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Attached to and forming part of Group Policy No. 160597 issued to

SAINT MARY'S UNIVERSITY FACULTY UNION HEALTH AND WELLNESS TRUST

This policy has been amended effective January 1, 2023 as follows:

<u>Provision Modified</u>	<u>Page</u>
TABLE OF LIFE INSURANCE BENEFITS	B-TBL 2

The payment of any amount of premium due on or after the effective date of this amendment in respect of the insurance provided under this policy shall be considered evidence of the Group Policyholder's acceptance of this amendment.

Signed at The Canada Life Assurance Company, Winnipeg, Manitoba, on November 29, 2022.

President and
Chief Executive Officer

President and
Chief Operating Officer, Canada

Accepted and attached to this policy on _____.

Signature

Title

GROUP INSURANCE POLICY

GROUP POLICYHOLDER:	SAINT MARY'S UNIVERSITY FACULTY UNION HEALTH AND WELLNESS TRUST
GROUP POLICY NO.:	160597
- Optional Insurance Billing No.:	160598 & 166075
POLICY EFFECTIVE DATE:	April 1, 2022
- Version effective date:	January 1, 2023
INSURANCE PROVIDED:	Life, Health, and Disability Income Insurance



TABLE OF CONTENTS

	PAGE
AGREEMENT	A 1
 TABLE OF BENEFITS	
Table of Life Insurance Benefits	B-TBL 1
Table of Health and Dental Benefits	B-TBH 1
Table of Disability Income Insurance Benefits	B-TBD 1
 INSURING PROVISIONS	
Employer	C 1
Insurance Clause	C 1
Insurable Employee	C 1
Eligibility Conditions	C 1
Dependent Coverage	C 2
Insurable Dependents	C 2
Insurable Spouse	C 3
Insurable Child	C 5
Effective Date of Insurance	C 7
Changes in Insurance	C 7
Option Changes	C 8
Actively at Work Requirement	C 9
Underwriting Provision	C 9
Termination of Insurance	C 11
Employee Insurance	C 11
Insurance for an Employee's Dependents	C 14
Life Insurance Termination During	
Disability Periods	C 14
Extended Benefits for Disability	C 15
Disability	C 15
Duration	C 16
Benefit Limitation	C 16
Extended Benefits for Accidental Injury	C 16
Survivor Health Benefits	C 17
Payment	C 17
Extended Benefits	C 17
Reinstatement of Insurance	C 18
Life Insurance Conversion Privilege	C 19

BENEFIT PROVISIONS

Life Insurance	D-Life 1
Death Benefit	D-Life 1
Waiver of Premium Benefit	D-Life 2
Suicide Limitation on Optional Insurance	D-Life 3
Healthcare Benefits for Employees and Dependents	D-HC 1
Assessment Responsibility	D-HC 1
Assessment Standard	D-HC 1
Ambulance Services	D-HC 4
Hospital and Nursing Care	D-HC 5
Out-of-Country Care	D-HC 10
Global Medical Assistance	D-HC 13
Prescription Drugs	D-HC 16
Medical Supplies	D-HC 20
Diagnostic Services	D-HC 24
Paramedical Services	D-HC 25
Visioncare	D-HC 27
Other Services or Supplies	D-HC 28
Amount Payable	D-HC 29
General Limitations	D-HC 31
Dentalcare Benefits for Employees and Dependents	D-DC 1
Assessment Responsibility	D-DC 1
Assessment Standard	D-DC 1
Basic Coverage	D-DC 2
Major Coverage	D-DC 9
Orthodontic Coverage	D-DC 13
Dental Accident Coverage	D-DC 14
Amount Payable	D-DC 15
General Limitations	D-DC 17
Long Term Disability Income Benefits for Employees	D-LTD 1
Assessment Responsibility	D-LTD 1
Disability	D-LTD 1
Disability Period	D-LTD 2
Waiting Period	D-LTD 2
Benefit Period	D-LTD 3
Recurrence	D-LTD 3
Income Benefits	D-LTD 4
Indexing	D-LTD 10
Vocational Rehabilitation	D-LTD 12
Medical Coordination	D-LTD 14
General Limitations	D-LTD 16

(ii)

CLAIM PROVISIONS

Notice of Disability Claim	E 1
Proof of Claim	E 1
Quebec Time Limit for the Payment of Benefits	E 2
Notice of Disability Assessment	E 3
Pre-determination of Dentalcare Benefits	E 3
Payment of Medical/Dental Claims	E 5
Overpayment	E 5
Subrogation and Right of Recovery	E 6
Legal Actions	E 6
Beneficiary	E 7
Coordination of Benefits	E 8

GENERAL PROVISIONS

Currency	F 1
Furnishing of Information: Access to Records	F 1
Medical, Dental, and Vocational Assessments	F 2
Extending Plan Member Relationships	F 2
Misstatement of Age	F 2
Disclosure Provisions	F 3
Appeals	F 3
Conformity to Legislation	F 3
Non-Participating	F 3
Assignment of Life Insurance	F 3
Gender	F 3
Policy Amendment	F 4
Annual Earnings	F 5

PREMIUM PROVISIONS

Payment	G 1
Grace Period	G 1
Calculation: Premium Rate	G 1
Adjustments	G 2
Rate Changes	G 2

TERMINATION OF THE POLICY

H 1

TRANSFER PROVISIONS

Transfer of Insurance
Replacement of Insurance
Transfer of Claims

I 1
I 3
I 4

AGREEMENT

Canada Life agrees to pay the benefits provided by this policy to the persons entitled to receive them. This agreement is made in consideration of the Group Policyholder's payment of the required premiums.

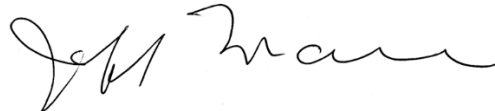
This policy takes effect at 12:01 a.m. on the Effective Date, local time at the Group Policyholder's address.

The following pages and any riders or amendments are a part of this policy.

Signed at The Canada Life Assurance Company, Winnipeg, Manitoba



President and
Chief Executive Officer



President and
Chief Operating Officer, Canada

TABLE OF LIFE INSURANCE BENEFITS

This table must be read in conjunction with the rest of this policy.

EMPLOYEE BASIC LIFE INSURANCE

ELIGIBLE CLASSES: All employees under age 90

BENEFIT FORMULA:

- retired employees not applicable
- all other employees 300% of annual earnings

AMOUNT OF INSURANCE:*

- retired employees who retire on or after December 1, 2019 \$50,000
- retired employees who retire on or after October 1, 2021 \$60,000
- all other retired employees \$30,000
- all other employees The amount derived from the benefit formula. The maximum amount of insurance is \$300,000.

At age 65, the amount of an employee's insurance reduces to 63% of the amount for which he would have been insured if he had not yet reached age 65. At age 70, the amount of insurance further reduces to 45%. At age 74, the amount of insurance further reduces to 35%.

Amounts of insurance for employees under 65 are rounded to the next higher integral multiple of \$1,000 if they are not already an integral multiple of \$1,000. At ages 65 and over, amounts that are not already an integral multiple of \$500 are rounded to the next higher integral multiple of \$500.

OPTIONAL DEPENDENT BASIC LIFE INSURANCE

ELIGIBLE CLASSES: All employees under age 70, except retirees

AMOUNT OF INSURANCE:

- Option 1:
 - spouse amount* \$5,000
 - child amount \$2,000

- Option 2:
 - spouse amount* \$20,000
 - child amount \$10,000

EMPLOYEE AND SPOUSE OPTIONAL LIFE INSURANCE

ELIGIBLE CLASSES: All employees under age 65 with basic life insurance, except retirees

AMOUNT OF INSURANCE:* Any multiple of \$10,000 up to \$500,000 per person. A person who is insurable under this policy as both an employee and a spouse is still limited to the \$500,000 maximum.

- * The total amount of insurance for an employee who elects optional insurance for himself or his spouse is the sum of the basic and optional amounts. The total amount of insurance cannot exceed \$800,000.

TABLE OF HEALTH AND DENTAL BENEFITS

This table must be read in conjunction with the rest of this policy.

EMPLOYEE AND DEPENDENT HEALTHCARE EXPENSE BENEFITS

ELIGIBLE CLASSES:	All employees except retirees
PRESCRIPTION DRUG DEDUCTIBLE: (applicable to in-Canada drug expenses)	\$2
CALENDAR YEAR DEDUCTIBLE:	none
REIMBURSEMENT LEVEL:	
- for paramedical services:	
• for psychologists/social workers/counselling therapists* and speech therapists expenses	75%
• for all other paramedical expenses	100%
- for all other expenses	100%
LIFETIME MAXIMUM:	none

* Only employees resident in Nova Scotia are eligible for treatment by a registered counselling therapist.

EMPLOYEE AND DEPENDENT DENTALCARE EXPENSE BENEFITS

ELIGIBLE CLASSES:	All employees except retirees
DENTAL FEE GUIDE:	the dental fee guide in effect in the employee's province of residence on the date treatment is rendered
CALENDAR YEAR DEDUCTIBLE:	none
REIMBURSEMENT LEVEL:	
- for basic coverage	80%
- for major coverage	70%
- for orthodontic coverage	75%
- for dental accident coverage	100%
BENEFIT MAXIMUMS:	
- for dental accident coverage	none
- for basic coverage	none
- for major coverage	\$2,000 per calendar year
- for orthodontics	\$1,500 per calendar year, to a lifetime maximum of \$6,000

TABLE OF DISABILITY INCOME INSURANCE BENEFITS

This table must be read in conjunction with the rest of this policy.

EMPLOYEE LONG TERM DISABILITY INCOME BENEFITS

ELIGIBLE CLASSES: All employees under age 71, except retirees

WAITING PERIOD: 90 calendar days

INITIAL ASSESSMENT PERIOD: the waiting period plus the next 24 months of disability

SUBSEQUENT ASSESSMENT LEVEL: 50%

BENEFIT FORMULA:

- employees who elect to waive healthcare and dentalcare benefits 70% of monthly earnings
- all other employees 60% of the first \$2,500 of monthly earnings, plus 50% of the remainder

GROSS BENEFIT:

- employees who elect to waive healthcare and dentalcare benefits not applicable
- all other employees The amount derived from the benefit formula. The maximum gross benefit is \$6,000.

INCOME BENEFIT:

- employees who elect to waive healthcare and dentalcare benefits the amount derived from the benefit formula. The maximum income benefit is \$6,000.
- all other employees the lesser of the gross benefit and the coordination level

Disability Table

B-TBD 1

ALL SOURCE MAXIMUM:

- employees who elect to waive healthcare and dentalcare benefits 80% of total monthly earnings
- all other employees 85% of take-home pay

PENSION CONTRIBUTION BENEFIT:

10% of monthly earnings to a maximum of \$600

TAX STATUS:

- employees who elect to waive healthcare and dentalcare benefits taxable
- all other employees non-taxable

Schedule of Affiliated Companies

none

INSURING PROVISIONS

EMPLOYER

Employer means the Group Policyholder and the companies listed in the Schedule of Affiliated Companies.

INSURANCE CLAUSE

To become insured under this policy a person must:

1. either be employed by the employer or be a retired employee;
2. be a member in good standing of the union;
3. be an insurable employee;
4. be in an eligible class;
5. satisfy the eligibility conditions; and
6. satisfy the effective date of insurance provisions.

- LTD restriction

A person who will reach age 71 by the end of a period equal to this policy's long term disability waiting period will not become insured for long term disability income insurance.

INSURABLE EMPLOYEE

An employee is insurable if he is:

1. a member in good standing of the union, and
2. employed:
 - (a) on a permanent, non-seasonal, and full-time basis; and
 - (b) for at least 20 hours each week.

- retired employees

A retired employee is insurable if he was insured under the employer's benefit program the day before he retired.

ELIGIBILITY CONDITIONS

An employee is eligible immediately if he is insurable on the effective date of this policy. Otherwise he is eligible on the date his employment as an insurable employee begins.

- eligibility limitation

An employee is only eligible for the benefits provided for his class in the Table of Benefits.

Insuring Provisions

C 1

INSURING PROVISIONS

DEPENDENT COVERAGE

An employee is eligible to insure his dependents on the later of:

1. the date the employee becomes eligible;
and
2. the date the employee acquires his first insurable dependent.

The effective date of insurance section determines when the insurance for a dependent actually starts.

INSURABLE DEPENDENTS

An insurable dependent is an insurable spouse or an insurable child.

INSURING PROVISIONS

INSURABLE SPOUSE

A spouse is insurable if that person is the employee's legal spouse, common-law spouse, or former spouse.

An employee can only insure one spouse at a time. He must insure the same person for all spouse benefits provided under the employer's benefit program.

Where the employee has more than one insurable spouse, Canada Life will consider his insured spouse to be the one for whom he first submits a claim for any benefit provided under the employer's benefit program.

- legal spouse

A legal spouse means the person lawfully married to the employee according to applicable provincial legislation.

- common-law spouse

A common-law spouse means a person who is living with the employee in a common-law relationship. A common-law relationship is considered to exist where two persons have lived together in a conjugal relationship for at least 12 months.

