

Fort Vermilion School Division No. 52

Policy # 1G460 (07/09)

**A Program of
Voluntary Accident Insurance
For You and Your Dependents**

Effective: July 1, 2009

It couldn't happen to me"

No one expects to be involved in a serious Accident, yet chances are that you know at least one person who has.

Accidents are the number one killer of Canadians under age 34 and the third leading cause of death overall.

Auto Accidents account for almost 50% of these deaths.

If you survive a serious Accident, you could be faced with great and immediate financial problems. Loss of limbs, eyesight, speech or hearing can occur, as well as loss of use of limbs.

Any form of paralysis could also cause major financial setbacks in a person's life.

"I don't want to think about it"

A common response when faced with the possibility. Unfortunately, no one has control over the fact that an Accident may happen. You do, however, have a measure of control over the financial outcome of such an event.

By taking a few minutes to consider this program, you will allow yourself the freedom of knowing that you and your family will be prepared financially should a major Accident occur.

"Why should I participate in this program?"

5 good reasons!

1. Your employer has arranged the opportunity for you and your family to obtain extensive coverage at a very low monthly cost.
2. This program offers you far more extensive coverage than an individual plan and at a fraction of the cost.
3. Few coverages will pay lump sum benefits if you survive an Accident.
4. This is a great way to supplement your life insurance program.
5. Most people don't foresee losing their health during their prime years, but will agree that an Accident is beyond their control.

“Okay, so how much coverage do I need?”

Here is a guideline:

If you have a family, your sudden Accidental death would create financial problems, such as:

- A) Replacing your income that your family relies on for their standard of living.
- B) Removing any mortgages, loans or large unpaid bills.
- C) Other expenses, i.e. a funeral, an education fund for your children, additional medical expenses, etc.

An example:

i)	If you were earning \$50,000 per year and your family depended on that income, a lump sum of \$500,000 would be required to generate a \$50,000 income (assuming an interest rate of 10%).		
ii)	Mortgage	-	\$ 100,000
	Loans	-	\$ 25,000
	Bills	-	\$ 5,000
iii)	Other expenses	-	\$ 15,000
Your total need might be approximately \$645,000.			

“Where will this money come from?”

An example:

Sources:

Employer Benefits		
Group Life	\$	50,000
Group Accident coverage	\$	50,000
Personal life insurance	\$	100,000
Personal savings	\$	40,000
TOTAL:	\$	240,000

Your outstanding need would be \$380,000.

Each person, with or without dependents, has different financial requirements. This example illustrates that substantial sums of money are required immediately when an Accident happens. You may want to examine your own situation to determine your specific need.

Details of the program

The rising incidence of Accidents plus the increasing travel habits of our modern society have led to the development of a broad new type of insurance.

The following is an explanation of the personal Accident insurance program available to you and your family.

Please give it full consideration as it provides an inexpensive way to supplement your personal financial planning.

You are given the opportunity to purchase additional Accident insurance at a very low cost through payroll deductions.

Who is eligible?

You may enroll in the program if you are an active full-time employee, under the age of 70.

Your spouse and dependent children are also eligible provided:

1. Your spouse is under the age of 70:
 - (a) who is legally married to you.
 - (b) with whom you have continuously cohabited in a conjugal relationship for a minimum of 1 year immediately before a loss is incurred.

You may have to elect in writing the name of the individual who will be insured as your spouse.

2. Your dependent children, adopted or step-children or those with whom you are in a parent-child relationship are dependent upon you for maintenance and support and are:
 - (a) under 21 years of age and unmarried, or
 - (b) under 25 years of age, (26 in the province of Quebec) unmarried and in attendance at an Institution for Higher Learning on a full-time basis, or
 - (c) by reason of mental or physical infirmity, are incapable of self-sustaining employment and are totally dependent upon you for support within the terms of the Income Tax Act.

“Insured”, wherever used in this booklet, means you, your insured spouse or your insured dependent child.

What are you covered for?

Any Injury caused by an Accident occurring anywhere in the world – 24 hours a day – on or off the job.

