



Policy No. 100006184 issued by Industrial Alliance Pacific Insurance and Financial Services Inc.

VOLUNTARY A.D.&D. INSURANCE

WHAT DOES IT COVER?

Any accident resulting in: death, dismemberment, loss of sight, or paralysis - anywhere in the world - 24 hours a day - on or off the job.

WHO IS ELIGIBLE?

You, your Spouse and unmarried Dependent Children are eligible if you are a permanent full-time or part-time employee of the Policyholder who works at least 15 hours per week, or a temporary employee of the Policyholder who works at least 15 hours per week in a position of six months duration or longer. Unmarried Children are those under age 21 who are not employed more than 30 hours per week or to age 24 inclusive if attending college or other school on a full-time basis.

WHAT BENEFITS ARE PROVIDED?

Accidental Death, Dismemberment and Specific Loss Indemnity

The policy provides benefits for Injury resulting in Loss of, **or permanent and total Loss of Use of**, which occurs within **12 months** after the date of the accident as follows:

Life.....	The Principal Sum
Both Hands	The Principal Sum
Both Feet.....	The Principal Sum
Entire Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand and the Entire Sight of One Eye	The Principal Sum
One Foot and the Entire Sight of One Eye	The Principal Sum
Speech and Hearing in Both Ears	The Principal Sum
One Arm.....	Three-Quarters of the Principal Sum
One Leg.....	Three-Quarters of the Principal Sum
One Hand	Two-Thirds of the Principal Sum
One Foot	Two-Thirds of the Principal Sum
Entire Sight of One Eye	Two-Thirds of the Principal Sum
Speech or Hearing in Both Ears.....	Two-Thirds of the Principal Sum
Thumb and Index Finger of Either Hand	One-Third of the Principal Sum
Four Fingers of Either Hand	One-Third of the Principal Sum
Hearing in One Ear	One-Third of the Principal Sum
All Toes of One Foot	One-Quarter of the Principal Sum

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs).....	Two Times the Principal Sum
Paraplegia (complete paralysis of both lower limbs).....	Two Times the Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body).....	Two Times the Principal Sum



VOLUNTARY A.D.&D. INSURANCE (Continued...)

WHAT BENEFITS ARE PROVIDED? (Continued...)

Accidental Death, Dismemberment and Specific Loss Indemnity (Continued...)

Indemnity provided under this part for all losses sustained by an Insured Person as the result of any one accident will not exceed the following:

- (a) With the exception of Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum;
- (b) With respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum or the Principal Sum if loss of life occurs within 90 days after the date of the accident.

In no event will indemnity payable for all losses under this part exceed, in the aggregate, two times the Principal Sum as the result of the same accident.

“Injury” whenever used in the policy means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

“Loss” whenever used in the policy with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

“Loss of Use” whenever used in the policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the accident.

Day Care Benefit

If Injury results in the loss of your life within 12 months of the date of the accident, the Company will pay five percent of your Principal Sum to a maximum of \$5,000.00 for each year your Dependent Child is enrolled in a legally licensed Day Care (not to exceed four years) for each of your Dependent Children who are under 13 years of age and are enrolled in a legally licensed Day Care Centre on the date of the accident or are enrolled in a legally licensed Day Care Centre within 12 months after your death.

Education Benefit

If Injury results in your loss of life, the Company will pay, in addition to all other benefits, five percent of your Principal Sum to a maximum of \$5,000.00 to your Dependent Child, who on the date of the accident was enrolled as a full-time student in any institution of higher learning above the secondary school level, or was enrolled as a full-time student at the secondary school level and enrolls as a full-time student in any institution of higher learning within 12 months after your death, but not to exceed four consecutive annual payments.

VOLUNTARY A.D.&D. INSURANCE (Continued...)

WHAT BENEFITS ARE PROVIDED? (Continued...)

Eyeglasses, Contact Lenses and Hearing Aids Benefit

If you or your Insured Spouse or Insured Dependent Child receive an Injury which requires and receives treatment by a physician and results in the purchase of eyeglasses, contact lenses or hearing aids within 12 months of the date of the accident, when none of which were previously required or worn, the Company will pay the reasonable and necessary expense therefor not to exceed \$2,000.00.

Family Transportation Benefit

When, as a result of Loss covered by the policy, you or your Insured Spouse or Insured Dependent Child are confined as an inpatient in a hospital located from a point of not less than 150 kilometers from the normal place of residence, the Company will pay the reasonable expenses actually incurred by any member of the immediate family for hotel accommodation and transportation by the most direct route to the Insured Person, not to exceed in the aggregate the amount of \$10,000.00 for all such expenses.