- former spouse

A former spouse means a divorced or ex-common-law spouse of the employee for whom insurance protection for some of the benefits available under the employer's benefit program is mandated by court order.

- change in spouse

The employee can change from one insured spouse to another by submitting a claim for a different spouse for any benefit provided under the employer's benefit program. The change will take effect on the later of:

1. the date of the loss claimed for the new spouse; and
2. the day after the date of the last loss claimed for the previous spouse.

A change from a common-law spouse to a legal spouse is valid only when the legal spouse is living with the employee.

INSURING PROVISIONS

A change from a former spouse to a legal or common-law spouse is not allowed unless the provision in the court order by which the former spouse qualified for coverage is no longer in effect.

- optional life age restriction

A spouse age 65 or over is not insurable for optional life insurance.

INSURING PROVISIONS

INSURABLE CHILD

A child is insurable from live birth if he is:

1. an unmarried natural, adopted, or step child of the employee or the insured spouse; or
2. any other unmarried child for whom the employee or the insured spouse has been appointed guardian for all purposes by a court of competent jurisdiction.

A child under age 21 must not be working more than 30 hours a week, unless he is a full-time student.

A child age 21 or over must either be:

1. a full-time student under age 25; or
2. incapacitated for a continuous period beginning:
 - (a) before age 21; or
 - (b) while a full-time student and before age 25.

A child of the insured spouse is not insurable unless:

1. he is also the employee's child; or
2. the spouse is living with the employee and has custody of the child.

A child for whom the employee or the insured spouse has been appointed guardian is not insurable unless:

1. Canada Life has received satisfactory proof of guardianship; and
2. if the insured spouse is the guardian, the spouse is living with the employee.

- student

A child is considered a full-time student if he has been in registered attendance at an elementary school, high school, university, or similar educational institution for 15 hours a week or more sometime in the last 6 months.

INSURING PROVISIONS

A child is not considered a full-time student if he is being paid to attend an educational institution.

- incapacity

A child is considered incapacitated if he is incapable of supporting himself due to a physical or psychiatric disorder.

INSURING PROVISIONS

EFFECTIVE DATE OF INSURANCE

Insurance takes effect on the following dates, subject to the actively at work requirement.

1. Non-contributory insurance takes effect on the date the employee becomes eligible.
2. Contributory insurance takes effect on the date the employee becomes eligible or the date he applies for insurance, whichever is later.
3. Insurance subject to the underwriting provision takes effect on the date of written approval.

- non-contributory insurance

Non-contributory insurance is insurance for which the employee is not required to make a premium contribution.

- contributory insurance

Contributory insurance is insurance for which the employee is required to make a premium contribution.

Insurance is subject to the underwriting provision if:

1. it is contributory insurance that is not applied for within 31 days of the date the employee becomes eligible.
2. it is optional life insurance.
3. it is optional dependent basic life insurance. However, if an application is made within 30 days of the date the employee becomes eligible the insurance is not subject to the underwriting provision.

Changes in Insurance

Changes in insurance take effect as they occur, except that:

1. all increases and new benefits are subject to the actively at work requirement. Increases are also subject to the underwriting provision if they are increases in optional life insurance.

Insuring Provisions

C 7

INSURING PROVISIONS

2. healthcare increases and new healthcare benefits for a dependent confined in hospital on the date a change would otherwise take effect will not take effect until release from hospital.
3. decreases in optional life insurance will take effect on the date the application for a decrease is made.
4. no change in disability income insurance will take effect during a disability period.
5. no change in life insurance will take effect during a waiver of premium disability period.

Option Changes

Subject to the optional dependent basic life exceptions, option changes take effect on the date the application for the change is made, unless the change results from a change in family status. If it does, the option change will take effect on the date the application for the change is made as long as it is made within 30 days of the status change

- optional dependent basic life exceptions

All amounts of optional dependent basic life insurance applied for after the employee is first eligible to insure a dependent are subject to the underwriting provision.

No change in optional dependent basic life insurance will take effect during a waiver of premium disability period.

- family status changes

A change in family status means any of the following:

1. an employee without dependent coverage acquiring an insurable spouse or an insurable child.
2. an employee with spouse coverage but no child coverage acquiring an insurable child.

INSURING PROVISIONS

3. an employee with child coverage but no spouse coverage acquiring an insurable spouse.
4. the death of the employee's insurable spouse or only insurable child.
5. the employee's spouse or only child ceasing to qualify as an insurable dependent.
6. involuntary loss of similar employee or dependent coverage through the spouse's group benefit program.

Actively at Work Requirement

To satisfy this requirement, an employee must:

1. be fully capable of performing his regular duties; and
2. be either:
 - (a) actually working at the employer's place of business or a place where the employer's business requires him to work; or
 - (b) absent due to vacation, weekends, statutory holidays, or shift variances.

This requirement does not apply to retired employees.

Underwriting Provision

If an employee wishes to obtain insurance that is subject to this provision, he must apply for it and supply the information Canada Life requests. Canada Life will then assess the information according to its underwriting rules. The application will be approved if it meets underwriting standards.

- substandard offer

If an employee's application for long term disability income insurance is not approved, Canada Life may offer to provide this insurance on a restricted basis.

INSURING PROVISIONS

- limited dental coverage

Late applications for dental insurance are not assessed according to underwriting rules. Instead, the following limits are applied:

1. coverage during the first 12 months of insurance is limited to:
 - (a) dental accident coverage; and
 - (b) basic coverage to a maximum benefit of \$100 per person.

No benefits will be paid for major treatment during the first 12 months of insurance unless it is considered a dental accident expense.

2. no benefits are payable for orthodontic treatment during the first 24 months of insurance.

INSURING PROVISIONS

TERMINATION OF INSURANCE

The following provisions describe when insurance terminates.

Employee Insurance

Insurance for an employee terminates on the earliest of the following dates:

1. the date this policy terminates;
2. the due date of the first premium to which he has not made a required contribution for employee coverage;
3. the date he ceases to be in an eligible class;
4. the date he ceases to be an insurable employee, except that for in-Canada prescription drug benefits only, the date he reaches age 65;
5. the date he ceases to satisfy the actively at work requirement. If he is not at work because of disease or injury, temporary lay-off, or leave of absence, this date will be extended to the earliest of:
 - (a) the date the employer stops paying premiums or otherwise determines that insurance has terminated. This date must be determined on the same basis for all employees in like circumstances.
 - (b) the date he starts to work in another job more than 20 hours per week, except in an approved rehabilitation plan.

INSURING PROVISIONS

- for disease or injury
 - life insurance for employees under age 65
 - life insurance for employees age 65 and over
 - LTD insurance
 - other insurance
- (c) for disease or injury:
 - A. for an employee under age 65 who:
 - (i) does qualify for the waiver of premium benefit under this policy, the end of the waiver of premium disability period, or
 - (ii) does not qualify for the waiver of premium benefit under this policy, the date which is the earliest of (a), (b) and the date he reaches age 65.
 - B. for an employee age 65 and over, the date which is the earliest of (a), (b) and the end of the sixth month following the date he ceased to be actively at work due to disease or injury.
 - C. for long term disability income insurance:
 - (i) for a disabling disease or injury, the date he first ceases to be eligible for income benefits.
 - (ii) for disease or injury for which he does not qualify for income benefits, 31 days after the number of days of the disability waiting period.
 - D. for all other insurance, for a disabling disease or injury, the end of the disability period. No extension will be considered for a non-disabling disease or injury.

INSURING PROVISIONS

An employee is considered disabled under this provision during the period he is prevented by disease or injury from performing the regular duties of his job.

- for lay-off or leave of absence other than maternity or parental leave

- (d) for temporary lay-off or leave of absence other than maternity or parental leave:

- A. for disability income insurance, 31 days after the lay-off or leave starts.
- B. for all other coverages, 6 months after the lay-off or leave starts.

If the employer is required by law to provide insurance beyond these dates, Canada Life will further extend the termination date to the end of the period required by law.

- for maternity or parental leave

- (e) for maternity or parental leave, the end of the leave.

INSURING PROVISIONS

Insurance for an Employee's Dependents

Insurance for an employee's dependents terminates on the earliest of the following dates:

1. the date the insurance for the employee terminates;
2. the due date of the first premium to which the employee has not made a required contribution for dependent coverage;
3. the date the employee ceases to be in a class eligible for dependent coverage;
4. the date the dependent ceases to qualify as an insurable dependent, except that for in-Canada prescription drug benefits only, the date a spouse reaches age 65; or
5. for a spouse, the day before the effective date of a change to a new insured spouse.

Life Insurance Termination During Disability Periods

Life insurance will not terminate during any period for which the employee has been approved for waiver of premium benefits or during any part of the waiver of premium waiting period in which he satisfies the definition of disability under the waiver of premium benefit.

INSURING PROVISIONS

EXTENDED BENEFITS FOR DISABILITY

- healthcare

Healthcare benefits, except for in-Canada prescription drugs, are extended for an employee and his insured dependents if the employee is disabled when his insurance terminates. If the employee is not disabled when coverage for a dependent terminates, hospital and nursing care benefits are still extended for the dependent as long as he is hospital confined or receiving nursing care when the coverage terminates.

No benefits are payable for in-Canada prescription drug expenses incurred after termination of insurance.

- disability income benefits

Disability income benefits are extended for an employee if he is disabled at the date of termination of his insurance.

- other benefits

There is no extension of dental care benefits after termination of insurance except as provided under the accidental injury provision. There is no extension of life insurance benefits after termination of insurance except as provided under the life insurance conversion privilege.

Disability

An employee is considered disabled for all benefits except long term disability income benefits if disease or injury prevents him from performing the regular duties of his job. He is considered disabled for long term disability income benefits if he satisfies the definition of disability under this policy's long term disability income benefit.

INSURING PROVISIONS

Duration

Disability income benefits are extended to the end of the disability period. Healthcare benefits are extended to the earliest of:

1. the date the disability ends, or, where hospital and nursing care benefits are being extended for a dependent of a non-disabled employee, the date the confinement ends or the services of a professional nurse are no longer required;
2. 6 months after the insurance terminates; or
3. the date the employee or dependent becomes eligible for coverage under another group plan.

Benefit Limitation

Extended benefits are limited to those that would have been payable if the insurance were still in force.

EXTENDED BENEFITS FOR ACCIDENTAL INJURY

Dentalcare benefits are extended for an employee and his insured dependents after termination of insurance only when termination occurs as a result of termination of this policy. Benefits are limited to those that would have been payable for treatment of accidental injury to sound natural teeth if the insurance were still in force. No benefits are payable for treatment resulting from an accident occurring after termination of insurance.

INSURING PROVISIONS

SURVIVOR HEALTH BENEFITS

If an employee dies while his dependents are insured for healthcare and dentalcare benefits under this policy, their healthcare and dentalcare coverage will continue to the earlier of:

1. the date they cease to qualify as insurable dependents; or
2. 2 years after the employee's death.

If an employee's child is born after the employee's death, the child is considered an insurable dependent.

Payment

Survivor benefits are paid to the surviving spouse. If there is no surviving spouse, benefits are paid as follows:

1. for a child who has reached the age of majority, to him; and
2. for a minor child, to his legal guardian.

Extended Benefits

This policy's extended benefits provisions also apply to coverage terminating under this survivor benefit.

INSURING PROVISIONS

REINSTATEMENT OF INSURANCE

Insurance will be automatically reinstated if:

1. it terminated because of disease or injury, leave of absence, or temporary lay-off; and
2. the employee returns to work within 6 months after it terminated, or within any period for which the employer is required by law to reinstate the insurance.

If an employee does not qualify for automatic reinstatement, he will be treated as a new employee unless the insurance terminated because he stopped making required premium contributions. If it did, reinstatement is subject to the underwriting provision.

INSURING PROVISIONS

LIFE INSURANCE CONVERSION PRIVILEGE

An employee or spouse is entitled to obtain an individual life insurance policy without evidence of insurability if he meets the following conditions:

- conditions

1. All or part of the life insurance for the person under this policy terminates on or before his 65th birthday; and
2. The person applies for the individual policy in writing and pays the first premium within 31 days after the insurance terminates. In the case of insurance for the spouse, the employee or the spouse may apply.

- exceptions

The conversion privilege is not available if the insurance terminates because of age.

The conversion privilege is not available to a spouse for whom insurance terminates because:

1. He ceases to be an insurable spouse; or
2. The employee chooses to insure a different spouse.

The conversion privilege is not available to non-residents of Canada.

- policy form

The individual policy will be one of the standard life insurance conversion forms made available by Canada Life or any of its affiliates. No disability or accidental death benefit will be offered.

- premium

The premium for the individual policy will be based on current individual insurance rates.

- amount

The amount of the individual policy will not exceed the lesser of:

1. The total amount of the terminated life insurance under the group policy on the date of conversion less the amount of any group term life insurance for which the person becomes eligible within the 31 days allowed for conversion; and
2. \$200,000.

INSURING PROVISIONS

This is the combined maximum that can be converted under all group life plans issued to the employer by Canada Life.

