

your **group**
benefits

Covenant Health

**Management/Out of Scope and
Exempt Foundation**

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General Information

About this booklet

The information in this employee benefits booklet is important to you. It provides the information you need about the group benefits available through your employer's group contract with Sun Life Assurance Company of Canada (*Sun Life*), a member of the Sun Life Financial group of companies.

Your group benefits may be modified after the effective date of this booklet. You will receive written notification of changes to your group plan. The notification will supplement your group benefits booklet and should be kept in a safe place together with this booklet.

For administrative purposes, number 105118 will be used for the Critical Illness benefit under this contract.

If you have any questions about the information in this employee benefits booklet, or you need additional information about your group benefits, please contact your employer.

Eligibility

To be eligible for group benefits, you must be a resident of Canada and meet the following conditions:

- you are a permanent employee or a temporary employee with a minimum 6 month assignment.
- you are actively working for your employer at least 15 hours a week.
- you have completed the waiting period.

The waiting period for your group plan is 3 months of continuous employment in a benefit eligible position.

We consider you to be actively working if you are performing all the usual and customary duties of your job with your employer for the scheduled number of hours for that day. This includes scheduled non-

working days and any period of continuous paid vacation of up to 3 months if you were actively working on the last scheduled working day. We do not consider you to be actively at work if you are receiving disability benefits or are participating in a partial disability or rehabilitation program.

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

Who qualifies as your dependent

Your dependent must be your spouse or your child and a resident of Canada or the United States.

Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least the last year, is an eligible dependent. You can only cover one spouse at a time.

Your children and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law, and are under age 21.

A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until the age of 25 as long as the child is entirely dependent on you for financial support.

If a child becomes handicapped before the limiting age, we will continue coverage as long as:

- the child is incapable of financial self-support because of a physical or mental disability, and
- the child depends on you for financial support, and is not married nor in any other formal union recognized by law.

In these cases, you must notify Sun Life within 31 days of the date the child attains the limiting age. Your employer can give you more information about this.

Enrolment

You have to enrol to receive coverage. To enrol, you must request coverage in writing by supplying the appropriate enrolment information to your employer. For a dependent to receive coverage, you must request dependent coverage.

If both you and your spouse are employed by Covenant Health, you may both enrol for employee Voluntary Life coverage or one of you may be enrolled as the spouse of the other. You cannot be enrolled for Voluntary Life coverage as both an employee and a spouse.

Proof of good health will be required when you request Voluntary Life coverage and any increase in that coverage. Coverage will not take effect before Sun Life approves the proof of good health.

For Optional Critical Illness coverage, proof of good health will be required as specified in the *Critical Illness* section. Coverage will not take effect before Sun Life approves the proof of good health.

When coverage begins

Your coverage begins on the date you become eligible for coverage.

If you are not actively working on the date coverage would normally begin, your coverage will not begin until you return to active work.

Dependent coverage begins on the date your coverage begins or the date you first have an eligible dependent, whichever is later.

However, for a dependent, other than a newborn child, who is hospitalized, coverage will begin when the dependent is discharged from hospital and is actively pursuing normal activities.

Once you have dependent coverage, any subsequent dependents will be covered automatically.

If you are not actively working on the date your spouse's Voluntary Life or Optional Critical Illness coverage and your child's Optional Life coverage would normally begin, then that coverage will not begin until you return to active work with your employer.

If there are additional conditions for a particular benefit, these

conditions will appear in the appropriate benefit section later in this booklet.

Changes affecting your coverage

From time to time, there may be circumstances that change your coverage.

For example, your employment status may change, or your employer may change the group contract. Any resulting change in the coverage will take effect on the date of the change in circumstances.

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

- if proof of good health is required, the change cannot take effect before Sun Life approves the proof of good health.
- if you are not actively working when the change occurs or when Sun Life approves proof of good health, the change cannot take effect before you return to active work.
- if a dependent, other than a newborn child, is hospitalized on the date when the change occurs, the change in the dependent's coverage cannot take effect before the dependent is discharged and is actively pursuing normal activities.

Updating your records

To ensure that coverage is kept up-to-date, it is important that you report any of the following changes to your employer:

- change of dependents.
- change of name.
- change of beneficiary.

When coverage ends

As an employee, your coverage will end on the earlier of the following dates:

- the date your employment ends or you retire.
- the date you are no longer actively working.

- the end of the period for which premiums have been paid to Sun Life for your coverage.
- the date the group contract ends.