Home Alteration and Vehicle Modification Benefit

In the event you, your Insured Spouse or Insured Dependent Child sustain a Loss for which indemnity becomes payable under “Accidental Death, Dismemberment and Specific Loss Indemnity” of the policy and subsequently require the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the principal residence and/or the cost of modifications to one motor vehicle utilized by you, your Insured Spouse or Insured Dependent Child, when such modifications are approved by licensing authorities where required for the purpose of making them wheelchair accessible to a maximum of \$10,000.00.

Permanent Total Disability

If Injury totally and permanently disables you and prevents you from engaging in any and every occupation or employment for compensation or profit within 12 months of the date of the accident, the Company will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any amount paid or payable under “Accidental Death, Dismemberment and Specific Loss Indemnity” of the policy as the result of the same accident.

Rehabilitation Benefit

If Injury requires that you undergo special training in order to be qualified to engage in a special occupation in which you would not have engaged except for such Injury, the Company will pay the reasonable and necessary expense incurred for such training within three years of the date of the accident, subject to a maximum amount of \$10,000.00 as the result of any one accident.

Repatriation Benefit

If Injury results in your loss of life or the life of your Insured Spouse or Insured Dependent Child, the Company will pay the actual expense incurred for the transportation of the body to the city of residence, including the preparation of the body for such transportation, subject to a maximum amount of \$10,000.00.

VOLUNTARY A.D.&D. INSURANCE (Continued...)

WHAT BENEFITS ARE PROVIDED? (Continued...)

Seat Belt Benefit

In the event you, your Insured Spouse or Insured Dependent Child sustain an Injury which results in a Loss payable under "Accidental Death, Dismemberment and Specific Loss Indemnity" of the policy, the amount of Principal Sum will be increased by 10% to a maximum of \$25,000.00 if, at the time of the accident, you, your Insured Spouse or Insured Dependent Child were driving or riding in a vehicle and wearing a properly fastened seat belt.

Spousal Retraining Benefit

In the event you lose your life as the result of an Injury, the Company will pay the reasonable and necessary expenses actually incurred within three years from the date of such accident by your Spouse who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications, not to exceed in the aggregate the amount of \$10,000.00 for all such expenses.

EXPOSURE AND DISAPPEARANCE

If due to accident you, your Insured Spouse or Insured Dependent Child are unavoidably exposed to the elements and if, as a result of such exposure and within 12 months after the date of the accident, you, your Insured Spouse or Insured Dependent Child suffer a loss for which indemnity would otherwise have been payable hereunder, such loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which you, your Insured Spouse or Insured Dependent Child were riding, you, your Insured Spouse or Insured Dependent Child disappear, and if the body is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that you, your Insured Spouse or Insured Dependent Child suffered loss of life as a result of Injury.

WHAT AMOUNTS ARE AVAILABLE?

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

A. EMPLOYEE ONLY PLAN

You may select any amount of benefit desired from a minimum of \$10,000.00 to a maximum of \$350,000.00 in units of \$10,000.00.

B. FAMILY PLAN

You may select amounts of insurance from a minimum of \$10,000.00 to a maximum of \$350,000.00 in units of \$10,000.00 AND your family will automatically be insured for the following:

Spouse - Your Spouse will be insured for 40% of the benefit you elect for yourself if you have Dependent Children, or 50% if you do not.

Children - Each Dependent Child will be insured for 10% of your benefit if you have a Spouse, or 15% if you do not.

VOLUNTARY A.D.&D. INSURANCE (Continued...)

WHAT AMOUNTS ARE AVAILABLE? (Continued...)

Example:

If you selected \$100,000.00 of coverage, the amount insured would be:

		<u>Employee Only Plan</u>	<u>Family Plan (incl. Employee)</u>
Employee		\$100,000.00	\$100,000.00
Spouse	(40%)	N/A	\$ 40,000.00
Each Child	(10%)	N/A	\$ 10,000.00

TO WHOM ARE BENEFITS PAID?

Your Accidental Death benefit will be paid to the beneficiary designated on your Enrollment form/card. Any other benefits payable (including those payable for dependents) will be paid to you, with the exception of benefits payable under "Day Care Benefit", "Education Benefit", "Family Transportation Benefit" and "Spousal Retraining Benefit".

WHEN DOES THIS INSURANCE NOT APPLY?

- in case of suicide or any attempt thereat while sane or insane;
- intentionally self-inflicted Injury;
- declared or undeclared war or any act thereof;
- full-time active service in the armed forces of any country.

HOW MAY I ENROLL?

You may enroll in the plan by completing the Group Enrollment form/card.

1. Select the type of Plan desired: EMPLOYEE ONLY PLAN or FAMILY PLAN.
2. Select the amount of insurance desired from the Schedule of Principal Sums which best suits your needs.

This brochure is for illustrative purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Employee will be governed by the Group Master Policy, a copy of which is filed with your Employer.