A person can convert less than the maximum individual policy amount but, if he does, he cannot convert an amount less than the minimum issued for the type of policy chosen.

- conversion policy effective date

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

- extension

If a person dies within the 31 days allowed for conversion, the lesser of the following amounts is payable under the death benefit provision of this policy's life insurance benefit as if the death occurred while the insurance was still in force:

1. the total amount of terminated life insurance; and
2. \$200,000.

- cancellation

If the employee is approved for this policy's life insurance waiver of premium benefit after he or his spouse has been issued an individual life insurance conversion policy, the individual policy will be cancelled and the premiums paid on that policy refunded to the employee.

BENEFIT PROVISIONS

LIFE INSURANCE

DEATH BENEFIT

If an employee dies while insured, Canada Life will pay his amount of life insurance to his named beneficiary. If the employee has not named a beneficiary or there is no surviving beneficiary at the time of the employee's death, payment will be made to the employee's estate.

If a dependent dies while his life is insured, Canada Life will pay the amount of insurance to the employee.

Amounts of life insurance are shown in the Table of Benefits.

BENEFIT PROVISIONS - Life

WAIVER OF PREMIUM BENEFIT

If an employee becomes disabled while insured, Canada Life will waive the premiums on the life insurance for himself and his dependents throughout the benefit period, subject to the notice of claim provision. Retired employees are not eligible for this benefit.

Disability

An employee is considered disabled if he satisfies the disability definition under this policy's long term disability income benefit.

Disability Period

A waiver of premium disability period is:

1. the waiting period; plus
2. the benefit period.

Waiting Period

The waiting period for life disability benefits is the same as the waiting period under this policy's long term disability income benefit.

Benefit Period

A benefit period is the period of time after the waiting period during which the employee satisfies the disability definition under this policy's long term disability income benefit. A benefit period will not continue past an employee's 65th birthday.

BENEFIT PROVISIONS - Life

SUICIDE LIMITATION ON OPTIONAL INSURANCE

If a person commits suicide within 2 years after any optional insurance on his life takes effect or increases, Canada Life's liability for the portion of the optional insurance that has been in force for less than 2 years will be limited to the premiums paid for that insurance. All periods of coverage under this policy's optional life plan and previous optional life plans sponsored by the employer are considered together in satisfying the 2-year condition as long as there is no interruption from one to the other.

BENEFIT PROVISIONS

HEALTHCARE BENEFITS FOR EMPLOYEES AND DEPENDENTS

ASSESSMENT RESPONSIBILITY

Canada Life has full responsibility for the assessment of a person's entitlement to benefits.

ASSESSMENT STANDARD

All services and supplies, including but not limited to drugs and drug supplies, covered under this benefit provision must represent reasonable treatment of disease or injury.

A disease is a physical or psychiatric disorder.

Reasonable Treatment

Treatment is considered reasonable if it is:

1. accepted by the Canadian medical profession;
2. proven to be effective; and
3. of a form, intensity, frequency, and duration essential to diagnosis or management of the disease or injury.

BENEFIT PROVISIONS - HC

Prior Authorization

In order to determine whether coverage is provided for certain services or supplies, Canada Life maintains a limited list of services and supplies that require prior authorization.

Prior authorization is intended to help ensure that a service or supply represents reasonable treatment.

If the use of a lower cost alternative service or supply represents reasonable treatment, Canada Life may require a person to provide medical evidence why the lower cost alternative service or supply cannot be used before coverage may be provided for the service or supply.

Health Case Management

Health case management is a program recommended or approved by Canada Life that may include but is not limited to:

1. consultation with the person and his attending physician to gain understanding of the treatment plan recommended by the attending physician;
2. comparison with the person's attending physician of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;
3. identification to the person's attending physician of opportunities for education and support; and
4. monitoring the person's adherence to the treatment plan recommended by his attending physician.

In determining whether to implement health case management, Canada Life may assess such factors as the service or supply, the person's medical condition, and the existence of generally accepted medical guidelines for objectively measuring medical effectiveness of the treatment plan recommended by the attending physician.

BENEFIT PROVISIONS - HC

- limitation
Canada Life can, on such terms as it determines, limit the payment of benefits for a service or supply where:
 1. Canada Life has implemented health case management and the person does not participate or cooperate; or
 2. the person has not adhered to the treatment plan recommended by his attending physician with respect to the use of the service or supply.

- expense benefit
Expenses associated with health case management may be paid by Canada Life at its discretion. Expenses claimed under this provision must be pre-authorized by Canada Life.

Designated Provider Limitation

For a service or supply to which prior authorization applies or where Canada Life has recommended or approved health case management, Canada Life can require that the service or supply be purchased from or administered by a provider designated by Canada Life, and:

1. limit the covered expense for a service or supply that was not purchased from or administered by a provider designated by Canada Life to the cost of the service or supply had it been purchased from or administered by the provider designated by Canada Life; or
2. decline a claim for a service or supply that was not purchased from or administered by a provider designated by Canada Life.

BENEFIT PROVISIONS - HC

Patient Assistance Program

A patient assistance program means a program that provides assistance to persons with respect to the purchase of services or supplies.

Canada Life can require a person to apply to and participate in any patient assistance program to which the person may be entitled. Further, Canada Life can reduce the amount of a covered expense for a service or supply by an amount up to the amount of financial assistance the person is entitled to receive for that service or supply under a patient assistance program.

AMBULANCE SERVICES

Ambulance services, including air ambulance services, are covered if they are provided by a licensed ambulance company.

Transportation must be to the nearest centre where essential treatment is available.

- alternative benefit

If transportation is to a further centre, Canada Life will provide alternative benefits based on coverage for transportation to the nearest centre where essential treatment is available.

BENEFIT PROVISIONS - HC

HOSPITAL AND NURSING CARE

Hospital or nursing home confinement or home nursing care is covered if:

1. it starts while the person is insured under this benefit provision; and
2. it represents acute, convalescent, or palliative care.

- acute care

Acute care is active intervention required to diagnose or manage a condition that would otherwise deteriorate.

- convalescent care

Convalescent care is active treatment or rehabilitation:

1. for a condition that will significantly improve as a result of convalescent care; and
2. that immediately follows 3 or more days of confinement for acute care.

- palliative care

Palliative care is treatment for the relief of pain in the final stages of a terminal condition.

BENEFIT PROVISIONS - HC

Hospital Care

Canada Life covers preferred accommodation in a hospital or accommodation in a nursing home when provided in Canada.

For hospital accommodation, Canada Life covers the difference between the hospital's private and standard ward rates. For out-of-province hospital accommodation, any difference between the hospital's standard ward rate and the government authorized allowance in the person's home province is also covered.

Canada Life also covers the hospital facility fee related to dental surgery and any out-of-province hospital out-patient charges not covered by the government health plan in the person's home province.

For accommodation in a nursing home, Canada Life covers the government authorized co-payment.

Benefits for hospital services outside Canada are payable only as provided under the out-of-country care provision.

- hospital

A hospital is an institution that:

1. is legally termed a hospital;
2. is open at all times;
3. offers in-patient accommodation;
4. has a staff of one or more physicians available at all times; and
5. continuously provides 24-hour nursing by registered nurses.

- nursing home

A nursing home is an institution or part of an institution that:

1. offers in-patient accommodation;
2. has a staff of one or more physicians available at all times; and
3. continuously provides 24-hour medical care by or under the supervision of professional nurses.

BENEFIT PROVISIONS - HC

Facilities established primarily as residences for senior citizens or which provide personal rather than medical care are not included.

BENEFIT PROVISIONS - HC

Nursing Care

Canada Life covers home nursing care provided in Canada. Nursing care is care that:

1. requires the skills and training of a professional nurse; and
2. is provided by a professional nurse who is not a member of the patient's family.

Coverage is limited to the minimum number of hours and level of skill needed to provide each essential nursing service. Applicable licensing restrictions will be recognized in determining the level of skill needed.

- professional nurse

A professional nurse is:

1. a registered nurse;
2. a registered practical nurse, if the person is a resident of Ontario; or
3. a licensed practical nurse, if the person is a resident of any other province.

- benefit maximums

Benefits for nursing care are payable for a maximum of 12 months, beginning on the first day of care. The maximum amount payable is \$5,000.

The maximums will be reinstated for a subsequent period of nursing when:

1. it follows a period of at least 6 months during which no nursing services were needed; or
2. it is required for a condition unrelated to the conditions for which benefits have already been paid. Conditions are considered related when:
 - (a) they exist simultaneously; or
 - (b) they arise from the same or related causes.

- pre-care assessment

To establish the amount of coverage available under this policy before home nursing begins, the employee should apply for a pre-care assessment.

BENEFIT PROVISIONS - HC

A pre-care assessment is an assessment provided by Canada Life that identifies:

1. the type of nurse that will be covered;
2. the number of hours to be covered per day or week; and
3. the estimated duration of coverage.

To receive a pre-care assessment, the employee must submit a letter from the attending physician containing:

1. a description of the person's current medical condition and prognosis;
2. a list of the required nursing services and their frequency;
3. an indication of the level of skill required to perform the required services, meaning those of a registered nurse, registered practical nurse, licensed practical nurse, or other practitioner;
4. the number of hours of care required per day or week; and
5. an estimate of the length of time care will be required.

Limitation

No benefits will be paid for hospital or nursing care for conditions where significant improvement or deterioration is unlikely within the next 12 months. This is considered chronic care.

BENEFIT PROVISIONS - HC

OUT-OF-COUNTRY CARE

Coverage is provided for the out-of-country care described below.

Emergency Care

Emergency care outside Canada is covered if:

1. it is required as a result of a medical emergency arising while the person is temporarily outside Canada for vacation, business, or education; and
2. the person is covered by the government health plan in his home province or the government coverage replacement plan sponsored by the employer.

- medical emergency

A medical emergency is either:

1. a sudden, unexpected injury; or
2. a sudden, unexpected illness or acute episode of disease that could not have been reasonably anticipated based on the person's prior medical condition.

- emergency care

Emergency care is covered medical treatment that is provided as a result of and immediately following a medical emergency.

- benefit limitations

Based on the medical information made available, if Canada Life determines that the person's condition permits a return to Canada, benefits are limited to the lesser of:

1. the amount payable under this policy for continued treatment outside Canada; and
2. the amount payable under this policy for comparable treatment in Canada plus the cost of return transportation.

No benefits will be paid for:

1. any further medical care related to a medical emergency after the initial acute phase of treatment. This includes non-emergency continued management of the condition originally treated as an emergency.

BENEFIT PROVISIONS - HC

2. any subsequent and related episodes during the same absence from Canada.
3. expenses related to pregnancy and delivery, including infant care:
 - (a) after the 34th week of pregnancy; or
 - (b) at any time during the pregnancy if the person's medical history indicates a higher than normal risk of an early delivery or complications.

Non-emergency Care

Non-emergency care outside Canada is covered if:

1. it is required as a result of a referral from the person's usual Canadian physician;
2. it is not available in any Canadian province and must be obtained elsewhere for reasons other than waiting lists or scheduling difficulties;
3. the person is covered for a portion of the cost by the government health plan in his home province or the government coverage replacement plan sponsored by the employer; and
4. a pre-authorization of benefits is approved by Canada Life before the person leaves Canada for treatment.

- benefit limitation

Benefits for non-emergency care are limited to a maximum of \$50,000 in a person's lifetime.

No benefits will be paid for:

1. investigational or experimental treatment.
2. transportation or accommodation charges.

BENEFIT PROVISIONS - HC

Covered Medical Treatment

Canada Life covers the following services and supplies when related to covered out-of-country care:

1. treatment by a physician.
2. diagnostic x-ray and laboratory services.
3. hospital accommodation in a standard or semi-private ward or intensive care unit, if the confinement begins while the person is insured under this benefit provision.
4. medical supplies provided during a covered hospital confinement.
5. paramedical services provided during a covered hospital confinement.
6. hospital out-patient services and supplies.
7. medical supplies provided out-of-hospital if they would have been covered in Canada.
8. drugs.
9. out-of-hospital services of a professional nurse.
10. for emergency care only, ambulance services by a licensed ambulance company to the nearest centre where essential treatment is available. Alternative benefits are available on the same basis as they are for ambulance services provided in Canada.

BENEFIT PROVISIONS - HC

GLOBAL MEDICAL ASSISTANCE

Global medical assistance is covered if:

1. it is required as a result of a medical emergency arising while the person is travelling for vacation, business, or education; and
2. the person is covered by the government health plan in his home province or the government coverage replacement plan sponsored by the employer.

Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from the person's home.

Assistance is provided through a worldwide communications network that operates 24 hours a day. The network assists in locating medical care and in obtaining Canada Life's prior approval of covered services. The network can also approve on-site hospital payment when required for admission, to a maximum of \$1,000.

Covered Services

The following services are covered subject to Canada Life's prior approval:

- medical evacuation

1. medical evacuation if suitable local care is not available. If the person is travelling within Canada, coverage is provided for transportation to the nearest hospital where treatment is available. If the person is travelling outside Canada, coverage is provided for transportation to:
 - (a) the nearest hospital outside Canada where treatment is available; or
 - (b) a hospital in Canada.