A dependent's coverage terminates on the earlier of the following dates:

- the date your coverage ends.
- the date the dependent is no longer an eligible dependent.
- the end of the period for which premiums have been paid for dependent coverage.

The termination of coverage may vary from benefit to benefit. For information about the termination of a specific benefit, please refer to the appropriate section of this employee benefits booklet.

Replacement coverage

The group contract will be interpreted and administered according to all applicable legislation and the guidelines of the Canadian Life and Health Insurance Association concerning the continuation of insurance following contract termination and the replacement of group insurance.

Sun Life will not be responsible for paying benefits if an insurer under a previous group contract is responsible for paying similar benefits.

If such legislation or guidelines require that Sun Life resume paying certain benefits because of a recurrence of an employee's total disability, Sun Life will resume payment at the same amount and for the remainder of the maximum benefit period.

Making claims

Sun Life is dedicated to processing your claims promptly and efficiently. You should contact your employer to get the proper form to make a claim. There are time limits for making claims. These limits are discussed in the appropriate sections of this employee benefits booklet. All claims must be made in writing on forms approved by Sun Life.

No legal action may be brought by you more than one year after the date we must receive your claim forms or more than one year after we

stop paying disability benefits.

Proof of disability	From time to time, Sun Life can require that you provide us with proof of your total disability. If you do not provide this information within 90 days of the request, you will not be entitled to benefits.
Medical examination	We can require you to have a medical examination if you make a claim for benefits. We will pay for the cost of the examination. If you fail or refuse to have this examination, we will not pay any benefit.
Recovering overpayments	We have the right to recover all overpayments of benefits either by deducting from other benefits or by any other available legal means.
Definitions	Here is a list of definitions of some terms that appear in this employee benefits booklet. Other definitions appear in the benefit sections.
<i>Appropriate treatment</i>	Appropriate treatment is defined as any treatment that is performed and prescribed by a doctor or, when Sun Life believes it is necessary, by a medical specialist. It must be the usual and reasonable treatment for the condition and must be provided as frequently as is usually required by the condition. It must not be limited solely to examinations or testing.
<i>Basic earnings</i>	Basic earnings are the salary you receive from your employer, including education allowance, but excluding any bonus, overtime, incentive pay, shift differential, call-back charges or any other premium pay.
<i>Doctor</i>	A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.
<i>Illness</i>	An illness is a bodily injury, disease, mental infirmity or sickness. Any surgery needed to donate a body part to another person which causes total disability is an illness.
<i>Retirement date</i>	If you are totally disabled, your retirement date is your 65th birthday, unless you have actually retired before then.
<i>We, our and us</i>	We, our and us mean Sun Life Assurance Company of Canada.

Long-Term Disability

General description of the coverage

Long-Term Disability coverage provides a benefit to you if you are totally disabled. You qualify for this benefit if you provide proof of claim acceptable to Sun Life that:

- you became totally disabled while covered, and
- you have been following appropriate treatment for the disability since its onset.

For your Long-Term Disability coverage,

- during the elimination period and the following 24 months (this period is known as the **own occupation period**), you will be considered totally disabled while you are continuously unable due to an illness to do the essential duties of your own occupation, including any period during which you are unable to report for work as a result of being quarantined due to a declared pandemic or respiratory infection outbreak, and
- afterwards, you will be considered totally disabled if you are continuously unable due to an illness to do any occupation for which you are or may become reasonably qualified by education, training or experience.

If you must hold a government permit or licence to perform your own occupation and your permit or licence is withdrawn or not renewed solely for medical reasons, we will consider you totally disabled for up to 24 months after the end of the elimination period. You cannot be working other than in a Sun Life approved partial disability or rehabilitation program.

Benefits are paid at the end of each month and are based on your coverage on the date you became totally disabled.

If you are totally disabled for part of any month, we will pay 1/30 of

When disability payments begin

the monthly benefit for each day you are totally disabled.

Your Long-Term Disability payments begin after you have been totally disabled for an uninterrupted period of 24 weeks or after the last day benefits are payable under any short-term disability, loss of income or other salary continuation plan, whichever is later.

This period, which must be completed before disability benefits become payable, is the **elimination period**.

If you become totally disabled during a lay-off or approved leave and your coverage continues during this time, you will be eligible for benefit payments following your recall or scheduled return to full-time work with your employer. You must have been totally disabled for an uninterrupted period of 24 weeks and still be totally disabled on the date you are recalled or scheduled to return to full-time work with your employer.

