert less than the maximum individual policy amount but cannot convert an amount less than the minimum amount then issued by **us** for the type of policy chosen.

Conversion policy effective date

The individual policy will take effect at the end of the 31 days allowed for conversion.

Death during the conversion period:

If an individual dies within the 31 days allowed for conversion, the total amount of terminated or reduced Group Optional Term Life insurance that the individual was entitled to convert is payable under this policy's Group Optional Term Life insurance benefit as if the death occurred while the Group Optional Term Life insurance benefit was still in force.

Cancellation:

If **you** are approved for the policy's Group Optional Term Life insurance Waiver of Premium benefit after **you** or **your dependents** have been issued an individual life insurance conversion policy, the individual policies will be cancelled and the premiums paid on the individual policies refunded to **you**.

Notes

This page has been provided to allow you to make notes regarding your Group Benefit Program, or how to best access your Group Benefits.