“Injury” means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, 24 hours a day, anywhere in the world but in no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

“Accident” means any unlooked for mishap or untoward event which is not expected or designed.

“Sickness” means an impairment of normal physiological function and includes illness and infections.

“Disease” means any unhealthy condition of the body or any part thereof.

What amounts are available?

You may elect to insure yourself only OR yourself and your family for one of the plans outlined below:

A. Employee Only Plan

You may select amounts of insurance from a minimum of \$50,000 to a maximum of \$500,000, in units of \$50,000.

B. Employee & Family Plan

You may select amounts of insurance from a minimum of \$50,000 to a maximum of \$500,000, in units of \$50,000 AND your family will automatically be insured for the following:

i) Spouse

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

ii) Children

Each dependent child will be insured for 10% of your benefit if you have a spouse, or 15% if you do not.

Note: Only 1 family plan may be purchased if you and your spouse both work for the employer. Your spouse can be covered as an employee and as a dependent under the Employee & Family Plan, but the amount of insurance under the Employee Only Plan will be limited to the difference between \$500,000 and the amount applicable for dependent coverage.

What benefits are provided?

Specific Loss

If any of the following losses occur within 365 days after the date of the Accident, benefits will be paid according to the following schedule:

For Loss of

Life.....	100%
Entire sight of both eyes	100%
Speech and hearing in both ears	100%
One Hand and the Entire Sight of One Eye	100%
One Foot and the Entire Sight of One Eye	100%
Entire sight of one eye	75%
Speech.....	75%
Hearing in both ears.....	75%
Hearing in one ear	40%
All toes of one foot	33 1/3%

For Loss or Loss of Use of

Both hands	100%
Both feet.....	100%
One hand and one foot	100%
One arm.....	80%
One leg.....	80%
One hand.....	75%
One foot.....	75%
Thumb & index finger or at least four fingers of one hand	40%

For Total Paralysis of

Both upper & lower limbs (quadriplegia).....	200%
Both lower limbs (paraplegia)	200%
Upper & lower limbs of one side of body (hemiplegia)	200%

The amount payable for all losses sustained by any one insured as the result of any one Accident will not exceed the following:

- (a) with the exception of quadriplegia, paraplegia and hemiplegia, the Principal Sum.
- (b) with respect to quadriplegia, paraplegia and hemiplegia, 200% of the Principal Sum, or 100% if loss of life occurs within 90 days after the date of the Accident.

The aggregate amount payable for the same Accident will not exceed 200% of the Principal Sum.

Repatriation*

If you, your insured Spouse or your insured Dependent Child sustains loss of life resulting from Injury for which an amount of Principal Sum becomes payable under the program, repatriation benefits up to \$15,000 will be paid for expenses actually incurred for the return home of the insured's body (including preparation charges for transportation). The death must occur more than 50 kilometres from the insured's residence.

Education**

If you sustain loss of Life resulting from Injury for which an amount of Principal Sum becomes payable under the program, up to 5% of your Principal Sum, to a maximum of \$5,000, will be paid for each of your dependent children who are already enrolled in an institution for higher learning or who will do so within 365 days after your death.

The benefit is payable annually, for each year (up to 4 consecutive years) that the child continues school on a full-time basis beyond the secondary school level.

Day-Care**

If you sustain loss of Life resulting from Injury for which an amount of Principal Sum becomes payable under the program, up to 5% of your Principal Sum, to a maximum of \$5,000, will be paid for each of your dependent children under 13 years of age who are enrolled in a legally licensed day-care centre or who will do so within 365 days after your death.

The benefit is payable annually, for each year (up to 4 consecutive years) that the child remains enrolled in a legally licensed day-care centre.

If none of your dependent children satisfy the above requirements or the requirements as shown under the section entitled "Education", an amount equal to 5% of your Principal Sum or \$2,500, whichever is lesser, will be paid to your beneficiary.

Rehabilitation*

If you sustain a specific loss for which an amount of Principal Sum becomes payable under the program, this benefit will refund expenses actually incurred for your participation in a rehabilitation program in order to qualify in a different occupation, during the 3 year period following the date of the Accident, to a maximum of \$15,000.