When services are covered under this provision, they are not covered under other provisions of this policy.

BENEFIT PROVISIONS - HC

- family assistance
 - travelling companion
 - transportation reimbursement
 - death
 - unaccompanied minor children
 - vehicle return
2. round trip economy class transportation and lodging for one family member joining a patient who will be hospitalized for more than 7 days while travelling on his own. A person is considered to be on his own when no family member is with him.
 3. extra lodging costs for one travelling companion when the return trip for the patient and travelling companion is delayed because the patient is hospitalized. No benefits are payable for extra lodging costs for a travelling companion if family assistance benefits are claimed under 2. for the same period of confinement.
 4. the cost of comparable return transportation home for a patient and one travelling companion if prearranged, prepaid return transportation is missed because the patient is hospitalized. Any amount for which other compensation is available is not covered. A rental vehicle is not considered prearranged, prepaid return transportation.
 5. in case of death, preparation of the person's body and its return transportation home.
 6. return transportation home for minor children who had travelled with the patient and who are left unaccompanied because of the patient's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary.
 7. the cost of returning a patient's vehicle, whether private or rental, home or to the nearest appropriate vehicle rental agency when sickness or injury prevents the patient from driving. The maximum amount payable is \$1,000. No benefits will be paid for vehicle return if transportation reimbursement benefits are claimed under 4. for the same period of confinement.

BENEFIT PROVISIONS - HC

Refund of On-Site Hospital Payments

Where on-site hospital payments exceed Canada Life's liability under this policy for that confinement, the patient must refund the excess to Canada Life. If the hospital confinement is not covered under this policy, Canada Life is entitled to a full refund of the amount advanced.

Lodging Limitation

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses as well as taxicab and car rental charges are included. Meal expenses are not covered. The maximum amount payable for lodging expenses is \$1,500 per confinement.

Disclaimer

Neither the communications network nor Canada Life is responsible for:

1. the availability, quantity, quality, or results of any medical treatment a person receives; or
2. any unsuccessful attempts by a person to obtain medical services.

Identification Cards

If a person's coverage under this provision terminates for any reason, the Group Policyholder is responsible for immediate recall of his global medical assistance identification cards.

BENEFIT PROVISIONS - HC

PRESCRIPTION DRUGS for EMPLOYEES UNDER AGE 65

The following drugs and drug supplies are covered when prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them, and provided in Canada. Benefits for drugs and drug supplies outside Canada are payable only as provided under the out-of-country care provision.

- drugs requiring a prescription by law
 1. drugs that require a prescription, including contraceptive drugs and products containing a contraceptive drug, according to:
 - (a) the Food and Drugs Act, Canada; or
 - (b) provincial legislation in effect where the drug is dispensed.
- injected drugs
 2. drugs that must be injected, including vitamins, insulins, and allergy extracts. Syringes for self-administered injections are also covered.
- diabetic supplies
 3. disposable needles for use with non-disposable insulin injection devices, lancets, test strips, and sensors for flash glucose monitoring machines.
- extemporaneous preparations
 4. extemporaneous preparations or compounds if one of the ingredients is a covered drug.
- prescribed drugs
 5. drugs that do not require a prescription by law if:
 - (a) they are listed in the current Compendium of Pharmaceuticals and Specialties; and
 - (b) they are categorized as:
 - Antimalarials
 - Fibrinolytics
 - Muscle relaxants
 - Nitroglycerin
 - Potassium replacements
 - Single entity fluorides
 - Single entity iron salts
 - Smoking cessation products

BENEFIT PROVISIONS - HC

Thyroid agents
Topical enzymatic debriding agents

- exceptions

The following non-prescription items are not covered:

- (a) atomizers, appliances, prosthetic devices, or colostomy supplies.
- (b) first aid or diagnostic supplies or testing equipment.
- (c) non-disposable insulin delivery devices or spring loaded devices used to hold blood letting supplies.
- (d) delivery or extension devices for inhaled medications.
- (e) oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas, or injectable total parenteral nutrition solutions, whether or not prescribed for a medical reason, except where federal or provincial law requires a prescription for their sale.
- (f) diaphragms, condoms, contraceptive jellies, foams, sponges, or suppositories, contraceptive implants, or appliances normally used for contraception, whether or not prescribed for a medical reason.

- interchangeable drug limitation

Canada Life can limit the covered expense for any drug to that of a lower cost interchangeable drug determined in accordance with Canada Life's adjudication practices at the time of claim.

An interchangeable drug includes but is not limited to:

1. a generic equivalent of the brand name drug deemed to be interchangeable by law where the drug is dispensed; or
2. a subsequent entry biologic drug.

The right to limit the covered expense does not apply if medical evidence has been provided that indicates a contraindication to the interchangeable drug.

BENEFIT PROVISIONS - HC

Vaccines and Toxoids

Preventative immunization vaccines and toxoids are covered, subject to the covered expense limitation for interchangeable products.

Government Drug Plans

Covered expenses for drugs eligible under any government drug plan are limited to any amounts the employee is required to pay for himself or his family under the government plan.

Benefit Maximums

The maximum amount payable for drugs used to treat erectile dysfunction is \$500 in a calendar year. Benefits for smoking cessation products are limited to \$600 in a person's lifetime. Benefits for fertility drugs are limited to a lifetime maximum of \$5,000.

Limitations

No benefits will be paid for:

1. any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada.
2. any single purchase of a drug that would not reasonably be consumed or used within 34 days, except for the following maintenance drugs when dispensed in quantities that would reasonably be consumed or used within 100 days:
 - antiasthmatics
 - antibiotics for acne
 - anticoagulants
 - anticonvulsants
 - antihypertensive agents
 - antiparkinson
 - antituberculosis
 - cardiac agents
 - estrogens
 - glaucoma
 - hypoglycemic agents
 - oral contraceptives
 - potassium replacements

BENEFIT PROVISIONS - HC

- thyroid preparations.
3. drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital.
 4. non-injectable allergy extracts.
 5. drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether or not prescribed for a medical reason.

BENEFIT PROVISIONS - HC

MEDICAL SUPPLIES

The following medical supplies are covered when prescribed by a physician. For supplies available on a rental basis, Canada Life covers either the rental cost or, at its discretion, the cost of purchase.

Breathing Equipment

The following breathing equipment is covered:

1. oxygen and the equipment needed for its administration.
2. intermittent positive pressure breathing machines.
3. continuous positive airway pressure machines.
4. apnea monitors for respiratory dysrhythmias.
5. mist tents and nebulizers.
6. chest percussors, drainage boards, and sputum stands.
7. suction pumps.
8. tracheostoma tubes.

Orthopedic Equipment

The following orthopedic equipment is covered:

1. braces and cervical collars. Braces are wearable, orthopedic appliances that rely on a rigid material such as metal or hard plastic to hold parts of the body in the correct position. Elastic supports and foot orthotics are not considered braces. Dental braces are not covered.
2. custom-made foot orthotics and custom-fitted orthopedic shoes, including modifications to orthopedic footwear. The maximum amount payable is \$255 in a calendar year.
3. casts.
4. splints, including shoes attached to a splint. Splints used to treat carpal tunnel syndrome are covered to a maximum amount payable of \$85 in a person's lifetime. Intra-oral splints are not covered.
5. external electrosplinal stimulators for the correction of scoliosis.
6. non-union bone stimulators.

BENEFIT PROVISIONS - HC

7. prone standers.

Prosthetic Equipment

The following prosthetic equipment is covered:

1. artificial eyes, including rebuilding and polishing of artificial eyes.
2. standard artificial limbs, including repairs, stump socks, and shoulder harnesses.
3. cleft palate obturators.
4. myoelectric arms, including repairs. The maximum amount payable for each prosthesis is \$10,000. Repair charges do not apply to this maximum.
5. external breast prosthesis once a year, and surgical brassieres twice a year.

- alternative benefit

If internal breast prostheses are provided, Canada Life will provide alternative benefits based on coverage for external breast prostheses.

Mobility Aids

The following mobility aids are covered:

1. canes, walkers, crutches, and parapodiums.
2. mechanical or hydraulic patient lifters once every 5 years. The maximum amount payable is \$2,000 for each lifter.
3. rechargeable batteries for covered wheelchairs.
4. outdoor wheelchair ramps once in a person's lifetime. The maximum amount payable is \$2,000.
5. wheelchairs, including repairs. Special wheelchairs necessary to permit independent participation in daily living are included. Special wheelchair features required primarily for participation in sports are not covered.

- alternative benefits

If power-assisted patient lifters are provided, Canada Life will provide alternative benefits based on coverage for mechanical or hydraulic patient lifters.

BENEFIT PROVISIONS - HC

If special wheelchairs are provided in circumstances where the condition does not warrant a special one, Canada Life will provide alternative benefits based on coverage for the type of wheelchair required to permit independent participation in daily living.

Communication Aids

Canada Life covers hearing aids, including batteries, tubing, and ear molds provided at the time the hearing aid is purchased. The maximum amount payable is \$2,000 every 5 years.

Diabetic Supplies

The following diabetic supplies are covered:

1. Novolin-Pens, or similar insulin injection devices using a needle.
2. blood letting devices, including platforms but not lancets. Lancets are covered under the prescription drugs provision.
3. blood-glucose monitoring machines, once every 4 years.
4. flash glucose monitoring machines.
5. continuous glucose monitoring machines, including sensors and transmitters. The maximum amount payable is \$4,000 in a calendar year.
6. insulin infusion sets, not including infusion pumps.
7. external insulin infusion pumps, once every 5 years to a maximum of \$7,500. The maximum amount payable is \$25,000 in a person's lifetime.

Other Medical Supplies

The following other medical supplies are covered:

1. hospital beds, bed rails, trapeze bars, head halters, and traction apparatus. Air-fluidized hospital beds are not covered.
2. colostomy and ileostomy supplies.
3. catheters and catheterization supplies.
4. food substitutes that must be administered through a tube feeding process. Tube feeding pumps and pump sets are also covered.

BENEFIT PROVISIONS - HC

5. transcutaneous nerve stimulators for the control of chronic pain. The maximum amount payable is \$700 in a person's lifetime.
6. custom-made pressure supports for lymphedema.
7. extremity pumps for lymphedema or severe postphlebotic syndrome, once in a person's lifetime. The maximum amount payable is \$1,500.
8. custom-made graduated compression hose, limited to 2 pairs in a calendar year, to a maximum of \$100.
9. custom-made burn garments.
10. elevated toilet seats, shower chairs, bathtub rails, and standard commodes.
11. wigs for cancer patients undergoing chemotherapy. The maximum amount payable is \$300 in a person's lifetime.
12. intraocular lenses following cataract surgery.
13. covered expenses relating to cataract surgery includes: diagnostic testing/professional & admin fees, IOL master, corneal mapping, biometry measurements, and intraoperative tools associated to cataract surgery. The maximum amount payable is \$2,000 for each eye, to a maximum of \$4,000 in a person's lifetime.
14. one pair of eyeglasses or contact lenses following non-refractive eye surgery.

BENEFIT PROVISIONS - HC

DIAGNOSTIC SERVICES

Diagnostic laboratory and imaging procedures performed in the person's province of residence are covered when that type of procedure is not listed as an insured procedure under his provincial government plan. For greater certainty, a procedure is not eligible for coverage if a person can choose to pay for it, in whole or in part, instead of having the procedure covered under his provincial government plan.

BENEFIT PROVISIONS - HC

PARAMEDICAL SERVICES

The following paramedical services are covered when provided out-of-hospital:

- chiropractors
 - massage therapists
 - occupational therapists
 - osteopaths
 - physiotherapists/athletic therapists
 - podiatrists
 - psychologists/social workers/ psychotherapists/counselling therapists
 - speech therapists
1. treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor. The maximum amount payable is \$500 in a calendar year.
 2. treatment by a qualified massage therapist. The maximum amount payable is \$500 in a calendar year.
 3. treatment by a qualified occupational therapist. The maximum amount payable is \$500 in a calendar year.
 4. treatment by a licensed osteopath, including diagnostic x-rays. The maximum amount payable is \$500 in a calendar year.
 5. treatment of movement disorders by a licensed physiotherapist or an athletic therapist who is a member of the Canadian Athletics Association. Coverage is limited to a maximum of 20 visits in a calendar year.
 6. treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist. The maximum amount payable is \$500 in a calendar year.
 7. treatment by a registered psychologist, registered psychotherapist or qualified social worker. For an employee resident in Nova Scotia, treatment by a registered counselling therapist. The maximum amount payable for all treatment combined is \$1,500 in a calendar year to a lifetime maximum of \$12,000.
 8. treatment of speech impairments by a qualified speech therapist. Coverage is limited to \$112.50 per visit. The maximum amount payable for all treatment combined is \$1,000 in a calendar year to a lifetime maximum of \$2,000.

BENEFIT PROVISIONS - HC

Government Coverage

Unless prohibited by law, Canada Life will pay for the portion of the cost that is not payable under a government plan.

- exception

No benefits will be paid for podiatric treatments for which a portion of the cost is payable under the Ontario Health Insurance Plan (OHIP). Benefits for these services are payable only after the maximum annual OHIP benefit has been paid.

