



**CHRISTIAN SCHOOLS  
INTERNATIONAL**

CSI-Canada Insurance Plan and Trust Fund

Christian Schools International  
Employee Benefit Plans  
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Grand Rapids MI 49512-3054

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**CHRISTIAN SCHOOLS  
INTERNATIONAL**

CSI Canada Insurance Plan & Trust Fund

Dear Participant:

This booklet summarizes the requirements and benefits of a Group Insurance Program which has been specifically designed for the benefit of the employees of CSI member schools, affiliate institutions and colleges in Canada, effective September 1, 2005.

The main purpose of the Plan is to assure that our Canadian school employees have adequate insurance protection with minimum fluctuation regardless of future developments of governmental programs. It is administered by a Board of Trustees and CSI. CSI, under an administrative arrangement with the Board of Trustees, is reimbursed for costs incurred in connection with the administration of the program. This Plan is flexible in that it allows for future changes as a result of other compulsory coverage.

The Basic Life, Optional Life, Dependent Life, Basic and Dependant Accidental Death and Dismemberment, and Long Term Disability benefits are insured by Manulife Financial. The Student Coop Coverage is insured by American Home Assurance Company of Canada. The Employee Assistance Plan (EAP) benefits are provided by Ceridian Canada Ltd. The Board of Trustees is the administrator of the plan. Short Term Disability, Health, and Dental Benefits are provided through the CSI-Canada Insurance Plan and Trust Fund on a self-funded basis.

The CSI Insurance Plan, we believe, will appeal to you for several reasons:

1. It provides valuable and comprehensive benefits.
2. The cost is reasonable; economy is effected by the collective purchasing power of the group and by self administration.
3. No medical examination will be required if the Plan is subscribed to promptly.
4. Close supervision will assure that the Plan's schedule of benefits will be kept adequate and its coverage current.

New employees should request and complete application forms and send them promptly to CSI-Canada Insurance Plan and Trust Fund, 3350 East Paris Ave., S.E., Grand Rapids, MI 49512-3054, U.S.A. in order that the insurance may become effective on the day he or she first becomes eligible.

It is our sincere wish that the coverage provided under this Plan will increase the financial security of the employees and families of our CSI schools in Canada.

Sincerely yours,

A handwritten signature in black ink, reading "Howard Van Mersbergen".

Howard Van Mersbergen  
Executive Secretary-Treasurer

# APPENDIX A

## CSI Canada Insurance Plan and Trust Fund

Employee Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

### Welcome to Your Group Benefit Program

**Contract Effective Date:** September 1, 2005

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

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

For questions about your benefits, or how to submit a claim, contact:

Manulife Call Centre at 1-800-268-6195

Or

CSI at 1-800-635-8288

Or log on to

[www.manulife.ca](http://www.manulife.ca)

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# Privacy Guidelines

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Christian Schools International (CSI), at the direction of its Benefits Trustees and in conjunction with member schools, collects, uses and discloses personal information about you and your dependants in order to arrange for the benefits which are described in this booklet. These benefits and the service and insurance providers may change from time to time. The following service and insurance providers will be given your personal information as required: insurers, benefit providers, consultants, plan administrators, auditors.

Protecting your privacy is important to CSI and all the service and insurance providers it retains on your behalf. CSI and the service and insurance providers collect, use, disclose and share personal information, and maintain confidential files in their offices for the following purposes relating to the benefits described in this booklet:

- assessing eligibility,

- providing benefit coverage to you and your dependants in accordance with the various policies in place from time to time,

- managing and administering the benefits plans described,

- determining which service and insurance providers will be retained,

- determining and maintaining appropriate financial terms for the benefits described.

Access to your personal information is limited to people who need to see it in order to achieve these purposes, or any other person who you authorize in writing.

At Manulife Financial, the privacy and protection of personal information is important to us. As a provider of financial products and services, the collection and use of customers' personal information is fundamental to our day-to-day business operations.

Therefore, we have established corporate privacy principles to govern the actions of the Manulife Financial group of companies, our employees and representatives as they relate to the collection, use, retention and disclosure of personal information. Each Manulife Financial company, employee and representative must abide by our commitment to privacy in the handling of personal information.

**Further information about Manulife Financial's privacy policies and practices is available on our website at [www.manulife.ca](http://www.manulife.ca) .**

# Privacy Guidelines

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If you have any questions or concerns about our privacy policies and practices, or you want to know more about the process for accessing and / or correcting your personal information, or opting-out of marketing offers, please contact us:

**Mail:**

Chief Privacy Office  
Manulife Financial  
P.O. Box 1602  
Del Stn 500-4-A  
Waterloo, Ontario N2J 4C6

**Phone:**

Group Benefits: 1-800-268-6195

In respect of all other benefits, submit a written request to:

Christian Schools International  
Attention: CSI - Canada Insurance Plan and Trust  
3350 East Paris Avenue SE,  
Grand Rapids, Michigan  
49512-3054 USA

# How to Use Your Benefit Booklet

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## ***Designed with Your Needs in Mind***

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

a detailed Table of Contents, allowing quick access to the information you are searching for,

Definitions, which provides a brief explanation of the terms used throughout this Benefit Booklet,

a clear, concise explanation of your Group Benefits,

information you need, and simple instructions, on how to submit a claim.

***Your Benefit Booklet  
includes...***

## ***Important Note***

The purpose of this booklet is to outline the benefits for which you are eligible. The information in this booklet is a summary of the provisions of the Group Policy for the Employee Life Insurance, Optional Employee Life Insurance, Dependent Life Insurance, Optional Spousal Life Insurance, Accidental Death and Dismemberment, Dependent Accidental Death and Dismemberment, and Long Term Disability Benefits, and the Plan Document for the Extended Health Care and Dental Care.

In addition, this booklet outlines the provisions of the Short Term Disability benefit, provided directly by the CSI-Canada Insurance Plan and Trust Fund; the Employee/Family Assistance Plan, provided by Ceridian Corporation; and the Student Occupational Plan Benefits, provided by the American Home Assurance Company of Canada.

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

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

***Important Note***

# How to Use Your Benefit Booklet

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## ***Your School's Representative***

### ***Your School's Representative***

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

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

Your School's Representative is _____ Phone Number: (_____) _____ - _____
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*Please record the name of your representative and the contact number in the space provided.*

## ***Your Group Benefit Card***

### ***Your Group Benefit Card***

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

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

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

# Definitions

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

***Accident***

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

***Accident***

***Actively at Work***

at work for a member school at your usual place of work, for one full working day or shift.

***Actively at Work***

***Administrator***

the organization which CSI Canada Insurance Plan and Trust Fund may from time to time appoint for purposes of performing services for the Plan.

***Administrator***

***Benefit Percentage (Co-insurance)***

the percentage of Covered Expenses which is payable by the plan.

***Benefit Percentage  
(Co-insurance)***

***Benefit Year***

September 1st to August 31st.

***Benefit Year***

***Birth***

the complete live delivery of a child from its mother.

***Birth***

***Chiropractor***

a member of the Canadian Chiropractic Association or of a provincial association affiliated with it.

***Chiropractor***

***Covered Expenses***

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

***Covered Expenses***

***Deductible***

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

***Deductible***

***Dependent***

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

***Dependent***

***- Spouse***

your legal spouse, or a person continuously living with you in a role like that of a marriage partner.

# Definitions

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## **- Child**

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

- not married or in any other formal union recognized by law;
- under age 21, or under age 25 if a student at an accredited\* college or university full-time;
- not employed on a full-time basis; and
- not eligible for coverage as an employee under this or any other Group Benefit Program.

A child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible dependent. However, the child must have been covered under this Benefit Program immediately prior to that date.

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

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

A stepchild must be living with you to be eligible.

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

\*Manulife Financial assumes that any college or university that is licensed in the jurisdiction in which it resides is accredited.

## ***Drug***

*Drug*

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

## ***Earnings***

*Earnings*

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

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

the amount reported on your claim form, or

the amount reported by your School to Manulife Financial and for which premiums have been paid.

## ***Experimental or Investigational***

*Experimental or Investigational*

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

# Definitions

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## ***Hospital***

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

***Hospital***

is eligible to receive payments under a provincial hospital plan;

provides organized facilities for diagnosis, major surgery, or rehabilitation;

provides 24-hour nursing service by registered nurses, and has a Physician in regular attendance;

is not primarily operated as a nursing home or a place for rest, or for the care and treatment of the aged, the blind or deaf; and

is not primarily operated as a place for the care and treatment of alcoholics, drug addicts, or the mentally ill, unless the institution is eligible to receive payments under a provincial hospital plan.

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

## ***Immediate Family Member***

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

***Immediate Family Member***

## ***Indefinite Lay-Off***

a period during which the Employee is laid off work and for which there is no fixed recall date.

***Indefinite Lay-Off***

## ***Leave of Absence***

a period of absence from work for which the dates are fixed by legislation or by mutual agreement between the School and the Employee. Leave of absence includes Maternity and Parental Leave of Absence.

***Leave of Absence***

## ***Licensed, Certified, Registered***

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

***Licensed, Certified, Registered***

## ***Life-Sustaining Drugs***

drugs which are necessary for the survival of the patient.

***Life-Sustaining Drugs***

## ***Massage Therapist***

a person licensed by the appropriate provincial licensing body or in the absence of a provincial licensing body, a person whose qualifications we determine to be comparable with those required by a licensing body.

***Massage Therapist***

# Definitions

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<b>Maternity Leave of Absence</b>	<p><b>Maternity Leave of Absence</b></p> <p>the period of formal maternity leave to which an Employee is entitled by legislation governing the School, or a longer period, if the School's normal practice permits.</p> <p>For the purposes of this Contract, Maternity Leave of Absence will be deemed to commence on the earlier of:</p> <ul style="list-style-type: none"><li>the date fixed by mutual agreement between the Employee and the School; and</li><li>the date the child is born.</li></ul>
<b>Medically Necessary</b>	<p><b>Medically Necessary</b></p> <p>broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards.</p>
<b>Naturopath</b>	<p><b>Naturopath</b></p> <p>a member of the Canadian Naturopathic Association or any provincial association affiliated with it.</p>
<b>Net Earnings</b>	<p><b>Net Earnings</b></p> <p>the employee's Earnings, less deductions normally made for federal and provincial income tax.</p>
<b>Non-Evidence Limit</b>	<p><b>Non-Evidence Limit</b></p> <p>you must submit satisfactory medical evidence to Manulife Financial for Benefit Amounts greater than this amount.</p>
<b>Osteopath</b>	<p><b>Osteopath</b></p> <p>a person who holds the degree of doctor of osteopathic medicine from a college of osteopathic medicine approved by the Canadian Osteopathic Association.</p>
<b>Out-of-Pocket Maximum</b>	<p><b>Out-of-Pocket Maximum</b></p> <p>the portion of eligible expenses, consisting of deductibles and the covered person's portion of the Benefit Percentage, which must be paid out by you before the plan will pay 100%.</p>
<b>Parental Leave of Absence</b>	<p><b>Parental Leave of Absence</b></p> <p>the period of formal child care leave to which an Employee is entitled by legislation governing the School, or a longer period, if the School's normal practice permits.</p>

# Definitions

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## **Physician**

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

*Physician*

## **Physiotherapist**

a member of the Canadian Physiotherapy Association or any provincial association affiliated with it.

*Physiotherapist*

## **Podiatrist**

a person licensed by the appropriate provincial licensing authority or in these provinces where there is no licensing authority, a member of the Canadian Podiatrist Association.

*Podiatrist*

## **Prior Plan**

a previous Group Contract which insured all or some of the persons insured under this Contract, and which terminated within 31 days prior to the Effective Date of this Contract.

*Prior Plan*

## **Provincial Plan**

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

*Provincial Plan*

## **Psychologist**

a permanently certified psychologist who is listed on the appropriate provincial registry in the province in which the service is rendered.

*Psychologist*

## **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.

*Qualifying Period*

## **Reasonable and Customary**

within the usual range of charges being made by others of similar standing in the area in which the charge is incurred when providing the same or comparable services or supplies.

*Reasonable and Customary*

## **Registered Nurse**

a nurse who is listed in the appropriate provincial registry.

*Registered Nurse*

## **Speech Therapist**

a person who holds a Master's Degree in speech language therapy and is a member or is qualified to be a member of the Canadian Speech and Hearing Association or any provincial association affiliated with it.

*Speech Therapist*

## **Take Home Pay (Net Earnings)**

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

*Take Home Pay (Net Earnings)*

# Definitions

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## ***Temporary Lay-Off***

*Temporary Lay-Off*

a period during which the Employee is laid off work and for which there is a fixed recall date.