What we will pay

Here is how we calculate your Long-Term Disability payments. All references to income in this disability provision are to the gross amounts before any deductions.

Step 1: We take 65% of the first \$2,500 of your monthly basic earnings, add 55% of the next \$2,500 and then add 45% of the balance of your monthly earnings, if any, up to a maximum benefit of \$12,000.

Step 2: We subtract any income provided to you:

- for the same or a subsequent disability under any government-sponsored plan, excluding dependent benefits, employment insurance benefits and automatic cost-of-living increases under any government-sponsored plan that occur after benefits begin.
- for the same or a subsequent disability under any Workers' Compensation Act or similar law, excluding automatic cost-of-living increases that occur after benefits begin.
- under a motor vehicle insurance plan which provides disability benefits to the extent that the law does not prohibit such a deduction.

- under a group plan, including any coverage resulting from your membership in an association of any kind.
- under a retirement or pension plan funded in whole or in part by the employer, as a result of your disability or a medical condition.
- under the Québec Parental Insurance Plan.

The result from Step 2 is the amount you will normally receive.

If this amount plus the above sources of income and all the additional sources of income listed below exceeds 85% of your pre-disability basic earnings, we will reduce your Long-Term Disability payment by the excess. If your benefit is non-taxable, the maximum will be 80% of your pre-disability basic earnings after income tax.

Additional sources of income provided to you:

- under any Workers' Compensation Act or similar law for another disability, excluding any automatic cost-of-living increases that occur after benefits begin.
- under any Criminal Injuries Compensation Act or similar law, where allowed by law.

If you are eligible for any of the income amounts above and do not apply for them, we will still consider them part of your income. We can estimate those benefits and use those amounts when we calculate your payments.

If you receive any of the income amounts above in a lump sum, we will determine the equivalent compensation this represents on a monthly basis using generally accepted accounting principles.

We will not take into account any benefits that began before your disability began. However, increases in those benefits as a result of your disability will be taken into account.

We have the right to adjust your benefit payments when necessary.

**Maternity / parental
leave of absence**

Maternity leave agreed to with your employer will begin on the date you and your employer have agreed will be the start of your leave or the date the child is born, whichever is earlier. The leave will end on the date you and your employer have agreed that you will return to active, full-time work or the actual date you return to active, full-time work, whichever is earlier.

Parental leave is the period of time that you and your employer have agreed on.

Sun Life will determine any portions of a maternity or parental leave which are voluntary and any portions which are health-related. The health-related portion of the leave is the period in which a woman can establish, through appropriate medical documentation, that she is unable to work for health reasons related to childbirth or recovery from childbirth.

Long-Term Disability benefits will only be payable for health-related portions of the leave where necessary in order to comply with requirements such as employment standards, human rights and employment insurance, after you have been disabled for an uninterrupted period of 24 weeks, provided your coverage has been continued.

However, if your employer has a Supplemental Unemployment Benefit (SUB) plan as defined in the Employment Insurance regulations covering the health-related portion of the maternity or parental leave, Sun Life will not pay any benefits under this plan during any period benefits are payable to you under your employer's SUB plan.

**Partial disability
program**

You may be required to participate in a partial disability program approved by Sun Life in writing.

After you are eligible for Long-Term Disability payments, you may be considered for a partial disability program in which you return to your own occupation for a reduced number of hours per week.

During your partial disability program, you can receive a salary from your employer for the hours worked. However, your Long-Term Disability payments will be reduced by the percentage of your normal

work week that you are now working for your employer.

During your partial disability program your total income from all sources cannot exceed 100% of your pre-disability basic earnings, indexed for inflation (less provincial and federal income taxes if your benefit is non-taxable). If this is the case, your Long-Term Disability payments will be further reduced by the excess.

Your participation in a partial disability program will be limited to the own occupation period.

Rehabilitation program

You may be required to participate in a rehabilitation program approved by Sun Life in writing.

It may include the involvement of our rehabilitation specialist, part-time work, working in another occupation or vocational training to help you become capable of full-time employment.

Sun Life is under no obligation to approve or continue a rehabilitation program for an employee. We will consider such factors as financial considerations and our opinion on the merits of rehabilitation.