BENEFIT PROVISIONS - HC

VISIONCARE

The following visioncare services and supplies are covered:

- eye examinations
 - 1. eye examinations, including refraction, once every 2 years if:
 - (a) they are performed by a licensed ophthalmologist or optometrist; and
 - (b) coverage is not available under the person's provincial government plan.
- glasses, contact lenses, laser eye surgery
 - 2. the following services and supplies required to correct vision:
 - (a) glasses and contact lenses when provided by a licensed ophthalmologist, optometrist, or optician.
 - (b) laser eye surgery when performed by a licensed ophthalmologist.

Benefit Maximum

The maximum amount payable for all visioncare services and supplies, except contacts for special conditions, is \$450 every year for a dependent child under age 18 and \$450 every 2 years for any other person.

- Contacts for Special Conditions
 - 3. A separate benefit of \$450 every 2 years is payable for contact lenses when the following conditions are met:
 - (a) they are prescribed for severe corneal astigmatism, severe corneal scarring, keratoconus, or aphakia; and
 - (b) vision in the better eye cannot be corrected to the 20/40 level by glasses.

Limitation

No benefits will be paid for visioncare services and supplies required by an employer as a condition of employment.

BENEFIT PROVISIONS - HC

OTHER SERVICES OR SUPPLIES

Canada Life can, on such terms as it determines, cover services or supplies not otherwise covered under this policy where the service or supply represents reasonable treatment.

BENEFIT PROVISIONS - HC

AMOUNT PAYABLE

Canada Life pays for covered expenses:

1. that are incurred while the person is insured for them; and
2. in the case of prescription drug expenses, that exceed the prescription deductible.

Covered expenses are the lesser of actual expenses and customary charges for covered services and supplies.

- lower cost alternative limitation

Canada Life can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

- customary charges

Customary charges are the lowest of:

1. representative prices in the area where the treatment was provided;
2. prices shown in any applicable professional association fee guide; and
3. maximum prices established by law.

- payment of benefits

Payment is made at the reimbursement level shown in the Table of Benefits. Benefits are subject to any maximums identified for the covered services or supplies.

- frequency limitations

Unless otherwise specifically stated, frequency limitations or maximums expressed in years refer to 12-month periods and not calendar years.

Date of Incurral

For the purposes of all calculations made under this benefit provision, expenses for services and supplies are considered to be incurred when the person receives them.

BENEFIT PROVISIONS - HC

Prescription Deductible

The deductible shown in the Table of Benefits for prescription drug expenses incurred in Canada is applied as follows:

1. for injected drugs, each time an injection is given and a charge is made for the drug;
and
2. for all other drugs, to each prescription.

BENEFIT PROVISIONS - HC

GENERAL LIMITATIONS

No benefits will be paid for:

1. expenses that private insurers are not permitted to cover by law.
2. services or supplies for which a charge is made only because the person has insurance coverage.
3. the portion of the expense for services or supplies that is payable by the government health plan in the person's home province, whether or not the person is actually covered under the government health plan.
4. any portion of services or supplies which the person is entitled to receive, or for which he is entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan"), without regard to whether coverage would have otherwise been available under this plan.

In this limitation, government plan does not include a group plan for government employees.

5. services or supplies that do not represent reasonable treatment.
6. services or supplies associated with:
 - (a) treatment performed for cosmetic purposes only;
 - (b) recreation or sports rather than with other regular daily living activities;
 - (c) the diagnosis or treatment of infertility, except as may be provided under the prescription drug provision; or
 - (d) contraception, except as may be provided under the prescription drug provision.

BENEFIT PROVISIONS - HC

7. services or supplies associated with a covered service or supply, unless specifically listed as a covered service or supply or determined by Canada Life to be a covered service or supply.
8. extra medical supplies that function as spares or alternates.
9. services or supplies received outside Canada except as provided under the out-of-country care and global medical assistance provisions.
10. services or supplies received out-of-province in Canada, unless:
 - (a) the person is covered by the government health plan in his home province or the government coverage replacement plan sponsored by the employer; and
 - (b) Canada Life would have paid benefits for the same services or supplies if they had been received in the person's home province.

This limitation does not apply to global medical assistance.

11. expenses arising from war, insurrection, or voluntary participation in a riot.

A general limitation does not apply to coverage provided under this benefit provision that directly and specifically conflicts with that limitation. Where coverage is described only in general terms, a conflict is not considered to exist.

Canada Life can decline a claim for services or supplies purchased from a provider that is not approved by Canada Life.

BENEFIT PROVISIONS

DENTALCARE BENEFITS FOR EMPLOYEES AND DEPENDENTS

ASSESSMENT RESPONSIBILITY

Canada Life has full responsibility for the assessment of a person's entitlement to benefits.

ASSESSMENT STANDARD

All services and supplies covered under this benefit provision must represent reasonable treatment. Unless otherwise specified, dental treatment is both described and assessed according to the Canadian Dental Association Uniform System of Coding and List of Services.

Reasonable Treatment

Treatment is considered reasonable if it is:

1. recognized by the Canadian Dental Association;
2. proven to be effective;
3. performed by a dentist or under a dentist's supervision, performed by a dental hygienist entitled by law to practise independently, or performed by a denturist; and
4. of a form, frequency, and duration essential to management of the person's dental health.

BENEFIT PROVISIONS - DC

BASIC COVERAGE

Basic coverage is provided for the services described below.

Diagnostic Services

The following diagnostic services are covered:

- examinations
 1. one complete oral examination every 3 years.
 2. oral pathology, periodontal, surgical, prosthodontic, and endodontic examinations.
 3. limited oral examinations twice a year, except that only one limited oral examination is covered in any year that a complete oral examination is also performed.
 4. limited periodontal examinations twice a year.
 5. specific and emergency examinations.
- radiographs
 6. complete series of intra-oral radiographs, once in a calendar year.
 7. periapical intra-oral radiographs to a maximum of 15 films in a calendar year and a panoramic radiograph once in a calendar year. Services provided in the same year as a complete series are not covered.
 8. occlusal intra-oral radiographs, bitewing radiographs and temporomandibular joint radiographs, to a maximum of 4 films of each type in a calendar year.
 9. cephalometric radiographs, to a maximum of 5 films every 2 calendar years.
 10. sialography.
 11. extra-oral radiographs other than panoramic and sialography, to a maximum of 4 films in a calendar year.
 12. radiopaque dyes used to demonstrate lesions.
 13. interpretation of radiographs or models from another source.
- tests and laboratory reports
 14. microbiological, histological, cytological, and pulp vitality tests.
 15. laboratory reports.

BENEFIT PROVISIONS - DC

- limitation

No benefits will be paid for duplicate radiographs under this provision.

BENEFIT PROVISIONS - DC

Preventive Services

The following preventive services are covered:

- polishing, scaling, and fluoride
 - oral hygiene instruction
 - sealants
 - space maintainers
 - other services
1. polishing twice a year.
 2. scaling, limited to a maximum combined with periodontal root planing of 12 time units a year.
 3. topical application of fluoride twice a year.
 4. oral hygiene instruction once in a person's lifetime.
 5. pit and fissure sealants on bicuspid and permanent molars, once every 5 years.
 6. space maintainers. Acid etched pontic type space maintainers are covered only when provided for missing central and lateral teeth.
 7. maintenance of space maintainers.
 8. appliances for the control of harmful habits, including related observations, adjustments, repairs, alterations, and removal.
 9. finishing restorations.
 10. interproximal diskings.
 11. recontouring of teeth.
 12. nutritional counselling.

- time units

A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval.

Where coverage is limited by time units but fees are not described in terms of time units by either:

1. the fee guide in effect where treatment is rendered; or
2. the fee guide specified by this plan;

each incident of service is considered 1 time unit, regardless of its duration.

- limitations

No benefits will be paid for:

1. custom fluoride appliances.
2. audio-visual oral hygiene instruction.

BENEFIT PROVISIONS - DC

Minor Restorative Services

The following minor restorative services are covered:

1. caries, trauma, and pain control.
2. amalgam and tooth-coloured fillings.
Replacement fillings are covered only if the existing filling is at least 2 years old or the existing filling was not covered under this plan.
3. retentive pins and prefabricated posts for fillings.
4. prefabricated crowns for primary teeth.

Endodontic Services

Covered endodontic services include but are not limited to:

- root canal therapy

1. treatment of the pulp chamber.
2. root canal therapy for permanent teeth, limited to one course of treatment per tooth. Repeat treatment is covered only if the original therapy fails after the first 18 months.
3. apexification.
4. periapical services. Apicoectomies are covered for permanent teeth only.

- limitations

No benefits will be paid for:

1. root canal therapy for primary teeth.
2. isolation of teeth.
3. enlargement of pulp chambers.
4. endosseous intra coronal implants.

BENEFIT PROVISIONS - DC

Periodontal Services

Covered periodontal services include but are not limited to:

1. root planing, limited to a maximum combined with preventive scaling of 12 time units a year.
2. periodontal surgery.
3. occlusal adjustment and equilibration, limited to a combined maximum of 4 time units a year.
4. periodontal appliances, including adjustments, relines, and repairs.

- limitations

No benefits will be paid for:

1. desensitization.
2. topical application of antimicrobial agents.
3. subgingival periodontal irrigation.
4. charges for post surgical treatment.
5. periodontal re-evaluations.

Denture Maintenance

The following denture maintenance services are covered:

1. denture relines for dentures at least 6 months old, once every 2 calendar years. If a separate charge is made for relines in connection with immediate dentures, the 6-month restriction is waived.
2. denture rebases for dentures at least 2 years old, once every 2 calendar years.
3. resilient liner in relined or rebased dentures after the 3-month post-insertion care period has elapsed, once every 3 years.

BENEFIT PROVISIONS - DC

Oral Surgery

Covered oral surgery includes but is not limited to:

1. removal of teeth.
2. surgical exposure of teeth.
3. the following procedures for remodelling and recontouring oral tissues:
 - (a) minor alveoloplasty; and
 - (b) gingivoplasty and stomatoplasty.
4. surgical incisions.
5. surgical excision of tumors, cysts, and granulomas.
6. treatment of fractures, including related bone grafts to the jaw.
7. treatment of maxillofacial deformities, including related bone grafts to the jaw and cheiloplasty.

Palatal obturators, although not listed with oral surgery in the Canadian Dental Association Uniform System of Coding and List of Services, are also covered under this provision. Cleft palate obturators are not covered.

- limitations

No benefits will be paid for:

1. implantology.
2. surgical movement of teeth.
3. services performed to remodel or recontour oral tissues, other than those listed above. Services for remodelling and recontouring oral tissues are covered under major coverage.
4. alveoloplasty or gingivoplasty performed in conjunction with extractions.

BENEFIT PROVISIONS - DC

Adjunctive Services

The following adjunctive services are covered:

1. minor remedies for relief of dental pain when provided on an emergency basis.
2. therapeutic injections.
3. anesthesia required in relation to covered services. The provision of general anesthetic facilities, equipment, and supplies is covered only when a separate anesthetist is required.

- limitation

No benefits will be paid for hypnosis or acupuncture.

Personal Protective Equipment

Personal protective equipment is covered if it must be worn by the patient or the provider of service during treatment in order to provide a barrier to help prevent potential exposure to infectious disease.

BENEFIT PROVISIONS - DC

MAJOR COVERAGE

Major coverage is provided for the services described below.

Crowns, Onlays and Inlays

Crowns, onlays and inlays are covered when a tooth has extensive structural loss that cannot be adequately restored using other procedures. The following crowns and related items are covered:

1. metal, plastic, porcelain, and ceramic crowns. Coverage for crowns on molars is limited to the cost of metal crowns. Coverage for complicated crowns is limited to the cost of standard crowns.
2. onlays. Coverage for tooth-coloured onlays on molars is limited to the cost of metal onlays.
3. inlays. Coverage for tooth-coloured inlays on molars is limited to the cost of metal inlays.
4. posts, cores, and pins related to covered crowns.
5. copings related to covered crowns.
6. repairs to covered tooth-coloured materials.
7. removal and recementation of crowns, onlays and inlays.

- replacements

Replacement crowns, onlays and inlays are covered when the existing restoration is at least 5 years old and cannot be made serviceable.

- limitations

No benefits will be paid for:

1. veneers.
2. recontouring existing crowns.
3. staining porcelain.

- alternative benefits

If a crown, onlay or inlay is provided when a tooth could have been adequately restored using other procedures, alternative benefits will be provided based on coverage for fillings.

BENEFIT PROVISIONS - DC

Dentures and Bridgework

The following appliances are covered when required to replace one or more extracted teeth.

1. standard complete dentures limited to one complete upper and one complete lower denture every 5 calendar years.
2. standard cast or acrylic partial dentures limited to one complete upper and one complete lower denture every 5 calendar years.
3. complete overdentures or bridgework when standard complete or partial dentures are not viable treatment options. Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics.