## ***Waiting Period***

*Waiting Period*

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

## ***Ward***

*Ward*

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

# Eligibility: Who Qualifies for Coverage?

## **Eligibility**

### *Active Member*

### *Eligibility*

You are eligible for Group Benefits if you:

- are a full-time or part-time employee of an eligible School and work at least the Required Number of Hours,
- are a member of an eligible class,
- are younger than the Termination Age,
- are covered under the Provincial Plan, and
- are a resident of Canada.

The Termination Age may vary from benefit to benefit. For this information, please refer to each benefit in the Summary of Coverage

### *Dependent*

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

### *Retiree*

Note: Where used in this Benefit Booklet, the term employee shall also mean retiree.

You are an eligible retiree if you:

- are a person who is age 55 or over;
- were an eligible employee immediately prior to your retirement;
- are covered under the Provincial Plan, and
- were:
  - covered under the CSI Canada Insurance Plan for at least 3 years immediately prior to retirement;
  - covered under the CSI Canada Insurance Plan for less than 3 years immediately prior to retirement, and have submitted satisfactory evidence of insurability; or
  - receiving a retirement benefit under the CSI Pension Plan, and have submitted satisfactory evidence of insurability.

# Eligibility: Who Qualifies for Coverage?

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## **Required Number of Hours**

### **Required Number of Hours**

As elected by each School annually:

normal work schedule of at least 50% of full-time - that is, 20 hours per week for non-educational employees and 500 classroom hours per year for educational employees; or

normal work schedule of at least 75% of full-time - that is, 30 hours per week for non-educational employees and 750 classroom hours per year for educational employees.

## **Participation**

### **Participation**

100% of eligible employees must be enrolled in the Plan. Employees covered under a health and dental plan provided through their spouse's employer may be excluded for those benefits. Those employees must enrol in the CSI-Canada Standard Limited Benefit Plan or the Flexible Limited Benefit Plan for Life, Accidental Death & Dismemberment, Short Term Disability and Long Term Disability.

## **Applying for Benefits**

### **Applying for Benefits**

When a School enrolls in the plan, they must elect one of the following Options:

- Standard Plan
- Flex Plan 1
- Flex Plan 2
- Flex Plan 3
- Full Flex Plan

The School will elect both a benefit level and a taxable or non-taxable status (ie. Option 1, 2 or 3) for the Short Term Disability benefit.

The School will elect a benefit level, a taxable or non-taxable status, and to include or not include a COLA Option (ie. Options 1 to 6) for the Long Term Disability benefit.

The School may elect to include a Vision Option under Extended Health Care benefits, and/or to include a 6-month Recall Option under Dental Care benefits.

On any September 1st, a School may elect to change its coverage.

A School that elects to terminate a Vision Option can not again apply for a Vision Option for at least 5 years.

If your School elected the Full Flex Plan:

you may elect Flex Plan 1, Flex Plan 2 or Flex Plan 3.

on any September 1st, you may elect to change your coverage from one Flex Plan to another.

# Eligibility: Who Qualifies for Coverage?

## ***Late Application - Schools Electing Coverage***

An application is considered late when the School applies for coverage after having been eligible for more than 31 days.

Medical evidence is required for all benefits, except Dental, when the School makes a Late Application for coverage on any person. However, a School may apply to join the Restricted Plan without submitting evidence of insurability. The Restricted Plan is effective until September first following two complete Plan years after joining the Plan. At any time during this period a School may apply to participate in the Standard or Flex Plans, provided the School receives approval of evidence of insurability.

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

## ***Late Application - Employees Electing Coverage***

If you apply for benefits that were previously waived because you were covered for similar benefits under your spouse's plan, your application is considered late when you:

apply for benefits more than 31 days after the date benefits terminated under your spouse's plan; or

apply for benefits, and benefits under your spouse's plan have not terminated.

Medical evidence is required for all benefits, except Dental, when you make a Late Application for coverage on any person. Medical evidence is also required when you apply for coverage in excess of the Non-Evidence Limit.

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

## ***Late Dental Application***

If the School applies for coverage for Dental late, the benefit will be limited to \$250 for each covered person for the first 12 months of coverage. This requirement will be waived if the School provides proof of coverage with another carrier immediately prior to commencement of coverage under the CSI plan.

***Late Application -  
Schools Electing  
Coverage***

***Late Application -  
Employees Electing  
Coverage***

***Late Dental Application***

# Eligibility: Who Qualifies for Coverage?

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## ***Effective Date of Coverage***

### ***Effective Date of Coverage***

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

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

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

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

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

## ***Changes in Coverage***

### ***Changes in Coverage***

A change may be made to the option elected on September first every year. A request to commence or terminate coverage may be made at any time.

If you apply for dependent Health and Dental benefits before or within 31 days after acquiring a dependent, the dependent coverage becomes effective on the date these benefits are needed (i.e. date of marriage, or date first child is born).

If you apply for yourself and/or dependent Health and Dental benefits more than 31 days after becoming eligible, you are considered a late applicant and you must submit evidence of insurability. Your and your dependent Health coverage becomes effective on the date the evidence is approved. Dental coverage for you and your dependents will be limited to \$250 per person for the first year.

If you are requesting an increase in the amount of Optional Employee Life insurance you must submit evidence of insurability. If you are requesting an increase in the amount of Optional Spousal Life insurance you must submit evidence of insurability for your spouse. The increase in the amount of insurance will be effective on the date of approval of evidence of insurability.

If Manulife Financial doesn't approve an increase in the amount of Optional Employee Life or Optional Spousal Life insurance, any future increase in the Non-Evidence Limit will not be effective unless evidence of insurability is approved. An increase in coverage for such an employee due to an increase in the Non-Evidence Limit will be effective on the date Manulife Financial approves the evidence of insurability.

# Eligibility: Who Qualifies for Coverage?

## ***Termination of Coverage***

## ***Termination of Coverage***

Your Group Benefit coverage will terminate on the earliest of:

the date you cease to be an eligible employee for reasons other than retirement,

the date you cease to be actively at work, unless the Group Policy or the Plan Document allows for your coverage to be extended beyond this date,

the date your School terminates coverage,

the date you enter the armed forces of any country on a full-time basis,

the date the Group Policy or Plan Document terminates or coverage on the class to which you belong terminates,

the date you reach the Termination Age, or

the date of your death.

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

# Summary of Coverage - Standard Plan

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

This version of the Summary of Coverage provided: November 1, 2005

## Employee Life Insurance

*Employee Life  
Insurance*

**Benefit Amount** - \$25,000

**Non-Evidence Limit** - \$25,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - your benefit amount terminates at retirement. On retirement your coverage may continue under the Retiree Plan.

## Optional Employee Life Insurance

*Optional Employee Life  
Insurance*

**Benefit Amount** - increments of \$10,000 to a maximum of \$500,000

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for the first \$10,000 of Optional Life Insurance if applied for within 31 days of the date eligible.

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - age 70 or retirement, whichever is earlier

## Dependent Life Insurance

*Dependent Life  
Insurance*

**Benefit Amount** - \$2,500 spouse; \$2,500 each dependent child

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - retirement

## Optional Spousal Life Insurance

*Optional Spousal Life  
Insurance*

**Benefit Amount** - Spouse - increments of \$10,000 to a maximum of \$500,000.

**Non-Evidence Limit** - all amounts are subject to evidence of insurability

**Qualifying Period for Waiver of Premium** - 164 days

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

# Summary of Coverage - Standard Plan

## Accidental Death and Dismemberment

**Benefit Amount** - \$25,000

**Non-Evidence Limit** - \$25,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - retirement

*Accidental Death and  
Dismemberment*

## Dependent Accidental Death and Dismemberment

**Benefit Amount**

- Spouse - \$2,500

- Child - \$2,500

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - employee's retirement

*Dependent Accidental  
Death and  
Dismemberment*

## Extended Health Care

*The Benefit*

**Overall Benefit Maximum** - Unlimited for expenses incurred in the province of residence and Referral outside Canada. \$1,000,000 per lifetime for Emergency Out-of-Province/Out-of-Canada and ManuAssist expenses. Internal limits apply.

**Deductible** - \$15 Individual, \$30 Family, per benefit year

Not applicable to:

Hospital Care

Drugs

Out-of-Province/Canada Emergency Medical Treatment

Out-of-Canada - Referrals

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

**Drug Dispensing Fee Maximum** - \$8.00 per prescription

**Out-of-Pocket Maximum** - not applicable

*Extended Health Care  
Extended Health Care -  
The Benefit*

# Summary of Coverage - Standard Plan

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## Benefit Percentage (Co-insurance)

100% for  
Hospital Care  
Drugs  
Professional Services  
Medical Supplies and Services

### **Note:**

*The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.*  
*The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.*  
*The Benefit Percentage for ManuAssist is 100%.*

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

## **ManuScript Generic Drug Plan 2 - Prescription Drugs**

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

### **- Drug Maximums**

Fertility drugs - \$15,000 per lifetime  
Anti-smoking drugs - \$500 per lifetime  
All other covered drug expenses - Unlimited

### **Vision Care**

*Extended Health Care -  
Vision Care*

- Not covered

### **Professional Services**

*Extended Health Care -  
Professional Services*

Services provided by the following licensed practitioners:

Chiropractor - \$300 per benefit year including one x-ray per benefit year  
Osteopath - \$300 per benefit year including one x-ray per benefit year  
Podiatrist - \$300 per benefit year including one x-ray per benefit year  
Naturopath - \$300 per benefit year  
Massage Therapist - \$300 per benefit year  
Speech Therapist\* - \$500 per benefit year

# Summary of Coverage - Standard Plan

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Physiotherapist - \$500 per benefit year

Psychologist\* - \$500 per benefit year

*\*Physician's referral required.*

## Dental Care

### **The Benefit**

**Deductible** - \$25 Individual, \$50 Family, per benefit year

Not applicable to:

Level III

Level IV

Level V

**Dental Fee Guide** - Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

### **Benefit Percentage (Co-insurance)**

- 100% for Level I - Basic Services

-100% for Level II - Supplementary Basic Services

- 50% for Level III - Dentures

- 50% for Level IV - Major Restorative Services

- 50% for Level V - Orthodontics

### **Benefit Maximums**

- \$2,000 per benefit year combined for Level I, Level II, Level III and Level IV

- \$1,500 per lifetime for Level V

**Recall Frequency** - once every 6 months

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

**Dental Care**  
**Dental Care - The**  
**Benefit**

# Summary of Coverage - Standard Plan

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## Long Term Disability

### *Long Term Disability*

#### **Benefit Amount :**

*Option as Elected by the School*

*Option 1* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (taxable)

*Option 2* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

*Option 3* - 60% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

**Non-Evidence Limit** - \$6,000

**Cost of Living Adjustment** - not covered

**Qualifying Period** - 164 days

**Maximum Benefit Period** - to age 65

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

## Short Term Disability

### *Short Term Disability*

#### **Benefit Amount:**

*Option as Elected by the School*

*Option 1* - 75% of monthly earnings (taxable)

*Option 2* - 75% of monthly earnings (non-taxable)

*Option 3* - 66.7% of monthly earnings (non-taxable)

**Qualifying Period** - 14 calendar days

**Benefit Period** - 150 days

**Termination Age** - retirement

# Summary of Coverage - Flex Plan 1

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

**This version of the Summary of Coverage provided:** November 1, 2005

## Employee Life Insurance

**Benefit Amount** - 1.5 times your annual earnings, to a maximum of \$250,000

*Employee Life  
Insurance*

**Non-Evidence Limit** - \$250,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - your benefit amount terminates at retirement. On retirement your coverage may continue under the Retiree Plan.

## Optional Employee Life Insurance

**Benefit Amount** - increments of \$10,000 to a maximum of \$500,000

*Optional Employee Life  
Insurance*

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for the first \$10,000 of Optional Life Insurance if applied for within 31 days of the date eligible.