During your rehabilitation program, you may receive your Long-Term Disability payments plus income from other sources. However, if during any month your total income is more than 100% of your pre-disability basic earnings, indexed for inflation (less provincial and federal income taxes if your benefit is non-taxable), your Long-Term Disability payments will be reduced by the excess.

You should consider participating in a rehabilitation program as soon as possible after becoming totally disabled. If you enter a rehabilitation program during the elimination period, it will not be considered an interruption of the elimination period.

Interrupted periods of disability during elimination period

Interrupted periods of total disability due to the same or related causes occurring before the elimination period has been completed are treated as one period of disability and are accumulated to complete the elimination period as long as this benefit is in force and all of the following conditions are met:

- the initial period of total disability lasts for at least 30 days without interruption.
- afterwards, there is no interruption of more than 30 days.
- each period of total disability is completed within 12 months after the start of the elimination period, or as approved by Sun Life in advance in cases where the elimination period is 365 days or more.

The difference between your normal number of scheduled hours and the number of hours actually worked is credited towards the elimination period.

If the Long-Term Disability benefit terminates, any balance of the elimination period must subsequently be completed by uninterrupted total disability.

Interrupted periods of disability after payments begin

If you had a total disability for which we paid Long-Term Disability benefits and total disability occurs again due to the same or related causes, we will consider it a continuation of your previous disability if it occurs within 6 months of the end of your previous disability. You must be covered when total disability reoccurs.

These benefits will be based on your coverage as it existed on the original date of total disability.

If you recover damages from another person

We have the right to part of any money you recover through legal action or settlement from another person, organization or company who caused your disability.

If you decide to take legal action, you must comply with the applicable terms of the group contract concerning legal action.

If you recover money, you must pay us 75% of your net recovery or the total disability income benefits paid or payable to you under this plan, whichever is less. Your net recovery does not include your legal costs. Seventy-five percent of your net recovery must be held in trust for us.

We have the right to withhold or discontinue disability income

payments if you refuse or fail to comply with any of these terms.

Your responsibilities During your total disability, you must make reasonable efforts to:

- recover from your disability, including participating in any reasonable treatment or rehabilitation program and accepting any reasonable offer of modified duties from your employer.
- return to your own occupation during the first 24 months that benefits are payable.
- obtain training in order to qualify for another occupation if it becomes apparent that you will not be able to return to your own occupation within the first 24 months that benefits are payable.
- try to obtain work in another occupation after the first 24 months that benefits are payable.
- obtain benefits that may be available from other sources.

If you do not, Sun Life may hold back or discontinue benefits.

When payments end Your Long-Term Disability payments end on the earlier of the following dates:

- the date you are no longer totally disabled.
- the last day of the month in which you reach age 65.
- the last day of the month in which you retire with a pension or are eligible to retire with a full pension or a full pension equivalent.
- the last day of the month in which you die.

When coverage ends Long-Term Disability coverage will end on the day you reach age 65 less the elimination period of 24 weeks or the day you retire, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

Payments after coverage ends

If the Long-Term Disability benefit terminates while you are totally disabled, you are entitled to continue receiving payments, as long as your total disability is uninterrupted, as if the benefit were still in effect.

What is not covered

We will not pay benefits for any period:

- you are not receiving appropriate treatment.
- that you do any work for wage or profit except as approved by Sun Life.
- you are not participating in an approved partial disability or rehabilitation program, if required by Sun Life.
- you are on a leave of absence, strike or lay-off except as stated under *Maternity / parental leave of absence* or except where specifically agreed to by Sun Life.
- you are absent from Canada longer than 4 months due to any reason, unless Sun Life agrees in writing in advance to pay benefits during the period.
- you are serving a prison sentence or are confined in a similar institution.

We do not pay benefits if your disability results directly or indirectly from a condition which existed on or before the date your coverage began. However, this limitation will not apply to you if:

- you have been covered for Long-Term Disability with your employer for at least 13 weeks during which you have been actively working continuously (up to 3 days of absence does not count) and you have not been treated by a doctor, or any medical personnel under the direction of a doctor, for the condition, or
- you became totally disabled more than 12 months after your coverage began.

If your coverage ends but you are covered again under this plan, we

will use the latest date your coverage began when applying the above limitation.

We will not consider you totally disabled if your disability results from drug or alcohol abuse. However, this limitation will not apply while you are participating in a Sun Life approved treatment program or you have an organic disease which would cause total disability even if drug and alcohol abuse ended.