Replacement appliances are also covered when:

1. the existing appliance is a covered temporary appliance.
2. the existing appliance is at least 5 years old and cannot be made serviceable. If the existing appliance is less than 5 years old, a replacement will still be covered if the existing appliance becomes unserviceable as a result of:
 - (a) the placement of an initial opposing appliance; or
 - (b) the extraction of additional teeth. If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth.

BENEFIT PROVISIONS - DC

- alternative benefits

- overdentures and bridgework

If overdentures or initial bridgework is provided when standard complete or partial dentures would have been a viable treatment option, alternative benefits will be provided based on coverage for:

1. in the case of overdentures, standard complete dentures.
2. in the case of initial bridgework:
 - (a) a standard cast partial denture; and
 - (b) restoration of abutment teeth when required for purposes other than bridgework.

If additional bridgework is performed in the same arch within 5 years, alternative benefits will also be provided for the additional bridgework based on coverage for:

- (a) addition of teeth to a denture; and
- (b) restoration of abutment teeth when required for purposes other than bridgework.

- other specialized appliances

Alternative benefits will be provided for the following appliances based on coverage for standard dentures or bridgework:

1. equilibrated and gnathological dentures.
2. dentures with stress breaker, precision, and semi-precision attachments.
3. dentures with swing lock connectors.
4. partial overdentures.
5. dentures and bridgework related to implants.

BENEFIT PROVISIONS - DC

Denture-Related Surgery

The following denture-related surgical services for remodelling and recontouring oral tissues are covered:

1. remodelling, excision, removal, reduction, or augmentation of the alveolar bone.
2. remodelling of the floor of the mouth.
3. vestibuloplasty.
4. reconstruction of the alveolar ridge.
5. extensions of mucous folds.
6. related surgical grafts.

Related stents, although not listed with denture-related surgery in the Canadian Dental Association Uniform System of Coding and List of Services, are also covered under this provision.

Appliance Maintenance

The following services are covered after the 3-month post-insertion care period has elapsed:

- denture maintenance
 - bridgework maintenance
1. denture remakes, once every 3 years.
 2. denture adjustments, once a year.
 3. denture repairs and additions, tissue conditioning and resetting of denture teeth.
 4. repairs to covered bridgework.
 5. removal and recementation of bridgework.

BENEFIT PROVISIONS - DC

ORTHODONTIC COVERAGE

Orthodontics are covered for both children and adults. Children must be 6 years of age or over when treatment starts.

Diagnostic Services

The following diagnostic services are covered:

1. orthodontic examinations.
2. cephalometric radiographs.
3. hand and wrist radiographs.
4. diagnostic photographs.
5. orthodontic diagnostic casts.

Treatment

Fixed and removable appliances for orthodontic treatment are covered. This includes related charges for observations, adjustments, repairs, alterations, removal, and retention.

Benefit Maximum

The maximum amount payable for orthodontics in a person's lifetime is shown in the Table of Benefits.

Limitation

No benefits will be paid for expenses covered under another group plan's extension of benefits.

BENEFIT PROVISIONS - DC

DENTAL ACCIDENT COVERAGE

Treatment of accidental injury to sound, natural teeth is covered under this provision when:

1. the accident occurs while the person is insured for this coverage; and
2. treatment starts within 60 days after the accident. This requirement is waived if a medical condition delays treatment beyond 60 days.

A sound tooth is any tooth that did not require restorative treatment immediately before the accident.

A natural tooth is any tooth that has not been artificially replaced.

Treatment resulting from accidental injury that does not qualify under this provision will be considered under the other dental coverage provisions on the same basis as treatment of dental defect or disease.

Coverage Criteria

Coverage for diagnostic, restorative, preventive, endodontic, periodontal, surgical, and adjunctive services under this provision is based on basic coverage provisions. Frequency limits on diagnostic services are waived.

Coverage for crowns, pontics, initial dentures, onlays, and bridgework under this provision is based on major coverage provisions. Time limits on coverage of replacements are waived.

Limitations

No benefits will be paid for:

1. treatment performed more than 12 months after the accident.
2. denture repair or replacement.
3. orthodontic diagnostic services.
4. orthodontic treatment.

BENEFIT PROVISIONS - DC

AMOUNT PAYABLE

Canada Life pays for covered expenses that are incurred while the person is insured for them.

Covered expenses are the lesser of actual expenses or customary charges for covered services and supplies.

- customary charges

Customary charges are the lowest of:

1. prices shown for a general practitioner in the dental fee guide identified in the Table of Benefits. Denturist fee guides are applicable when services are provided by a denturist. Dental hygienist fee guides are applicable when services are provided by a dental hygienist practising independently.
2. representative prices in the area where the treatment was provided.
3. maximum prices established by law.

- payment of benefits

Payment is made at the reimbursement level shown in the Table of Benefits. Benefits are subject to any maximums identified for the covered services or supplies and to the orthodontic lifetime maximum and the calendar year maximum for other dental expenses.

• frequency limitations

Frequency limitations or maximums expressed in years refer to 12-month periods and not calendar years.

Date of Incurral

For the purposes of calculations made under this benefit provision, expenses other than orthodontic expenses are considered to be incurred when treatment is completed.

Orthodontic expenses are considered to be incurred on a periodic basis throughout the course of treatment.

BENEFIT PROVISIONS - DC

Calendar Year Maximum

The maximum amount payable under this benefit provision for all dental expenses incurred for one person in a calendar year, except those incurred for orthodontics or for treatment of accidental injury under the dental accident provision, is shown in the Table of Benefits.

Orthodontic expenses are subject to a separate lifetime maximum shown in the Table of Benefits. No maximum is applied to dental accident coverage.

BENEFIT PROVISIONS - DC

GENERAL LIMITATIONS

No benefits will be paid for:

1. expenses that private insurers are not permitted to cover by law.
2. services or supplies the person is entitled to without charge by law or for which a charge is made only because the person has insurance coverage.
3. services or supplies that do not represent reasonable treatment.
4. services or supplies associated with:
 - (a) treatment performed for cosmetic purposes only;
 - (b) congenital defects or developmental malformations in people 19 years of age or over, except orthodontics;
 - (c) vertical dimension correction; or
 - (d) myofacial pain.
5. expenses arising from war, insurrection, or voluntary participation in a riot.

A general limitation does not apply to coverage provided under this benefit provision that directly and specifically conflicts with that limitation. Where coverage is described only in general terms, a conflict is not considered to exist.

BENEFIT PROVISIONS

LONG TERM DISABILITY INCOME BENEFITS FOR EMPLOYEES

ASSESSMENT RESPONSIBILITY

Canada Life has full responsibility for the assessment of a person's entitlement to benefits.

DISABILITY

The benefits under this policy are for disability periods that start while a person is insured.

A person is considered disabled if:

1. disease or injury prevents him from performing the essential duties of his regular occupation; and
2. except for any employment under an approved rehabilitation plan, he is not employed in any occupation that is providing him with income equal to or greater than the income benefit available under this plan, as shown in the Table of Benefits.

Loss of License

Loss of any license required for work will not be considered in assessing disability.

BENEFIT PROVISIONS - LTD

DISABILITY PERIOD

A disability period is:

1. the waiting period; plus
2. the benefit period.

WAITING PERIOD

The waiting period starts when the person first becomes disabled and lasts, if disability is continuous, for the number of days shown in the Table of Benefits.

If disability is not continuous, the days the person is disabled will be accumulated to satisfy the waiting period as long as:

1. no interruption is longer than 2 weeks; and
2. the disabilities arise from the same disease or injury.

BENEFIT PROVISIONS - LTD

BENEFIT PERIOD

A benefit period is:

1. the period of time after the waiting period during which the person is continuously disabled; plus
2. if the disability is not continuous, any period of time during which the disability is considered to be a recurrence.

For an employee:

1. who is disabled prior to age 65, a benefit period will not continue past the person's 65th birthday unless he has been entitled to benefits for less than 6 months. In that event the benefit period will continue until the end of the 6 months.
2. who is disabled on or after age 65, a benefit period will not continue for more than 6 months or past the person's 71st birthday, whichever comes first.

RECURRENCE

After the waiting period, a disability is considered a recurrence if it arises from the same disease or injury and starts:

1. within 6 months after the previous disability ends; or
2. within 6 months after the end of an approved rehabilitation plan.

BENEFIT PROVISIONS - LTD

INCOME BENEFITS

A disabled person is entitled to income benefits after the waiting period ends and for as long as the benefit period lasts. No income benefits are payable for the waiting period itself.

Amount Payable

The amount payable is the sum of:

1. the income benefit shown in the Table of Benefits less the reductions, if any, required under the offset and all source maximum provisions; and
2. the pension contribution benefit shown in the Table of Benefits.

The income benefit is payable to the disabled person. The pension contribution benefit is payable to the employer. Both are payable monthly in arrears. One thirtieth of the income benefit and pension contribution benefit is payable for each day of any period less than a full month.

At Canada Life's discretion, the income benefit and pension contribution benefit may be paid more frequently than monthly, on a pro-rated basis.

- other income

The income used in the offset and all source maximum provisions is the income payable for the same period as the income benefit under this policy.

Except for retirement benefits, all income is considered payable when a person is entitled to it, whether or not it has been awarded or received. If it has not been awarded, Canada Life will have the right to estimate it according to the terms of any plans or legislation involved. Retirement benefits are considered payable when they are actually received.

If income is payable in a lump sum, the amount used will be the portion payable for loss of income during the benefit period.

BENEFIT PROVISIONS - LTD

- special treatment of taxable income for non-taxable plans
Before the amount payable is calculated under a non-taxable plan, taxable income will be reduced by the deductions specified under this plan's take-home pay definition. This does not apply to Canada Pension Plan or Quebec Pension Plan benefits or to benefits from a similar plan in another country which has a reciprocal agreement with Canada or Quebec.
- monthly earnings
Monthly earnings are 1/12 of annual earnings.
- insured earnings
Insured earnings are the portion of a person's monthly earnings which, upon application of the benefit formula, yield the income benefit.

BENEFIT PROVISIONS - LTD

- take-home pay

Take-home pay means the person's monthly earnings less deductions for federal and provincial income taxes, Canada and Quebec Pension Plan contributions, and federal Employment Insurance premiums.

BENEFIT PROVISIONS - LTD

Offset Provision

Under this provision, the person's income benefit is reduced by the following income:

1. Disability or retirement benefits to which he is entitled on his own behalf under:
 - (a) the Canada Pension Plan;
 - (b) the Quebec Pension Plan; or
 - (c) a similar plan in another country which has a reciprocal agreement with Canada or Quebec.

This does not include retirement benefits that were payable for each of the 12 months before a disability period.

2. Benefits under any Workers' Compensation Act or similar law except for:
 - (a) permanent partial disability awards that were payable for each of the 12 months before a disability period; and
 - (b) benefits related to employment with another employer.
3. Employer sponsored short term disability or sick leave benefits.
4. Loss of income benefits under an automobile insurance plan, to the extent permitted by law.
5. 50% of earnings received from an approved rehabilitation plan.

All Source Maximum Provision

Under this provision, the person's income benefit is reduced if the total of the following income and the income benefit exceeds the all source maximum shown in the Table of Benefits. The reduction is the amount by which this total exceeds the all source maximum.

BENEFIT PROVISIONS - LTD

1. Loss of income benefits available through legislation to which he or another member of his family is entitled on the basis of his disability, except for Employment Insurance benefits and automobile insurance benefits.
2. The wage loss portion of any criminal injury award, except for awards that included the long term disability income benefits available under this plan in the calculation of the award.
3. Disability benefits under a plan of insurance available through an association, except for benefits that were payable for each of the 12 months before a disability period.
4. Employment income, disability benefits, or retirement benefits related to any employment, except for:
 - (a) disability benefits that are prepayments of life insurance.
 - (b) benefits from retirement plans to which an employer has not contributed.
 - (c) any amount that is related to employment other than with the employer and that was payable for each of the 12 months before a disability period. All employment income, disability benefits, and retirement benefits resulting from the same employment are considered together in satisfying the 12-month condition as long as there is no interruption from one to the other. Waiting periods for disability benefits do not count as interruptions.
 - (d) employer sponsored short term disability or sick leave benefits.

BENEFIT PROVISIONS - LTD

- (e) income from an approved rehabilitation plan. This income is considered under the offset and rehabilitation incentive provisions.

Termination pay, severance benefits, and any similar termination of employment benefits, including any salary paid in lieu of notice, are considered employment income under this provision.

- commission income

If income under this provision is payable on a commission basis, the income used will not be reduced by commission related expenses.

- disability income during recurrence

If disability is a recurrence, employment related disability benefits that become payable after the disability period starts will be included under the offset provision rather than under this all source maximum provision.

Rehabilitation Incentive Provision

Earnings received from an approved rehabilitation plan are not used to reduce a person's income benefit unless 50% of those earnings, his income from this policy, and the income described under the offset and all source maximum provisions would exceed 100% of his monthly earnings. If it does, his income benefit is reduced by the amount in excess of 100%.

BENEFIT PROVISIONS - LTD

INDEXING

The following provisions provide inflation protection.

Assessment

In assessing a person's ability to be gainfully employed, Canada Life will multiply his monthly earnings by the Consumer Price Index factor.