Room, board or other ordinary living, travelling or clothing expenses are not covered.

Workplace Modification and Accommodation

In the event an You sustain an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy and You require special adaptive equipment and/or workplace modification in order to reasonably accommodate Your return to active full-time work with the Policyholder, We will pay the reasonable and necessary expenses actually incurred by the Policyholder provided:

1. The Policyholder agrees in writing to provide the special adaptive equipment and/or make modifications to the workplace for the purpose of making it accessible and adaptable to Your needs.
2. The Policyholder acknowledges in writing that the performance of the essential duties of Your job may be altered.
3. The proposed special adaptive equipment and/or workplace modification must have prior written approval by Us.
4. We have the right to examine You to evaluate the appropriateness of the proposed modifications.

The benefit will be paid to the Policyholder upon Your return to active full-time work with the Policyholder and We have been provided with written proof of the expenses incurred. The benefit is not payable if the Policyholder does not incur any cost in providing the special adaptive equipment and/or the workplace modification.

Payment by Us for the total of all expenses incurred by the Policyholder will not exceed five thousand dollars (\$ 5,000) as a result of any one (1) Accident.

The above benefit will only be payable under one (1) of the policies issued to the Policyholder by Us.

Occupational Training*

If you sustain loss of life resulting from Injury for which an amount of Principal Sum becomes payable under the program, and your spouse must engage in a formal occupational training program in order to upgrade employment qualifications, this benefit will refund expenses incurred within 3 years following the date of your death, to a maximum of \$15,000.

Room, board or other ordinary living, travelling or clothing expenses are not covered.

Child Enhancement

With the exception of loss of life, the percentages indicated under the Specific Loss section are doubled with respect to your insured dependent children.

This provision does not apply if loss of life occurs within 90 days after the date of the Accident.

Family Transportation*

If any specific loss covered under the program confines you, your insured Spouse or your insured Dependent Child to a hospital, and such hospital is located more than 150 kilometres from the insured's residence, this benefit will refund the reasonable expenses actually incurred by a member of the insured's immediate family or a family representative for accommodation and transportation (via the most direct route) to the insured's bedside, to a maximum of \$15,000. Private transportation expenses are limited to \$0.35 per kilometre travelled.

Board or other ordinary living, travelling or clothing expenses are not covered.

Identification*

If an Insured sustains a loss of life because of Injury and identification of the Insured's body is required by the police or similar governmental authority, this benefit will refund expenses actually incurred by the Insured's Immediate Family Member or family representative for lodging and board and transportation (via the most direct route) to the city or town where the body is located (location of the body must be more than 150 kilometres from the family member's normal place of residence), to a maximum of \$10,000. Private transportation expenses are limited to \$0.35 per kilometre travelled.

Seat Belt**

If you, your insured Spouse or your insured Dependent Child is driving or riding in a vehicle and wearing a properly fastened seat belt at the time of the Accident, and such insured sustains a specific loss for which an amount of Principal Sum becomes payable under the program, the amount payable for such specific loss is increased by 10%, subject to a maximum of \$25,000.

The driver of the vehicle must hold a current and valid driver's license of a rating authorizing him to operate such Vehicle and must not be intoxicated nor under the influence of drugs, unless such drugs are taken as prescribed by a physician, at the time of the Accident.

Home Alteration and Vehicle Modification*

If you, your insured Spouse or your insured Dependent Child sustains the loss of or loss of use of both feet or legs or becomes quadriplegic, paraplegic or hemiplegic, for which indemnity is payable under the program, and he subsequently requires the use of a wheelchair to be ambulatory this benefit will refund expenses actually incurred during the 3 year period following the Accident, to a maximum of \$15,000, for the cost of alterations to the insured's principal residence and/or the cost of modifications to 1 motor vehicle utilized by the insured, when such modifications are approved by licensing authorities where required, for the purpose of adapting it to the needs of the Insured.