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - age 70 or retirement, whichever is earlier

## Dependent Life Insurance

**Benefit Amount** - \$10,000 spouse; \$5,000 each dependent child

*Dependent Life  
Insurance*

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - age 70 or retirement, whichever is earlier

## Optional Spousal Life Insurance

**Benefit Amount** - Spouse - increments of \$10,000 to a maximum of \$500,000.

*Optional Spousal Life  
Insurance*

**Non-Evidence Limit** - all amounts are subject to evidence of insurability

**Qualifying Period for Waiver of Premium** - 164 days

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

# Summary of Coverage - Flex Plan 1

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## Accidental Death and Dismemberment

### *Accidental Death and Dismemberment*

**Benefit Amount** - 1.5 times your annual earnings, to a maximum of \$250,000

**Non-Evidence Limit** - \$250,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - retirement

## Dependent Accidental Death and Dismemberment

### *Dependent Accidental Death and Dismemberment*

**Benefit Amount**

- Spouse - \$10,000

- Child - \$5,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - employee's retirement

## Extended Health Care

### *The Benefit*

**Overall Benefit Maximum** - unlimited for expenses incurred in the province of residence and Referral outside Canada. \$1,000,000 per lifetime for Emergency Out-of-Province/Out-of-Canada and ManuAssist expenses. Internal limits also apply.

**Deductible** - Nil

**Drug Dispensing Fee Maximum** - \$8.00 per prescription

**Out-of-Pocket Maximum** - not applicable

### *Extended Health Care Extended Health Care - The Benefit*

# Summary of Coverage - Flex Plan 1

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## Benefit Percentage (Co-insurance)

100% for  
Hospital Care  
Drugs  
Vision (If Elected by the School)  
Professional Services  
Medical Supplies and Services

### **Note:**

*The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.*  
*The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.*  
*The Benefit Percentage for ManuAssist is 100%.*

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

## **ManuScript Generic Drug Plan 2 - Prescription Drugs**

### **- Drug Maximums**

Fertility drugs - \$15,000 per lifetime  
Anti-smoking drugs - \$500 per lifetime  
All other covered drug expenses - Unlimited

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

### **Vision Care**

*If Elected by the School*

Eye Exams, Prescription Glasses and Elective Contact Lenses: \$200 per 12 months for persons under age 19 and \$200 per 24 months for persons age 19 and over

Contact Lenses (where medically necessary):

\$200 per lifetime for non-surgical treatment of keratoconus  
reasonable and customary charges for surgical treatment

**Extended Health Care -  
Vision Care**

# Summary of Coverage - Flex Plan 1

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## **Professional Services**

Services provided by the following licensed practitioners:

Chiropractor - \$500 per benefit year, including one x-ray per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Osteopath - \$500 per benefit year, including one x-ray per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Podiatrist - \$500 per benefit year, including one x-ray per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Naturopath - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Massage Therapist - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Speech Therapist\* - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Physiotherapist - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Psychologist\* - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

*\*Physician's referral required.*

## **Dental Care**

### **The Benefit**

**Deductible** - Nil

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

If the services are rendered in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

# Summary of Coverage - Flex Plan 1

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## **Benefit Percentage (Co-insurance)**

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 70% for Level III - Dentures
- 70% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

## **Benefit Maximums**

- \$2,000 per benefit year combined for Level I, Level II, Level III and Level IV
- \$2,000 per lifetime for Level V

**Recall Frequency** - one every 6 months for dependent children under 19 years of age and one every 9 months for any other person. *If Elected by the School* once every 6 months

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

## **Long Term Disability**

### **Benefit Amount :**

*Long Term Disability*

*Option as Elected by the School*

*Options 1 and 4* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (taxable)

*Options 2 and 3* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

*Options 5 and 6* - 60% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

**Non-Evidence Limit** - \$6,000

### **Cost of Living Adjustment**

*Options 1, 2 and 5* - not covered

*Options 3, 4 and 6* - the Change in the Consumer Price Index, or 3%, whichever is less

# Summary of Coverage - Flex Plan 1

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**Qualifying Period** - 164 days

**Maximum Benefit Period** - to age 65

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

## Short Term Disability

*Short Term Disability*

**Benefit Amount:**

*Option as Elected by the School*

*Option 1* - 75% of monthly earnings (taxable)

*Option 2* - 75% of monthly earnings (non-taxable)

*Option 3* - 66.7% of monthly earnings (non-taxable)

**Qualifying Period** - 14 calendar days

**Benefit Period** - 150 days

**Termination Age** - retirement

## Summary of Coverage - Flex Plan 2

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

**This version of the Summary of Coverage provided:** November 1, 2005

### Employee Life Insurance

**Benefit Amount** - 1.5 times your annual earnings, to a maximum of \$250,000

*Employee Life  
Insurance*

**Non-Evidence Limit** - \$250,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - your benefit amount terminates at retirement. On retirement your coverage may continue under the Retiree Plan.

### Optional Employee Life Insurance

**Benefit Amount** - increments of \$10,000 to a maximum of \$500,000

*Optional Employee Life  
Insurance*

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for the first \$10,000 of Optional Life Insurance if applied for within 31 days of the date eligible.

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - age 70 or retirement, whichever is earlier

### Dependent Life Insurance

**Benefit Amount** - \$10,000 spouse; \$5,000 each dependent child

*Dependent Life  
Insurance*

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - retirement

### Optional Spousal Life Insurance

**Benefit Amount** - Spouse - increments of \$10,000 to a maximum of \$500,000.

*Optional Spousal Life  
Insurance*

**Non-Evidence Limit** - all amounts are subject to evidence of insurability

**Qualifying Period for Waiver of Premium** - 164 days

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

# Summary of Coverage - Flex Plan 2

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## Accidental Death and Dismemberment

### *Accidental Death and Dismemberment*

**Benefit Amount** - 1.5 times your annual earnings, to a maximum of \$250,000

**Non-Evidence Limit** - \$250,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - retirement

## Dependent Accidental Death and Dismemberment

### *Dependent Accidental Death and Dismemberment*

**Benefit Amount**

- Spouse - \$10,000

- Child - \$5,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - employee's retirement

## Extended Health Care

### *The Benefit*

**Overall Benefit Maximum** - unlimited for expenses incurred in the province of residence and Referral outside Canada. \$1,000,000 per lifetime for Emergency Out-of-Province/Out-of-Canada and ManuAssist expenses. Internal limits also apply.

**Deductible** - Nil

**Drug Dispensing Fee Maximum** - \$8.00 per prescription

**Out-of-Pocket Maximum** - \$250 per family per benefit year

Not applicable to:

Vision (If Elected by the School)

Out-of-Canada Emergency Medical Treatment

Referral outside Canada

### **Benefit Percentage (Co-insurance)**

90% of expenses up to the Out-Of-Pocket Maximum, and 100% thereafter for  
Hospital Care

Drugs

Professional Services

Medical Supplies and Services

100% for

Vision (If Elected by the School)

### *Extended Health Care Extended Health Care - The Benefit*

# Summary of Coverage - Flex Plan 2

## **Note:**

*The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.*

*The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.*

*The Benefit Percentage for ManuAssist is 100%.*

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

## **ManuScript Generic Drug Plan 2 - Prescription Drugs**

### **- Drug Maximums**

Fertility drugs - \$15,000 per lifetime

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

### **Vision Care**

*If Elected by the School*

Eye Exams, Prescription Glasses and Elective Contact Lenses: \$200 per 12 months for persons under age 19 and \$200 per 24 months for persons age 19 and over

Contact Lenses (where medically necessary):

\$200 per lifetime for non-surgical treatment of keratoconus

reasonable and customary charges for surgical treatment

### **Professional Services**

Services provided by the following licensed practitioners:

Chiropractor - \$500 per benefit year, including one x-ray per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Osteopath - \$500 per benefit year, including one x-ray per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Podiatrist - \$500 per benefit year, including one x-ray per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

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

**Extended Health Care -  
Vision Care**

**Extended Health Care -  
Professional Services**

## Summary of Coverage - Flex Plan 2

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Naturopath - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Massage Therapist - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Speech Therapist\* - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Physiotherapist - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Psychologist\* - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

*\*Physician's referral required.*

## Dental Care

### *The Benefit*

**Deductible** - \$25 Individual, \$50 Family, per benefit year

Not applicable to:

- Level III
- Level IV
- Level V

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

If the services are rendered in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

### **Benefit Percentage (Co-insurance)**

- 100% for Level I - Basic Services
- 90% for Level II - Supplementary Basic Services
- 60% for Level III - Dentures
- 60% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

*Dental Care*  
*Dental Care - The*  
*Benefit*

## Summary of Coverage - Flex Plan 2

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### Benefit Maximums

- \$2,000 per benefit year combined for Level I, Level II, Level III and Level IV

- \$2,000 per lifetime for Level V

**Recall Frequency** - one every 6 months for dependent children under 19 years of age and one every 9 months for any other person. *If Elected by the School* once every 6 months

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

### Long Term Disability

#### Benefit Amount :

*Long Term Disability*

*Option as Elected by the School*

*Options 1 and 4* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (taxable)

*Options 2 and 3* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

*Options 5 and 6* - 60% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

**Non-Evidence Limit** - \$6,000

#### Cost of Living Adjustment

*Options 1, 2 and 5* - not covered

*Options 3, 4 and 6* - the Change in the Consumer Price Index, or 3%, whichever is less

**Qualifying Period** - 164 days

**Maximum Benefit Period** - to age 65

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

# Summary of Coverage - Flex Plan 2

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## Short Term Disability

*Short Term Disability*

**Benefit Amount:**

*Option as Elected by the School*

*Option 1 - 75% of monthly earnings (taxable)*

*Option 2 - 75% of monthly earnings (non-taxable)*

*Option 3 - 66.7% of monthly earnings (non-taxable)*

**Qualifying Period** - 14 calendar days

**Benefit Period** - 150 days

**Termination Age** - retirement

## Summary of Coverage - Flex Plan 3

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

**This version of the Summary of Coverage provided:** November 1, 2005

### Employee Life Insurance

**Benefit Amount** - 1.5 times your annual earnings, to a maximum of \$250,000

*Employee Life  
Insurance*

**Non-Evidence Limit** - \$250,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - your benefit amount terminates at retirement. On retirement your coverage may continue under the Retiree Plan.

### Optional Employee Life Insurance

**Benefit Amount** - increments of \$10,000 to a maximum of \$500,000

*Optional Employee Life  
Insurance*

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for the first \$10,000 of Optional Life Insurance if applied for within 31 days of the date eligible.

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - age 70 or retirement, whichever is earlier

### Dependent Life Insurance

**Benefit Amount** - \$10,000 spouse; \$5,000 each dependent child

*Dependent Life  
Insurance*

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - retirement

### Optional Spousal Life Insurance

**Benefit Amount** - Spouse - increments of \$10,000 to a maximum of \$500,000.

*Optional Spousal Life  
Insurance*

**Non-Evidence Limit** - all amounts are subject to evidence of insurability

**Qualifying Period for Waiver of Premium** - 164 days

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

# Summary of Coverage - Flex Plan 3

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## Accidental Death and Dismemberment

*Accidental Death and  
Dismemberment*

**Benefit Amount** - 1.5 times your annual earnings, to a maximum of \$250,000

**Non-Evidence Limit** - \$250,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - retirement

## Dependent Accidental Death and Dismemberment

*Dependent Accidental  
Death and  
Dismemberment*

**Benefit Amount**

- Spouse - \$10,000

- Child - \$5,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - employee's retirement

## Extended Health Care

**The Benefit**

**Overall Benefit Maximum** - unlimited for expenses incurred in the province of residence and Referral outside Canada. \$1,000,000 per lifetime for Emergency Out-of-Province/Out-of-Canada and ManuAssist expenses. Internal limits also apply.