We will not pay benefits for total disability resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- intentionally self-inflicted injuries or attempted suicide, while sane or insane.
- participation in a criminal offence.

When and how to make a claim

To make a claim, complete the Notice of Claim for Group Long-Term Disability Benefits that is available from your employer.

We must receive notice of claim on the earlier of the following dates:

- 60 days after the total disability begins.
- within 30 days of the termination of this Long-Term Disability benefit.

Part of the application process will include filling out claim forms that give us as many details about the claim as possible. You, the attending doctor and your employer will all have to complete claim forms.

In order to receive benefits, we must receive these forms no later than 90 days after the end of the elimination period.

We will assess the claim and send you or your employer a letter outlining our decision.

From time to time, Sun Life can require that you provide us with proof of your total disability. If you do not provide this information within 90 days of this request, you will not be entitled to benefits.

Critical Illness

General description of the coverage Critical Illness coverage provides a benefit if, after the effective date of coverage, a diagnosis is made that you or your spouse have experienced a covered condition, or have had surgery for a covered condition, as indicated below under *What we will pay*.

To qualify for this coverage, you or your spouse must be a resident of Canada.

Critical Illness coverage for you

Basic coverage The basic amount of coverage is \$25,000.

Optional coverage You can elect coverage in units of \$10,000. The maximum amount of coverage is \$250,000.

Proof of good health will be required when you request optional coverage and any increase in that coverage, except for the first 3 units or \$30,000, depending on the amount elected, if the request is made within 31 days of eligibility. Coverage will not take effect before Sun Life approves the proof of good health.

Coverage ends Your coverage will end when you retire or reach age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

Critical Illness coverage for your spouse

Optional coverage You can elect coverage in units of \$10,000 for your spouse. The maximum amount of coverage is \$250,000.

Proof of good health for your spouse will be required when you request optional coverage for your spouse and any increase in that coverage, except for the first 3 units or \$30,000, depending on the amount

elected, if the request is made within 31 days of eligibility. Coverage will not take effect before Sun Life approves the spouse's proof of good health.

The amount of your spouse's coverage issued without proof of good health cannot exceed the amount of your coverage issued without proof of good health.

Coverage ends Coverage for your spouse will end when you retire or reach age 65, or when your spouse reaches age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

What we will pay We will pay the Critical Illness benefit if, after the effective date of coverage, a diagnosis is made that you or your spouse have experienced a covered condition, or have had surgery for a covered condition, subject to the survival period.

The Critical Illness benefit is payable only on the first covered condition for which a diagnosis is effective, or surgery is performed, and this coverage then terminates.

We reserve the right to require examination of the covered person and confirmation of any diagnosis of or surgery for any covered condition, by a medical practitioner appointed by us in order for any Critical Illness benefit to become payable.

Diagnosis Diagnosis means a written diagnosis by a doctor, licensed and practicing in Canada, of the covered condition. Any diagnosis will be effective as of the date it is established by the doctor, as supported by the covered person's medical records. Any diagnosis of a covered condition that was made prior to the effective date of coverage will not be covered.

Surgery Surgery means a medical operation performed on the covered person and recommended by a doctor, licensed and practicing in Canada.

Survival period Survival period means the minimum number of consecutive days, immediately following the date of diagnosis or surgery, which the covered person must survive before a Critical Illness benefit may become payable. The survival period is 30 days unless a longer waiting period is specified in the definition of a covered condition.

Who we will pay	The Critical Illness benefit is payable to you or, in the event of your death, to your estate.
Covered conditions	We provide coverage for any illness, disorder or surgery that is defined below:
<i>Alzheimer's disease</i>	<p>Alzheimer's disease is a progressive degenerative disease of the brain. The diagnosis of Alzheimer's disease must be made by a certified neurologist licensed and practicing in Canada. The covered person must exhibit loss of intellectual capacity involving impairment of memory and judgement which results in significant reduction in mental and social functioning such that the covered person requires supervision for daily living.</p> <p>All other dementing organic brain disorders and psychiatric illnesses are excluded.</p>
<i>Aorta surgery</i>	The undergoing of surgery for disease of the aorta, requiring excision and replacement of such diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches.
<i>Benign brain tumour</i>	The diagnosis of a benign tumour within the substance of the brain. Excluded are cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins or tumours of the cranial nerves, pituitary or spinal cord.
<i>Blindness</i>	The diagnosis of permanent loss of sight in both eyes, as confirmed by an ophthalmologist licensed and practicing in Canada. The corrected visual acuity must be worse than 20/200 in both eyes or the field of vision must be less than 20 degrees in both eyes.
<i>Cancer</i>	<p>Cancer means the diagnosis of a malignancy, which is characterized by the uncontrolled growth of cancer cells with invasion of tissue, excluding the following conditions:</p> <ul style="list-style-type: none">■ early prostate cancer, diagnosed as T1A N0 M0 and T1B N0 M0 or equivalent staging.■ non-invasive cancer in situ.