Recalculation

The amount payable will be recalculated for inflation protection 1 year after the start of the benefit period and annually after that. On those dates the income limit under the rehabilitation incentive provision will be multiplied by the Consumer Price Index factor. The Consumer Price Index factor will not be applied to the following amounts:

1. the gross benefit for non-taxable plans.
2. the income benefit for taxable plans.
3. the all source maximum for purposes of recalculating both the income benefit for non-taxable plans and the amount payable for both taxable and non-taxable plans

Other Income

When the amount payable is recalculated, cost-of-living increases in the income described under the offset and all source maximum provisions, that take effect after the benefit period starts, are not included as income subject to the offset, all source maximum and rehabilitation incentive provisions.

This provision does not apply to earnings received from an approved rehabilitation plan.

Consumer Price Index Factor

The Consumer Price Index factor for an assessment or recalculation date is the ratio of the Consumer Price Index as of 3 months before that date, to the Consumer Price Index as of 3 months before the start of the benefit period.

BENEFIT PROVISIONS - LTD

Changes to the Consumer Price Index

If there is a change in the method of calculating the Consumer Price Index:

1. the Consumer Price Index will be used for the period preceding the change; and
2. an appropriate measure of inflation will be used for the period after the change.

Consumer Price Index

The Consumer Price Index means the all-item Consumer Price Index for Canada (not seasonally adjusted).

BENEFIT PROVISIONS - LTD

VOCATIONAL REHABILITATION

Vocational rehabilitation involves a work-related activity or training strategy that:

1. is designed to facilitate a disabled person's return to his job or other gainful employment; and
2. is recommended or approved by Canada Life.

In considering whether to recommend or approve a rehabilitation proposal, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to work.

The goal of a rehabilitation plan must be:

1. to return the person to work in the same job;
2. to return the person to work in a modified job with the same employer; or
3. to return the person to work in a different job that capitalizes on transferable skills.

Participation Commitment

If a person does not participate or cooperate in a rehabilitation plan that has been recommended or approved by Canada Life, he will no longer be entitled to income benefits.

Time Commitment

The duration of a rehabilitation plan must be approved by Canada Life. Once approved, a person's benefit period is guaranteed for that duration as long as he continues to participate and cooperate in the plan.

Employment Income

Employment income earned during a rehabilitation period will be considered under the offset and rehabilitation incentive provisions.

BENEFIT PROVISIONS - LTD

Expense Benefit

Reasonable expenses associated with a rehabilitation plan, other than usual employment expenses, may be paid for by Canada Life at its discretion.

Expenses claimed under this provision must be pre-authorized by Canada Life.

Limitation

Vocational rehabilitation benefits are only available while the person is entitled to income benefits.

BENEFIT PROVISIONS - LTD

MEDICAL COORDINATION

Medical coordination is a program that:

1. is designed to provide cost effective, quality care;
2. is designed to facilitate medical stability; and
3. is recommended or approved by Canada Life.

In considering whether to recommend or approve a medical coordination program, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

A medical coordination program may include the following services:

1. consultation with the disabled person, members of the person's family, and the attending physician to gain further understanding of the treatment plan and its goals.
2. comparison of the person's current treatment plan with generally accepted treatment standards for similar conditions and, where suitable, follow up identified alternatives with the attending physician.
3. referral to professionals, including physician specialists, or facilities, for diagnosis or treatment.

Participation Commitment

If a person does not participate or cooperate in a medical coordination program that has been recommended or approved by Canada Life, he will no longer be entitled to income benefits.

Expense Benefit

Reasonable expenses associated with a medical coordination program may be paid for by Canada Life at its discretion.

BENEFIT PROVISIONS - LTD

Expenses claimed under this provision must be pre-authorized by Canada Life.

No benefits will be paid for any portion of the expense for which benefits are payable under a government plan.

Limitations

Medical coordination benefits are only available while the person is entitled to income benefits. Canada Life will not cover medical coordination services after the person has returned to work, unless he is receiving vocational rehabilitation benefits.

BENEFIT PROVISIONS - LTD

GENERAL LIMITATIONS

- pre-existing conditions

No benefits will be paid for:

1. disability arising from a disease or injury for which the person obtained medical care before he became insured. Medical care is considered to be obtained when he consults a doctor, uses medication on the advice of a doctor, or receives other medical services or supplies.

This exclusion does not apply if disability starts after:

- (a) he has been continuously insured for 1 year; or
- (b) he has not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date his insurance took effect.

- reasonable and customary treatment

2. any period in which the person does not participate or cooperate in a reasonable and customary treatment program.

A reasonable and customary treatment program is systematic treatment that:

- (a) is performed or prescribed by a legally licensed doctor of medicine; and
- (b) is of the nature and frequency usually required for the condition involved.

Where considered appropriate by Canada Life for the severity of the condition, the treatment must be prescribed by and, if appropriate, performed or supervised by a certified specialist for the condition involved.

If substance abuse contributes to a person's disability, his treatment program must include participation in a recognized substance withdrawal program.

BENEFIT PROVISIONS - LTD

- other disability benefits
 - rehabilitation plans
 - medical coordination
 - medical/vocational assessments
 - leave of absence
 - absence from Canada
 - incarceration, confinement, imprisonment
 - war, insurrection, riots
3. any period after the person fails to cooperate in applying for other disability benefits, reapplying for such benefits, or appealing decisions regarding such benefits, where considered appropriate by Canada Life.
 4. any period after the person fails to participate or cooperate in a rehabilitation plan that has been recommended or approved by Canada Life.
 5. any period after the person fails to participate or cooperate in a medical coordination program that has been recommended or approved by Canada Life.
 6. any period after the person fails to participate or cooperate in a medical or vocational assessment required by Canada Life.
 7. the scheduled duration of a leave of absence. A leave of absence is considered to start on the date agreed upon by the employee and the employer.

This exclusion does not apply to any portion of a period of maternity leave during which the person is disabled as a result of pregnancy. If a child is born before a period of maternity leave is scheduled to start, the leave is considered to start on the date of birth.
 8. any period in which the person is outside Canada. This exclusion does not apply during the first 30 days of an absence, or if Canada Life pre-authorized the absence prior to the person's departure.
 9. any period of incarceration, confinement, or imprisonment by authority of law.
 10. disability arising from war, insurrection or voluntary participation in a riot.

CLAIM PROVISIONS

NOTICE OF DISABILITY CLAIM

The following provisions describe Canada Life's notice of disability claim requirements.

- life waiver of premium claims

Canada Life will not be liable for life insurance waiver of premium claims for which initial notice of the qualifying disability is submitted more than 6 months after the earlier of:

1. the end of the period following the date the employee was last actively at work equal to the waiver of premium waiting period; and
2. the date this policy terminates.

A qualifying disability is one that satisfies the definition of disability under this policy's life insurance waiver of premium benefit.

- LTD claims

To permit prompt assessment, initial notice of a long term disability income claim should be submitted to Canada Life no later than 10 days after disability starts.

Canada Life will not be liable for long term disability income claims for which initial notice is submitted more than 3 months after the earlier of:

1. the end of the waiting period; and
2. the date this policy terminates.

PROOF OF CLAIM

The following provisions describe Canada Life's proof of claim requirements.

- death benefits

Death benefits under this policy will be paid only after Canada Life has received satisfactory proof that payment is due.

- life waiver of premium benefits

Life insurance waiver of premium benefits under this policy will only be approved for periods for which Canada Life has received satisfactory proof that the employee is entitled to benefits.

CLAIM PROVISIONS

- LTD benefits
Long term disability income benefits under this policy will only be payable for periods for which Canada Life has received satisfactory proof that the employee is entitled to benefits.

- health and dental benefits
Healthcare and dentalcare benefits under this policy will only be paid for expenses for which Canada Life has received satisfactory proof that payment is due. For dentalcare benefits, proof must include pre-treatment radiographs and study models when required by Canada Life.

- claimant responsibility
The claimant must provide information required to prove his entitlement to benefits and must also authorize Canada Life to obtain information from other sources for this purpose.

- time limits
Whenever Canada Life requests information or authorization on a disability claim, it must be submitted within the following time limits:
 1. 3 months for a long term disability income claim; or
 2. 6 months for a life insurance waiver of premium claim.

If it is not submitted within this time, Canada Life will not be liable for any further benefits.

Canada Life will not be liable for healthcare or dentalcare expenses that are submitted more than 15 months after the services or supplies are provided.

QUEBEC TIME LIMIT FOR THE PAYMENT OF BENEFITS

- Where Quebec law applies, benefits will be paid in accordance with the terms set out in this policy within the following time period:
- death benefits
For death benefits, 30 days following receipt of the required proof of claim.

 - disability income benefits
For disability income benefits for which there is no waiting period, 30 days following receipt of the required proof of claim.

CLAIM PROVISIONS

For disability income benefits for which there is a waiting period, 30 days from the expiry of the waiting period provided the required proof of claim has been received.

- all other benefits

For any other benefit, 60 days following receipt of the required proof of claim.

NOTICE OF DISABILITY ASSESSMENT

Canada Life will give the employee a written notice of assessment on a life insurance waiver of premium claim or a long term disability income claim showing:

1. whether or not benefits have been approved;
2. whether or not further information is required; and
3. if benefits have not been approved, the reasons for denial and the procedures the employee may follow to appeal.

PRE-DETERMINATION OF DENTALCARE BENEFITS

To determine the extent of benefits provided under this policy, it is recommended that a person submit a treatment plan to Canada Life before having dental treatment that will cost \$200 or more.

On receipt of the treatment plan, Canada Life will advise the person of the estimated amount payable under this policy. This pre-determination of benefits is only valid for 90 days.

- treatment plan

A treatment plan must contain the dental service provider's confirmation of:

1. the recommended treatment for complete correction of the person's condition;
2. the approximate date of completion; and
3. the estimated cost.

CLAIM PROVISIONS

CONCURRENT DRUG UTILIZATION REVIEW

In-Canada claims for covered drugs submitted electronically to the pharmacy benefits manager appointed by Canada Life are subject to concurrent drug utilization review at point-of-sale to determine if:

1. an adverse interaction is possible between a prescribed drug and another drug already being taken by the patient;
2. a prescribed drug may be harmful to a patient who is a child or a senior;
3. a refill prescription is being filled too early or too late;
4. a prescribed drug contains ingredients in the same therapeutic class as another drug currently being taken or that has recently been taken and the ingredients remain active in the patient's system;
5. the prescribed therapy duration falls outside the drug manufacturer's recommended minimum and maximum limits;
6. the prescribed daily dosage of a drug falls outside the age band limits established by the drug manufacturer;
7. a prescribed drug is intended solely for the use of a member of the opposite gender to that of the patient.

Based on the outcome of the review, a pharmacist may refuse to dispense the drug as prescribed.

- exceptions

Claims for covered drugs are not subject to concurrent drug utilization review if:

1. the drugs are dispensed at a pharmacy that is not properly equipped to provide the service; or
2. the drugs are extemporaneous preparations or compounds.

CLAIM PROVISIONS

- disclaimer

Neither Canada Life nor the pharmacy benefits manager makes any guarantees, representations or warranties about the accuracy or completeness of the patient information provided for the concurrent drug utilization review or about the review results nor are they liable for any decision made by a pharmacist as a result of the review process.

PAYMENT OF MEDICAL/DENTAL CLAIMS

Healthcare and dentalcare benefits will be issued to the employee unless:

1. they are prescription drug benefits for drug claims submitted through the electronic claims system established by the pharmacy benefits manager. In this case, benefits will be issued to the pharmacy benefits manager.
2. the employee chooses to assign benefits to the provider of service. This method of payment is valid only if assignments to the provider of service are acceptable according to Canada Life's administrative practices at the time of claim.

OVERPAYMENT

If benefits are paid that were not payable under this policy, the employee is responsible for repayment within 30 days of Canada Life sending him a notice of overpayment, or within a longer period if agreed to in writing by Canada Life. If he fails to fulfill this responsibility, no further benefits are payable under this policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

CLAIM PROVISIONS

SUBROGATION AND RIGHT OF RECOVERY

Where permitted by law, Canada Life has full rights of subrogation with respect to damages for loss of income when responsibility for a person's disability may be attributable to another party. Canada Life also has the right to recover from the person any benefits paid under this policy for loss of income for which he has been indemnified by the other party. However, Canada Life has no obligation under this policy to exercise its rights of recovery and subrogation.

LEGAL ACTIONS

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

CLAIM PROVISIONS

BENEFICIARY

An employee may make, alter or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary the employee made under the employer's previous policy prior to the effective date of this policy applies to this policy until the employee makes a change to that designation.

CLAIM PROVISIONS

COORDINATION OF BENEFITS

Healthcare and dental care benefits are coordinated when other similar coverage is available.

Government Plans

When reimbursement is available under a government plan, each covered expense is reduced by the amount payable under that plan. The reduced covered expense is then considered to be the covered expense under all other coordination provisions. It is subject to any applicable deductible, reimbursement level, and maximum under this plan.

Government plans are plans that are legislated, funded, or administered by a government. Group plans for government employees are not included.