**Deductible** - Nil

**Drug Dispensing Fee Maximum** - \$8.00 per prescription

**Out-of-Pocket Maximum** - \$750 per family per benefit year

Not applicable to:

Vision (If Elected by the School)

Out-of-Canada Emergency Medical Treatment

Referral outside Canada

**Benefit Percentage (Co-insurance)**

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

Drugs

Professional Services

Medical Supplies and Services

100% for

Vision (If Elected by the School)

*Extended Health Care  
Extended Health Care -  
The Benefit*

# Summary of Coverage - Flex Plan 3

## **Note:**

*The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.*

*The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.*

*The Benefit Percentage for ManuAssist is 100%.*

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

## **ManuScript Generic Drug Plan 2 - Prescription Drugs**

### **- Drug Maximums**

Fertility drugs - \$15,000 per lifetime

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

### **Vision Care**

*If Elected by the School*

Eye Exams, Prescription Glasses and Elective Contact Lenses: \$200 per 12 months for persons under age 19 and \$200 per 24 months for persons age 19 and over

Contact Lenses (where medically necessary):

\$200 per lifetime for non-surgical treatment of keratoconus

reasonable and customary charges for surgical treatment

### **Professional Services**

Services provided by the following licensed practitioners:

Chiropractor - \$500 per benefit year, including one x-ray per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Osteopath - \$500 per benefit year, including one x-ray per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Podiatrist - \$500 per benefit year, including one x-ray per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

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

**Extended Health Care -  
Vision Care**

**Extended Health Care -  
Professional Services**

## Summary of Coverage - Flex Plan 3

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Naturopath - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Massage Therapist - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Speech Therapist\* - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Physiotherapist - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Psychologist\* - \$500 per benefit year, limited to \$1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

*\*Physician's referral required.*

## Dental Care

### ***The Benefit***

**Deductible** - \$50 Individual, \$100 Family, per benefit year

Not applicable to:

- Level III
- Level IV
- Level V

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

If the services are rendered in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

### **Benefit Percentage (Co-insurance)**

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

**Dental Care**  
**Dental Care - The**  
**Benefit**

# Summary of Coverage - Flex Plan 3

---

## Benefit Maximums

- \$2,000 per benefit year combined for Level I, Level II, Level III and Level IV

- \$2,000 per lifetime for Level V

**Recall Frequency** - one every 6 months for dependent children under 19 years of age and one every 9 months for any other person. *If Elected by the School* once every 6 months

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

## Long Term Disability

### Benefit Amount :

*Long Term Disability*

*Option as Elected by the School*

*Options 1 and 4* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (taxable)

*Options 2 and 3* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

*Options 5 and 6* - 60% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

**Non-Evidence Limit** - \$6,000

### Cost of Living Adjustment

*Options 1, 2 and 5* - not covered

*Options 3, 4 and 6* - the Change in the Consumer Price Index, or 3%, whichever is less

**Qualifying Period** - 164 days

**Maximum Benefit Period** - to age 65

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

## Summary of Coverage - Flex Plan 3

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### Short Term Disability

*Short Term Disability*

**Benefit Amount:**

*Option as Elected by the School*

*Option 1 - 75% of monthly earnings (taxable)*

*Option 2 - 75% of monthly earnings (non-taxable)*

*Option 3 - 66.7% of monthly earnings (non-taxable)*

**Qualifying Period** - 14 calendar days

**Benefit Period** - 150 days

**Termination Age** - retirement

# Summary of Coverage - Retiree Plan

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

**This version of the Summary of Coverage provided:** November 1, 2005

## Employee Life Insurance

*Employee Life  
Insurance*

**Benefit Amount** - Based on your age as outlined in the following table:

Age	Amount
Less than age 62	\$5,000
Age 62	\$4,000
Age 63	\$3,000
Age 64	\$2,000
Age 65 and over	\$1,000

**Non-Evidence Limit** - \$5,000

**Termination Age** - none

## Extended Health Care

### *The Benefit*

*Extended Health Care  
Extended Health Care -  
The Benefit*

**Overall Benefit Maximum** - \$10,000 per benefit year, up to \$50,000 per lifetime, for expenses incurred in the province of residence and Referral outside Canada. \$1,000,000 per lifetime for Emergency Out-of-Province/Out-of-Canada and ManuAssist expenses. Internal limits also apply.

Not applicable to:

Hospital Care

**Deductible** - \$15 Individual, \$30 Family, per benefit year

Not applicable to:

Hospital Care

Drugs

Out-of-Province/Canada Emergency Medical Treatment

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

**Drug Dispensing Fee Maximum** - \$8.00 per prescription

**Out-of-Pocket Maximum** - not applicable

# Summary of Coverage - Retiree Plan

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## Benefit Percentage (Co-insurance)

100% for  
Hospital Care  
Drugs  
Professional Services  
Medical Supplies and Services

### **Note:**

*The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.*  
*The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.*  
*The Benefit Percentage for ManuAssist is 100%.*

**Termination Age** - none

## **ManuScript Generic Drug Plan 2 - Prescription Drugs**

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

### **- Drug Maximums**

Fertility drugs - \$15,000 per lifetime  
Anti-smoking drugs - \$500 per lifetime  
All other covered drug expenses - Unlimited

### **Vision Care**

*Extended Health Care -  
Vision Care*

- Not covered

### **Professional Services**

*Extended Health Care -  
Professional Services*

Services provided by the following licensed practitioners:

Chiropractor - \$300 per benefit year including one x-ray per benefit year  
Osteopath - \$300 per benefit year including one x-ray per benefit year  
Podiatrist - \$300 per benefit year including one x-ray per benefit year  
Naturopath - \$300 per benefit year  
Massage Therapist - \$300 per benefit year  
Speech Therapist\* - \$500 per benefit year

# Summary of Coverage - Retiree Plan

---

Physiotherapist - \$500 per benefit year

Psychologist\* - \$500 per benefit year

*\*Physician's referral required.*

## Dental Care

### **The Benefit**

**Deductible** - \$25 Individual, \$50 Family, per benefit year

Not applicable to:

Level III

Level IV

**Dental Fee Guide** - Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

### **Benefit Percentage (Co-insurance)**

- 100% for Level I - Basic Services

- 100% for Level II - Supplementary Basic Services

- 50% for Level III - Dentures

- 50% for Level IV - Major Restorative Services

### **Benefit Maximums**

- \$2,000 per benefit year combined for Level I, Level II, Level III and Level IV

**Recall Frequency** - once every 6 months

**Termination Age** - none

*Dental Care  
Dental Care - The  
Benefit*

# Summary of Coverage - Restricted Plan

---

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

This version of the Summary of Coverage provided: November 1, 2005

## Employee Life Insurance

*Employee Life  
Insurance*

**Benefit Amount** - \$25,000

**Non-Evidence Limit** - \$25,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - your benefit amount terminates at retirement. On retirement your coverage may continue under the Retiree Plan.

## Optional Employee Life Insurance

*Optional Employee Life  
Insurance*

**Benefit Amount** - increments of \$10,000 to a maximum of \$500,000

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for the first \$10,000 of Optional Life Insurance if applied for within 31 days of the date eligible.

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - age 70 or retirement, whichever is earlier

## Dependent Life Insurance

*Dependent Life  
Insurance*

**Benefit Amount** - \$2,500 spouse; \$2,500 each dependent child

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - retirement

## Optional Spousal Life Insurance

*Optional Spousal Life  
Insurance*

**Benefit Amount** - Spouse - increments of \$10,000 to a maximum of \$500,000.

**Non-Evidence Limit** - all amounts are subject to evidence of insurability

**Qualifying Period for Waiver of Premium** - 164 days

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

# Summary of Coverage - Restricted Plan

## Accidental Death and Dismemberment

**Benefit Amount** - \$25,000

**Non-Evidence Limit** - \$25,000

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - retirement

*Accidental Death and  
Dismemberment*

## Dependent Accidental Death and Dismemberment

**Benefit Amount**

- Spouse - \$2,500

- Child - \$2,500

**Qualifying Period for Waiver of Premium** - 164 days

**Termination Age** - employee's retirement

*Dependent Accidental  
Death and  
Dismemberment*

## Extended Health Care

*The Benefit*

**Overall Benefit Maximum** - \$500 per benefit year, for expenses incurred in the province of residence and Referral outside Canada. \$1,000,000 per lifetime for Emergency Out-of-Province/Out-of-Canada and ManuAssist expenses. Internal limits also apply.

**Deductible** - \$15 Individual, \$30 Family, per benefit year

Not applicable to:

Hospital Care

Drugs

Out-of-Province/Canada Emergency Medical Treatment

Out-of-Canada - Referrals

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

**Drug Dispensing Fee Maximum** - \$8.00 per prescription

**Out-of-Pocket Maximum** - not applicable

*Extended Health Care  
Extended Health Care -  
The Benefit*

# Summary of Coverage - Restricted Plan

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## Benefit Percentage (Co-insurance)

100% for  
Hospital Care  
Drugs  
Professional Services  
Medical Supplies and Services

### **Note:**

*The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.*  
*The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.*  
*The Benefit Percentage for ManuAssist is 100%.*

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

## **ManuScript Generic Drug Plan 2 - Prescription Drugs**

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

### **- Drug Maximums**

Fertility drugs - \$15,000 per lifetime  
Anti-smoking drugs - \$500 per lifetime  
All other covered drug expenses - Unlimited

### **Vision Care**

*Extended Health Care -  
Vision Care*

- Not covered

### **Professional Services**

*Extended Health Care -  
Professional Services*

Services provided by the following licensed practitioners:

Chiropractor - \$500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Osteopath - \$500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Podiatrist - \$500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Naturopath - \$500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

# Summary of Coverage - Restricted Plan

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Massage Therapist - \$500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Speech Therapist\* - \$500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Physiotherapist - \$500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

Psychologist\* - \$500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist and psychologist

*\*Physician's referral required.*

## Dental Care

### **The Benefit**

**Deductible** - \$25 Individual, \$50 Family, per benefit year

Not applicable to:

- Level III
- Level IV
- Level V

**Dental Fee Guide** - Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

### **Benefit Percentage (Co-insurance)**

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

### **Benefit Maximums**

- \$300 per benefit year combined for Level I, Level II, Level III, Level IV and Level V

**Recall Frequency** - once every 6 months

**Termination Age** - retirement. On retirement your coverage may continue under the Retiree Plan.

*Dental Care  
Dental Care - The  
Benefit*

# Summary of Coverage - Restricted Plan

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## Long Term Disability

### *Long Term Disability*

#### **Benefit Amount :**

*Option as Elected by the School*

*Option 1* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (taxable)

*Option 2* - 66.67% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

*Option 5* - 60% of monthly earnings, up to a maximum benefit of \$6,000 (non-taxable)

**Non-Evidence Limit** - \$6,000

**Cost of Living Adjustment** - not covered

**Qualifying Period** - 164 days

**Maximum Benefit Period** - to age 65

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

## Short Term Disability

### *Short Term Disability*

#### **Benefit Amount:**

*Option as Elected by the School*

*Option 1* - 75% of monthly earnings (taxable)

*Option 2* - 75% of monthly earnings (non-taxable)

*Option 3* - 66.7% of monthly earnings (non-taxable)

**Qualifying Period** - 14 calendar days

**Benefit Period** - 150 days

**Termination Age** - retirement

# Your Group Benefits

## Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0035664.

*Employee Life Insurance*

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

### **The Benefit**

Details are outlined in the Summary of Coverage.

*Employee Life - The Benefit*

### **Waiver of Premium**

*Not available to the Retiree Plan*

*Employee Life Insurance - Waiver of Premium*

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

To submit a claim for the Waiver of Premium benefit you must complete a Waiver of Premium claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted within 180 days from the end of the qualifying period.

### **Definition of Totally Disabled**

*Employee Life Insurance - Totally Disabled*

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

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

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 Financial in assessing your disability.

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

# Your Group Benefits

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## **Entitlement Criteria**

### **Employee Life Insurance - Entitlement Criteria**

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

you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 30 days 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.

Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and

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

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

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

## **Termination of Waiver of Premium**

### **Employee Life Insurance - Termination of Waiver of Premium**

Your Waiver of Premium will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit.

the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and

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

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

the date you do not attend an examination by an examiner selected by Manulife Financial.

the date of your death.

the date of your 65th birthday.

# Your Group Benefits

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## ***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 Financial 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.

## ***Death Benefit***

If you die while Totally Disabled, Manulife Financial will pay the Employee Life Insurance benefit in effect at the date disability commenced, subject to any reductions, provided:

death occurs:

- while premiums are being waived, or
- within the 31 day conversion option period, or
- after the 31 day conversion option period but within the first 12 months of total disability, and

proof of death is submitted within 12 months from the date of death, and

proof of total disability, if not already submitted, is submitted within 12 months from the date of death and establishes that total disability commenced while the employee was covered under this policy and under age 65.

## ***Compassionate Assistance***

A terminally ill employee is entitled to a Compassionate Assistance benefit provided:

Manulife Financial receives proof that you are terminally ill (life expectancy of 2 years or less), and

a consent is provided by any beneficiary designated as irrevocable by you.

The amount of benefit payable is 50% of the Employee Life Insurance benefit amount to a maximum of \$50,000, in a single sum.

When you die, Manulife Financial will pay to your beneficiary an amount equal to the Employee Life Insurance benefit amount in effect on the date of your death, less any amount paid as Compassionate Assistance.

***Employee Life  
Insurance - Recurrent  
Disability***

***Employee Life  
Insurance - Death  
Benefit***

***Compassionate  
Assistance***

# Your Group Benefits

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*Employee Life  
Insurance - Conversion  
Privilege*

## **Conversion Privilege**

If your Life Insurance under this policy terminates or reduces and the conditions outlined below are satisfied, you will be eligible to continue all or part of the insurance by converting to an individual policy.