- pre-malignant lesions, benign tumours or polyps.
- any tumour in the presence of any human immuno-deficiency virus (HIV).
- any skin cancer other than invasive malignant melanoma greater than 0.75 mm.

For Optional coverage, no cancer coverage of any type is provided if a diagnosis of cancer is made, or any symptom or medical problem which initiated the investigation leading to a diagnosis of cancer commenced within 90 days following the effective date of the covered person's coverage under this benefit. However, coverage under all other covered conditions continues in force.

Coma The diagnosis of a state of unconsciousness with no reaction to external stimuli, for a continuous period of at least 96 hours. This diagnosis must be made by a neurologist licensed and practicing in Canada.

Coronary artery bypass The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must have been recommended by a cardiologist licensed and practicing in Canada.

Excluded are non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques.

Deafness The diagnosis of permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels, as confirmed by an otolaryngologist licensed and practicing in Canada.

Heart attack (myocardial infarction) The death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries due to atherosclerotic heart disease. The diagnosis must be based on ALL of the following criteria occurring at the same time:

- new episode of typical chest pain or equivalent symptoms.
- new electrocardiographic (ECG) changes indicative of an acute myocardial infarction.

- biochemical evidence of myocardial necrosis (heart muscle death) including elevated cardiac enzymes and/or troponin.

Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are specifically excluded.

Kidney failure

The diagnosis of irreversible failure of both kidneys which necessitates treatment by regular dialysis or kidney transplantation.

Loss of independent existence

Loss of independent existence means:

- being permanently unable to perform, by oneself, at least two of the activities of daily living without substantial assistance from another person, or
- having a cognitive impairment.

Activities of daily living are:

- **bathing** – washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **dressing** – dressing oneself, even with appropriate therapy, medication and devices. This includes the putting on and taking off of any necessary braces, fasteners or artificial limbs or other surgical appliances.
- **feeding** – consuming food that has already been prepared and made available, with or without appropriate therapy, medication and devices.
- **continence** – managing bowel or bladder functions, even with appropriate therapy, medication and devices, including performing associated personal hygiene including caring for a catheter or colostomy bag.
- **toileting** – getting to and from the toilet, getting on and off the toilet and maintaining an adequate level of personal hygiene.

- **transferring** – moving in and out of a chair, wheelchair or bed.

Substantial assistance is either hands-on or standby assistance. Hands-on assistance means the physical assistance of another person without which the covered person is unable to perform the activities of daily living. Standby assistance means the presence of another person, within arm's reach, who is necessary to prevent by physical intervention injury to the covered person while the covered person is performing the activities of daily living.

Cognitive impairment means confusion or disorientation due to a permanent deterioration or loss in intellectual capacity that is measured by clinical evidence and standardized tests which reliably measure impairment in:

- short-term or long-term memory,
- orientation to people, places or time, and
- deductive or abstract reasoning.

The covered person suffering a cognitive impairment is unable to perform the mental functions necessary for everyday life, even with substantial assistance, appropriate therapy, medication, special devices or other aids. Mental functions for everyday life include, but are not limited to: adaptive functioning, memory, problem-solving, goal-setting, and judgement.

Loss of independent existence must be:

- diagnosed by a doctor qualified in a relevant area of medicine and practicing in Canada,
- the result of sickness or accidental injury,
- persisting for a continuous period of 90 days, and
- permanent. For the purpose of this benefit, permanent means beyond an expectation of recovery taking into account current medical knowledge and technology.