Payment by us for the total of all expenses incurred by or for any insured will not exceed a maximum of fifteen thousand dollars (\$15,000) as the result of any one Accident. The amount payable under this section will be coordinated with any amount paid or payable under any other insurance plan providing the same or similar benefit.

Hospital Indemnity**

If any specific loss covered under the program confines you, your insured Spouse or your insured Dependent Child to a hospital and such person is under the regular care and attendance of a physician, you will receive a daily benefit of 1/30th of 1% of your Principal Sum from the 1st day of hospitalization to a maximum of \$2,500 per month and for a maximum duration of 365 days per injury.

Hospitalization for treatment of an injury other than for a specific loss will also be covered in accordance with the above, but the daily benefit will only be payable from the 5th day of hospitalization.

Business Venture

If you sustain a specific loss for which an amount of Principal Sum becomes payable under the program and as a result, you

- (1) are unable to perform your occupation due to total disability;
- (2) remain totally disabled for 1 year;
- (3) provide SSQ with due proof of disability within that year; and
- (4) submit to SSQ a business plan at the end of that year.

SSQ will pay the initial costs applicable to the development of a new independent business enterprise in Canada.

The initial costs must be incurred within the 2nd year following the date total disability begins and are subject to a maximum of 20% of your Principal Sum or \$50,000, whichever is lesser.

The initial costs do not include more than your equitable share of the expenses of facilities if you operate your business in a partnership.

Note: Benefits marked with an asterisk (*) are only payable under one of the policies issued to your employer by SSQ.

Benefits marked with 2 asterisks (**) are subject to a combined maximum with similar benefits provided under any other policy issued to your employer by SSQ.

Aircraft Coverage

An insured is covered only while flying as a passenger in any aircraft holding a current and valid certificate of airworthiness (other than an aircraft owned, operated or leased by or on behalf of your employer) and flown by a licensed pilot. Coverage also applies while flying as a passenger in a military aircraft.

Exposure and Disappearance

Unavoidable exposure to the elements will be covered under the program as any other loss, provided such exposure is sustained as the result of a covered Accident.

An insured will be presumed to have suffered Accidental loss of life if the insured's body is not found within 1 year after the disappearance, sinking or wrecking of the conveyance in which the insured was riding at the time of the Accident.

Waiver of Premium

If, as the result of total disability, you are approved for waiver of premium and remain eligible for such under the terms of your employer's Basic Group Long Term Disability Insurance contract, you need not pay any further premiums under this program for yourself, your insured spouse and your insured dependent children.

Premiums will continue to be waived until the earliest of the following dates:

- (1) the date the program terminates;
- (2) the date you reach age 65; or
- (3) the date you cease to be totally disabled.

All terms and provisions of the program will apply during the period your premiums are waived, including provisions relating to reductions in amounts of insurance.

Continuation of Coverage

Provided payment of premium is continued coverage will be continued for up to 12 months for you, your insured spouse and your insured dependent children during any approved leave of absence, temporary lay-off or maternity leave. For disability leave, coverage provided under this section will terminate when you reach age 65, qualify for the Waiver of Premium clause or when you return to work, whichever is earliest.

All terms and provisions of the program will apply during the period coverage is continued, including provisions relating to reductions in amounts of insurance.

Extension of Coverage

If Your employment is terminated by Your Employer, coverage will be continued for up to 12 months for You, provided such continuation is required by the Employment Standards Act or by a severance package agreement you receive from Your Employer and payment of premium is continued.

All terms and provisions of the program will apply during the period coverage is continued, including provisions relating to reductions in amounts of insurance.

Retirement

The insurance of an Insured Person who retires from service with the Policyholder prior to age sixty-five (65) will remain in force, by payment of premium at the regular premium rate, until the end of the month during which such Insured Person reaches sixty-five (65) years of age.

The insurance of an Insured Person will remain in force beyond the end of the month during which the sixty-fifth (65th) birthday or date of retirement occurs, if such is later, by payment of premium at the regular premium rate. However, insurance with respect to such Insured Person

- (1) will be limited to a maximum of one hundred thousand dollars (\$100,000),
- (2) will not exceed the Principal Sum with respect to Quadriplegia, Paraplegia and Hemiplegia and
- (3) will terminate at the end of the month during which the Insured Person reaches seventy (70) years of age.