### **Conditions for Conversion**

You must satisfy the following conditions to be eligible for an individual policy:

application for the individual policy must be received by Manulife Financial, within 31 days after insurance under the group policy terminates or reduces; and

the first premium must be enclosed with the application.

### **Maximum Amount**

The maximum amount that may be converted is the lesser of:

\$200,000, or

the amount of insurance that terminated less the amount of insurance under any replacing group policy within 31 days of the termination.

The maximum amount refers to all amounts of group life insurance for which you are insured with Manulife Financial.

### **Plan of Insurance**

The individual policy may be:

non-convertible term insurance to age 65; or

a permanent plan that Manulife Financial offers to the public at the time of conversion; or

1-year non-renewable term insurance which may be converted while it is in force to any plan described above.

### **Issue of Individual Policy**

Manulife Financial will apply the following rules in issuing an individual policy:

no evidence of insurability will be required;

the premium will be based on Manulife Financial's then current standard premium rates and will take into account the plan of insurance, the amount of insurance, the person's sex and attained age;

no Waiver of Premium or Accidental Death & Dismemberment Benefits will be included;

the effective date of the individual policy will be the 32nd day after the date of termination of the Group Insurance under this Benefit; and

# Your Group Benefits

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if the person elects to convert a lesser amount than that which he is entitled to convert, the individual policy cannot be less than the current minimum for which Manulife Financial will issue the policy.

## **Death during Conversion Period**

If you die within 31 days of the date your Employee Life Insurance terminates, on receipt of due proof, Manulife Financial will pay the amount you were eligible to convert to your beneficiary. This will be done even if you did not apply for an individual policy. If you had applied for the individual policy, any premium paid will be refunded.

## **Subsequent Eligibility Under this Policy**

If you obtain an individual policy through this privilege and later become eligible for insurance under this group policy, the amount for which you are eligible will be reduced by the amount of insurance remaining in force under the individual policy.

## **Optional Employee Life Insurance**

**The Optional Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0035664.**

*Optional Employee Life Insurance*

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

### ***The Benefit***

Details are outlined in the Summary of Coverage.

*Optional Employee Life Insurance - The Benefit*

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

### ***Conversion Privilege***

For details on Conversion Privilege, please refer to Employee Life Insurance.

*Optional Employee Life Insurance - Conversion Privilege*

### ***Waiver of Premium***

If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium).

*Optional Employee Life Insurance - Waiver of Premium*

# Your Group Benefits

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## ***Exclusions***

### ***Optional Employee Life Insurance - Exclusions***

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

## **Dependent Life Insurance**

### ***Dependent Life Insurance***

**The Dependent Life Insurance Benefit is insured under Manulife Financial's Policy G0035664.**

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

### ***The Benefit***

### ***Dependent Life - The Benefit***

Details are outlined in the Summary of Coverage.

### ***Waiver of Premium***

### ***Dependent Life Insurance - Waiver of Premium***

If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium).

### ***Conversion Privilege***

### ***Dependent Life Insurance - Conversion Privilege***

If your spouse's life insurance terminates, he or she may be eligible to convert the terminated insurance to an individual policy, without medical evidence. For details on Conversion Privilege, please refer to Employee Life Insurance.

## **Optional Spousal Life Insurance**

### ***Optional Spousal Life Insurance***

**The Optional Spousal Life Insurance Benefit is insured under Manulife Financial's Policy G0035664.**

If your spouse dies while insured, the Optional Spousal Life benefit is payable to you unless you have specifically designated a separate beneficiary. If a specifically designated beneficiary dies before your spouse, this benefit is payable to you, or if you should predecease your spouse, to your estate.

# Your Group Benefits

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## ***The Benefit***

Details are outlined in the Summary of Coverage.

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

*Optional Spousal Life Insurance - The Benefit*

## ***Waiver of Premium***

If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium).

*Optional Spousal Life Insurance - Waiver of Premium*

### **- Exception**

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

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

Manulife Financial approved your evidence of insurability

## ***Conversion Privilege***

If your spouse's life insurance terminates, he or she may be eligible to convert the terminated insurance to an individual policy, without medical evidence. For details on Conversion Privilege, please refer to Employee Life Insurance.

*Optional Spousal Life Insurance - Conversion Privilege*

## ***Exclusions***

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

*Optional Spousal Life Insurance - Exclusions*

# Accidental Death and Dismemberment

**The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0035664.**

*Accidental Death and Dismemberment*

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.

# Your Group Benefits

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## ***The Benefit***

### ***AD&D - The Benefit***

Details are outlined in the Summary of Coverage.

## ***Schedule of Losses***

### ***AD&D - Schedule of Losses***

A loss shown in this schedule is covered provided it:

is a direct result of the accidental injury

occurs within 365 days from the date of the accidental injury

is total and irreversible or irrecoverable

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

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

Loss of Life - 100%

Loss of or Loss of Use of Both Hands or Both Feet - 100%

Loss of Sight of Both Eyes - 100%

Loss of One Hand and One Foot - 100%

Loss of One Hand and Sight of One Eye - 100%

Loss of One Foot and Sight of One Eye - 100%

Loss of Hearing in Both Ears and Speech - 100%

Loss of or Loss of Use of One Arm or One Leg - 75%

Loss of or Loss of Use of One Hand or One Foot - 66 2/3%

Loss of Sight of One Eye - 66 2/3%

Loss of Speech or Hearing in Both Ears - 66 2/3%

Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%

Loss of All Toes of One Foot - 25%

Loss of Hearing in One Ear - 25%

Hemiplegia, Paraplegia or Quadriplegia - 200%

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

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

# Your Group Benefits

## ***Exposure and Disappearance***

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

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

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

## ***Rehabilitation Expenses***

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

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

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

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

***AD&D - Rehabilitation Expenses***

## ***Repatriation Expenses***

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

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

***AD&D - Repatriation Expenses***

## ***Dependent Education Expenses***

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

in a school for higher learning above the secondary school level, or

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

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

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

5% of your Accidental Death and Dismemberment benefit amount, or

\$5,000

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

# Your Group Benefits

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

No payment will be made for:

tuition expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

## **Spousal Occupational Training Expenses**

### **AD&D - Spousal Occupational Training Expenses**

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

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

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

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

## **Non-Duplication of Expenses**

### **AD&D - Non-Duplication of Expenses**

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

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

## **Waiver of Premium**

### **AD&D - Waiver of Premium**

If, while the Group Policy is in force, your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium). Waiver of Premium for this benefit ceases if the benefit terminates.

## **Exclusions**

### **AD&D - Exclusions**

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

suicide or self-inflicted injuries

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

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

# Your Group Benefits

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

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

committing or attempting to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, or if the person's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury

## Dependent Accidental Death and Dismemberment

**The Dependent Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0035664.**

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.

### ***The Benefit***

Details are outlined in the Summary of Coverage.

### ***Schedule of Losses***

A loss shown in this schedule is covered provided it:

is a direct result of the accidental injury

occurs within 365 days from the date of the accidental injury

is total and irreversible or irrecoverable

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

The amount payable for each loss is a percentage of your Dependent 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%

*Dependent Accidental  
Death and  
Dismemberment*

*Dependent AD&D  
Insurance - The Benefit*

*Dependent AD&D -  
Schedule of Losses*

## Your Group Benefits

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Loss of One Hand and One Foot - 100%

Loss of One Hand and Sight of One Eye - 100%

Loss of One Foot and Sight of One Eye - 100%

Loss of Hearing in Both Ears and Speech - 100%

Loss of or Loss of Use of One Arm or One Leg - 75%

Loss of or Loss of Use of One Hand or One Foot - 66 2/3%

Loss of Sight of One Eye - 66 2/3%

Loss of Speech or Hearing in Both Ears - 66 2/3%

Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%

Loss of All Toes of One Foot - 25%

Loss of Hearing in One Ear - 25%

Hemiplegia, Paraplegia or Quadriplegia - 200%

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

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

### ***Exposure and Disappearance***

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

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

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

### ***Common Accident***

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

If, as a direct result of a common accident, you and your spouse both die within 365 days of such common accident, the amount of the benefit payable under this policy for loss of life of your spouse will be automatically increased to equal the amount of the benefit payable for your loss of life. However, in no event will the amount paid for both lives exceed the combined benefit maximum of \$50,000.

# Your Group Benefits

## **Repatriation Expenses**

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

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

*Dependent AD& D -  
Repatriation Expenses*

## **Non-Duplication of Expenses**

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

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

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

## **Waiver of Premium**

If, while the Group Policy is in force, your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium). Waiver of Premium for this benefit ceases if the Group Policy terminates.

*Dependent AD& D -  
Waiver of Premium*

## **Exclusions**

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

*Dependent AD& D -  
Exclusions*

suicide or self-inflicted injuries

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

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

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

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

committing or attempting to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, or if the person's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury

# Your Group Benefits

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## Extended Health Care

### *Extended Health Care*

Your Extended Health Care Benefit is provided directly by the CSI Canada Insurance Plan and Trust Fund. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet.

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.

### **Drug Benefit for Quebec Residents**

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

### ***The Benefit***

#### *Extended Health Care - The Benefit*

Details are outlined in the Summary of Coverage.

### ***Covered Expenses***

#### *Extended Health Care - Covered Expenses*

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

- medically necessary for the treatment of sickness or injury and recommended by a physician

- incurred for the care of a person while covered under this Group Benefit Program

- reasonable taking all factors into account

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

- legally insurable

### ***Advance Supply Limitation***

#### *Extended Health Care - 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.

# Your Group Benefits

## **- Drug Expenses**

The maximum quantity of drugs or medicines 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.

*- Drug Expenses*

## **Hospital Care**

charges, in excess of the hospital's public ward charge, for semi-private accommodation, provided:

- the person was confined to hospital on an in-patient basis, and
- the accommodation was specifically elected in writing by the patient

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

*Extended Health Care -  
Hospital Care*

## **ManuScript Generic Drug Plan 2 - Prescription Drugs**

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

drugs or medicines for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist

compound prescriptions where one of the ingredients is an eligible drug expense

oral contraceptives

injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)

life-sustaining drugs

preventive vaccines and medicines (oral or injected)

standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)

*Charges for the following expenses are not covered:*

drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home

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

# Your Group Benefits

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anti-obesity drugs

drugs used in the treatment of a sexual dysfunction

intrauterine devices and diaphragms

expenses for dietary supplements, vitamins (other than injectable vitamins that require a prescription) and infant foods

## *- Drug Maximums*

### **- Drug Maximums**

Fertility drugs - \$15,000 per lifetime

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

### **- Payment of Covered Expenses**

## *- Payment of Covered Expenses*

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

Covered expenses for any prescribed drug or medicine will not exceed the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

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

## *- No Substitution Prescriptions*

### **- No Substitution Prescriptions**

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

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

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

### **Payment of Drug Claims**

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

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

# Your Group Benefits

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To fill a prescription for covered drug expenses:

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

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

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

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

## **Vision Care**

*For Flex Plans 1, 2 and 3, if elected by the School*

eye exams, purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to the Eye Exams, Prescription Glasses and Elective Contact Lenses maximum outlined in the Summary of Coverage

purchase of contact lenses required due to a surgical procedure or to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, Contact Lenses maximum outlined in the Summary of Coverage

*Charges for services of an oculist are not covered.*

**Extended Health Care -  
Vision Care**

## **Professional Services**

Services provided by the licensed practitioners specified in the Summary of Coverage.

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

Recommendation by a physician for Professional Services is not required, except for services of a speech therapist or psychologist.

**Extended Health Care -  
Professional Services**

## **Medical Services and Supplies**

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

**Extended Health Care -  
Medical Services and  
Supplies**

# Your Group Benefits

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## **Private Duty Nursing**

*Not available under the Restricted Plan:*

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

Covered Expenses are subject to a maximum of \$25,000 per benefit year.