<i>Loss of speech</i>	Total, permanent, and irreversible loss of the ability to speak for a continuous period of 6 months due to physical injury or physical disease. The diagnosis must be made by an appropriate specialist doctor licensed and practicing in Canada.
<i>Major burns</i>	Third degree burns covering at least 20% of the surface area of the body. The diagnosis must be made by a plastic surgeon licensed and practicing in Canada.
<i>Major organ failure requiring transplant</i>	The irreversible failure of the heart, liver, bone marrow, both lungs or both kidneys requiring receipt of a transplant of that organ, resulting in the covered person being accepted into a recognized transplant program in Canada. The covered person must survive at least 30 days following the date of enrolment into the transplant program.
<i>Major organ transplant</i>	The undergoing of surgery, as a recipient by transplant of any of the following organs or tissues: heart, liver, lung, kidney or bone marrow.
<i>Multiple sclerosis</i>	Unequivocal diagnosis by a neurologist licensed and practicing in Canada of at least two episodes of well-defined neurological abnormalities lasting for a continuous period of at least 6 months and confirmed by modern imaging techniques.
<i>Paralysis</i>	Complete and permanent loss of the use of two or more limbs through paralysis, for a continuous period of 180 days, diagnosed by a doctor licensed and practicing in Canada.
<i>Parkinson's disease</i>	<p>The diagnosis of primary idiopathic Parkinson's disease by a neurologist licensed and practicing in Canada and characterized by the clinical manifestation of two or more of the following:</p> <ul style="list-style-type: none">■ rigidity.■ tremor.■ bradykinesis. <p>All other types of parkinsonism are excluded.</p>
<i>Stroke</i>	The unequivocal diagnosis by a neurologist licensed and practicing in

Canada of the death of brain tissue caused by thrombosis, hemorrhage or embolism. The diagnosis must be based on ALL of the following:

- sudden onset of new neurological symptoms.
- new objective neurological deficits on clinical examination persisting continuously for at least 60 days following the diagnosis of the stroke.
- new findings on CT scan or MRI, if done, consistent with the clinical diagnosis.

Transient ischemic attacks (TIA) are specifically excluded.

What is not covered We will not pay for any illness, disorder or surgery not specifically defined under *Covered conditions*.

No benefits are payable for claims resulting directly or indirectly from any of the following:

- intentionally self-inflicted injuries or attempted suicide, while sane or insane.
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- participation in a criminal offence.
- use of illegal or illicit drugs or substances, misuse of drugs or alcohol.

For Optional coverage, no cancer coverage of any type is provided if a diagnosis of cancer is made, or any symptom or medical problem which initiated the investigation leading to a diagnosis of cancer commenced within 90 days following the effective date of the covered person's coverage under this benefit. However, coverage under all other covered conditions continues in force.

Pre-existing conditions

For any Optional coverage that did not require proof of good health, no benefits are payable for any covered condition that occurs within 12 months of the effective date of the covered person's coverage, and that resulted from any injury, sickness or medical condition (whether or not diagnosed) for which the covered person had symptoms, consulted a doctor or other health care practitioner or was provided any health-related care, advice or treatment, or that a reasonably prudent person with such injury, sickness or medical condition would have consulted a doctor or any other health care practitioner, during the 12 months prior to the effective date of the covered person's coverage. If coverage ends but the person is covered again under this plan, we will use the latest date the person's coverage began when applying the above limitation.

If your spouse's Critical Illness coverage ends for any reason other than your request, your spouse may apply to transfer the group Critical Illness coverage to a group critical illness policy set up for that purpose by Sun Life without providing proof of good health.

The request must be made within 31 days of the end of the Critical Illness coverage.

There are a number of rules and conditions in the group contract that apply to the portability of this coverage, including the maximum amount that can be transferred. Please contact your employer for details.

When and how to make a claim

We must receive notice of claim as soon as reasonably possible after the date of diagnosis or surgery. We will provide the claimant with the appropriate claim forms on receipt of notice. Initial notice must be received no later than 30 days and proof of claim no later than 90 days from the date of diagnosis or surgery.

Failure to give notice of claim or furnish proof of claim within the above time limits does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of diagnosis or surgery if it is shown that it was not reasonably possible to give notice or furnish proof within the above time limits.

Best Doctors

The services offered by Best Doctors are not insured or administered by Sun Life.

If you or your spouse are covered for Critical Illness, you, your spouse and your children have access to Best Doctors. However, any person who has been paid a Critical Illness benefit under this plan does not have access to Best Doctors.

Best Doctors offers a variety of services that can help if a person suspects or has been diagnosed with a serious medical condition, even if it is not a covered condition under this Critical Illness benefit. To use this service, please call Best Doctors at 1-877-419-BEST (2378). For a complete description of their services, including information on limitations and exclusions, please refer to your brochure entitled *my wellness, my plan – Best Doctors services*.