Insurance cannot be increased after the date of retirement and any excess premium inadvertently accepted by the Insurer will be returned to the Policyholder.

Aggregate Limit of Indemnity

A maximum limit of \$2,500,000 is imposed on the total of all losses arising out of any one aircraft Accident covered under the program.

This means that if you and any other persons insured under the program suffer losses occurring from the same aircraft Accident, and the total of all benefits (the benefit you are entitled to added to those which the others are entitled to) is greater than \$2,500,000, then the amount payable to each individual will be proportionately reduced so that the total amount of all benefits payable equals \$2,500,000.

What does the insurance cost?

Premiums are payable by monthly payroll deduction. Here are some examples:

Principal Sum Selected For Yourself	Employee Only Plan	Employee & Family Plan
\$ 50,000	\$ 1.45	\$ 2.00
\$150,000	\$ 4.35	\$ 6.00
\$250,000	\$ 7.25	\$10.00
\$350,000	\$10.15	\$14.00
\$450,000	\$13.05	\$18.00
\$500,000	\$14.50	\$20.00

An example:

If you select \$150,000 of coverage, the Principal Sum insured would be:

	Employee Only Plan	Employee & Family Plan
Employee	\$150,000	\$150,000
Spouse (50%)	N/A	\$ 75,000
Each child (10%)	N/A	\$ 15,000

Your payroll deduction per month would be:

	Employee Only Plan	Employee & Family Plan
	\$4.35	\$6.00

How may I enroll?

You may enroll in the program by completing the Enrollment Card provided with this booklet.

- (1) Select the type of plan desired: EMPLOYEE ONLY PLAN or EMPLOYEE & FAMILY PLAN.
- (2) Select the amount of insurance desired which best suits your needs.
- (3) Complete the Enrollment Card and return it to your employer.

Note: If you decide not to participate in the program, you are nevertheless requested to complete the section declining participation. Return your completed Enrollment Card to your employer.

Effective date of coverage

If you choose to enroll in the program, your coverage will start on the latest of the following dates:

- (1) on the effective date of the program, or
- (2) on the 1st of the month following the date your completed Enrollment Card is received by your employer.

Increase, decrease or cancellation of coverage

You may increase or decrease your coverage by completing a new Enrollment Card which may be obtained from your employer.

You may cancel your coverage by advising your employer, and coverage will cease on the premium due date following the date you advise your employer.

When does this insurance not apply?

Any losses caused or contributed to by:

- suicide or intentionally self-inflicted Injury;
- war, whether declared or not;
- participation in a riot, insurrection, civil commotion or disturbance;
- active full-time, part-time or temporary service in the armed forces of any country;
- flying as a pilot or crew member of any aircraft, or any other flying not covered in the "Aircraft Coverage" section;
- medical treatment or surgery, except if the medical treatment or surgery was needed because of an Accident.

Who receives payment in case of claim?

Your Accidental death benefit will be paid to the beneficiary designated on your Enrollment Card. With the exception of Repatriation, Education, Day-Care, Workplace Modification and Accommodation, Occupational Training, Family Transportation And Identification Benefit, any other benefits payable (which include those payable for dependents) will be paid to you.

Procedure for claims

You or your beneficiary must notify your employer immediately.

In the event of a claim, written notice of injury must be given to SSQ within 30 days after the date of the Accident, and written proof of loss must be submitted to SSQ within 90 days after the date of such loss.

Failure to provide such notice or proof within such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to provide such notice or proof and that such notice or proof was provided as soon as was reasonably possible, but in no event later than 1 year after the date of the Accident.

This booklet summarizes in non-technical language the terms and conditions of the program. All rights and obligations are determined in accordance with the Group Policy. For detailed information, contact your employer.

This program is arranged by:

Morneau Sobeco

and underwritten by:

SSQ Insurance Company Limited

(July 2009)