*Charges for the following services are not covered:*

service provided primarily for custodial care, homemaking duties, or supervision

service performed by a nursing practitioner who is an immediate family member or who lives with the patient

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

service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household

## *Pre-Determination of Benefits*

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

## **Ambulance**

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 Financial, purchase of:

- Mobility Equipment: crutches, canes, walkers, and wheelchairs

- Durable Medical Equipment: manual hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals

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

external prostheses. For Standard, Flex and Retiree Plans, replacement prostheses will be reimbursed at a Benefit Percentage of 50%. For the Restricted Plan:

– mammary prostheses are limited to \$200 per benefit year, and

– other prostheses are limited to \$200 per benefit year.

surgical stockings, up to a maximum of 4 pairs per benefit year

surgical brassieres, up to a maximum of 4 per benefit year

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

- Private Duty Nursing

- Ambulance

- Medical Equipment

- Non-Dental  
Prostheses, Supports  
and Hearing Aids

# Your Group Benefits

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casted, custom-made orthotics, up to a maximum of 1 pair per 12 months for persons under 18 years of age, and 1 pair per 24 months for any other person, to a maximum of \$500 per pair (recommendation of either a physician, a podiatrist or a chiropractor is required)

cost, installation, repair and maintenance of hearing aids, (including charges for batteries) to a maximum of \$500 per 5 benefit years

## Other Supplies and Services

ileostomy, colostomy and incontinence supplies

medicated dressings and burn garments

oxygen

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

charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

- Other Supplies and Services

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

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 covered person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence. Expenses are payable up to a maximum of \$1,000,000 per lifetime.

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

\*You and your covered dependents must return to your province of residence for at least 1 full day (30 full days if you are a retiree) before becoming eligible for another 60 days of coverage.

referral outside Canada for treatment which may or may not be available in Canada. Expenses are payable up to a maximum of \$3,000 every 3 years.

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

*For all non-emergency medical treatment out of Canada:*

the treatment must be recommended by a physician practicing in Canada, and

it is advisable that you submit a detailed treatment plan with cost estimates before treatment begins. You will then be notified of any benefit that will be provided.

# Your Group Benefits

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*Charges for the following are payable under this expense:*

physician's services

hospital room and board at standard ward rates. Charges in excess of ward rates are payable, if hospital coverage is provided under this Benefit Program.

the cost of special hospital services

hospital charges for out-patient treatment

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

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

The 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.

## ***Student Out-of-Canada Coverage***

The 60 day travel period limit under the Extended Health Care - Out-of-Province/Out-of-Canada and ManuAssist benefit provision is waived for children who are full - time students and are attending accredited educational institutions outside of Canada.

The coverage is provided under the following terms, and in accordance with all other provisions of this plan:

Only children of Canadian members are eligible.

Eligible Students must be insured for travel assistance services.

For the purposes of this agreement, we assume that any school that is licensed as a school in the jurisdiction in which it resides is accredited. We will accept any registered college or university, as well as an educational institution that a high-school student may be attending as part of a rotary student-exchange program.

Proof of full-time student status must be available to us at any time. Benefits may be declined if such proof is not available.

Eligible students must comply with all plan provisions, including the requirement that the student be covered under a provincial health care plan and the plan's claim submission rules for out-of-province claims.

# Your Group Benefits

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## ***Out-of-Province/Out-of-Canada Coverage Extension:***

Coverage can be extended for up to 1 year beyond the 60 day period at no additional cost. The main criteria to be met for an employee to qualify for the extended coverage are:

- Provincial Medicare must be in effect for the period of coverage
- CSI medical coverage must be in effect for the period of coverage
- All family members must be under age 65, and
- Pre-existing medical conditions are excluded from coverage

## ***ManuAssist***

ManuAssist is a travel assistance program available for you and your covered dependents. The assistance services are delivered through an international organization, specializing in travel assistance. The following services are provided, when required as a result of a medical emergency during the first 60 days while travelling outside your province of residence.

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

***Extended Health Care -  
ManuAssist***

## **Medical Emergency Assistance**

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

### **a) 24-Hour Access**

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

### **b) Medical Referral**

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

# Your Group Benefits

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c) **Claims Payment Service**

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

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

d) **Medical Care Monitoring**

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

e) **Medical Transportation**

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

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

f) **Return of Dependent Children**

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

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

# Your Group Benefits

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## g) **Trip Interruption/Delay**

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

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

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

## h) **After Hospital Convalescence**

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

## i) **Visit of Family Member**

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

## j) **Vehicle Return**

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

## k) **Identification of Deceased**

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

# Your Group Benefits

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## l) **Meals and Accommodation**

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

## **Non-Medical Assistance**

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

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

### b) **Lost Document and Ticket Replacement**

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

### c) **Legal Referral**

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

### d) **Interpretation Service**

Telephone interpretation service in most major languages is provided.

### e) **Message Service**

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

### f) **Pre-trip Assistance Service**

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

## **Exceptions**

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

# Your Group Benefits

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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 ManuAssist - Your ManuAssist Card**

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

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

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

## ***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, CSI Canada Insurance Plan and Trust Fund may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

***Subrogation (Third Party Liability)***

On settlement or judgement of your legal action, you will be required to reimburse CSI Canada Insurance Plan and Trust Fund those amounts you recover which, when added to the payments you received from CSI Canada Insurance Plan and Trust Fund, exceed 100% of your incurred expenses.

## ***Exclusions***

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

***Extended Health Care - Exclusions***

self-inflicted injuries

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

committing or attempting to commit an assault or criminal offence

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

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

services or supplies provided by the School's medical or dental department

services or supplies for which no charge would normally be made in the absence of group benefit coverage

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

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

# Your Group Benefits

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services or supplies which are required for recreation or sports

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

medical treatment which is not usual or customary, or is experimental or investigational in nature

medical or surgical care which is cosmetic

services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person

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

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

## ***Continuation of Coverage***

### ***Extended Health Care - Continuation of Coverage***

If a person is disabled when coverage under this Extended Health Care benefit terminates, covered expenses related to the treatment will continue to be payable by Manulife Financial, for up to 90 days, but not after the termination date of ASO Contract 84168. However, coverage will terminate if the disabled person becomes eligible for coverage under another group plan.

You will be considered disabled if you are eligible for disability benefits under any other provision of the group benefit program.

Your dependent will be considered disabled if he or she is receiving medical treatment from a physician and confined to a hospital or to his or her home.

## ***Drug Benefit For Persons Who Reside In Quebec***

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

### ***Covered Drug Expenses***

The following expenses are covered:

drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and

drugs that are listed as a covered expense in this Benefit Booklet, but are not on the RAMQ List.

# Your Group Benefits

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## ***Coverage for drugs on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List)***

The following provisions apply only to the coverage of drugs that are on the RAMQ List, as legislated by An Act Respecting Prescription Drug Insurance (R.S.Q. c., A-29-01). 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 under this benefit will be as follows:

- i) For any drug on the RAMQ List which is not otherwise covered under the terms of this Benefit, the percentage payable is the percentage as set out by the then applicable Legislation
- ii) For any drug on the RAMQ List which is covered under the terms of this Benefit, the percentage payable is the greater of:
  - the benefit percentage stated under The Benefit; and
  - 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 the portion of covered drug expenses 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%.

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 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 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.

# Your Group Benefits

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## d) **Lifetime Maximums**

Lifetime maximums (if any) for the drug benefit will not apply. Drug 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 RAMQ List are covered, and
- ii) the percentage payable by the Administrator 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 provided for dependent children after the age stated in this Benefit Booklet is subject to the following conditions:

- only drugs that are on the RAMQ List are covered, and
- the percentage payable by the Administrator for covered expenses is the percentage as set out by the then applicable Legislation.

## f) **Termination Age**

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 specified under the benefit is subject to the following conditions:

- i) only drugs that are on the RAMQ List are covered,
- ii) the percentage payable by the Administrator for covered expenses is the percentage as stipulated in the then applicable Legislation
- iii) the Annual Out-of-Pocket Maximum is as stipulated in the then applicable Legislation
- iv) the cost required for the drug coverage is the cost of the Extended Health Care benefit.

### ***Coverage for drugs that are listed as a covered expense in this Benefit Booklet but are not on the RAMQ List***

Coverage for drugs that are listed as a covered expense under this Benefit but not on the RAMQ List will be subject to all the standard provisions included in this Benefit Booklet.

# Your Group Benefits

## Dental Care

Your Dental Care Benefit is provided directly by the CSI Canada Insurance Plan and Trust Fund. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet.

*Dental Care*

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***

Details are outlined in the Summary of Coverage.

*Dental Care - The Benefit*

### ***Covered Expenses***

The following expenses are covered if they:

*Dental Care - Covered Expenses*

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

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

are reasonable as determined by Manulife Financial, taking all factors into account, and

do not exceed the fees recommended in the Dental Fee Guide, or reasonable and customary charges as determined by Manulife Financial, if the expenses are not listed in the Dental Fee Guide.

### ***Alternate Treatment***

Where any two or more courses of treatment covered under this benefit would produce professionally adequate results for a given condition, the Plan will pay benefits as if the least expensive course of treatment were used. Manulife Financial will determine the adequacy of the various courses of treatment available, through a professional dental consultant.

*Dental Care - Alternate Treatment*

# Your Group Benefits

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## **Level I - Basic Services**

### **Dental Care - Level I - Basic Services**

complete oral exam, one per 2 benefit years

complete and panoramic x-rays, once every 24 months

one unit of light scaling and one unit of polishing subject to the Recall Frequency outlined in the Summary of Coverage, when the service is performed outside Quebec, or prophylaxis (light scaling and polishing) subject to the Recall Frequency outlined in the Summary of Coverage, when the service is performed in Quebec

recall exams, bitewing x-rays, and fluoride treatments, subject to the Recall Frequency outlined in the Summary of Coverage

routine diagnostic and laboratory procedures

initial oral hygiene instruction, plus one recall

pit and fissure sealants for dependents under 19 years of age only

fillings and retentive pins. Replacement fillings are covered provided:

- the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or
- the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam

pre-fabricated full coverage restorations (metal and plastic)

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

minor surgical procedures and post surgical care

extractions (including impacted and residual roots)

anaesthesia and conscious sedation when rendered in conjunction with oral surgery

consultations

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

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

# Your Group Benefits

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## **Level II - Supplementary Services**

### **Dental Care - Level II - Supplementary Services**

non-surgical periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:

- scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per benefit year;

- provisional splinting; and

- occlusal equilibration, up to a maximum of 8 units per benefit year

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

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

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

## **Level III - Dentures**

### **Dental Care - Level III - Dentures**

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

surgical periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth

initial provision of full or partial removable dentures

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

- a natural tooth is extracted and the existing appliance cannot be made serviceable;

- the existing appliance is at least 60 months old and cannot be made serviceable; or

- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation

expenses for dentures required solely to replace a natural tooth which was missing prior to becoming covered for this expense are not payable

# Your Group Benefits

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## **Level IV - Major Restorative Services**

### **Dental Care - Level IV - Major Restorative Services**

crowns and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay

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

initial provision of fixed bridgework

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

- a natural tooth is extracted and the existing appliance cannot be made serviceable;
- the existing appliance is at least 60 months old and cannot be made serviceable; or
- the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation

expenses for bridgework required solely to replace a natural tooth which was missing prior to becoming covered for this expense are not payable

## **Level V - Orthodontics**

### **Dental Care - Level V - Orthodontics**

*Not available to Retiree Plans*

orthodontic services

## **Pre-Determination of Benefits**

### **Dental Care - Pre-Determination of Benefits**

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

## **Work in Progress When Coverage Terminates**

### **Dental Care - Work in Progress When Coverage Terminates**

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

## **Subrogation (Third Party Liability)**

### **Subrogation (Third Party Liability)**

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

# Your Group Benefits

On settlement or judgement of your legal action, you will be required to reimburse CSI Canada Insurance Plan and Trust Fund those amounts you recover which, when added to the payments you received from CSI Canada Insurance Plan and Trust Fund, exceed 100% of your incurred expenses.

## **Exclusions**

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

self-inflicted injuries

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

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

anti-snoring or sleep apnea devices

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

services which are payable by any government plan

services or supplies provided by the School's medical or dental department

services or supplies for which no charge would normally be made in the absence of group benefit coverage

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

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

laboratory fees which exceed reasonable and customary charges

services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person

implants, or any services rendered in conjunction with implants

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

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

**Dental Care -  
Exclusions**

## **Survivor Extended Benefit**

If you die while your dependents are covered under this Group Benefit Program, your School will continue the Extended Health Care and Dental Care benefits without requiring any contribution from you, until the earliest of:

**Survivor Extended  
Benefit**

## Your Group Benefits

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the date your dependent is no longer a dependent, according to the definition of dependent (see Definitions),

if the School which had employed the deceased active Employee is no longer in the CSI plan;

the date similar coverage is obtained elsewhere,

the date which is the end of the month following the month in which you die, or

the date the Plan Document terminates.

However, a surviving Dependent may elect to further continue coverage subject to the following:

All requests for the Survivor Extended Benefit must be submitted within 31 days of the date of the Employee's death.

The Survivor Extended Benefit must be elected for both Extended Health Care and Dental Care Benefits.