Group Plans

- secondary plan

The amount payable is reduced when this plan is secondary to another group plan. The reduction is the amount by which total payments under all group plans would exceed eligible expenses. An eligible expense is that portion of a customary charge for reasonable treatment for which coverage is provided under this plan.

When payments are reduced, each benefit is reduced proportionately. Only the reduced benefit amount is applied to any payment maximum.

Group plans are plans that are available only to members of particular groups and not to the general public. Student accident plans are not considered group plans.

A secondary plan is one that determines its benefits after another plan.

CLAIM PROVISIONS

- employee coverage

A plan determines its benefits first if it covers the person as an employee. If he is covered as an employee under more than one plan, the plans are prioritized in the following order:

 1. the plan covering him as an active, full-time employee;
 2. the plan covering him as an active, part-time employee;
 3. the plan covering him as a retiree.

- dependent coverage

A plan is secondary if it covers the person as a dependent. If he is covered as a dependent of more than one person, the plans are prioritized in the following order:

 1. the plan covering him as a dependent spouse;
 2. the plan covering him as a dependent child of the parent with the earlier birthday in the calendar year;
 3. the plan covering him as a dependent child of the parent whose first name begins with the earlier letter in the alphabet, if both parents have the same birthday.

If the parents are separated or divorced, the plans under which benefits for the child are determined are prioritized in the following order:

 1. the plan of the parent with custody of the child;
 2. the plan of the spouse of the parent with custody of the child;
 3. the plan of the parent without custody of the child;
 4. the plan of the spouse of the parent without custody of the child.

- dental accidents

In the case of dental accidents, dental plans are secondary to health plans with dental accident coverage.

- benefits paid under another plan

If benefits have already been paid under another group plan, this plan is automatically secondary.

CLAIM PROVISIONS

- prorated benefits
If these rules do not establish an order of benefit determination, or another plan has different rules, benefits will be prorated between plans in proportion to the amounts available before coordination.

- coordination within this plan
Coordination of benefits will also take place within this plan if:
 1. a person is covered as both an employee and a dependent under this plan; or
 2. a person is covered as a dependent of two employees under this plan.

- capitation plans
If other coverage is available under a capitation plan, benefits will be coordinated according to guidelines prepared by the Canadian Life and Health Insurance Association.

Other Sources

The amount payable is also reduced when this plan is secondary to sources other than government and group plans. The reduction is the amount by which total payments from all sources would exceed covered expenses. When payments are reduced, each benefit is reduced proportionately. Only the reduced benefit amount is applied to any payment maximum.

This plan is considered secondary only if payment has already been made by the other source.

Right to Release or Receive Information

Canada Life may release or receive information required for coordination of benefits without specific authorization.

GENERAL PROVISIONS

CURRENCY

All money payable under this policy will be in Canadian funds.

FURNISHING OF INFORMATION: ACCESS TO RECORDS

Upon request, the Group Policyholder must forward to Canada Life:

1. required information on the eligibility of employees;
2. employee applications;
3. details relating to changes in insurance; and
4. information required for assessment of claims, including job information.

Canada Life has the right to inspect the Group Policyholder's records relating to employees' insurance. Inspections can take place while this policy is in force and during the first year after it terminates.

For long term disability claim assessments, Canada Life has the right to have representatives visit an employee's worksite to obtain information about his job.

All requests, notices, applications, and claims must be made to Canada Life in writing.

Canada Life will not be liable for the Group Policyholder's failure to supply required information or records.

GENERAL PROVISIONS

MEDICAL, DENTAL, AND VOCATIONAL ASSESSMENTS

Canada Life has the right to conduct necessary investigations relating to applications or claims, and to obtain independent medical, dental, or vocational assessments if required. Canada Life must also be given the opportunity to examine the person for whom an application or claim is made as often as it may reasonably require during the course of an investigation or assessment.

Canada Life will not assume the cost of assessment or investigation in connection with a late application. Canada Life may assume the cost of other assessments or investigations according to its administrative practices at the time of application or claim.

EXTENDING PLAN MEMBER RELATIONSHIPS

As part of the group benefits plan, Canada Life or its affiliates will offer employees, directly or indirectly, the opportunity to apply for optional financial products and services that contribute towards financial, physical and mental well-being, as a complement to the group insurance provided under the plan. Offers may also be made directly by Canada Life or its affiliates to former employees. An offer will be made directly only to employees and former employees for whom Canada Life has reasonably current contact information. The offer is an offer to apply only. Coverage under any product that is offered must be applied for by the employee or former employee. Acceptance for coverage is not guaranteed.

MISSTATEMENT OF AGE

Canada Life may request proof of a person's age at any time. If his age has been misstated, entitlement to insurance and benefits will be determined according to his true age.

If premiums have been underpaid for a person's true age, a retroactive adjustment must be paid

GENERAL PROVISIONS

by the Group Policyholder before any benefits will be paid or continued.

If premiums have been overpaid for a person's true age, Canada Life will pay or credit a retroactive adjustment to the Group Policyholder.

DISCLOSURE PROVISIONS

This policy will be available through the Group Policyholder for review by employees. Canada Life, at its discretion, may release a copy of this policy in the course of claims settlement discussions.

APPEALS

A person has the right to appeal a denial of all or part of the insurance or benefits described in this policy as long as he does so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include the person's reasons for believing the denial to be incorrect.

CONFORMITY TO LEGISLATION

If this policy does not conform to legislation that governs it, it is considered automatically amended to comply with the minimum requirements of that legislation.

NON-PARTICIPATING

This is a non-participating policy.

ASSIGNMENT OF LIFE INSURANCE

An employee may not assign his life insurance under this policy.

GENDER

The words he, him and his refer to all genders.

GENERAL PROVISIONS

POLICY AMENDMENT

This policy may be amended as agreed to by the Group Policyholder and Canada Life in writing. It may also be amended by Canada Life providing notice to the Group Policyholder. Examples of when such an amendment may be made would include, but not be limited to, instances where an amendment is considered essential to support the viability or sustainability of the benefits plan of which this policy is a part, or as a response to advancements in health technology. The Group Policyholder shall have 60 days after the date that the notice is sent to object in writing to the amendment. Provided that no objection is received by Canada Life from the Group Policyholder during this period, the amendment will be effective as of the end of the 60-day period.

REPRESENTATION AND NOTICE

The Group Policyholder's actions will bind an affiliated company. Notice given to the Group Policyholder is considered notice given to an affiliated company.

GENERAL PROVISIONS

ANNUAL EARNINGS

Annual earnings is the current annual salary paid by the employer, excluding overtime and bonuses. For disability benefits, annual earnings will be those in effect at the start of the disability period.

- hourly-paid employees

If an hourly-paid employee's hours vary, his earnings are calculated using the average number of hours worked in the last 12 months and the current hourly rate of pay. If he has worked less than 12 months for the employer, the hours are averaged over the period of employment.

- earnings limitation

If there is a difference between the actual annual earnings and those reported by the employer for premium purposes, the lesser of the 2 amounts will be considered the annual earnings amount under this policy.

For long term disability income benefits, this limitation will not apply in assessing a person's ability to be gainfully employed.

PREMIUM PROVISIONS

PAYMENT

The first premium is due on the effective date of this policy. After that, premiums are due on the first day of each month. Premiums must be paid by the Group Policyholder at Canada Life's Head Office. Premiums not paid on time will be in default.

- billing number

Separate billing number 160598 & 166075 applies to the premium for optional insurance. All other insurance is billed under the group policy number.

GRACE PERIOD

After the first premium has been paid, 31 days of grace are allowed to pay a premium in default. During this time the policy will stay in force. If the premium is not paid by the end of the days of grace this policy will terminate. The Group Policyholder is liable for a pro rata premium for the time this policy is in force during the grace period and for all other unpaid premiums.

CALCULATION: PREMIUM RATE

The amount of each premium is the sum of the premiums for each insured employee calculated at the rate last set by Canada Life.

- waiver of premium

No life insurance premium is payable for an employee or his dependents during a disability waiver of premium benefit period.

No premium is payable for an employee's long term disability income insurance during a disability benefit period.

- premium payment not a guarantee of coverage

Payment of premium will not cause insurance to take effect or continue if it would not do so according to this policy's insuring provisions.

PREMIUM PROVISIONS

ADJUSTMENTS

The premium will be adjusted retroactively to reflect any changes in insurance amounts or premium waiver. Credits will be given only for the 4 months preceding receipt of notice.

RATE CHANGES

- renewal changes

Canada Life can change the premium rates on the first day of any month. Written notice will be sent to the Group Policyholder before a change is made. Once a change is made, Canada Life cannot make another renewal change for 12 months or such other period as may be agreed to by the Group Policyholder.

- changes in rate calculation basis for optional insurance

The premium rates for optional insurance can be changed at any time Canada Life changes its standard rate calculation basis, but not more than once in a 12-month period. Written notice will be sent to the Group Policyholder before a change is made.

- other changes

A rate change can be made at any time if:

1. the policy provisions are changed at the request of the Group Policyholder.
2. the introduction, revision, or repeal of a government law or regulation results in a change in:
 - (a) the benefits payable under this policy; or
 - (b) taxes payable to a government authority.
3. there is a change in the number of employees insured under this policy that exceeds 25% since the last renewal change.

PREMIUM PROVISIONS

4. the benefits payable under this policy are affected by a change in:
 - (a) a government dental, health, or hospital plan or practice;
 - (b) hospital rates;
 - (c) the Compendium of Pharmaceuticals and Specialties; or
 - (d) the Canadian Dental Association Uniform System of Coding and List of Services.

TERMINATION OF THE POLICY

The Group Policyholder may terminate this policy by giving written notice to Canada Life.

Termination by the Group Policyholder will take effect on the later of:

1. the date of termination stated in the written notice; and
2. the date Canada Life receives the written notice.

Canada Life may terminate this policy at any renewal date by giving written notice of termination to the Group Policyholder at least 31 days in advance.

This policy will automatically terminate if a premium in default is not paid by the end of the grace period for that premium.

TRANSFER PROVISIONS

Transfer of Insurance

The following provisions apply when insurance for any class of employees takes effect under this policy during the 31 days after similar insurance coverage ends for that class under another group insurance policy.

1. Any person who was covered in the terminating class under the other policy when insurance for that class ended will be insured on the effective date of insurance for that class under this policy, as long as he is then an insurable employee.
 2. Any disabled person whose life insurance disability period began while he was insured under the other policy will be considered the other policy's liability for life insurance.
 3. Any person whose coverage has not been interrupted will be entitled to long term disability income benefits under this policy for a pre-existing condition if:
 - (a) no benefits are payable for that condition under the other policy because of termination of insurance for the employee's class under that policy; but
 - (b) benefits would have been payable under the other policy if insurance for the terminating class had remained in force.
 4. If the person's coverage has not been interrupted, the period of insurance used in assessing his entitlement to benefits under this policy for hospital or nursing care or for dentures or bridgework is considered to start on the date he last became insured for the same benefit under the other policy.
- life insurance disability benefits
 - LTD pre-existing condition
 - benefits for hospital, nursing, dentures or bridgework

TRANSFER PROVISIONS

If this provision entitles the person to benefits that would not otherwise have been payable under this policy, Canada Life will assess his benefit entitlement under each policy. The amount payable will be determined according to the policy providing the lesser benefits. No benefits will be paid under this provision if:

- (a) no benefits would have been paid under the other policy had insurance for the terminating class remained in force; or
- (b) benefits are payable under the other policy after termination of insurance.

No benefits will be paid under this policy for that portion of a loss incurred before termination of insurance under the other policy.

- LTD benefits

- 5. No long term disability income benefits are payable under this policy for a disability period that is covered as a recurrence under the other policy.

TRANSFER PROVISIONS

Replacement of Insurance

The following provisions apply when this policy is issued to replace insurance under another Canada Life policy.

1. Any person who was insured under the replaced policy on the day before the effective date of this policy will be insured under this policy on its effective date, as long as he is then an insurable employee in an eligible class.
2. Increases in benefits resulting from the replacement are subject to this policy's actively at work requirement.
3. Any insurance that would have been subject to the underwriting provision in the replaced policy will also be subject to this policy's underwriting provision.
4. A person's period of coverage under the replaced policy will be considered in applying any long term disability pre-existing conditions limitation and any dental insurance late applicant limitation under this policy.
5. Any deductibles or maximums applicable under this policy will be reduced by any amounts applied to the same or similar deductibles or maximums under the replaced policy.
6. Until the employee exercises his right to change his beneficiary, his beneficiary under this policy will be the one last named under the replaced policy.
7. Any transfer of insurance provision applicable to an employee under the replaced policy on the day before the effective date of this policy will continue to apply as if the replaced insurance were still in force.

TRANSFER PROVISIONS

Transfer of Claims

If the Group Policyholder transfers responsibility for the continuing assessment of existing claims:

1. to Canada Life, Canada Life has the right, without the claimant's authorization, to obtain claim records from the previous insurer or benefits administrator.
2. from Canada Life, Canada Life has the right, without the claimant's authorization, to disclose claim information to the party assuming responsibility for existing claims.



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