**Liability and
responsibility of
Sun Life**

Sun Life will not be held liable for any acts or omissions of any person or organization providing services directly or indirectly in connection with Best Doctors.

Sun Life cannot guarantee the availability of Best Doctors services.

Life Coverage

General description of the coverage Your Life coverage provides a benefit for your beneficiary if you die while covered. Your dependents' Life coverage provides a benefit if one of your dependents dies while covered

Life coverage for you

Amount Your Life benefit is 2 times your annual basic earnings, rounded to the next higher \$1,000. The maximum amount of coverage is \$500,000.

Coverage ends Your coverage will end when you retire or reach age 80, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

Optional Life coverage for your children

Amount You can choose Optional Life coverage for your children in units of \$5,000 up to a maximum of \$25,000 per child.

Coverage ends Optional coverage for your children will end when you retire or reach age 80, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

Voluntary Life coverage for you

Amount You can choose coverage in units of \$10,000. The maximum amount of coverage is \$500,000.

Coverage ends Your coverage will end when you reach age 70. Coverage may also end on an earlier date, as specified in *General Information*.

Voluntary Life coverage for your spouse

Amount You can choose Voluntary Life coverage for your spouse in units of \$10,000 up to a maximum of \$500,000.

Coverage ends Voluntary coverage for your spouse will end when you reach age 70, or when your spouse reaches age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

Who we will pay

If you die while covered, Sun Life will pay the full amount of your benefit to your last named beneficiary on file with Sun Life.

If you have not named a beneficiary, the benefit amount will be paid to your estate. Anyone can be your beneficiary. You can change your beneficiary at any time, unless a law prevents you from doing so or you indicate that the beneficiary is not to be changed.

If a dependent dies, Sun Life will pay you the benefit for that dependent.

For your spouse's voluntary coverage, Sun Life will pay the full amount of the benefit to you.

Suicide

If you or your spouse have any voluntary coverage that has been in effect for less than 2 years, we will not pay benefits if death is by suicide, while sane or insane. However, we will refund all applicable Life coverage premiums that have been paid.

Coverage during total disability

If you become totally disabled before you retire or reach age 65, whichever is earlier, Life coverage may continue without the payment of premiums as long as you are totally disabled. This continued coverage is subject to the terms of the contract which were in effect on the date you became totally disabled, including reductions and terminations.

Sun Life must receive proof of your total disability within 12 months of the date the disability begins. After that, we can require ongoing proof that you are still totally disabled.

If proof of total disability is approved after an individual insurance

policy becomes effective as a result of converting the group Life coverage, the group Life coverage will be reduced by the amount of the individual insurance policy, unless the individual insurance policy is exchanged for a refund of premiums.

This coverage will continue without payment of premiums, from the date total disability begins, until the date you cease to be totally disabled or the date you fail to give Sun Life proof of your continued total disability, whichever is earlier.

Spouse Voluntary Life coverage will also continue without payment of premiums, as long as your Life coverage is continued without payment of premiums, but not after the Spouse Optional Life benefit is terminated.

Child Optional Life coverage will also continue without payment of premiums, as long as your Life coverage is continued without payment of premiums, but not after the Child Optional Life benefit is terminated.

For the purposes of your Life coverage, you will be considered totally disabled if you are prevented by illness from performing any occupation you are or may become reasonably qualified for by education, training or experience. However, if you are totally disabled under the Long-Term Disability benefit, you are also considered to be totally disabled under the Life benefit.

Converting Life coverage

If your Life coverage ends or reduces for any reason other than your request, you may apply to convert the group Life coverage to an individual Life policy with Sun Life without providing proof of good health.

If your spouse's Life coverage ends for any reason other than your request, your spouse may apply to convert the group Life coverage to an individual Life policy with Sun Life without providing proof of good health.

Where necessary in order to comply with applicable legislation: If your child's Life coverage ends due to the termination of your Life coverage, you may apply to convert the group Life coverage for your child to an individual Life policy with Sun Life without providing proof of good

health.

The request must be made within 31 days of the reduction or end of the Life coverage.

There are a number of rules and conditions in the group contract that apply to converting this coverage, including the maximum amount that can be converted. Please contact your employer for details.

**When and how to
make a claim**

Claims for Life benefits must be made as soon as reasonably possible. Claim forms are available from your employer.

Respecting Your Privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by e-mail to privacyofficer.sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