Benefits are extended for survivors of deceased active Employees for a maximum of 2 years, as long as the school which employed the deceased person remains in the CSI plan. Benefits are extended for life for surviving Spouses who are age 55 and older, and who are survivors of a Retiree.

Where there is no surviving Spouse and more than one surviving Dependent Child, only one plan selection can be made. All surviving Dependent Children will be covered under the same Extended Health Care and Dental Care plans.

The coverage continued on a Dependent will be the same as that which was in effect on the date of the Employee's death, with the following exceptions for survivors of active Employees:

If the school changes its plan with CSI, the change will apply to the survivors.

If the deceased Employee was 55 or older and had a minimum of 3 years in the CSI plan, and the surviving Spouse was 55 or over at the date of the Employee's death, the surviving Spouse may elect to continue his or her current coverage or move to the CSI Retiree Plan.

Once an election has been made, the surviving spouse may not change this election at a later date. The plan selected by the surviving Spouse will apply to any surviving Children. Coverage will not be extended to a new Spouse of the surviving Spouse nor the Children of the new Spouse.

*This coverage will be subject to any age reduction or termination shown in the Plan at that time.*

# Your Group Benefits

## Long Term Disability

**The Long Term Disability Benefit is insured under Manulife Financial's Policy G0034004 or G0035664.**

*Long Term Disability*

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

### ***Definition of Totally Disabled***

*Long Term Disability -  
Definition of Totally  
Disabled*

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

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

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 Financial in assessing your disability.

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

### ***The Benefit***

*Long Term Disability -  
The Benefit*

Details are outlined in the Summary of Coverage.

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.

### ***Entitlement Criteria***

*Long Term Disability -  
Entitlement Criteria*

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

you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 30 days 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.

# Your Group Benefits

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Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and

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

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

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

## ***Periods for Which You are Not Entitled to Benefits***

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

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

receiving Employment Insurance maternity or parental benefits

on lay-off during which you become Totally Disabled

on leave of absence during which you become Totally Disabled, unless your School is required to pay benefits during this period as a result of legislation, regulation or case law

receiving benefits under a School-sponsored salary continuance or short term wage loss replacement plan

working in any occupation, except as provided for under the Rehabilitation Assistance provision

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

## ***Amount of Disability Benefit Payable***

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

Workers' Compensation or similar coverage

Canada or Quebec Pension Plans, excluding dependent benefits

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

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

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

# Your Group Benefits

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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:

any group, association or franchise plan

any retirement or pension plan

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

self-employment

any government plan, excluding Employment Insurance Benefits

Canada or Quebec Pension Plans' dependent 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**

### **Long Term Disability - Benefit Calculation Rules**

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

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

benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial;

subsequent changes in benefits from other sources, other than cost of living increases, will be taken into consideration and a new benefit amount may be established;

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

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

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

# Your Group Benefits

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## ***Cost of Living Adjustment***

### ***Long Term Disability - Cost of Living Adjustment***

*For Flex Plans 1, 2 and 3, Options 3, 4 and 6*

Commencing with your January payment after benefits have been payable for 12 months and with each subsequent January payment, you are eligible for a cost of living adjustment in your disability benefit.

The increase will be calculated as a ratio of:

the average of the Consumer Price Index for the 12 month period ending on the previous June 30th, to

the average of the Consumer Price Index for the 12 month period ending June 30th of the year that the disability began,

to a maximum of 3%.

If, in a benefit year, the increase in the Consumer Price Index is more than 3%, the excess over 3% is carried forward to a subsequent benefit year when the increase in the Consumer Price Index is less than 3%.

## ***Subrogation***

### ***Long Term Disability - Subrogation***

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

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

## ***Tax Status of Benefits***

### ***Long Term Disability - Tax Status***

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

If your School 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***

### ***Long Term Disability - Payment of Disability Benefits***

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

# Your Group Benefits

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## **Rehabilitation Assistance**

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

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

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

### **- Vocational Plan**

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 School, Manulife Financial will provide a structured Vocational Plan that will prepare you for a return to work, either:

- with your School
- with an alternate employer
- 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 Financial will require medical evidence documenting how your current medical status prevents you from continuing with the Vocational Plan.

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

**Long Term Disability -  
Rehabilitation  
Assistance**

**- Vocational Plan**

**- Disability Benefits  
During Rehabilitation**

# Your Group Benefits

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## ***Termination of Benefit Payments***

### ***Long Term Disability - Termination of Benefit Payments***

Your disability benefit payments will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit.

the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and

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

the date you do not attend an examination by an examiner selected by Manulife Financial.

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

the date of your death.

## ***Recurrent Disability***

### ***Long Term Disability - Recurrent Disability***

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

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

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

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

## ***Waiver of Premium***

### ***Long Term Disability - Waiver of Premium***

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

# Your Group Benefits

## **Survivor Benefit**

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

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

*Long Term Disability -  
Survivor Benefit*

## **Exclusions**

*No benefits are payable for any disability related to:*

self-inflicted injuries or illnesses.

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

the committing of or the attempt to commit an assault or criminal offence.

abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient or out-patient medical treatment program for substance abuse which has been approved by Manulife Financial.

*Long Term Disability -  
Exclusions*

## **Short Term Disability**

**This benefit is provided directly by the CSI Canada Insurance Plan and Trust Fund, and the services of Manulife are accessed at the discretion of CSI for claims adjudication and management.**

Subject to the requirements, conditions, and restrictions set forth below if you become disabled, as defined herein, while an insured active employee of a participating School you shall be entitled to receive Short Term Disability Benefits from the Trust Fund. Such benefits shall begin after you have been disabled two weeks. No such benefit shall be payable for any period after your recovery from disability.

*Short Term Disability*

### **Definition of Totally Disabled**

You shall be considered disabled when, on the basis of medical evidence satisfactory to them, the Trustees shall determine that you are unable, because of physical or mental illness, injury, or other condition, to function as a qualified employee in the capacity for which you were engaged by your School. Such medical evidence shall ordinarily be furnished by the physician in attendance at your place of employment; provided that the Trustees may, at their discretion and at the expense of the Trust Fund, appoint another competent physician to examine you.

*Short Term Disability -  
Definition of Totally  
Disabled*

# Your Group Benefits

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## ***Level of Benefit and Duration of Benefit Payments***

### ***Short Term Disability - Level of Benefit and Duration of Benefit Payments***

Short Term Disability Benefits shall be paid monthly, as of the 30th day of the month, at a monthly rate equal to two-thirds or three-fourths of your monthly compensation, as in effect at the date of occurrence of your disability. A pro rata payment shall be made for any month in which the participant is not entitled to benefits for the entire month. The maximum period for which Short Term Disability Benefits shall be payable to any participant with respect to any one period of disability shall be five months.

The Trustees may require anyone who is receiving Short Term Disability Benefits to submit to a medical examination to determine whether such individual remains disabled. If the individual refuses to submit to such examination, the Short Term Disability Benefits shall cease. Individuals who are receiving Short Term Disability Benefits shall be deemed to have recovered from their disability if they are able to or do engage in any employment for which they receive remuneration greater than 50% of their monthly compensation.

## ***Exclusions and Limitations***

### ***Short Term Disability - Exclusions and Limitations***

Payment of Short Term Disability Benefits shall be subject to the following conditions and restrictions:

- a) No benefits shall be paid until proper application therefore has been made and accepted by the Trustees.
- b) If your employment contract with a participating School terminates after your date of disablement but before the end of two weeks of continuous disability, and if you have not been engaged by a participating School for services in the following contract year, you shall not be entitled to Short Term Disability Benefits.
- c) If you become disabled, then recover and return to work, and then become disabled again, before 30 days of active work, from a cause of your original disability, both periods of disability combined shall constitute one period of disability. Otherwise, two or more periods of disability, separated by periods of active work, shall each be treated as separate periods of disability. If you become disabled for one cause and then become disabled from another cause before you return to work, your total absence shall constitute one period of disability.
- d) If any dispute shall arise between you and the Trustees as to the existence of disability or as to the period for which benefits are to be paid, you may appeal your case to the CSI Board of Directors, whose decision in the matter shall be final and binding on you and the Trustees.

# Your Group Benefits

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- e) Short Term Disability Benefits otherwise payable for any period hereunder shall be reduced by:
  - i) Disability benefits payable under any Workers' Compensation, Workplace Safety and Insurance Act or similar legislation.
  - ii) Disability benefits payable to the participant under the Canada/Quebec Pension Plan, but excluding future cost-of-living increases and benefits payable for the participant's dependent children.
  - iii) Income replacement indemnity payable under any automobile insurance plan or policy which has been approved as an acceptable limitation by Employment Insurance legislation.
- f) Short Term Disability Benefits are not payable for a disability due to:
  - i) Intentionally self-inflicted injuries.
  - ii) War (declared or not), service in the armed forces of any country, or participation in a riot, insurrection or civil disorder.
  - iii) Committing or attempting to commit criminal offence.
  - iv) Cosmetic surgery or treatment, excluding cosmetic care provided as a result of an accident.
  - v) Expenses which are payable by Workers' Compensation Act, Workplace Safety and Insurance Act or similar legislation.

## ***Taxability***

If your School pays any portion of the Short Term Disability premium the benefit payable to you will be taxable. If you pay 100% of the Short Term Disability premium, the benefit payable to you will be non-taxable.

***Short Term Disability -  
Taxability***

## ***Co-ordination with Employment Insurance***

The CSI-Canada Short Term Disability plan has been designed to co-ordinate with the Employment Insurance (EI) guidelines with the intent to ensure eligibility for premium reduction for participating Schools (eg. payment is available for occupational injury or illness only as required by EI).

In any circumstance where this program jeopardizes the eligibility for premium reduction for participating Schools, the EI premium reduction eligibility guidelines will take precedent over this plan wording.

***Short Term Disability -  
Co-ordination with  
Employment Insurance***

# Your Group Benefits

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## Employee/Family Assistance Plan (Optional)

*Employee/Family  
Assistance Plan  
(Optional)*

**This benefit is provided by Ceridian Corporation. It is an option, to be elected by the school.**

The CSI-Canada Insurance Plan includes an Employee/Family Assistance Plan (EAP) called "LifeWorks" which member schools can choose to include in their benefits plan. LifeWorks is offered through Ceridian Corporation, which offers counselling in the following areas:

Parenting and child care

Education

Older adults

Midlife and retirement

Disability

Financial

Legal

Everyday issues

Work

Managing people

Health

Emotional well-being

Addiction and recovery

Grief and loss

All communication between you and LifeWorks is **completely confidential**.

# Your Group Benefits

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The LifeWorks plan includes, for employees and their families:

Unlimited telephone and online access to experienced consultants

Three face-to-face counselling sessions\* as needed on specific issues

LifeWorks Online, an informative Web site to give you direct access to the information and resources you need to help you balance your work and personal life

Booklets, audio recordings, and other materials to help you get the answers you need in the format you want

Referrals to resources, services, and support in your community

\*any additional sessions may be eligible for reimbursement under the Supplementary Health Care benefit.

## CSI Co-op Student Occupational Coverage (Optional)

### *CSI Co-op Student Occupational Coverage (Optional)*

Co-op students, when working away from the school, are not covered by the employer's Workers' Compensation insurance if they are not paid. These students are covered by the School's Workers' Compensation insurance, if the School has the insurance. Where a School does not participate in a provincial Workers' Compensation plan (WSIB in Ontario) the student then has no insurance against accidents that occur during the Co-op assignment. CSI has arranged an occupational benefit coverage option that Schools who do not participate in Workers' Compensation can elect for their Co-op students.

Participation in Workers' Compensation is provincially regulated and as such, participation requirements are not uniform across Canada. In most provinces, participation in Workers' Compensation is compulsory. In other provinces, mandatory coverage through union groups is sometimes required. Schools in Alberta, Manitoba, Ontario and Nova Scotia that meet the provincial requirements may not have to participate in legislated Workers' Compensation.

To arrange for this coverage, contact CSI.

The following chart illustrates the benefits for occupational illness and injury.

#### **American Home Benefit**

AD&D  
Accidental Medical  
Weekly Indemnity

#### **CSI-Canada Insurance Plan Election**

Co-op Students under the age of 70  
whose names are on file with CSI.

# Your Group Benefits

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## *Eligibility*

### ***Eligibility***

Co-op students (including those without remuneration) will be covered for benefits if your school elects to participate in this plan. There is no minimum number of hours which must be worked to be eligible for coverage.

### **Plan Provisions**

Coverage for the occupational benefits as noted below will be provided through the American Home Assurance Company of Canada.

The following list provides a summary of the occupational benefit provisions provided by American Home:

#### *Part I: AD&D*

Death/Dismemberment Benefit - Principal Sum of \$50,000  
Repatriation - \$10,000  
Rehabilitation - \$10,000  
Family Transportation - \$10,000  
Home/Vehicle Modification - \$10,000  
Funeral Expenses - \$6,500  
Day Care Benefit - 3% of Principal Sum to \$5,000

#### *Part II: Accidental Medical*

Accidental Medical Benefits - \$20,000

#### *Part III: Weekly Indemnity*

Weekly Benefits - Flat \$100/week for 26 weeks  
Permanent Total Disability - Principal Sum of \$50,000

### ***Accidental Death and Dismemberment Indemnity***

## ***Accidental Death and Dismemberment Indemnity***

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from injury, provided that:

such loss occurs (1) within three hundred and sixty-five days after the date of accident causing such loss; or (2) if Weekly Accident Indemnity is provided under the policy with respect to an Insured Person, within a period of continuous total disability resulting from such injury, and for which indemnities are payable with respect to such person under such provision, but within fifty-two weeks after the date of accident causing such loss; and

the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated therein shall be the amount stated as Principal Sum; and

if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest shall be payable.

# Your Group Benefits

## **Table of Losses**

## *Table of Losses*

Loss of Life -The Principal Sum  
Loss of Both Hands - The Principal Sum  
Loss of Both Feet - The Principal Sum  
Loss of Entire Sight of Both Eyes - The Principal Sum  
Loss of One Hand and One Foot - The Principal Sum  
Loss of One Hand and the Entire Sight of One Eye - The Principal Sum  
Loss of One Foot and the Entire Sight of One Eye -The Principal Sum  
Loss of One Arm - Three-Quarters of The Principal Sum  
Loss of One Leg - Three-Quarters of The Principal Sum  
Loss of One Hand - Two-Thirds of The Principal Sum  
Loss of One Foot - Two-Thirds of The Principal Sum  
Loss of The Entire Sight of One Eye - Two-Thirds of The Principal Sum  
Loss of Thumb and Index Finger of the Same Hand - One-Third of The Principal Sum  
Loss of Speech and Hearing - The Principal Sum  
Loss of Speech or Hearing - Two-Thirds of The Principal Sum  
Loss of Hearing in One Ear - One-Sixth of The Principal Sum  
Quadriplegia (total paralysis of both upper and lower limbs) - Two-Times The Principal Sum  
Paraplegia (total paralysis of both lower limbs) - Two-Times The Principal Sum  
Hemiplegia (total paralysis of upper and lower limbs of one side of the body) - Two Times The Principal Sum  
Loss of Use of Both Arms or Both Hands - The Principal Sum  
Loss of Use of One Hand or One Foot - Two-Thirds of The Principal Sum  
Loss of Use of One Arm or One Leg - Three-Quarters of The Principal Sum  
Loss of Four Fingers of One Hand - One-Third of The Principal Sum  
Loss of All Toes of One Foot - One-Eighth of The Principal Sum

“Loss” as above used with reference to quadriplegia, paraplegia, and hemiplegia means the complete and irreversible paralysis of such limbs; as above used with reference to hand or foot means complete severance through 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 through or above the elbow or knee joint; as used with reference to thumb and index finger means complete severance through or above the first phalange; as used with references to fingers means complete severance through or above the first phalange of all four fingers of one hand; as used with reference to toes means complete severance of both phalanges of all the toes of one foot; and as used with reference to eye means the irrecoverable loss of the entire sight thereof.

“Loss” as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing in both ears.

“Loss” as used with reference to “Loss of Use” means the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss is determined to be permanent.

All claims submitted under this policy for Loss of Use must be verified by agreement between a licensed practicing physician appointed by the Policyholder and a licensed practicing physician appointed by the Company, or in the event that the two physicians so appointed cannot arrive at an agreement, a third licensed practicing physician shall be selected by the first two physicians and the majority decision of the three physicians shall be binding on the Policyholder and the Company. This procedure may be waived by the Company at its sole discretion.

# Your Group Benefits

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Indemnity provided under this Section for all losses sustained by any one (1) Insured Person as the result of any one (1) accident, only one of the amounts so stated in said Table, the largest shall be payable.

## ***Disappearance***

### ***Disappearance***

If the body of an Insured Person has not been found within one year of disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed subject to all other terms and provisions of the policy, that such Insured Person shall have suffered loss of life within the meaning of the policy.

## ***Beneficiary Designation***

### ***Beneficiary Designation***

In the event of Accidental Loss of Life, benefits shall be payable to the Estate of the Insured Person.

All other benefits shall be payable to the Insured Person.

## ***Repatriation***

### ***Repatriation***

If accidental death, covered by the plan, occurs more than 200 kilometres away from your permanent place of residence and within 365 days of the date of the accident, the plan will reimburse the actual expenses up to \$10,000 which are incurred for the preparation and shipment of the deceased's body to the place of residence.

## ***Rehabilitation***

### ***Rehabilitation***

If you suffer an injury listed in the loss Table, this plan will pay up to \$10,000 for special training, provided such training is required because of the covered injury and in order to qualify you for an occupation in which you would not be engaged except for the accident. All such expenses must be incurred within two years from the date of the accident and are limited to the cost of the training and materials needed for such training.

## ***Family Transportation***

### ***Family Transportation***

When injuries covered by the policy result in an Insured Person being confined to a hospital, outside 200 Km from his/her permanent city of residence, within 365 days of the accident and the attending physician recommends the personal attendance of a member of the immediate family, the Company shall pay the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier to the confined Insured Person but not to exceed the amount of \$10,000.00.

The term "member of the immediate family" means the spouse (or common-law spouse) parents, grandparents, children age 18 and over, brother or sister of the Insured Person.

# Your Group Benefits

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## ***Home Alteration and Vehicle Modification***

## ***Home Alteration and Vehicle Modification***

If an Insured Person receives a payment under the Accidental Death and Dismemberment Section herein and was subsequently required (due to the cause for which payment was made) to use a wheelchair to be ambulatory, then this benefit will pay, upon presentation of proof of payment:

The one-time cost of alterations to the injured person's residence to make it wheel-chair accessible and habitable; and

The one-time cost of modifications necessary to a motor vehicle, owned by the injured person, to make the vehicle accessible or driveable for the insured Person.

Benefit payments herein will not be paid unless:

Home alterations are made on behalf of the Insured Person and carried out by an experienced individual in such alterations and recommended by a recognized organization, providing support and assistance to wheel-chair users; and

Vehicle modifications are made on behalf of the Insured Person and carried out by an experienced individual in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under this expense will not exceed \$10,000.00.

## ***Day Care Benefit***

## ***Day Care Benefit***

If indemnity becomes payable under the policy for accidental loss of life of an insured employee, the Company will pay an amount equal to the lesser of the following amounts:

The actual cost charged by such day care center per year, or

3% of the Insured's Principal Sum, or

\$5,000.00 per year,

On behalf of any child who was an Insured's dependent at the time of such loss and is under age 13 and is currently enrolled or subsequently enrolled in an accredited day care center within 90 days following such loss.

The benefit is payable annually for a maximum of four consecutive payments but only if the dependent child continues his or her enrollment in an accredited day care center.

## ***Funeral Expenses***

## ***Funeral Expenses***

When injuries covered by this policy result in accidental loss of life of an Insured Person, the Company will pay the actual expense incurred for preparing the deceased for burial and funeral expenses subject to a maximum of \$6,500.00.

# Your Group Benefits

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## ***Accidental Medical Treatment Benefit***

### ***Accidental Medical Treatment Benefit***

The Company shall pay the expenses actually incurred by an Injured Person for necessary medical or surgical treatment, services or supplies, including necessary hospital, nursing and ambulance services, furnished to such person within one year after the date of the accident resulting in injury, provided that:

the first such expense is incurred within twenty-six weeks after the date of the accident;

with respect to all such expenses incurred as the result of any one accident, such payment shall not exceed \$20,000, as applicable to such person and this Coverage; and

such expenses are in excess of benefits provided by a Provincial or Federal hospital and/or medical plans to the extent permitted by law.

## ***Weekly Accident Insurance***

### ***Weekly Accident Insurance***

The Company shall pay a Weekly Accident Indemnity during a period of continuous total disability of an Insured Person resulting from injury, provided that:

such period of disability commences within thirty days after the date of the accident causing such injury; and

such indemnity shall be payable at flat \$100 per week ; and

the maximum period for which such indemnity shall be payable for any one such period of disability shall not exceed 26 weeks.

The term "total disability" as used in this Coverage shall mean disability which wholly and continuously prevents such person from performing every duty pertaining to his assignment.

## ***Permanent Total Disability Indemnity***

### ***Permanent Total Disability Indemnity***

When as the result of injury and commencing within 365 days of the date of the accident an Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by reason of his education, training or experience, the Company shall pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under the Accidental Death and Dismemberment Indemnity Coverage of the policy as the result of the same accident.

# Your Group Benefits

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## ***Exclusions***

The accident insurance plan does not cover any loss resulting from:

Suicide or self-inflicted injuries while sane or insane;

Full-time service in the Armed Forces of any country;

Declared or undeclared war or any act thereof;

Injuries received during aircraft travel except for the purposes of transportation where the member is travelling as a passenger.

*Exclusions*

# Applying for Group Benefits

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## **Applying for Group Benefits**

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

## **Making Changes**

### **Making Changes**

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

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

# The Claims Process

## ***How to Submit a Claim***

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

Your School can assist you in properly completing the forms, and answer any questions you may have about the claims process and your Group Benefit Program.

## ***Employee Life Insurance***

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

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

A completed claim form must be submitted within 1 year from the date of the loss.

Upon request, a partial payment up to \$5,000 may be paid in advance without proof of death.

## ***Dependent Life Insurance***

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

A completed claim form must be submitted within 1 year from the date of loss.

## ***Optional Spousal Life Insurance***

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

A completed claim form must be submitted within 1 year from the date of loss.

## ***AD& D***

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

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

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

A completed claim form must be submitted within 1 year from the date of loss.

*How to Submit a Claim*

*How to Submit a Claim  
- Employee Life  
Insurance*

*How to Submit a Claim  
- Dependent Life  
Insurance*

*How to Submit a Claim  
- Optional Spousal Life  
Insurance*

*How to Submit a Claim  
- AD& D*

# The Claims Process

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## ***Dependent AD& D***

### ***How to Submit a Claim - Dependent AD& D***

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

A completed claim form must be submitted within 1 year from the date of loss.

## ***Extended Health Care***

### ***How to Submit a Claim - Extended Health Care***

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

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

All claims must be submitted within 18 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

Claims for Out-of-Canada expenses must first be submitted to the Provincial Plan for payment. Any outstanding balance should be submitted to Manulife Financial, along with the explanation of payment from the Provincial Plan.

## ***Dental Care***

### ***How to Submit a Claim - Dental Care***

To submit a claim, you and your dentist must complete a [Dental Claim form](#) available from your School.

All claims must be submitted within 18 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

## ***Long Term Disability***

### ***How to Submit a Claim - Long Term Disability***

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

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

# The Claims Process

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## ***Payment of Extended Health Care and Dental Claims***

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

*Claim Payment*

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

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

You should receive settlement of your claim within three weeks from the date of submission to Manulife Financial. If you have not received payment, please contact your School.

## ***Co-ordination of Extended Health Care and Dental Care Benefits***

*Co-ordination of  
Extended Health Care  
and Dental Care  
Benefits*

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

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

Plan means:

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

Plan does not include school insurance or Provincial Plans.

## ***Order of Benefit Payment***

*Order of Benefit  
Payment*

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

If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expense.

## The Claims Process

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If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

- For Claims incurred by you or your Dependent Spouse:

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

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

- The Plan where the person is covered as an active full-time employee, then
  - The Plan where the person is covered as an active part-time employee, then
  - The Plan where the person is covered as a retiree.
- For Claims incurred by your Dependent Child:

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

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

- The Plan of the parent with custody of the child, then
- The Plan of the spouse of the parent with custody of the child (i.e., if the parent with custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child), then
- The Plan of the parent not having custody of the child, then
- The Plan of the spouse of the parent not having custody of the child (i.e., if the parent without custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child).

Where you and your spouse share joint custody of the child, the Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.

# The Claims Process

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If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.

If the person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

## **Submitting a Claim for Co-ordination of Benefits**

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

As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.

Submit all necessary claim forms and original receipts to the Primary Carrier.

Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.

Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.

*Submitting a Claim for  
Co-ordination of  
Benefits*

